

## **Bundle Performance, Finance & Information Governance Committee 2**

### **November 2023**

- 1 GOVERNANCE
  - 1.1 13:00 – PF23/135 Apologies  
*Chris Stockport (A/L) – Paolo Tardival to deputise*  
*Jason Brannan (A/L) – Nick Graham to deputise*
  - 1.2 13:01 – PF23/136 Declarations of Interest
  - 1.3 13:02 – PF23/137 Draft minutes of the previous meeting held on 1.9.23 for approval  
*Recommendation*  
*The Committee is asked to approve the draft minutes*  
PF23.137 Minutes PFIGC 1.9.23 Public draft v.03
  - 1.4 13:05 – PF23/138 Matters arising and table of actions  
PF23.138 Table of Actions PFIGC
  - 1.5 13:16 – PF23/139 Notification of matters referred from other Board Committees on this or future agendas  
*Board*
- 2 SPECIAL MEASURES and ANNUAL PLAN
  - 2.1 13:17 – PF23/140 Special Measures report  
*Paolo Tardivel, Director of Transformation and Improvement in attendance*  
*Recommendation*  
*The Committee is asked to RECEIVE ASSURANCE on the progress to date, acknowledging the areas of challenge, the process for independently assessing evidence within the PMO, along with processes for how changes are managed.*  
PF23.140 Special Measures Update
  - 2.2 13:29 – PF23/141 Annual Plan / IMTP process  
*Paolo Tardivel, Director of Transformation and Improvement in attendance*  
*Recommendation*  
*The Committee is asked to RECEIVE ASSURANCE on the progress to date, acknowledging the areas of challenge*  
PF23.141 Annual Plan and IMTP Update v2
- 3 FINANCE
  - 3.1 13:39 – PF23/142 Finance report – month 6  
*Interim Executive Director of Finance*  
*Recommendation*  
*The committee is asked to*  
*receive and scrutinise this report and*  
*to support the proposed adjustments to the capital programme*  
*AppAi Finance report M6*  
*AppAii WG Monitoring report M6*  
*AppB Savings M6*  
*AppCi Capital Programme M6&5*  
*AppCii Capital Tracker*  
PF23.142a Finance Report – Month 6  
PF23.142b Appendix A (i) – PFIG Finance Report M06  
PF23.142c Appendix A (ii) BCU M06 2023–24 MR Report  
PF23.142d Appendix B – Savings Summary Month 6  
PF23.142e Appendix C (i) – PFIG 10.2023 Capital Report – Month 5–6  
PF23.142f Appendix C (ii)– Capital Tracker – Oct 23
  - 3.2 PF23/143 Finance report – month 5 FOR INFORMATION  
*Interim Executive Director of Finance*  
*Recommendation*  
*The Committee is asked to note the Month 5 papers*  
*including*  
*AppAi Finance report M5*  
*AppAii WG Monitoring report M5*  
*AppB Savings M5*  
*AppC Capital Programme*  
PF23.143a Appendix Ai PFIG Report M05  
PF23.143b Appendix Aii –BCU M05 2023–24 MR Report  
PF23.143c Appendix B Savings Summary Month 5

- PF23.143d Appendix C BCUHB – Capital Dashboard Mth 5 – HB
- 3.3 13:59 – PF23/144 Special Measures Financial Improvement action plan update  
*Interim Executive Director of Finance*  
*Recommendation*  
*The Committee is asked to receive and note the Action Plan as at 23 October 2023.*  
PF23.144a Finance Special Measures Action Plan  
PF23.144b Finance – Special Measures Action Plan – 23 Oct 23
- 3.4 PF23/145 Item deferred
- 3.5 14:04 – PF23/146 NHS Capital & Revenue Investment for the North Wales Medical School  
*Executive Medical Director*  
*Recommendation*  
*The Committee is asked to*  
*approve the submission of the paper to Welsh Government*  
PF23.146 North Wales Medical School NWMS Scoping Document Options Appraisal – V0.09
- 4 PERFORMANCE
- 4.1 14:14 – PF23/147 Integrated Health Community (Central) Finance, Performance and Workforce report  
*Interim Executive Director of Operations*  
*Libby Ryan-Davies, Central IHC Director and IHC CFO in attendance*  
*Recommendation*  
*The Committee is asked to:*  
*Review the contents of the report and confirm agreement to any actions proposed, or identify any*  
*additional assurance work or actions it would recommend IHC colleagues to undertake.*  
PF23.147a Central IHC Deep Dive  
PF23.147b Central IHC – 'Deep Dive' Report App1 v2
- 4.2 14:34 – Comfort break
- 4.3 14:44 – PF23/148 People Performance report  
*Nick Graham, Associate Director Workforce Optimisation in attendance*  
*Recommendation*  
*The Committee is asked to NOTE the current performance position provided and feedback any*  
*improvements on the content of this report for future reporting.*  
PF23.148a Workforce Performance Report v1\_Final  
PF23.148b Workforce Performance Report v1.0\_final
- 4.4 14:59 – PF23/149 Integrated Performance report  
*Interim Executive Director of Finance*  
*Recommendation*  
*The Committee is asked to:*  
*Review the structure, components and contents of the report and confirm agreement to continue with*  
*this format, propose any actions arising from the report, or identify any additional assurance work or*  
*actions it would recommend Executive colleagues to undertake*  
PF23.149a PFIG Integrated Performance Report  
PF23.149b IPR PFIG 02112023 DRAFT v0.4\_pdf
- 5 INFORMATION GOVERNANCE and additional items
- 5.1 15:19 – PF23/150 Information Governance Quarterly KPI report  
*Chief Digital and Information Officer*  
*Justine Parry, Assistant Director Compliance and Business Management DDaT in attendance*  
*Recommendation*  
*The Committee is asked to RECEIVE ASSURANCE on compliance with the Data Protection and Freedom*  
*of Information Legislation..*  
PF23.150 Information Governance KPI Report Q1 2023-24 v2
- 5.2 15:34 – PF23/151 Transformation and Improvement report  
*Paolo Tardivel, Director of Transformation and Improvement in attendance*  
*Recommendation*  
*The Committee is asked TO NOTE the approach and latest update in the work re-allocation for the*  
*Transformation and Improvement team.*  
PF23.151 TI Resource Allocation Update
- 6 RISK and ASSURANCE

*Acting Board Secretary*

*Recommendation*

*1. PFIG is provided with assurance that the monitoring of risks in relation to delivering on the Annual Plan, Board Assurance Framework (BAF) and collaboration with the corporate risk team, performance team and planning team is underway (Appendix 2).*

*2. The Digital risk is provided for approval and the template for consideration and feedback to the Head of Risk Management prior to presentation at Board (Appendix 1).*

PF23.152 Proposed Revised Board Assurance Framework v1.0

6.2 15:49 – PF23/153 Corporate Risk Register

*Acting Board Secretary*

*Nesta Collingridge, Head of Risk Management in attendance*

*Recommendation*

*The Committee is asked to:*

*1. receive assurances from RMG*

*The Committee is asked to consider:*

*2. the new approach of consolidating all high-extreme operational risks to thematically formulate strategic corporate risks and if the correct strategic corporate risks have been captured.*

*3. provide any feedback to the Head of Risk Management for further refinement prior to Board.*

*4. review the overall accountable committee for the newly proposed strategic risk.*

*5. Provide any feedback on gap analysis on any expected operational risks which have not been captured by services.*

PF23.153 Corporate Risk Register v1.0

6.3 15:59 – PF23/154 Review of risks highlighted in the meeting for referral to Risk Management Group

*Acting Board Secretary*

7 16:02 – CLOSING BUSINESS

7.1 PF23/155 Agree items for Committee Chairs Assurance report

*Committee Chair*

7.2 PF23/156 Agree Items for referral to Board / Other Committees

*Committee Chair*

7.3 16:07 – PF23/157 Summary of private business to be reported in public

*Recommendation*

*The Committee is asked to note the report*

PF23.157 Summary of items discussed in previous private PFIGC session

8 PF23/158 Date of next meeting 18.1.24 9.30 Ysbyty Gwynedd Boardroom

8.1 16:07 – Exclusion of the Press and Public



**DRAFT Minutes of the meeting of the  
Performance, Finance and Information Governance Committee (PFIGC)  
held in public on 1.9.23 in the Boardroom, Carlton Court and via Teams**

<b>Present:</b> Gareth Williams Prof Mike Larvin Clare Budden	Independent Member / Committee Chair Independent Member (IM) Independent Member
<b>In Attendance:</b> Adele Gittoes Nick Graham Elin Gwynedd Andrea Hughes Mandy Jones Dr Nick Lyons Phil Meakin Dylan Roberts Carol Shillabeer Paolo Tardivel Diane Davies  <b>Observing</b> Dave Harries Nesta Collingridge Michelle Phoenix Joanna Garrigan	Interim Executive Director Operations (via Teams) Associate Director Workforce Planning and Performance Chief of Staff, CEO office Interim Finance Director – Operational Finance Deputy Executive Nurse Director Executive Medical Director Acting Board Secretary (part meeting) Chief Digital and Information Officer (part meeting) Interim Chief Executive (CEO) (part meeting) Director Transformation and Improvement Corporate Governance Manager / Committee Secretariat – for minutes  Head of Internal Audit Head of Risk Management Audit Wales – Performance Lead (part meeting) Finance Director – Commissioning and Strategy

Agenda item discussed	Action by
<i>The minutes are recorded in the order items were considered due to operational need.</i>	
<b>PF23/108 Apologies</b>  Apologies were received from Jason Brannan, for whom Nick Graham deputised, Chris Stockport, for whom Paolo Tardivel deputised, Russell Caldicott for whom Andrea Hughes deputised and Angela Wood, for whom Mandy Jones deputised.	
<b>PF23/109 Declarations of Interest</b>  <b>PF23/109.1</b> Independent Member (IM) Clare Budden declared her substantive role as Chief Executive of a housing association in respect of potential discussion of estate development at Penrhos.	



<p><b>PF23/109.2</b> IM Prof Mike Larvin declared his substantive role within the University in regard to discussion of item PF23/119 North Wales Medical School Estate Planning update.</p>	
<p><b>PF23/110 Draft Minutes of the previous meetings held on 30.6.23 for approval</b></p> <p>The Committee received the draft minutes of its meetings held on 30.6.23 and these were approved as a correct record subject to the amendment of PF23/87.4 to read:</p> <p><i>“perceived capacity was the issue. It was noted that significant staffing increase was being considered within the cardiac network.”</i></p>	
<p><b>PF23/111 Matters arising and table of actions</b></p> <ul style="list-style-type: none"> <li>• There were no matters arising from the minutes.</li> <li>• The table of actions was accepted.</li> <li>• It was noted that the Head of Internal Audit advised the follow up Internal Audit report on Savings had been pushed back to late October 2023, due to the prioritisation of the Contract Procurement Review exercise currently being undertaken.</li> </ul>	
<p><b>PF23/112 Notification of matters referred from other Board Committees on this or future agendas</b></p> <p>The Acting Board Secretary advised that item PF23/121 Urgent and Emergency Care performance report had been scheduled following concerns raised at the July Board meeting which the Committee had been requested to explore further.</p>	
<p><b>PF23/113 Special Measures reports</b></p> <p>The Assistant Director of Transformation and Improvement presented these items.</p> <p><b>PF23/113.1 Special Measures update</b></p> <p><b>PF23/113.1.1</b> The Assistant Director Transformation and Improvement clarified that the report provided an update as at 11.8.23 and that the first 90 day cycle had ended the previous day. The Committee had been nominated to oversee progress on Special Measures on behalf of the Board. He highlighted that there had not been an expectation to complete all actions by the end of the first cycle, there had been delays in receiving feedback on some of the reviews undertaken, and prioritisation was focussing on areas impacting patient care and financial management i.e. savings.</p> <p><b>PF23/113.1.2</b> The Committee raised a number of questions. It was noted that the Director of Transformation and Improvement provided assurance that there were robust mechanisms in place to ensure all actions not completed would be brought forward into the next cycle. The importance of providing a clear understanding, and</p>	

<p>consistent application of 'RAG' ratings was emphasised by the Committee: it had also been noted as a concern by Internal Audit.</p> <p><b>PF23/113.1.3</b> It was noted that a formatting issue (which had affected data on page 31) had been corrected and provided to members prior to the meeting. In regard to concerns regarding the pace of addressing actions, the Interim CEO emphasised the organisation was at a stabilising stage which required effective building blocks to be established and the introduction of alternative ways of working with Transformation &amp; Improvement support. She was keen to establish timelines and trajectories in the medium term to increase confidence that BCU's ambitious plans were progressing and give a sound basis for external validation. The Acting Board Secretary advised that, following discussion at a recent Board Development session, future SM reports to the Committee would provide more detail on desirability, stress testing and impact assessments.</p> <p><b>PF23/113.1.4</b> Following the Committee's concern regarding progress and oversight of BCU's Standing Orders and Scheme of Reservation and Delegation (SORD), the Interim CEO stated this was a high priority area for the Acting Board Secretary to address. Updates were provided on progress in this area by the Acting Board Secretary, Interim Director Finance and regarding the Head of Internal Audit's previously raised concern regarding procurement.</p> <p><b>PF23/113.1.5</b> The Committee Chair summarised that whilst work was progressing, there was more to be done and he noted that the next update would be provided at the September Health Board meeting, when a comprehensive picture of the situation at 31 August would be available.</p> <p><b>It was resolved that</b> the Committee received assurance on the progress to date, acknowledging the areas of challenge, the process for independently assessing evidence within the Portfolio Management Office (PMO), along with the plans being developed for the 2nd 90 day cycle.</p> <p><b>PF23/113/2 Special Measures Cycle 1 close down arrangements</b></p> <p><b>It was resolved that</b> the Committee received assurance on the first 90 day cycle, recognising the various assurance processes in place as part of improved governance, along with an assessment of progress to date and emerging plans for cycle 2.</p>	
<p><b>PF23/114 Finance report month 3 and 4</b></p> <p><b>PF23/114.1</b> The Interim Finance Director presented the item drawing attention to the matters arising by exception provided within the reports. A discussion arose in regard to the timing of presentation and scrutiny of Financial and Welsh Government (WG) monitoring reports by the Board and Committee. Due to the Committee meeting bi-monthly, it was agreed that the Finance Report for the month following the Committee, would be circulated to the members once presented to Executives. The report would</p>	<p>AH/PM</p>

then be formally noted at the next meeting, thus ensuring the focus on the current month's report in session.

**PF23/114.2** The Committee raised a number of issues in relation to Savings performance, seeking a greater level of detail on the data provided so that more effective scrutiny could take place. Of particular concern was the need to understand the effect on BCU's budget should the organisation be in a position to fill all nurse staffing roles required to meet the terms of the Nurse Staffing Act. In addition, the Committee was concerned with the use of agency/temporary staffing in this and other BCU staff groups. It was noted that the Deputy Executive Nurse Director advised there was currently 809 fte shortfall however, there were also a number of successful recruitment drives also being progressed. The Associate Director Workforce Planning and Performance highlighted that BCU was in a much improved vacancy fill position than previously however, it was important to address how the workforce was being utilised.

**PF23/114.3** The Interim Finance Director emphasised the Health Board's deficit trajectory was currently increasing and that whilst there had been gains in savings pipelines, these were mainly non-recurrent which would not help to improve BCU's future financial plans beyond the current year. She gave examples of other measures being introduced to help address expenditure e.g. Establishment Control Group and Recurrent Investment Group Assurance approaches. In response to the Committee, the Interim Finance Director clarified that budget setting should take into account annual winter pressures, along with an established escalation process; however, a Winter Pressures risk above plan levels was currently being reflected.

**PF23/114.4** It was agreed that a Staffing deep dive be presented to the next meeting to address the issues raised, along with narrative to detail what successful processes might be shared between Integrated Healthcare Communities to enable improvements across BCU.

AG/NG

*The Acting Board Secretary left the meeting temporarily and the Chief Digital and Information Officer joined the meeting.*

**PF23/114.5** The Interim CEO acknowledged that current service provision was unaffordable for the public purse however, the population's health needs had to be addressed and some 'space' was required to ensure that stable, effective and sustainable improvements were enabled.

**PF23/114.6** In regard to the Capital report, the Committee Chair raised concern with the business case tracker, questioning the revenue/staffing implications associated with schemes being progressed given the likelihood that many of the business cases would not be funded, given the Health Board's very limited access to capital funding. In the ensuing discussion, the Committee also questioned alternative methods of progressing estate planning, including exploring more opportunities with partners and other innovative ways of potentially raising capital whilst acknowledging the integrative nature of estate within BCU's service provision.

<p><b>It was resolved that</b> the Committee received the report.</p>	
<p><b>PF23/115 Special Measures : Financial Improvement action plan update</b></p> <p><b>It was resolved that</b> the Committee received and noted the Action Plan as at 21 August 2023</p>	
<p><b>PF23/117 Information Governance annual report 2022/23</b>  <b>PF23/118 All Wales Information Governance Toolkit Assessment</b></p> <p><b>PF23/117/118.1</b> The Chief Digital and Information Officer presented the items. He highlighted areas of good progress being made and the recent Internal Audit report which had provided substantial assurance. Despite the challenges of being the largest Health Board in Wales, many positive areas were contained in the report eg Best in Wales regarding leadership.</p> <p><b>PF23/117/118.2</b> It was noted that the Senior Information Risk Owner was now the Chief Digital and Information Officer (CDIO) and that the Executive Medical Director was the Caldicott Guardian. The CDIO advised that more work was being undertaken to identify information asset ownership.</p> <p><b>PF23/117/118.3</b> In response to questions about the poor response of GP practices to Information Governance monitoring by the Welsh Government, the Chief Digital and Information Officer explained the different challenges within those which were BCU managed and those within GP Contracted practices, with the latter being data controllers themselves. The Committee Chair sought a watching brief in this area within future reporting.</p> <p><b>PF23/117/118.4</b> The Committee and executives in attendance were pleased to learn of strong performance within this service, however there remained some areas requiring improvement which could be addressed by some of the suggestions put forward in the ensuing discussion eg alternative Freedom of Information processes, alternative model for Data Protection officer provision. The Chief Digital and Information Officer took onboard the comments provided for further consideration.</p> <p><b>It was resolved that</b> the Committee noted the annual report and received assurance on compliance with Data Protection and Freedom of Information Legislation.  noted the Toolkit assessment report and received assurance on compliance with the Welsh Information Governance Toolkit requirements.</p>	<p>DR</p>
<p><i>The Wales Audit Performance Lead left the meeting</i></p> <p><b>PF23/116 People performance report</b></p> <p><b>PF23/116.1</b> The Associate Director Workforce Planning and Performance presented this item. He drew the Committee's attention to the Key Performance Indicators (KPIs)</p>	

<p>provided and the significant programme in place to address Special Measures. The Committee was very keen to ensure that the use of agency/interim staffing was clearly reported.</p> <p><b>PF23/116.2</b> The Committee raised a number of questions and observations. There was very useful provision of benchmarking data and also SPC charts which would be welcomed within other reports provided to committees. In regard to concern with how the organisation dealt with stress and anxiety levels experienced by staff, assurance was provided that processes were in place for staff to access independent providers and through the Staff Wellbeing service. The Associate Director Workforce Planning and Performance undertook to verify the vacancy rate data in regard to Clinical Psychologists provided and address the concerns raised within the next iteration of the report.</p> <p><b>PF23/116.3</b> In response to the Committee's deep concern regarding recruitment processing targets, set at a lengthy 77 days turnaround, the Associate Director Workforce Planning and Performance undertook to explore this further and report within the January iteration of the People performance report.</p> <p><b>It was resolved that</b> the Committee noted the current performance position</p>	<p>NG</p> <p>NG</p>
<p><b>PF23/119 North Wales Medical School (NWMS) Estate Planning update</b></p> <p><b>PF23/119.1</b> The Executive Medical Director presented the report, emphasising how important it was to support this development in order to train medics in North Wales to meet the future needs of the local population. The options appraisals were highlighted along with potential capacity issues arising in years 2 and 3.</p> <p><b>PF23/119.2</b> The Committee was very supportive however, a question was raised on whether there was availability of existing 'fit for purpose' estate to accommodate the development. A discussion ensued on the complexities of the issue which included revenue allocations and comparisons with other providers across the country. It was noted that utilisation of space was a wider issue of interest to WG and the Interim CEO reported that a BCU wide exercise was shortly to be undertaken to assess this.</p> <p><b>PF23/119.3</b> It was also noted that an assessment meeting was shortly to take place regarding the University designation status of BCUHB, which would also need to feed into the NWMS development process.</p> <p><b>It was resolved that</b> the Committee considered the content and risks identified in the paper noted the timeline and process of approval via PFIGC as outlined in section 6.5</p>	
<p><b>PF23/120 Integrated Performance report</b></p> <p><b>PF23/120.1</b> The Committee raised concerns that the current format did not provide adequate narrative on the 'so what' consequences of non-delivery and the inability to assess confidence regarding meeting agreed timelines.</p>	

<p><b>PF23/120.2</b> A number of questions were raised regarding specific performance data provided including Diagnostic Waits. The Interim Executive Director of Operations shared work being driven forward with clinicians and the Executive Medical Director to formulate action plans to address Endoscopy.</p> <p><b>PF23/120.3</b> The Committee was keen to receive further detail on how delayed transfers of care (DTOC) were being addressed in future reporting. The Interim CEO reflected on this major issue which was also affecting partner organisations, and potentially required joint working solutions to address. She also addressed the Committee's question regarding BCU's Insourcing strategy.</p> <p><b>PF23/120.4</b> Noting the extent to which many trajectories were already off-track at the end of July compared to the Annual Plan submitted at the end of June, the Committee Chair flagged concerns about optimism bias in the preparation of the plan and potential disconnect with the 'frontline'. The Interim CEO commented that work was in hand to develop a more effective planning process, rooted in dialogue between the Integrated Health Communities in the centre, and this would provide with greater assurance that trajectories were credible and realistic.</p> <p><b>It was resolved that</b> the Committee noted the report</p>	AG
<p><b>PF23/121 Urgent and Emergency Care (UEC) performance report</b></p> <p><b>PF23/121.1</b> The Interim Executive Director Operations presented the report, emphasising that performance in this area had major effects on many other services within BCU. The report reflected the complexity of UEC services and the need for transparency on the harms and risks resulting from DTOC. Attention was also drawn to triage progress and significant improvements with 4 hour ambulance handover performance which needed to become sustainable. Winter surge planning was underway.</p> <p><b>PF23/121.2</b> In response to a question raised the Committee, it was noted that, despite the influx of summer visitors across much of the region, there was not a 'Summer surge' as the number of visitors arriving were balanced by BCU's resident population departing to other holiday destinations. A short discussion took place on patient presentations and the purpose of Urgent Care Centres (UCC). It was understood that BCU's Primary Care Director was undertaking a review of UCCs and it was agreed that Board members would benefit from a greater understanding of this area at a future Board Development session. In the meantime, the Committee requested that the Interim Executive Director Operations liaise with the Director of Partnerships, Engagement and Communication to raise the public's awareness of the common ailments scheme.</p> <p><b>PF23/121.3</b> Whilst declaring an interest (as part of her substantive role was as a registered care home provider), a Committee member raised concern with the stability of local care homes. The Interim CEO concurred on the seriousness of this issue which was of ongoing WG concern. It was noted that she and the Interim Executive Director</p>	AG/PM AG

<p>Operations had meetings scheduled shortly with the Local Authorities to discuss the matter, along with considering other potential emerging solutions.</p> <p><b>It was resolved that</b> the Committee noted the current performance and the actions being taken to improve Urgent and Emergency Care within BCUHB.</p>	
<p><b>PF23/122 Board Assurance Framework (BAF)</b></p> <p><b>It was resolved that</b> the Committee noted the paper as the final 2022/23 iteration of the BAF and that the November Board meeting would receive the 2023/24 version that included an updated format and latest strategic priorities.</p>	
<p><b>PF23/123 Corporate Risk Register - risks aligned to PFIGC</b></p> <p>The Committee reflected that a useful session on corporate risk had taken place at a Board Development session on 24.8.23. The Interim Finance Director commented that the financial risks had been considered earlier in the meeting in discussion of the Finance report. She advised that the Accountable Officer would be required to write to WG the following month to request strategic cash support.</p> <p><b>It was resolved that</b> the Committee reviewed and discussed the report.</p>	
<p><b>PF23/124 Agree Items for referral to Board / Other Committees</b></p> <p>None</p>	
<p><b>PF23/125 Review of risks highlighted in the meeting for referral to Risk Management Group</b></p> <p>The Committee commented that the importance of risk ownership and risk management needed to be better embedded within the organisation's leadership and management roles, supported through a robust learning and education process.</p>	
<p><b>PF23/126 Agree items for Chair's Assurance report</b></p> <p>The Committee Chair advised the following would be highlighted within his report to the next Board meeting:</p> <ul style="list-style-type: none"> <li>• Whilst good progress had been made on reporting Special Measures, there remained issues regarding shared understanding and consistency in the application of RAG status assessments.</li> </ul>	

<ul style="list-style-type: none"> <li>• The Committee had strong concerns regarding the current financial position and future challenges. Improvement was sought.</li> <li>• A deep dive had been requested regarding all staffing levels in order to provide greater clarity and grip on the understanding of the effect on finances should BCU fill all agreed vacancies (especially given that there was current overspend on staffing alongside existing vacancies).</li> <li>• There was a need to consider the approach to the development of capital business cases, given the risk of expending significant staff resource on developing business cases which had little or no prospect of being funded in the short/medium term.</li> <li>• The Information Governance annual report was very positive overall.</li> <li>• The Committee was pleased to receive the improved format of the People performance report which provided greater comparative data. The Committee welcomed the improved grip on the interim engagement process - which it sought to become strongly embedded within BCU.</li> <li>• The Performance report required further development work to ensure a focus on the inclusion of narrative to describe the actions being taken to address poor/deteriorating performance. More assurance was required on discharges and the subsequent effects on patient flow to waiting lists and primary care.</li> <li>• It had been agreed that UEC would be addressed at a future Board Development session which would also provide more comprehensive understanding of Urgent Care Centres and integration with GP practices.</li> </ul>	
<p><b>PF23/127 Summary of private business to be reported in public</b></p> <p><b>It was resolved that</b> the Committee noted the report</p>	
<p><b>PF23/128 Date of next meeting</b></p> <p>Thursday 2.11.23</p>	
<p><b>Exclusion of the Press and Public</b></p> <p><b>It was resolved that</b> representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960</p>	



**PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE  
TABLE OF ACTIONS LOG – ARISING FROM MEETINGS HELD IN PUBLIC**

	Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Revised timescale/ Action status (O/C)	RAG status
<b>Actions from 30.6.23 PFIGC</b>						
2	Gareth Williams	<b>PF23/86 Future Divisional Finance and Performance deep dives - verbal</b> Provide a guidance note to the EDoF on the content of the reports required to enable preparation	8.8.23	23.8.23 The Chair will undertake this, in conjunction with the Interim Director of Finance in preparation for the November meeting call for papers (as IHC will commence reporting from November meeting) Following agenda setting, framework shared with Interim Exec Director Operations	Completed	
6	Phil Meakin	<b>PF23/88 Shared Service Partnership performance assurance report</b> Contact SSP Managing Director to arrange <ul style="list-style-type: none"> <li>Board briefing session to also address the points raised in the meeting</li> <li>Nominated representative to support reports provided to the Committee twice annually.</li> </ul>	August 2023	<ul style="list-style-type: none"> <li>A Board briefing is scheduled to be held on 21.12.23, subject matter is being drafted</li> <li>Workplan updated. 25.8.23 Nomination being progressed</li> </ul>		
8	Phil Meakin	<b>PF23/92 Information Governance (IG) Quarter4 KPI report</b> Arrange to provide	August 2023	The Board Briefing, Workshop and Development Programme is being developed and this has been	Suggest kept open until date	

		Independent Members with IG training at a future workshop session		included in information submitted in the initial plans for a Briefing on 26 October 27.10.23 Board Development content modified for 26.10.23 due to prioritisation. Remains on workplan – date TBA	agreed and confirmed.	
1	RC (AH)	<b>PF23/114 Finance report month 3 and 4</b> Circulate intervening Finance report to the members once presented to Executives going forward	20.10.23	Received however not circulated as same as Finance papers provided within Board papers	Completed	
2	NG/ AG	<b>PF23/114 Finance report month 3 and 4</b> It was agreed that a Staffing deep dive be presented to the next meeting to address the issues raised, along with narrative to detail what successful processes might be shared between Integrated Healthcare Communities to enable improvements across BCU.	23.10.23	Agreed at agenda setting to defer deep dive to January meeting	9.1.24	
3	DR	<b>PF23/117 Information Governance annual report 2022/23</b> <b>PF23/118 All Wales Information Governance Toolkit Assessment</b> In response to questions about the poor response of GP practices to Information Governance monitoring by the Welsh Government. The Committee Chair sought a watching brief in this area within future reporting.	23.10.23	This is noted and will be included in any future update reports.	Action to be closed	

4	NG	<b>PF23/116 People performance report</b> The Associate Director Workforce Planning and Performance undertook to verify the vacancy rate data in regard to Clinical Psychologists provided and address the concerns raised within the next iteration of the report.	23.10.23	27.10.23 To be advised		
5	NG	<b>PF23/116 People performance report</b> In response to the Committee's deep concern regarding recruitment processing targets, set at a lengthy 77 days turnaround, the Associate Director Workforce Planning and Performance undertook to explore this further and report within the January iteration of the People performance report.	9.1.24			
6	AG	<b>PF23/120 Integrated Performance report</b> <b>PF23/120.3</b> The Committee was keen to receive further detail on how delayed transfers of care (DTOC) were being addressed in future reporting	23.10.23	17.10.23 AG advised she has requested the Performance Team to include POCD in performance report, the narrative for the next meeting will include how we report and manage.	Complete	
7	AG / PM	<b>PF23/121 Urgent and Emergency Care (UEC) performance report</b> Advise when a presentation be made on UCCs at a future Board Development session.	23.10.23	17.10.23 Head of Corporate Office, OBS, has confirmed that UCC has been added to the forward Board Development Programme and will liaise with the Director of Primary Care to confirm	Complete	

				future date following consideration with CEO.		
8	AG	<b>PF23/121 Urgent and Emergency Care (UEC) performance report</b> Provide assurance that the Director of Partnerships, Engagement and Communication would raise the public's awareness of the common ailments scheme.	23.10.23	17.10.23 AG advised that the Director of PEC has confirmed previous communication and further communications would be incorporated as part of winter planning	Complete	



<b>Teitl adroddiad:</b> <i>Report title:</i>	Special Measures Update		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	2 <sup>nd</sup> November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on Special Measures, outlining the progress to date on the deliverables associated to this Committee.		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>RECEIVE ASSURANCE</b> on the progress to date, acknowledging the areas of challenge, the process for independently assessing evidence within the PMO, along with processes for how changes are managed.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Carol Shillabeer, Chief Executive (Accountable Officer)  Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Geraint Parry, Special Measures Programme		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>		To support Special Measures	

<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not applicable
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Not applicable
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> Gweithredu argymhellion <b>Next Steps:</b> Implementation of recommendations	

## **Special Measures Update**

### **1) Introduction**

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This report presents an update on the Special Measures deliverables aligned to this Committee, building on the approach developed during the first 90-day cycle (June to August 2023).

The report reviews the progress being made during the second 90-day cycle (September to November 2023) and describes the transition from cycle 1 to cycle 2.

### **2) Background**

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The background to the Health Board escalation into Special Measures and the resultant organisational response has been covered in previous committees. It has previously been agreed that a summary will be provided to each committee that covers the deliverables for which the committee has agreed to provide oversight, and that the committee will then invite relevant colleagues to attend for any particular deep dives that they wish to undertake.

### **3) Progress to date**

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The table at the end of this paper provides an update on the relevant deliverables agreed for PFIG oversight. The table has been collated from the weekly reporting received from respective teams and from the tracking against the milestones which have been agreed.

#### **Independent Reviews**

A process is in place for the development and then delivery of recommendations associated to reviews received. This will include a development session of PFIG where the reviewer will be invited to present the findings and will then result in a management response being submitted to a formal PFIG committee.

There are two independent reviews that are aligned to PFIG:

1. Planning Review
2. Contract Procurement Management Review

At present neither of these reviews have concluded and a final report received, however the planning report is expected by the end of October and the Contract Procurement review, which is being undertaken by Internal Audit, during November. Providing that these run to that schedule and that dates align, it is anticipated that a joint development session for both of these reviews would take place during December, and that a management response would be presented to the formal PFIG committee on the 18<sup>th</sup> January.

### Cycle 3 and Standardisation Phase Preparation

Whilst monitoring arrangements are in place for Cycle 2, preparation is also underway around developing plans for Cycle 3 (December 2023 to February 2024) and beyond to ensure that early traction is maintained. Discussions have begun with colleagues including due consideration for how we prepare for the standardisation phase in April, where the intention is for stronger alignment between Special Measures priorities and the Annual plan. This reflects the fact that Special Measures is a level of escalation and that the ultimate success will be dependent on how we can integrate effectively into Business as Usual activities.

### 4) Portfolio Management Office (PMO) Assessment

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The table provides details of the progress against deliverables and milestones and is complemented by the objective assessment that is undertaken by the PMO on behalf of the organisation, to ensure that a robust assurance process is in place and that progress is verified.

Overall, solid progress has continued in most areas and it is evident that there has been some early success in Cycle 2 including the Board approval of key frameworks relating to Planning and Performance. The Orthopaedic Business case has also received Board approval for onward submission to Welsh Government and operational improvements within Orthopaedics are also evident. The halfway point of this cycle has now passed and with many milestone dates weighted towards the end of the cycle there will be a requirement for continued focus throughout the remaining weeks to ensure delivery.

### 5) Change Control

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As part of Special Measures governance arrangements any proposed changes require approval through a change control process. This is approved through the Special Measures Senior Responsible Officer (SRO) before being submitted to the Board for final approval.

Milestones scheduled for cycle 1 that did not conclude within the originally intended timescales have been mapped during the transition to cycle 2 in order to ensure that no milestones were overlooked. These changes fall within the scope of the Change Control process; appendix 1 details those pertinent to this committee, and these will be submitted to the Board for approval along with those mapped to other committees.

### 6) Recommendations

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The Committee is asked to **RECEIVE ASSURANCE** on the progress to date, acknowledging the areas of challenge, the process for independently assessing evidence within the PMO, along with processes for how changes are managed.



**Table 1: PFIG Oversight Report – PFIG 02 November 2023**

<b>Outcome 2: A clear, deliverable plan for 2023/24</b>			
<b>Deliverable brief summary</b>	<b>Lead Executive</b>	<b>Lead Executive Delivery Confidence</b>	<b>Update</b>
<b>2.2 Implement escalated financial savings approach for 23/24</b>	Russell Caldicott		<p><b>Summary extracted from team updates</b> The month 6 position shows a Savings Plan total of £23.078m against a requirement of £25.2m and is made up as follows:</p> <ul style="list-style-type: none"> <li>• Green £19.022m</li> <li>• Red £2.485m</li> <li>• Pipeline £1.571m) against a requirement for £25.2m.</li> </ul> <p>The plan is demonstrating a reduction which is a following a review that has identified duplicate schemes and projects that will not deliver until 2024/25.</p> <p><b>PMO Assessment</b> There is risk that the savings plan gap will not be recovered to the required £25.2m target by the milestone deadline of end of October. Accountability arrangements for this are being managed via the Integrated Delivery Group and escalated Accountability Meetings with the CEO.</p>
<b>2.3 Financial and Value Opportunities for 24/25 and 25/26</b>	Russell Caldicott		<p><b>Summary extracted from team updates</b> The savings templates and guidance have been issued as part of the Annual Plan process with draft submissions due back by the end of October. The first meetings of RIGA ((Recurrent Investment Group Assurance) have taken place during October and are reviewing the c£100m previous year investments.</p> <p><b>PMO Assessment</b> Work in this area is progressing as planned and building towards the milestone date at the end of the cycle.</p>

<b>2.4 Deliver Local Plans</b>	Russell Caldicott		<p><b>Summary extracted from team updates</b> A range of activities underway including CEO and Executive Director of Finance review of all budgets with Executive Directors, which links across to financial savings work in deliverable 2.2. Planning guidance has also been issued to colleagues and it is planned that this work will be absorbed into the Planning and Performance Frameworks in future cycles.</p> <p><b>PMO Assessment</b> There is evidence that work is well underway and leading towards the conclusion of the work by the end of this cycle.</p>
<b>2.5 Continue supporting and enabling a review of planning</b>	Chris Stockport		<p><b>Summary extracted from team updates</b> The planning review has completed information gathering and a final report is awaited. The final report is scheduled to be received by the 31<sup>st</sup> October.</p> <p><b>PMO Assessment</b> The draft report scheduled for the 14<sup>th</sup> October has not been received as yet, therefore placing some risk that the second milestone to receive the final report on the 31<sup>st</sup> October at risk of delay as well. This could result in subsequent delays to the internal processing of the report and enabling a timely response ahead of next year's plan.</p>
<b>2.6 Contract and Procurement Management Review</b>	Russell Caldicott		<p><b>Summary extracted from team updates</b> The majority of departments have provided contract information for which they are the lead with some exceptions being escalated and followed up. This includes single tender waiver information along with procurement guidance. Interviews with key staff have been conducted and sample testing is underway. Internal Audit, who are conducting the review, have advised that due to the complexity it is unlikely that the draft report will be available any earlier than the end of October.</p> <p><b>PMO Assessment</b> Updates support that work is progressing broadly in line with milestone dates, with the first draft of the report not due until 31<sup>st</sup> October. Some delays appear likely due to complexity however progress meetings are being held during October to ensure rigour to ensure that the work continues to gain traction.</p>

<b>2.7 Stabilise Finance team and develop capacity</b>	Russell Caldicott		<p><b>Summary extracted from team updates</b></p> <p>Discussions continue with the CEO regarding supplementary resourcing requirements, and an internal expression of interest has been issued to establish a support team to address Special Measures projects.</p> <p>Benchmarking work with the Finance, Performance and Delivery arm of the NHS Executive continues including some data sharing from NHS Scotland and work is also progressing the with Finance Academy to identify potential additional temporary resource.</p> <p><b>PMO Assessment</b></p> <p>It is evident through narrative updates that key strands of work in the agreed areas are progressing. The first 2 milestones, including decisions points on supplementary interim resourcing are due by end of October.</p>
<b>2.8 Financial Control Environment Action Plan</b>	Russell Caldicott		<p><b>Summary extracted from team updates</b></p> <p>The Standing Financial Instructions for 2023 are under review prior to being presented to the Audit Committee and then Board in November. The Local Schemes of Reservation and Delegation (SORD's) for operational services are complete and ready for review with work underway to conclude within corporate areas. An initial list of issues within the scope of the Health Board SORD have been identified for further review.</p> <p><b>PMO Assessment</b></p> <p>Work to sign off the SORD's and conclude the first milestones by the due date of October 31<sup>st</sup> are close to completion with further work required across corporate services to conclude in full. Health Board SORD appears on track to conclude by end of the cycle.</p>
<b>2.9 Design Integrated Planning Framework and commence implementation</b>	Chris Stockport		<p><b>Summary extracted from team updates</b></p> <p>The Framework was approved at Board in September and is now progressing to implementation.</p> <p><b>PMO Assessment</b></p>

			Clear evidence of Board approval. Discussions with IHC's are occurring in order to gain agreement on the most effective way to mobilise the framework and ensure successful implementation for all stakeholders. On track for the final milestone at the end of November.
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<b>2.10 Design Integrated Performance Framework and commence implementation</b>	Russell Caldicott		<b>Summary extracted from team updates</b> The Framework was approved at Board in September and is now progressing to implementation.
			<b>PMO Assessment</b> Clear evidence of Board approval and confirmation received that a working plan for implementation is being established and will be taken to the Executive team during October.

## Outcome 4: Improved access, outcomes and experience for citizens

Deliverable brief summary	Lead Executive	Lead Executive Delivery Confidence	Update
<b>4.2 Planned Care:</b> Drive a revised programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability, including GIRFT and other efficiency opportunities.	Adele Gittoes		<b>Summary extracted from team updates</b> The Planned Care Board is now established and overseeing the rolling work plan, capturing both existing initiatives that contribute towards overall delivery as well as capturing new or additional packages of work.  There is a risk that competing organisational demands and restricted resources will result in delays to delivery of elective care. Mitigation plans are being developed within IHC's to balance managing longest waiting patients against urgent and cancer referrals.
			<b>PMO Assessment</b> Evident that cycle 2 actions are well underway and progressing. The 156 week wait position (with exception of Orthodontics) that was delivered by end of Cycle 1 was maintained at month end in September and the October to date position demonstrates that no new patients have tipped into this category, therefore demonstrating early signs that this position can be maintained.

<b>4.3 Orthopaedics Business Case</b>	Chris Stockport		<p><b>Summary extracted from team updates</b> The Business case was approved by the Board at the September meeting and will now progress to submission to Welsh Government.</p> <p><b>PMO Assessment</b> Clear evidence of Board approval of the case provided and all milestones for this cycle completed.</p> <p><b>Note:</b> A change control request to add a milestone to include Welsh Government approval has been received</p>
<b>4.9a Revised UEC Programme and improvement in</b> <b>1) ED triage times,</b> <b>2) ED assessment waits,</b> <b>3) 4-hour ambulance waits</b>	Adele Gittoes		<p><b>Summary extracted from team updates</b> The UEC live dashboard for use by operational and clinical staff is now active (ahead of schedule) and weekly meetings are held with a focus on performance and actions based on key risk areas. The NHS Executive have a standing invite to this meeting.</p> <p>In addition there are weekly reviews undertaken with IHC's regarding patients delayed greater than 4hrs in an ambulance, reviewing the previous week and actions going forwards to improve. The Full Capacity Protocol and the ambulance delay escalation protocol have been approved by the executive team, and training is now being scheduled for all relevant staff to ensure effective implementation.</p> <p><b>PMO Assessment</b> Received access to the Dashboard link in place, and copies of executive team minutes where new protocols were approved.</p>
<b>4.9b UEC Winter Planning</b>	Adele Gittoes		<p><b>Summary extracted from team updates</b> Winter plan has been discussed at the Executive team and is scheduled to be presented to a Board development session on the 26<sup>th</sup> October. The plan is for this to be approved at the November Board meeting.</p>

			<b>PMO Assessment</b> Confirmation that winter resilience plan was finalised, including social care partner involvement and evidence received demonstrating executive team review and the plan for Board to have the final sign-off.
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<b>4.10 Orthopaedic Improvement plan</b>	Adele Gittoes		<b>Summary extracted from team updates</b> The Orthopaedic model has commenced in Abergele with good strides being made, including the first Day Case Hip replacement in BCU. A formal evaluation is being undertaken and a paper prepared for the end of October. The GIRFT model and principles informed the Orthopaedic plan development which is now awaiting Welsh Government approval.
			<b>PMO Assessment</b> Clear communications received on the improvements to the service model and a focus on the High Volume, Low complexity (HVLC) procedures, and thus meeting requirements of the 1 <sup>st</sup> milestone in cycle 2, which will be fully approved upon receipt of the formal evaluation document.

## Outcome 5: A learning and self-improving organisation

Deliverable brief summary	Lead Executive	Lead Executive Delivery Confidence	Update
<b>5.4 Transformation &amp; Improvement Support:</b>	Chris Stockport		<b>Summary extracted from team updates</b> The reallocation of resources is complete for Mental Health following agreement with the Executive Director of Public Health. A series of discussions have taken place with senior leaders within the Executive Director of Operations Portfolio, however as yet these haven't been successful in matching the skillset of the resource to the priority pieces of work, including which pieces of work to de-prioritise.
			<b>PMO Assessment</b> The milestone carried forward from cycle 1 did not conclude as planned by the end of September. Has been escalated for more senior level discussion to resolve and bring back on track, and thus conclude within this cycle.

<b>5.7 Implement proposal to become an intelligence led organisation</b>	Dylan Roberts		<p><b>Summary extracted from team updates</b></p> <p>Work continues to bring about tactical changes to the provision of data and intelligence services. This includes engagement activities with DDaT staff focusing on the development of a data strategy and the tactical and strategic actions needed to enable the organisation to become intelligence led. These actions are described within three core themes: culture, confidence and capability.</p> <p>The core principles of the data strategy along with associated Dashboard developments were presented at a recent GIRFT summit and this programme of work is providing an opportunity to use data differently on a more clinically based, longer term view. The GIRFT programme is also enabling a strengthening of clinical engagement with data and a Medical Information Officer and the Nursing Information Officer are undertaking a prominent role.</p> <p><b>PMO Assessment</b></p> <p>Evidence of progress in both short term tactical changes, as well as enablers to deliver longer term strategic change. Majority of the milestones are set towards the end of the cycle and all currently on track.</p>
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# Appendix 1

## Change Log Activity - PFIG

The Special Measures Change Control process outlines the steps to be taken when a modification is suggested for a Deliverable, Milestone, or a Special Measures process after it has received Board approval.

The table below provides a change log specific to the PFIG Committee, highlighting updates pertinent to the committee from the broader Special Measures Change Control Register, which is presented to the Board for approval.

Several milestones did not conclude by the end of Cycle 1 and therefore required transition to Cycle 2 (a small number mapped direct into cycle 3, however none of these relate to PFIG), making them subject to the Special Measures Change Control process. A mapping exercise was conducted to confirm that no milestones were overlooked. The first table below provides details of changes made due to non-completion of cycle 1 milestones by the end of cycle 1 for milestones relevant to this committee. The second table covers a change to a milestone suggested during the cycle 2 milestone review with Independent Members.

### Change Log Table for Cycle 1 milestones not completed by the end of the cycle

Outcome	Deliverable	Cycle 1 Milestone not completed in cycle 1:	Carried forward in Cycle 2 as:
2. A clear, deliverable plan for 2023/24	2.2 Financial Savings	2.2.2 All plans finalised with 100% RAG scored Green/Amber	2.2.6 All plans to meet the £25.2m savings target to be 100% RAG score Green/Amber
		2.2.4 Set up star chamber review sessions, to do a top down assessment of cost pressures and assessments already in the run rate, to inform incremental opportunities for 2023/24 savings plans and 2024/25 savings plans.	2.2.7 Recurrent Investment Group Assurance (RIGA) review completed on all budgeted cost overruns resourced in 2023/24 plans
		2.2.5 Be clear on contribution of cross cutting themes will have to the 2023/24 savings plans	2.2.7 Recurrent Investment Group Assurance (RIGA) review completed on all budgeted cost overruns resourced in 2023/24 plans
	2.3 Future Financial and Value Opportunities	2.3.1 Significant progress made on Savings opportunity pipeline identified for 2024/25 by end of August	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning
		2.3.2 Collective discussion via Informal Execs on the approach to Value across the organisation going forward	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning
	2.4 Local plans	2.4.3. Accountability delivery agreements issued for each IHC and Division confirming how the mapped annual plan requirements (in 2.4.2) are expected to be delivered in the	2.4.5 Directorate level plans agreed for direct reports to CEO for FY23/24



		respective IHC/division, monitored through BCU IHC/divisional Accountability meetings.	
		2.4.4 Discuss at Informal Execs how to adapt and adopt a framework and systems for cascading and monitoring board objectives	2.4.5 Directorate level plans agreed for direct reports to CEO for FY23/24
	2.6 Contract procurement and management Review	2.6.1 Draft Contract procurement and management Review Report	2.6.4 Receive the first draft report on the outcome of the independent review of contract procurement management
		2.6.2 Final Contract procurement and management Review Report	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management
		2.6.3 Agreed recommendations to be incorporated into the Financial Control Environment Action Plan and address actions considered during.	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan
	2.7 Finance Team & Capacity	2.7.2 Approval decision regarding initial supplementary resourcing for Finance Department	2.7.4 CEO decision reached on proposed supplementary interim resourcing for Finance Department
		2.7.3 Undertake a robust assessment of the required staffing resource of the Finance Department and develop a new Operating Model	2.7.6 First draft of recurrent Finance staffing requirements
	2.8 Financial Governance	2.8.1 Create Local level SORDs (pending review at Corporate level)	2.8.7 Signed off Local level SORDs
		2.8.5 Summarise key learning to inform a development programme for Finance staff	2.8.9 Development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the HB agreed, linking in with the Finance Academy partners
4. Improved access, outcomes and experience for citizens	4.2 Planned Care	4.2.1 Secure an outcome from Welsh Government on proposals for planned care funding	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan
	4.3 Orthopaedics	4.3.2 Business Case including tendered capital costs submitted to Board for approval	4.3.4 Orthopaedic Business Case agreed by Board
	4.9a Urgent and Emergency Care - 6 goals	4.9a.3 Roll out new Acute Medical model across all 3 IHC's	4.9a.9 Implement Integrated Urgent and Emergency Care Plan
	4.9b Urgent and Emergency Care - winter planning	4.9b.2 RPB / Social care meeting to ensure joint working for escalation planning and resilience 2023-2024	4.9b.5 Stakeholder round table discussion held to finalise winter resilience plan (including social care partners)
5. A learning and self-improving organisation	5.4 Transformation & Improvement support	5.4.3 Implementation of the proposal agreed at HBLT, including consideration of hand over of previous work	5.4.4 Transformation & Improvement resource allocation proposal agreed at HBLT implemented (including consideration of hand over of previous work)

## Change Log Table for Amendments to Cycle 2 milestones

Outcome	Deliverable	Overview of change
4. Improved access, outcomes and experience for citizens	C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case	<p>During the Cycle 2 milestone review with Independent Members a suggestion was received to retire milestone:</p> <ul style="list-style-type: none"> <li>- 4.3.3 Orthopaedic Business Case presented to September board – 28/09/2023</li> </ul> <p>as it was very similar to milestone:</p> <ul style="list-style-type: none"> <li>- 4.3.4 Orthopaedic Business Case agreed by Board – 30/09/2023</li> </ul> <p>and to add a new milestone:</p> <ul style="list-style-type: none"> <li>- 4.3.5 Orthopaedic Business Case agreed by Welsh Government – 26/10/2023</li> </ul> <p>This has been received, reviewed and accepted by the Special Measures Senior Responsible Officer (SRO).</p>

## Appendix 2

### Collated Cycle 2 Milestones relating to PFIG

(i.e. carried forward milestones listed in appendix 1 plus new Cycle 2 milestones)

#### 1. A well-functioning Board

No deliverables from Outcome 1 fall under the remit of this committee.

#### 2. A clear, deliverable plan for 2023/24

Exec Lead	Milestone	Due Date	Why it's important to track
C1-2.2: Implement escalated financial savings approach for 23/24			
Russell Caldicott	2.2.6 All plans to meet the £25.2m savings target to be 100% RAG score Green/Amber	31/10/2023	The RAG status associated to financial savings schemes is an assessment of maturity and ultimately delivery confidence. Having schemes that are mature, and with high delivery confidence, makes it more likely we will deliver the £25.2m financial savings target in FY23/24
Russell Caldicott	2.2.7 Recurrent Investment Group Assurance (RIGA) review completed on all budgeted cost overruns resourced in 2023/24 plans	31/10/2023	This will enable a deeper understanding of the true underlying recurrent financial position that will be crucial in enabling appropriate financial management of FY23/24 and developing a robust financial plan for FY24/25
Russell Caldicott	2.2.8 Recurrent Investment Group Assurance (RIGA) review completed on new investments budgeted in 2023/24 plans	30/11/2023	This will enable a deeper understanding of the true underlying recurrent financial position that will be crucial in enabling appropriate financial management of FY23/24 and developing a robust financial plan for FY24/25
Russell Caldicott	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	30/11/2023	This will provide clarity on whether additional financial management activities and their associated impacts will be pursued in FY23/24 in order to further improve the financial position.
C1-2.3: Financial & value opportunities for 24/25 & 25/26			
Russell Caldicott	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	30/11/2023	This will support financial planning for FY24/25

C1-2.4: Deliver local plans			
Russell Caldicott	2.4.5 Directorate level plans agreed for direct reports to CEO for FY23/24	30/11/2023	This will support delivery of the organisation's FY23/24 annual plan
C1-2.5: Continue supporting and enabling a review of Planning			
Chris Stockport	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	14/10/2023	This report will inform potential future changes to the way the organisation does planning, with a view to improve the quality of planning activity across the organisation
Chris Stockport	2.5.4 Receive the final report on the independent review of integrated planning	31/10/2023	This report will inform potential future changes to the way the organisation does planning, with a view to improve the quality of planning activity across the organisation
Chris Stockport	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	30/11/2023	This report will inform potential future changes to the way the organisation does planning, with a view to improve the quality of planning activity across the organisation. Having the appropriate level of review, understanding and sponsorship for the review findings and recommendations will be key in ensuring they are rolled out successfully across the organisation.
C1-2.6: Contract and procurement management review			
Russell Caldicott	2.6.4 Receive the first draft report on the outcome of the independent review of contract procurement management	31/10/2023	This report will inform potential future changes to the way the organisation does contract and procurement management. This will support the organisation to be as robust as possible, apply good governance to contracting and procurement and get the best value from public money.
Russell Caldicott	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	30/11/2023	This report will inform potential future changes to the way the organisation does contract and procurement management. This will support the organisation to be as robust as possible, apply good governance to contracting and procurement and get the best value from public money.
Russell Caldicott	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	30/11/2023	This report will inform potential future changes to the way the organisation does contract and procurement management. This will support the organisation to be as robust as possible, apply good governance to contracting and procurement and get the best value from public money.
C1-2.7: Stabilise Finance team and develop capacity			
Russell Caldicott	2.7.4 CEO decision reached on proposed supplementary interim resourcing for Finance Department	30/10/2023	This will support ensuring there is sufficient capacity within the Finance team to conduct all necessary financial management and planning practices.
Russell Caldicott	2.7.5 Completed Benchmarking exercise of finance staffing	30/10/2023	This will inform a view as to whether there is sufficient capacity and capability within the Finance team to conduct all necessary financial management and planning practices.
Russell Caldicott	2.7.6 First draft of recurrent Finance staffing requirements	30/11/2023	This will support ensuring there is sufficient capacity within the Finance team to conduct all necessary financial management and planning practices.

#### C1-2.8: Financial Control Environment Action Plan

Russell Caldicott	2.8.7 Signed off Local level SORDs	31/10/2023	Schemes of Reservation and Delegation (SORDs) outline the decisions that are reserved for the various levels within the organisation and partners. Clarity on SORDs across the organisation will speed up decision making and help the organisation work more effectively and within agreed governance rules.
Russell Caldicott	2.8.8 Signed off Health Board SORD	30/11/2023	Schemes of Reservation and Delegation (SORDs) outline the decisions that are reserved for the various levels within the organisation and partners. Clarity on SORDs across the organisation will speed up decision making and help the organisation work more effectively and within agreed governance rules.
Russell Caldicott	2.8.9 Development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the HB agreed, linking in with the Finance Academy partners	30/11/2023	This will help to ensure there is sufficient finance skills and capabilities across the organisation to conduct all necessary financial management and planning practices.

#### C2-2.9: Design Integrated Planning Framework and commence implementation

Chris Stockport	2.9.1 Draft integrated planning framework submitted to executive team	13/09/2023	The integrated planning framework is one of the key foundational documents to provide clarity on how the organisation approaches planning. It will be useful in lieu of the planning review and will be updated as necessary afterwards.
Chris Stockport	2.9.2 Integrated planning framework submitted to Board	28/09/2023	The integrated planning framework is one of the key foundational documents to provide clarity on how the organisation approaches planning. It will be useful in lieu of the planning review and will be updated as necessary afterwards.
Chris Stockport	2.9.3 Implementation of the integrated planning framework commenced	30/11/2023	The integrated planning framework is one of the key foundational documents to provide clarity on how the organisation approaches planning. It will be useful in lieu of the planning review and will be updated as necessary afterwards.

#### C2-2.10: Design Integrated Performance framework and commence implementation

Russell Caldicott	2.10.1 Draft integrated performance framework submitted to executive team	13/09/2023	The integrated performance framework is one of the key foundational documents to provide clarity on how the organisation approaches performance management.
Russell Caldicott	2.10.2 Integrated performance framework submitted to Board	28/09/2023	The integrated performance framework is one of the key foundational documents to provide clarity on how the organisation approaches performance management.

Russell Caldicott	2.10.3 Implementation of the integrated performance framework commenced	30/11/2023	The integrated performance framework is one of the key foundational documents to provide clarity on how the organisation approaches performance management.
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### 3. Stronger leadership and engagement

No deliverables from Outcome 3 fall under the remit of this committee.

### 4. Improved access, outcomes and experience for citizens

Exec Lead	Milestone	Due Date	Why it's important to track
C1-4.2: Planned Care - Drive a revised programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability including GIRFT and other efficiency opportunities. - Sustain Stage 1 >156 weeks booked - Make continuous improvement towards >104 weeks			
Adele Gittoes	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan	30/11/2023	Backlogs and waiting times in planned care related services are too high - this will provide a plan to address
Adele Gittoes	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	30/11/2023	Demand and capacity modelling is a critical underpinning activity to ensure services have the right number and the right skills in the right place at the right time to deliver high quality, timely and safe care
Adele Gittoes	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	30/11/2023	This will ensure clinical and operational teams are consistently applying best practice in how patient journeys are managed in planned care services
Adele Gittoes	4.2.8 Implement clerical validation of open pathways	30/11/2023	This will ensure that every patient is on the optimal pathway and that those that need to be seen most urgently are for the services concerned

Adele Gittoes	4.2.9 Full Capacity protocol agreed and in place and which guides decisions on elective cancellations	30/09/2023	Ensuring an appropriate and consistent approach is taken to cancellation of elective activity, mitigating the need to do it where at all possible
Adele Gittoes	4.2.10 Development of a plan to commission additional orthodontic capacity	31/10/2023	We have long waiting lists in orthodontics and this will enable those patients to be seen more quickly

**C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case**

Chris Stockport	4.3.3 Orthopaedic Business Case presented to September board	28/09/2023	If supported by Board, and then NHS Wales, this will enable more Orthopaedic capacity which will reduce backlogs and improve waiting times
Chris Stockport	4.3.4 Orthopaedic Business Case agreed by Board	30/09/2023	If supported by Board, and then NHS Wales, this will enable more Orthopaedic capacity which will reduce backlogs and improve waiting times

**C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers**

Adele Gittoes	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of UPCCs and learning from across BCUHB and Wales	30/11/2023	To understand whether our UPCCs are adding sufficient value, and if not what changes could be made, to ensure we are providing the best opportunities for patients
Adele Gittoes	4.9a.7 UEC live dashboard developed for use by operational and clinical staff to inform key risk and harm i.e., ED triage and assessment times, handover waits etc	30/10/2023	Access to real-time, relevant data provides opportunities to identify problems early and to intervene, leading to better patient experience in ED
Adele Gittoes	4.9a.8 Revised UEC protocols, including the Full Capacity Protocol and 4-hour ambulance delay escalation to Executive Director of Operations Protocol, approved by Executive Team and being enacted	30/09/2023	This is expected to reduce the delay in patients being seen in ED
Adele Gittoes	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	30/11/2023	This will ensure that we are taking a planned approach to delivering UEC, built upon best practice national guidance, in order to provide better patient experience

## C1-4.9b: UEC Winter Planning

Adele Gittoes	4.9b.5 Stakeholder round table discussion held to finalise winter resilience plan (including Social Care partners)	22/09/2023	Working to a 'winter plan' that is supported by all partners will enable us to better cope with the surge of demand over the winter period
Adele Gittoes	4.9b.6 UEC Winter resilience plan signed off by Executive Team	30/10/2023	Working to a 'winter plan' that is supported by all partners will enable us to better cope with the surge of demand over the winter period



C2-4.10: Orthopaedic improvement plan			
Adele Gittoes	4.10.1 Abergele orthopaedic model commenced with increased focus on throughput and increased utilisation (at Abergele and DGH sites following transfer of activity)	11/09/2023 (with on-going monitoring )	This will improve Orthopaedic throughput, which will reduce backlogs and improve waiting times
Adele Gittoes	4.10.2 Overarching Orthopaedics plan developed, including Orthopaedic GIRFT recommendations	30/11/2023 (subject to outcome of Orthopaedics business case)	This will ensure there is the right clinical and operational team involved in improving our Orthopaedic services

## 5. A learning and self-improving organisation

Exec Lead	Milestone	Due Date	Why it's important to track
C1-5.4: Transformation & Improvement support			
Chris Stockport	5.4.4 Transformation & Improvement resource allocation proposal agreed at HBLT implemented (including consideration of hand over of previous work)	30/09/2023	This will ensure that the transformation and improvement resource are allocated to the highest priority areas to support improvements in our services
C1-5.7: Implement proposal to become an intelligence led organisation			
Dylan Roberts	5.7.7 Actions taken to increase clinical engagement with data in relation to planned care	31/10/2023	Ensuring the organisation takes a range of actions to better utilise data, intelligence and insight across the organisation. This is a key enabler in running and improving services
Dylan Roberts	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	31/10/2023	Ensuring the organisation takes a range of actions to better utilise data, intelligence and insight across the organisation. This is a key enabler in running and improving services
Dylan Roberts	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	30/11/2023	Ensuring the organisation takes a range of actions to better utilise data, intelligence and insight across the organisation. This is a key enabler in running and improving services

Dylan Roberts	5.7.10 A measurement framework / data catalogue developed for core measures managed by the Data, Intelligence & Insight Team. This will include sources, reporting criteria and publication details	30/11/2023	Ensuring the organisation takes a range of actions to better utilise data, intelligence and insight across the organisation. This is a key enabler in running and improving services
Dylan Roberts	5.7.11 Scope a data strategy aligned with the development of the Health Board's Digital Strategy	30/11/2023	Ensuring the organisation takes a range of actions to better utilise data, intelligence and insight across the organisation. This is a key enabler in running and improving services



<b>Teitl adroddiad:</b> <i>Report title:</i>	Annual Plan and Integrated Medium Term Plan (IMTP) Process Update			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	2 <sup>nd</sup> November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the Annual Plan and IMTP process for 2023/24 and 2024/25-27			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>RECEIVE ASSURANCE</b> on the progress to date, acknowledging the areas of challenge.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Dylan Pierce Williams – Interim Assistant Director - Health Strategy & Planning			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	To support IMTP and Special Measures			

<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not applicable
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Not applicable
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> Gweithredu argymhellion <b>Next Steps:</b> Implementation of recommendations	

# Annual Plan and Integrated Medium Term Plan (IMTP) Process Update

## 1) Introduction

This report provides an update across a number of important areas of focus for the Strategic Planning team and the wider organisation:

- Update on the Special Measures Planning Review
- The 2024/25 NHS Planning Framework
- Annual Plan Monitoring for 2023/24
- The IMTP Process for 2024/27 and integration of Special Measures planning and monitoring

## 2) Background

The Health Strategy and Planning team is responsible for leading the development of health, well-being and healthcare strategies and strategic models of care across the organisation. It has specific areas of responsibility in:

- 1) Corporate planning functions, leading the development of the Health Board’s [Integrated Planning Framework](#)
- 2) The coordination of the planning work relating to the [Annual Plan](#) and [3 year Integrated Medium Term Plan](#) across the Health Board
- 3) Overseeing the [commissioning](#) of services, working in partnership with other corporate departments such as Finance and partners such as WHSSC

The areas of focus for the team are a combination of business as usual annual cycle items, as well as those influenced by the on-going work related to Special Measures.

## 3) Update on the Special Measures Planning Review

As part of the Health Board Special Measures requirements, a review of the organisation’s approach to Planning was requested by Welsh Government, with three stated aims:

Three stated aims	
1	To provide an assessment of integrated planning capacity and capability within BCUHB in terms of strategic, partnership and operational planning.
2	To assess the organisation’s approach to developing their IMTP and the associated decision-making mechanisms.
3	To support the development and implementation of a local, integrated planning framework incorporating strategy and planning (internally across the organisation and externally with partners).

Extensive field work has been completed by the Welsh Government Independent Advisor and the draft review of the report is expected in late October 2023.

#### **4) The 2024/25 NHS Planning Framework**

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Welsh Government publishes an NHS Wales Planning Framework in support of the IMTP process annually. The framework sets out ministerial priorities and expectations including a timetable for the IMTP process. The Health Board is required to ensure that its IMTP responds to the objectives included in the framework.

The Senior Strategic Planning Team continues to hold regular touchpoint meetings with Welsh Government to discuss key national planning issues and requirements. Indications from Welsh Government representatives are that the planning framework for the 2024-2027 will be provided during late October 2023. In response the Health Board is working proactively with the information available to maintain commitment to agreed planning cycle timescales.

#### **5) Annual Plan Monitoring for 2023/24**

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During the planning cycle for 2023-2026, undertaken during the last financial year, the Health Board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the planning cycle for 2023 focused on an annual plan, with requirement for a revised performance monitoring framework to oversee delivery of ministerial, strategic and local objectives.

During the last 6 months the focus in Performance, Planning and Transformation has been upon the monitoring and delivery of our Special Measures agenda. Our reporting tools have been well received and are now being further developed to capture the remaining Annual Plan performance and planning priorities. Collation of Q2 delivery responses is currently being finalised in order to report the Annual Plan Q2 delivery position to the Board in November 2023.

#### **6) IMTP Process for 2024/27 and integration of Special Measures**

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Developing an intermediate medium term (three-year) plan (IMTP) is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period. The IMTP is required to align performance, service, workforce and financial planning along with the wider corporate teams' plans, including alignment with Special Measures.

In anticipation of the shortly expected National Planning Framework, work has commenced on developing a full three-year plan, with the expectation that the plan for the first of the three years will provide more detailed milestones with broader objectives and high-level milestones set for the remaining two years of the plan.

It is the Health Board's ambition to seek to achieve a financially sustainable position over the period of the IMTP. However, the financial position moving into 2024/2027 presents significant challenges, and will require large scale change to deliver savings while maintaining and improving patient care.

In order to support IHC's and Pan North Wales Services with submission of their local plans, a number of resources have been made available confirming framework requirements and timelines for delivery. The internal Local Integrated Planning Framework has been issued and confirms the Health Board's commitment to improving and sustaining integrated planning throughout the organisation. Draft return of narrative plans and templates for finance, savings and workforce have been requested by the 31<sup>st</sup> October 2023, with final submissions by the 30<sup>th</sup> November 2023.

During November 2023 an assessment of draft plans submitted by IHCs and Pan North Wales services will be undertaken by Planning and Transformation teams, with focus on identifying any gaps or crossovers, and to identify impact and interdependencies and strategic fit across the whole organisation. These reviews will be cognisant of our special measure status, and opportunities to further align special measures with our strategic planning IMTP processes for 2024/27 will be a key focus area.

## 7) Recommendations

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The Committee is asked to **RECEIVE ASSURANCE** on the progress to date, acknowledging the areas of challenge.



<b>Teitl adroddiad:</b>	<b>2023–24 Month 6 Finance Report</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	Performance, Finance and Information Governance Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Thursday, 02 November 2023
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	<p>The purpose of this report is to provide a briefing on the Financial Performance of the Health Board for the year to date as at end of September, 2023/24.</p>
<b>Executive Summary:</b>	<p><u>In Year and Forecast Outturn position</u></p> <p>The Health Board's initial financial plan for 2023/24 was to deliver a deficit position of £134.1m.</p> <p>The September position is reporting an in-month deficit of £14.5m, which is £3.3m higher than the profiled Financial Plan for Month 6.</p> <p>The year to date position as at the end of September is reporting a deficit of £90.8m, which is £23.7m higher than the financial plan. This is due to a number of pressures over plan, particularly pay pressures of £9.3m, CHC pressures of £4.3m and Primary Care/Secondary Care Drugs pressures of £4.5m.</p> <p>The year-end forecast position remains at a deficit of £134.1m. However, this is reliant on a number of initiatives reducing future costs down to the planned monthly overspend, achievement of the savings plan and recovery of the £23.7m overspend to date against plan.</p> <p>Initiatives to mitigate current levels of expenditure are in place (such as the Establishment Control Group (ECG)) with a review of investment decisions made in 2023/24 nearing conclusion, with these initiatives assessed to ensure these do not impact on patient safety.</p> <p>A forecast outturn for the 2023/24 financial year (to include the outputs of mitigations to control costs) will be presented to future Health Boards and relevant sub-committees.</p> <p><u>Savings</u></p> <p>In the Health Board's Financial Plan for 2023/24, savings of £25.2m were required to be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m.</p> <p>To date savings plans of £19.0m have been identified as Green schemes.</p> <p>In terms of delivery:</p> <ul style="list-style-type: none"><li>• Year to Date actual savings total £10.0m (excluding Accountancy Gain), against a year to date target of £12.5m, with the under delivery being £2.5m.</li></ul>



	<ul style="list-style-type: none"> <li>Savings delivered in Month totalled £2.6m against a target of £2.1m. The additional £0.5m has improved the year to date under delivery performance.</li> <li>Forecast delivery is currently £19.9m excluding Accountancy Gain.</li> <li>Of the savings identified, £14.8m is recurring with a full year effect of £18.3m.</li> </ul> <p><u>Capital Programme</u></p> <p>The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).</p>			
<b>Argymhellion:</b>  <b>Recommendations:</b>	The committee are asked to receive and scrutinise this report and to support the proposed adjustments to the capital programme.			
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	Russell Caldicott, Interim Executive Director of Finance.			
<b>Awdur yr Adroddiad:</b>  <b>Report Author:</b>	Michelle Jones, Head of Financial Reporting Paula Dixon, Head of Financial Improvement Daniel Eyre, Head of Capital Development			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod.</b> <b>Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to</b>	This paper aligns to the strategic goal of attaining financial balance, meeting our CRL and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.			

<b>achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	Naddo N  Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.  The health board continues to assess the requirement for carrying out Equality Impact Assessments on a capital project by project basis.
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	Naddo N  Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.  With capital programmes, the Health Board continues to assess the requirement for carrying out Equality Impact Assessments on a project by project basis
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3.  Current risks and mitigations are shown in Appendix A, Slide 13.  From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	Not applicable.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	Not applicable

<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p><b>Appendix A &amp; B</b> <b>Board Assurance Framework</b> BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.</p> <p><b>Corporate Risk Register:</b> CRR23-49, Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 (£134.1m deficit), because of failure to achieve the level of financial improvement included in the plan CRR23-52, WG cash funding for 2023/24</p> <p><b>Appendix C</b> <b>BAF risks</b> BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets BAF 2.4 Digital, Data &amp; Technology BAF 2.5 Digital, Data &amp; Technology</p> <p><b>Corporate Risk Register:</b> 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	

**Camau Nesaf:**  
**Gweithredu argymhellion**

***Next Steps:***  
***Implementation of recommendations***

**Rhestr o Atodiadau:**

***List of Appendices:***

- A (i) - 2023/24 PFIG Finance Report - Month 6
- A (ii) - 2023/24 WG Monitoring Return Report – Month 6
- B - 2023/24 Savings Report - Month 6
- C - 2023/24 Capital Report - Month 5 & 6
- D - 2023/24 Documents for Month 5 (previously circulated)

# Finance Report September 2023 – M06

**Russell Caldicott**  
**Interim Executive Finance Director**



**GIG**  
CYMRU  
**NHS**  
WALES


Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<u>Objective</u> <p>To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.</p>	
<u>Positives &amp; Key Assurances</u> <p>➤ Approved Capital Resource Limit (CRL) for 2023/24 is £19.294m and is forecast to be spent in full.</p>	<u>Issues &amp; Actions</u> <p>➤ In-month position is reporting a deficit of £14.5m, which is £3.3m higher than the profiled financial deficit for Month 6 and is £2.2m less than previous month's reported position.</p> <p>➤ Year to date position as at the end of September is reporting a deficit of £90.8m, this represents a £23.7m adverse variance compared to 6/12<sup>th</sup> of the £134.1m core planned deficit.</p> <p>➤ Full Year Savings Plan (FY Plan) totals £23.1m, down £2.8m from August. This includes Pipeline and Red schemes. The FY Plan value of green schemes totals £19.0m, which represents an increase of £0.7m on previous month.</p> <p>➤ Forecast outturn is the £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first six months of the financial year will need to be recovered over the remainder of the financial year.</p> <p>➤ The Health Board remains committed to taking action to mitigate any risks to delivery of the financial plan. In addition, the plan will also require £134.1m of strategic cash support to maintain existing payment terms to staff and suppliers.</p> <p>➤ Health Board achieved PSPP target to pay 95% of valid invoices within 30 days of receipt in two of the four measures of compliance during Quarter 2 2023-24 with NHS and non-NHS invoices by number both being below target at 87.4% and 91.9% respectively.</p>
<u>Key Messages</u> <p>➤ September position is reporting an in-month deficit of £14.5m, which is £3.3m higher than the profiled financial deficit for Month 6 and is £2.2m less than previous month's reported position. The year to date position as at the end of September is reporting a deficit of £90.8m, this represents a £23.7m adverse variance compared to 6/12<sup>th</sup> of the £134.1m core plan deficit.</p> <p>➤ The in-year additional pressures above plan are currently being reported as non-recurrent, but these are being assessed as part of the 24/25 annual financial plan (Local draft due 31<sup>st</sup> October 2023).</p>	

# Summary of Year to Date Key Numbers

<div>Month 6 Position</div> <div>In Month £175.1m against plan of £171.8m. <b>£3.3m adverse position, actual deficit £14.5m versus planned deficit of £11.2m</b></div> <div>YTD: £1,063.7m against plan of £1,040.0m <b>£23.7m adverse position, actual deficit £90.8m versus planned deficit of £67.1m</b></div>	<div>Forecast</div> <div>Projection held at planned deficit but this is subject to significant risk around savings without significant improvement</div> <div>£134.1m deficit</div>	<div>Divisional Performance Month 6</div> <table><tr><td>West IHC</td><td>£8.6m adverse</td></tr><tr><td>Central IHC</td><td>£12m adverse</td></tr><tr><td>East IHC</td><td>£6.9m adverse</td></tr><tr><td>Womens</td><td>£0.4m favourable</td></tr><tr><td>MH &amp; LD</td><td>£2.9m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£0.5m favourable</td></tr><tr><td>ICD Primary Care</td><td>£0.2m adverse</td></tr><tr><td>ICD Regional Services</td><td>£2.2m adverse</td></tr><tr><td>Support Functions</td><td>£1.3m favourable</td></tr><tr><td>Other Budgets</td><td>£6.8m favourable</td></tr></table>	West IHC	£8.6m adverse	Central IHC	£12m adverse	East IHC	£6.9m adverse	Womens	£0.4m favourable	MH & LD	£2.9m adverse	Commissioning Contracts	£0.5m favourable	ICD Primary Care	£0.2m adverse	ICD Regional Services	£2.2m adverse	Support Functions	£1.3m favourable	Other Budgets	£6.8m favourable
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Other Budgets	£6.8m favourable																					
<div>Savings</div> <div>In-month: £2.6m against target of £2.1m £0.5m favourable</div> <div>YTD: £10.0m against target of £12.6m £2.6m adverse</div>	<div>Savings Forecast</div> <div>£19.9m (excluding accountancy gain) against target of £25.2m</div> <div>£5.3m adverse worst case if no further savings delivered beyond current green schemes</div>	<div>COVID-19 Impact</div> <div>£6.1.m cost YTD</div> <div>£16.6m forecast cost. Funded by Welsh Government £NIL impact</div>																				
<div>Year to Date Income</div> <div>£74.2m against budget of £72.3m</div> <div>£1.9m favourable</div>	<div>Year to Date Pay</div> <div>£540.0m against budget of £521.5m</div> <div>£18.5m adverse</div>	<div>Year to Date Non-Pay</div> <div>£597.8m against budget of £590.7m</div> <div>£7.1m adverse</div> <div></div>																				

# Revenue Position

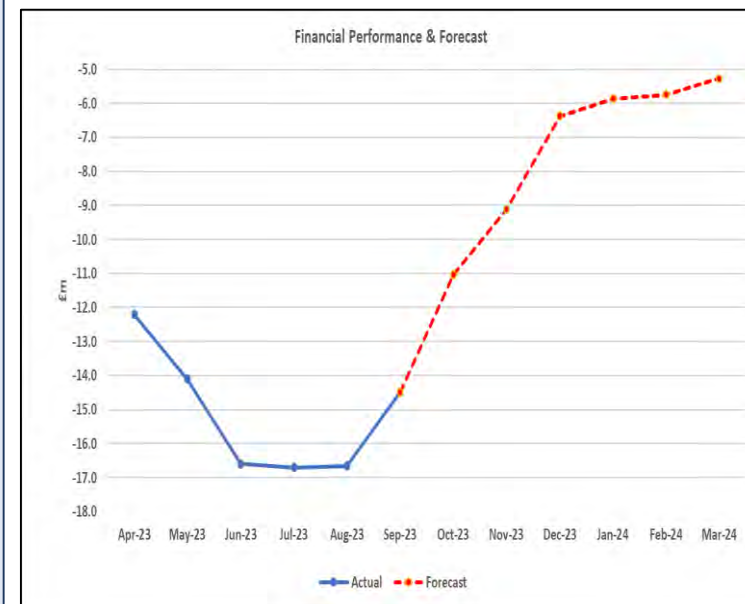
	2023-24						2023/24 Cumulative against Plan				Forecast
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	Expenditure £m
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(163.0)	(160.6)	(972.9)	(972.9)	0.0	0.0%	(1,956.8)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(12.2)	(12.3)	(72.3)	(74.2)	-1.9	2.6%	(149.4)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	88.0	86.8	521.5	540.0	18.5	3.5%	1,066.4
Non-Pay Expenditure	92.0	100.5	97.0	103.8	103.9	100.6	523.7	597.8	74.2	14.2%	1,174.0
Planned Deficit							67.1	0.0	-67.1	(100.1)%	0.0
<b>Total Deficit / (Surplus)</b>	<b>12.2</b>	<b>14.1</b>	<b>16.6</b>	<b>16.7</b>	<b>16.7</b>	<b>14.5</b>	<b>67.1</b>	<b>90.8</b>	<b>23.7</b>		<b>134.1</b>

- In-month position is reporting a deficit of £14.5m, which is £3.3m higher than the profiled financial deficit for Month 6 and is £2.2m less than previous month's reported position. Year to date position as at the end of September is reporting a deficit of £90.8m, this represents a £23.7m adverse variance compared to 6/12 of the £134.1m core planned deficit.
- As per below graph, the assumption is that the £23.7m deficit above plan will be recovered over the remaining months.

➤ The regulatory requirement is to attain a balanced financial outturn over three financial years, with the Health Board's financial plan for 2023/24 to deliver a deficit position of £134.1m. This represents a very challenging financial situation in 2023/24 for the Health Board.

• **To deliver the £134.1m planned deficit a number of actions are being progressed:**

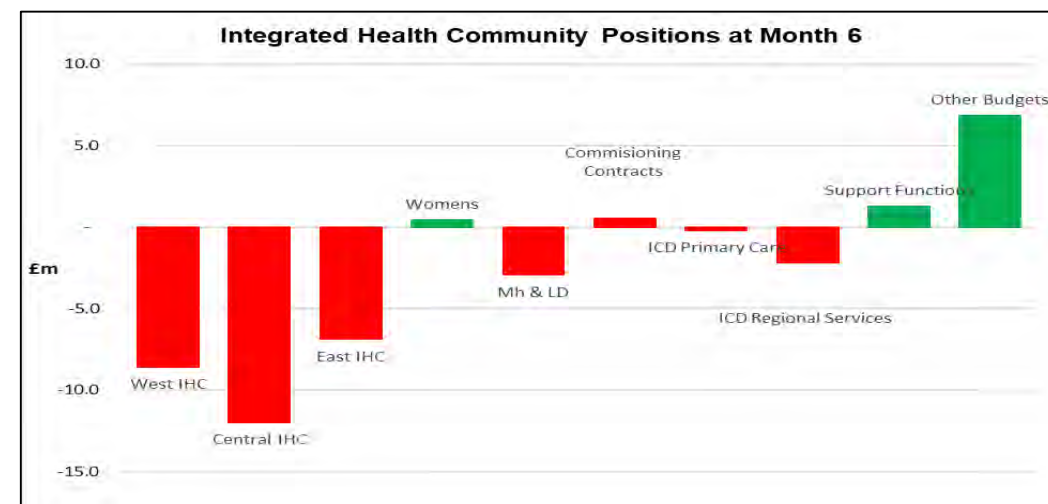
- The Recurrent Investment Group Assurance (RIGA) work commenced in early October. Phase 1 was the review of the 23/24 funded investments to assess if they are essential (i.e. unavoidable costs and patient safety), and where possible removing or reduce the investment. Phase 2 is to review the developments from the £42m Performance and Transformation Fund and Phase 3 is to review developments utilising new 2023/24 allocations.
- Establishment Control Group (ECG) – EC Group meets weekly and following assessment of existing interims these have reduced from 50 to 7, elements of this is reflected in the reduced Agency expenditure and for fixed term staff due to notice periods the reduced spend is expected in future months.
- Autocascade parameters have been actioned with no off-contract from 1/10/23, and shifts offered to on-contract agency a maximum of 7 days prior to start of the shift. Additional controls have been put in place for Medical, Nursing & Therapies Temporary Workforce Controls.
- Develop active use of benchmarking to support improvement in conjunction with FP & D
- The new Integrated Delivery Group is meeting on a monthly basis.
- Balance sheet and reserves are being reviewed, to assure all non-recurrent mitigations are known and deployed as required.





# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	
	£000	£000	to Plan £000	to Plan £000	£000	£000	to Plan £000	to Plan £000	
WG RESOURCE ALLOCATION	(160,642)	(160,642)	0	0%	(972,946)	(972,946)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	(20)	132	(153)	-751%	(481)	628	(1,109)	-231%	(2,275)
West Area	15,632	16,305	(673)	-4%	95,439	98,200	(2,761)	-3%	(4,475)
Ysbyty Gwynedd	10,733	11,408	(674)	-6%	64,959	69,237	(4,277)	-7%	(8,200)
Facilities	1,120	1,209	(88)	-8%	7,067	7,476	(409)	-6%	(1,172)
Total West	27,466	29,054	(1,588)	-6%	166,985	175,541	(8,556)	-5%	(16,122)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	97	88	10	-10%	587	597	(10)	2%	(313)
Central Area	20,390	21,077	(687)	-3%	123,709	127,911	(4,202)	-3%	(9,979)
Ysbyty Glan Clwyd	13,266	14,354	(1,088)	-8%	80,277	87,787	(7,510)	-9%	(12,480)
Facilities	1,330	1,370	(40)	-3%	8,369	8,613	(245)	-3%	(879)
Total Central	35,083	36,888	(1,805)	-5%	212,941	224,908	(11,967)	-6%	(23,652)
EAST INTEGRATED HEALTH COMMUNITY									
Management	27	83	(56)	204%	168	546	(378)	225%	(728)
East Area	23,045	23,790	(745)	-3%	139,783	142,850	(3,068)	-2%	(5,000)
Ysbyty Wrexham Maelor	11,245	11,707	(462)	-4%	68,533	71,383	(2,850)	-4%	(6,428)
Facilities	1,183	1,291	(108)	-9%	7,409	7,993	(584)	-8%	(1,495)
Total East	35,500	36,871	(1,371)	-4%	215,893	222,772	(6,879)	-3%	(13,650)
Total Midwifery and Women's Services	3,813	3,609	204	5%	23,679	23,264	416	2%	(142)
Total Mental Health and LDS	13,778	14,866	(1,088)	-8%	85,439	88,368	(2,929)	-3%	(5,000)
Total Commissioning Contracts	23,186	21,093	2,092	9%	134,731	134,216	515	0%	502
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	783	783	0	0%	5,117	5,020	97	2%	97
Dental North Wales	2,629	2,590	40	2%	15,771	15,387	384	2%	250
Community Dental Services	444	562	(118)	-27%	2,783	3,168	(385)	-14%	(700)
Other Primary Care	1,962	2,026	(64)	-3%	11,059	11,344	(285)	-3%	(563)
Total Integrated Clinical Delivery Primary care	5,819	5,961	(142)	-2%	34,731	34,919	(189)	-1%	(917)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(1,838)	(14)	1%	(11,112)	(11,094)	(19)	0%	0
Diagnostic and Specialist Clinical Support	6,496	6,821	(326)	-5%	39,885	41,841	(1,956)	-5%	(3,839)
Cancer Services	5,216	5,089	127	2%	31,615	31,823	(208)	-1%	(216)
Total Integrated Clinical Delivery	9,860	10,072	(213)	-2%	60,389	62,571	(2,183)	-4%	(4,055)
Total Service Support Functions	13,627	13,360	266	2%	82,390	81,134	1,256	2%	(5,280)
Total Other Budgets	3,690	3,358	331	9%	22,834	16,007	6,827	30%	68,316
Total	11,178	14,491	(3,313)	-30%	67,066	90,755	(23,689)	-35%	(0)



- Key reasons for the overspend above plan of £3.3m in month and £23.7m year to date adverse variance above plan compared to 6/12<sup>ths</sup> of the £134.1m core planned deficit is due to the following year to date cost pressures:

- £9.3m Pay Pressures above Planned assumptions
- £6.0m Healthcare Services Provided by other NHS Bodies, Private Providers, OOA and WHSCC
- £4.3m CHC
- £4.5m Primary Care & Secondary Care Drugs
- (£2.9m) Other Non Pay Underspends
- £2.2m Overachieved Savings
- £0.3m Other

\*These items have been adjusted for the impact of expected budgetary realignment.

- The in-year additional pressures above plan are currently being reported as non-recurrent, but these are being assessed as part of the 24/25 annual financial plan (Local draft due 31<sup>st</sup> October 2023).

# Expenditure – Pay & Non-Pay

Pay Costs	2023-24						Cumulative			Forecast Expenditure
	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.7	12.4	14.9	14.0	12.8	12.6	79.9	78.6	1.3	155.2
Medical & Dental	18.8	20.0	24.1	22.5	20.6	20.3	109.3	126.4	(17.1)	249.7
Nursing & Midwifery Registered	24.6	25.8	31.1	29.1	26.7	26.3	161.5	163.6	(2.0)	323.0
Additional Clinical Services	12.0	12.5	15.0	14.1	12.9	12.7	78.2	79.1	(0.9)	42.3
Add Prof Scientific & Technical	3.2	3.4	4.1	3.8	3.5	3.4	23.1	21.4	1.7	156.1
Allied Health Professionals	5.6	5.8	6.9	6.5	6.0	5.9	34.2	36.7	(2.5)	72.3
Healthcare Scientists	1.3	1.4	1.7	1.5	1.4	1.4	9.0	8.7	0.3	17.2
Estates & Ancillary	3.8	4.0	4.8	4.5	4.1	4.0	25.8	25.2	0.6	49.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.5	0.1	0.9
<b>Health Board Total</b>	<b>81.1</b>	<b>85.3</b>	<b>102.7</b>	<b>96.2</b>	<b>88.0</b>	<b>86.8</b>	<b>521.5</b>	<b>540.0</b>	<b>(18.5)</b>	<b>1,066.4</b>
Other Services (Incl. Primary Care)	2.1	2.8	3.2	3.0	2.5	2.7	12.7	16.3	(3.6)	32.7
<b>Total Pay</b>	<b>83.2</b>	<b>88.1</b>	<b>105.9</b>	<b>99.2</b>	<b>90.5</b>	<b>89.5</b>	<b>534.3</b>	<b>556.4</b>	<b>(22.1)</b>	<b>1,099.0</b>

Non-Pay Costs	2023-24						Cumulative			Forecast Expenditure
	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractors	18.7	18.3	18.9	19.1	18.2	19.0	113.5	112.1	1.4	224.5
Primary Care Drugs	9.3	10.4	11.4	11.0	12.2	10.8	61.9	65.0	(3.1)	129.8
Secondary Care Drugs	6.5	7.6	7.9	8.1	8.4	7.7	44.9	46.3	(1.4)	94.3
Clinical Supplies	6.4	7.1	7.5	7.5	7.5	7.8	40.0	43.8	(3.9)	80.3
General Supplies	3.6	3.6	4.0	3.6	5.8	4.3	24.2	24.9	(0.8)	45.7
HC Services Provided by Other NHS	26.2	28.1	27.6	29.1	28.9	27.1	163.8	167.0	(3.2)	334.4
Continuing Care and FNC	10.1	10.2	10.0	12.3	11.3	10.8	60.4	64.8	(4.4)	126.2
Other	8.7	10.7	5.8	9.5	8.0	9.5	60.3	52.2	8.1	95.3
<b>Non-pay costs</b>	<b>89.5</b>	<b>96.0</b>	<b>93.1</b>	<b>100.3</b>	<b>100.3</b>	<b>97.0</b>	<b>568.9</b>	<b>576.2</b>	<b>(7.2)</b>	<b>1,130.6</b>
AME/DEL Depreciation	2.5	4.5	3.9	3.6	3.6	3.6	21.8	21.8	0.0	43.5
<b>Total non-pay</b>	<b>92.0</b>	<b>100.5</b>	<b>97.0</b>	<b>103.9</b>	<b>103.9</b>	<b>100.6</b>	<b>590.7</b>	<b>597.9</b>	<b>(7.2)</b>	<b>1,174.0</b>

- **Provided Services Pay:** Expenditure has decreased by £1.2m (1.4%) from Month 5 and is £1.6m less than forecast for the month, of which Agency expenditure has decreased by £1.3m.
- Bank expenditure has remained in line with previous month, however Overtime costs has increased by £0.1m.
- Pay Annual Forecast has decreased by £4.7m (0.4%), of which Agency forecast outturn has decreased by £5.6m.
- **Non-Pay Expenditure (excluding Capital Charges):** September total non-pay expenditure is £97.0m, a decrease of £3.3m from Month 5. (Further detail on Non-Pay expenditure movements is referred to in Slide 11)



Description	£m
Allocations Received	1,883.5
<b>Total Allocations Received</b>	<b>1,883.5</b>
Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation - Impairment	2.6
COVID-19	13.0
Removal of IFRS-16 Leases (Revenue)	- 4.5
Real Living Wage (Care Homes)	3.0
Clinical Excellence Awards	0.5
IM&T Refresh Programme	1.9
EPMA Income	0.7
Six Goals - Urgent Primary Care Centres	1.0
Six Goals - SDEC	1.6
Dispensing Fees Increasing	1.5
Service Improvement Fund	1.1
WRP Contribution	- 4.9
22/23 payawards not in 23/24 Alloc Paper (to be made re	12.1
23/24 5% A4C Pay Award	38.0
Repayment of the AME Provision Funding	- 4.1
TGS Cohort Doctors	0.9
Additional Planned Care Bids	7.2
Other	1.7
<b>Total Allocations Anticipated</b>	<b>73.3</b>
	£m
Total Allocations Received	1,883.5
Total Allocations Anticipated	73.3
<b>Total Welsh Government Income</b>	<b>1,956.8</b>

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The Revenue Resource Limit (RRL) for the year is £1,956.9m. £972.9m of the RRL has been phased within the year to date position, which is £5.5m less than 6/12<sup>ths</sup> of the RRL (£978.4m).
- Confirmed allocations to date is £1,883.5m, with further anticipated allocations in year of £73.3m. Total COVID-19 funding allocation is £16.6m of which £13.0m is anticipated and £3.6m has been received. Total COVID-19 income profiled into the cumulative position to date is £6.1m.
- £37.96m of the anticipated income included in Table E is the 5% 2023/24 pay award impact and £7.2m income was anticipated in Month 5 for the Additional Planned Care Bids Funding.
- Also, within the WG allocation received includes Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m)

COVID -19 Funding	£m
<b>Total 23/24 COVID-19 Forecast Expenditure</b>	<b>16.6</b>
Received	3.6
Anticipated	13.0

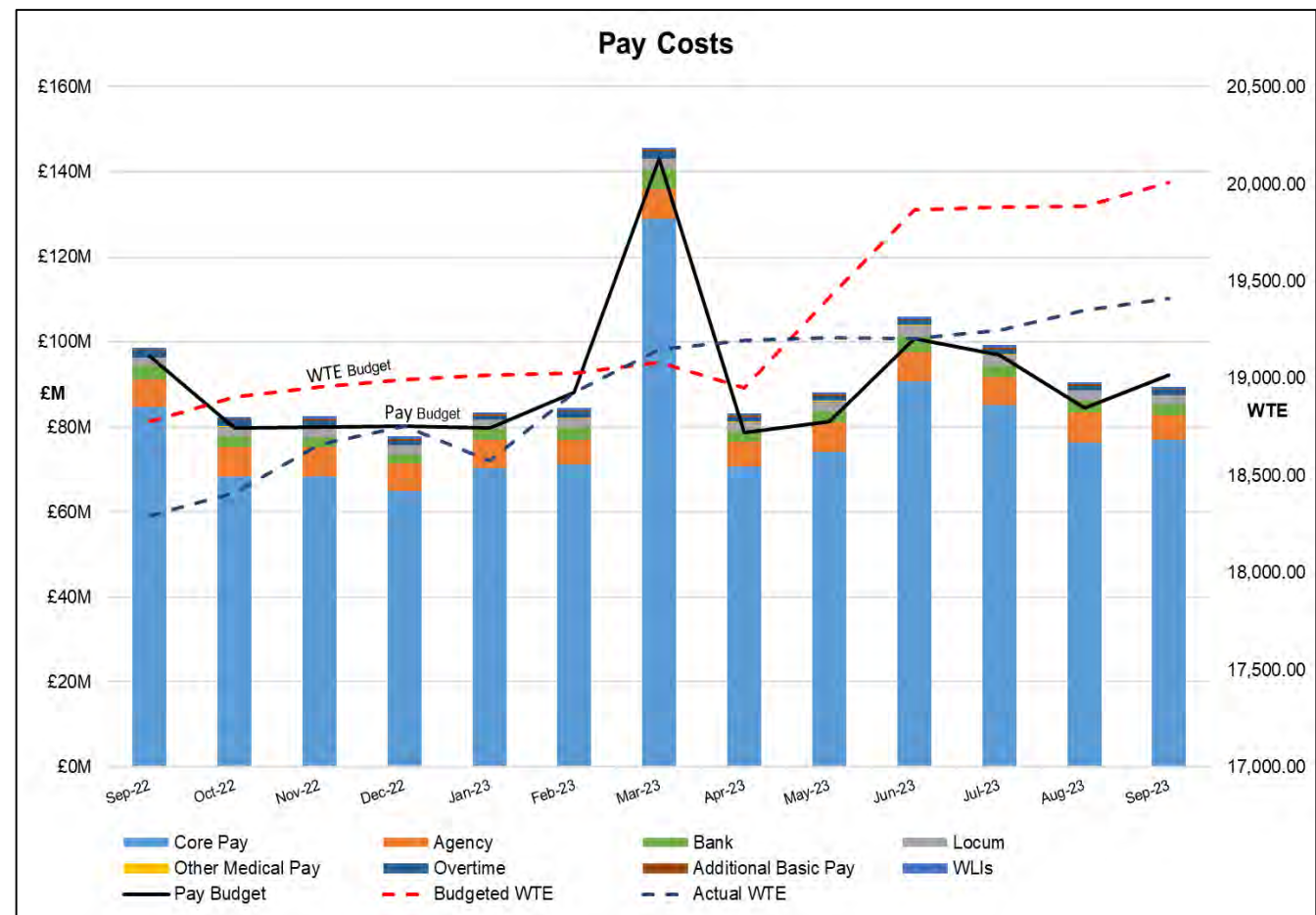




# Expenditure – Pay

	2022-23				2023-34					
	Dec-23	Jan-23	Feb-23	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
<b>Budgeted WTE</b>	18,993	19,017	19,027	19,082	18,952	19,415	19,869	19,883	19,887	20,009
<b>Actual WTE</b>	18,755	18,576	18,927	19,151	19,193	19,211	19,206	19,248	19,350	19,413

- Actual worked in September is 19,413 WTE, an increase of 63 WTE from August.
- The 5% consolidated Pay Award, backdated to April 23 was paid in July. The full funding is anticipated from WG.
- Agency has decreased by £1.3m and Locum costs have also decreased by £0.3m. Bank has remained in line with previous month, however overtime is £0.1m higher than previous month.

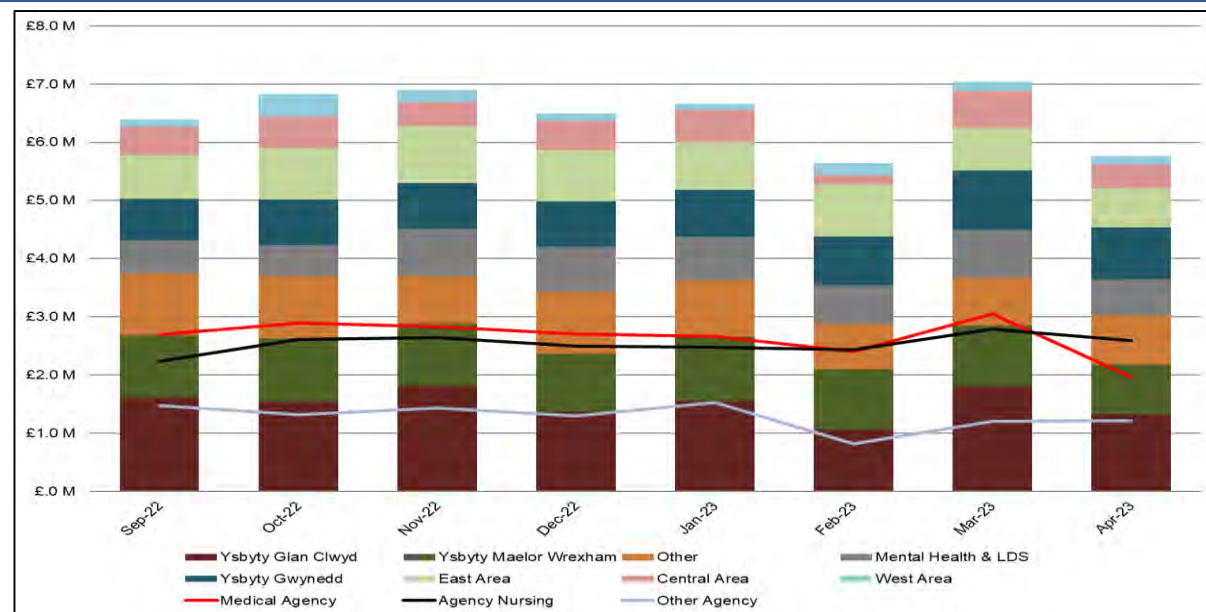


Variable Pay	2023-24 Actual						Total £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	
Agency	5.8	6.7	7.0	6.8	7.0	5.7	39.0
Overtime	1.1	1.2	1.1	1.3	1.1	1.2	7.0
Locum	2.2	2.4	2.6	2.6	2.3	2.0	13.9
WLI	0.4	0.4	0.5	0.6	0.5	0.5	3.0
Bank	2.3	2.7	3.6	2.6	2.8	2.8	16.7
Other Non Core	0.1	0.1	0.1	0.1	0.1	0.1	0.4
Additional Hours	0.4	0.4	0.3	0.4	0.3	0.3	2.1
<b>Total</b>	<b>12.4</b>	<b>13.8</b>	<b>15.2</b>	<b>14.2</b>	<b>14.1</b>	<b>12.6</b>	<b>82.2</b>



# Pay Costs – Agency

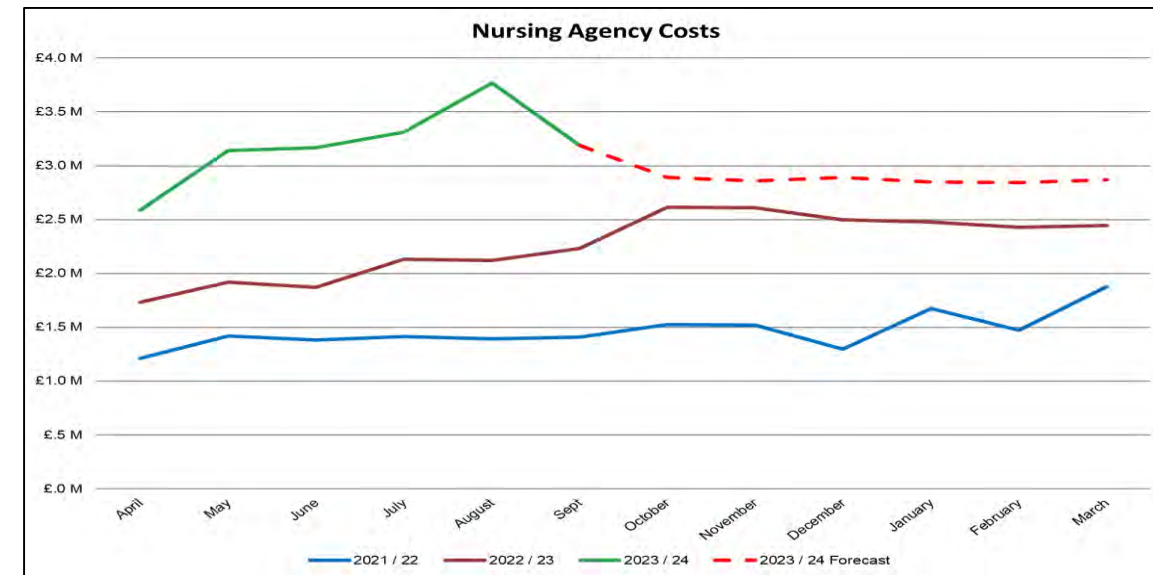
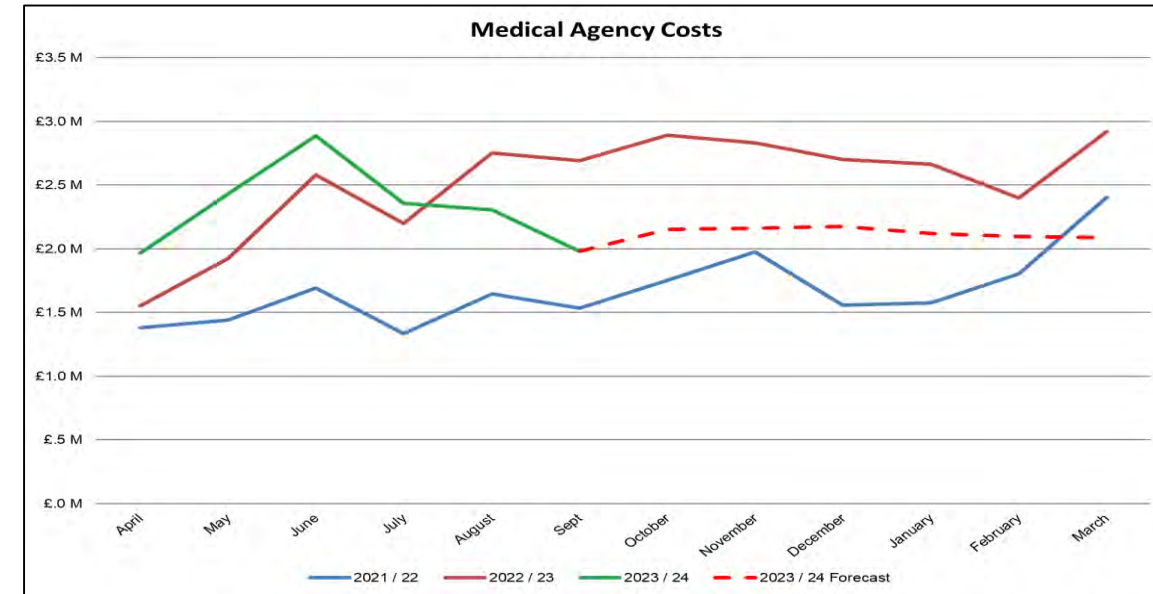
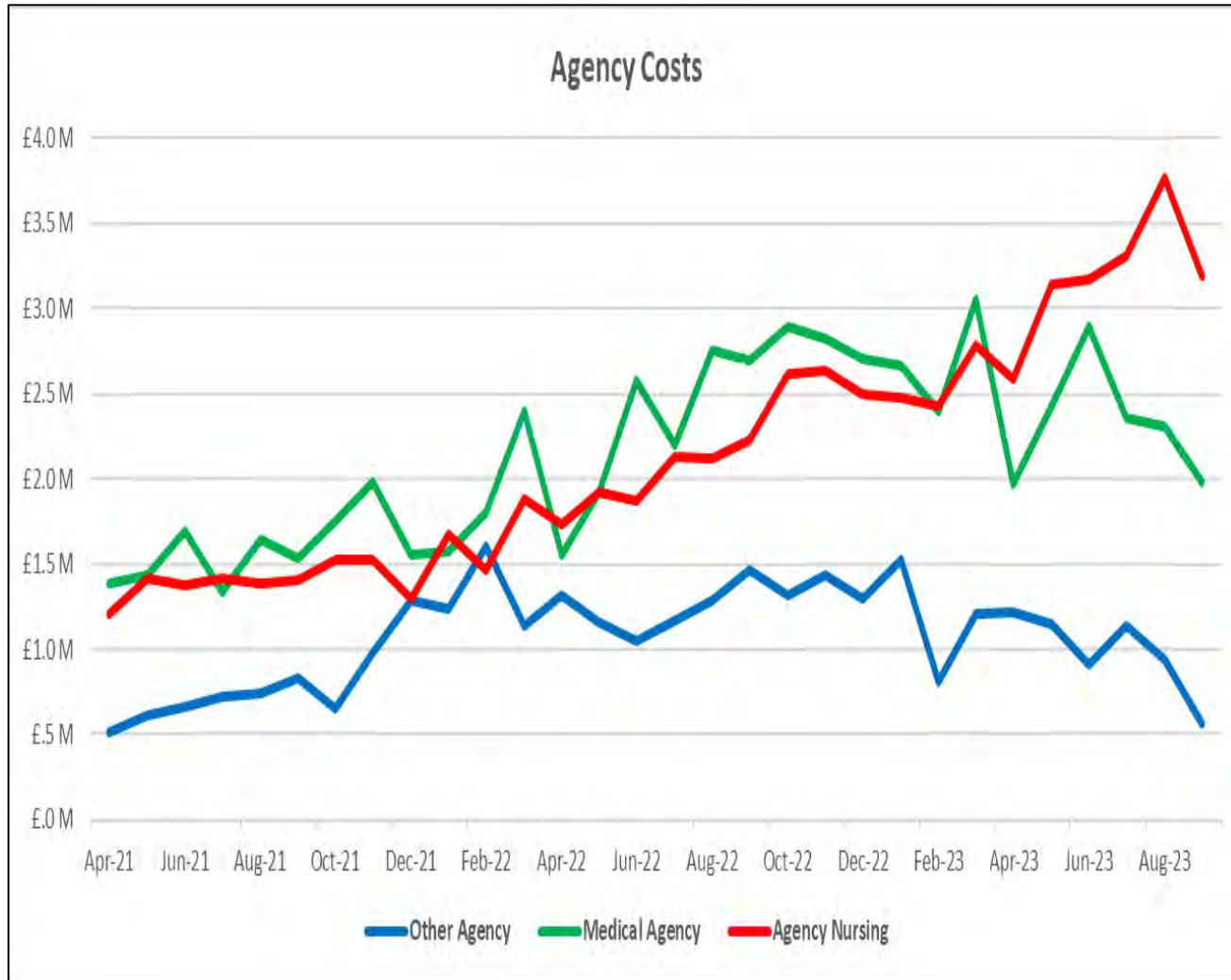
	23-24 Actual						Total Year to Date	Total Forecast
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23		
West Area	148	281	202	206	217	139	1,192	2,208
Central Area	416	527	483	718	568	208	2,920	5,390
East Area	676	879	1069	899	939	709	5,171	10,568
Ysbyty Gwynedd	884	1024	1057	934	921	742	5,561	9,367
Ysbyty Glan Clwyd	1323	1757	1677	1736	1,697	1,408	9,597	18,352
Ysbyty Maelor Wrexham	851	922	1038	973	1,140	926	5,849	11,116
Mental Health & LDS	629	602	729	722	851	1,026	4,558	8,903
Womens	226	130	126	111	133	127	852	1,612
Other	619	600	592	512	549	452	3,324	5,857
<b>Total Agency</b>	<b>5,771</b>	<b>6,721</b>	<b>6,972</b>	<b>6,811</b>	<b>7,015</b>	<b>5,737</b>	<b>39,027</b>	<b>73,373</b>



- Agency expenditure for Month 6 is £5.7m, representing 6.4% of total pay, a £1.3m reduction on previous month. The 2022.23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has decreased by £5.6m, from £79.0m in Month 5 to £73.4m in Month 6. The impact of the two new innovations which were introduced in June, Wagestream and Auto cascade and the switch off of Off-contract Agency across the HB has had a favourable impact on the in-month Agency expenditure across both Medical and Nursing Agency spend.
- Month 6 Medical Agency expenditure is £2.0m, an in-month reduction of £0.3m, which is reported across all IHC's (Integrated Health Communities). Medical Agency is primarily used to cover vacancies. The main areas of Month 6 Medical Agency spend are East Area (£0.4m), Ysbyty Glan Clwyd (£0.4m), Ysbyty Gwynedd (£0.4m) and Mental Health (£0.4m), together accounting for 74.8% of the in-month cost.
- Nurse agency costs totalled £3.2m for the month, a decrease of £0.6m from previous month, however Month 6 expenditure is £1.0m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nurse continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£1.0m in month), Ysbyty Wrexham Maelor (£0.8m), Ysbyty Gwynedd (£0.4m) and Mental Health (£0.6m), which together account for 87.3% of the September expenditure.
- Other agency costs totalled £0.6m in Month 6, a decrease of £0.3m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.4m) and Admin and Clerical (£0.2m).

# Pay Costs – Agency

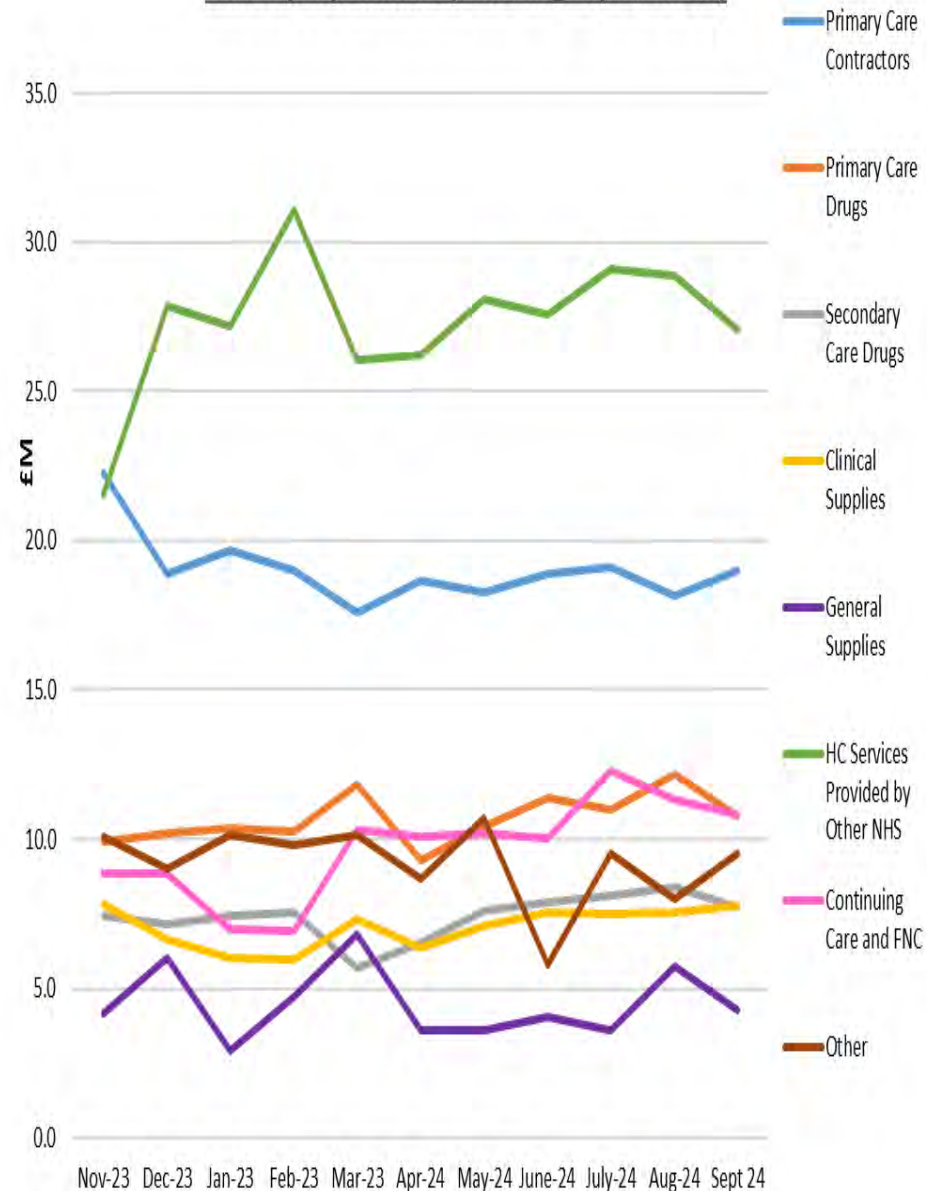
- The below graphs shows movements in both Medical & Agency Nursing costs.





# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)

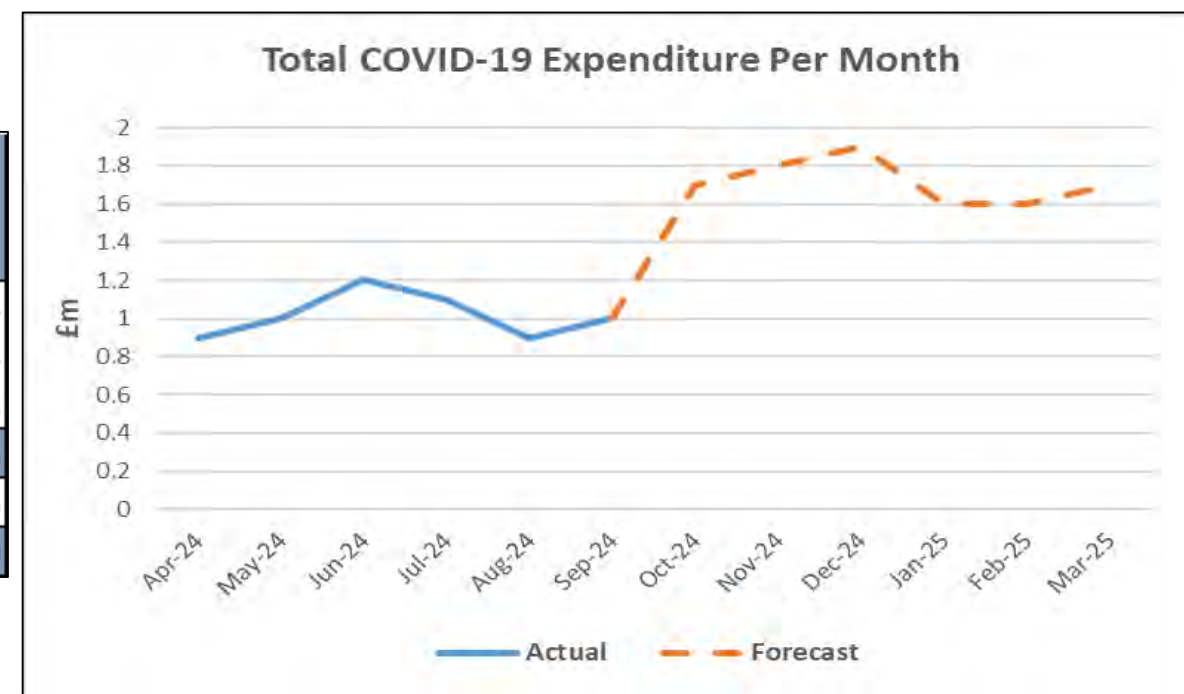


- Primary Care Contractor:** In-month expenditure has increased by £0.9m (4.7%) and annual forecast outturn has increased by £0.9m. Of the in-month increase, £0.4m is GDS due to low in-month PCR income generation. Pressures also remain due to increased Enhanced Services activity and rising dispensing costs.
- Primary Care Drugs:** Expenditure is £1.4m (11.5%) less and annual forecast has decreased by £0.5m. September estimate is based on 21.5 prescribing days (August estimate was based upon 22 prescribing days). An under accrual of £0.2m relating to July has been accounted for within the Month 6 prescribing position. (Month 5 under-accrual for June was £0.5m). The 3-month Average Cost per Prescribing Day has decreased by -1.2% and the 3-month Average Items Prescribed per Prescribing Day has decreased from 71,546 to 70,504 (-1.5%). Changes to Other Ad Hoc Prescribing also includes a credit recently agreed for the Prescribing Incentive Scheme, which has reduced the annual forecast outturn position by £0.4m.
- Secondary Care Drugs:** Expenditure has decreased by £0.7m (8.3%) and annual forecast has also decreased by £0.5m from previous month. £0.4m of the in-month reduction is against Haematology and Oncology Drugs. Cancer Services Drugs expenditure is particularly volatile due to changing protocols and case mix start dates. In addition, AMD and Area specialties Drugs expenditure (i.e., Dermatology, Rheumatology, Diabetes) have also fallen across all sites in Month 6. However, despite the in-month reduction in Month 6, Secondary Care Drugs expenditure remains £1.3m higher than the 22/23 monthly average spend, thus reflecting increased prices and activity.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £1.8m (6.4%) less than previous month due to a £1.9m improvement in the WHSCC position. Annual forecast has increased by £3.1m, of which £1.4m is increase in NCA's and Cost & Volume Contracts. The remaining balance is predominantly increase in Out of Area Placements. This is to reflect the significant levels of OOA placements which are being incurred due to bed capacity as a result of increased demand and DTOC's.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** September expenditure is £0.5m (4.5%) less than previous month, of which Integrated Health Communities (IHC's) Packages of Care (PoC) has decreased by £0.3m and Mental Health is reporting an in-month reduction of £0.2m. There's an overall increase of 9 PoC in IHC's, and 2 less PoC overall in MHL D. This has helped to contain costs in-month. Annual forecast has increased by £1.3m. The in-month reduction in Month 6 is not reflected in the forecast outturn position, as there are a number of high-cost packages across MHL D and IHC's which are expected to be commissioned.

# Impact of COVID-19

- Month 6 COVID-19 expenditure for WG funded programmes is £1.0m, an increase of £0.1m from previous month. Total year to date COVID expenditure is £6.1m and full year forecast spend is £16.6m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid and is funded by £16.6m of Welsh Government (WG) funding.
- All COVID programmes expenditure plans continue to be refined. There is a possible risk of underspending with elements of the Health Protection Plans under discussion with Policy Leads and is awaiting further guidance.
- Mass Vaccination costs are forecast to remain within the £9.4m funding allocation. The Autumn Booster Programme has commenced, and the aim is to have all vaccinations completed by the end of January.
- Currently, not all PPE costs are captured within the year-to-date position which explains the small step up in future months.
- See below Table for Summary of COVID-19 year to date expenditure and forecast:

	Year to Date Expenditure £m	Forecast at Month 6 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.8	3.4
COVID-19 Vaccination (Immunisation) Programme	4.3	9.4
Nosocomial, PPE, Long COVID & Other	1.0	3.8
<b>Total COVID-19 Expenditure</b>	<b>6.1</b>	<b>16.6</b>
Welsh Gov COVID-19 Income	6.1	16.6
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>





# Risks and Opportunities (not included in position)

	RISKS	£m	Level
1	Failure to deliver planned savings not yet finalised (50% of Pipeline plus Red £2.028m, plus 100% of current gap £0.846m).	£2.9m	Medium
2	Failure to mitigate the run rate above plan (operational pressures excluding the impact of the YTD non delivery of savings).	£45.2m	High
3	Emergency pressures above plan (including winter).	£7.0m	High
4	Potential additional excess costs above plan e.g. energy and inflation.	£4.0m	Medium
5	New legislative requirements around hospital waste.	TBC	Low
6	Further critical planned care improvement cannot be delivered within the £27m funding.	£2.0m	Medium
	<b>Total Quantifiable Risks</b>	<b>£61.1m</b>	
	OPPORTUNITIES / MITIGATIONS FOR THE IDENTIFIED RISKS	£m	Level
1	Potential cost reduction of Energy costs as per Shared Services forecast	£2.3m	Medium
	<b>Total Opportunities</b>	<b>£2.3m</b>	

- The Health Board is anticipating the receipt of strategic cash support from the WG for the resource deficit of £134m; until this is confirmed, along with the timing of this being available to draw down, it remains a material risk (Ref CRR23-52).



# Balance Sheet

	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Sep-23 £'m	Forecast Closing Balance End of Mar-24 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	707.9	694.0	692.8
Intangible assets	1.5	1.3	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	788.3	774.2	773.3
<b>Current Assets</b>			
Inventories	20.3	20.5	20.3
Trade and other receivables	77.4	95.4	111.3
Cash and cash equivalents	2.9	7.9	-123.2
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	100.6	123.7	8.4
<b>TOTAL ASSETS</b>	888.9	898.0	781.7
<b>Current Liabilities</b>			
Trade and other payables	237.8	204.8	209.9
Provisions	34.3	69.5	68.2
Current Liabilities sub total	272.1	274.3	278.1
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	616.8	623.7	503.6
<b>Non-Current Liabilities</b>			
Trade and other payables	28.0	28.0	28.8
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	104.7	104.7	105.4
<b>TOTAL ASSETS EMPLOYED</b>	512.1	519.0	398.2
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	304.4	311.4	182.4
Revaluation Reserve	207.7	207.7	215.7
<b>Total Taxpayers' Equity</b>	512.1	519.0	398.1

## Cash Flow Forecast

- The closing cash balance as at 30<sup>th</sup> September 2023 was £7.879m, which included £6.473m cash held for revenue expenditure and £1.406m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£123.220m) made up of (£124.620m) revenue cash and £1.400m capital cash after managing £8.000m of cash pressures resulting from the forecast deficit internally.
- This forecast balance assumes working balance support of £23.472m for revenue payments and £4.467m for capital payments relating to Right of Use Assets.
- The Health Board will need to submit a request to Welsh Government for strategic cash-only support in order to continue making payments to staff and suppliers towards the end of the 2023-24 financial year. This request will be submitted to the Chief Executive, NHS Wales following receipt of the related Welsh Government Technical Update and approval by the Health Board at its next meeting in late November.
- The current forecast is for a strategic cash support request of £134.133m, which is the forecast deficit reported, less £8.000m that the Health Board will plan to manage internally. The Health Board is aware that strategic cash support is funded from existing resources so will continue to look at ways of mitigating the level of cash required before submitting the request.
- It is currently estimated that the additional cash support may be required during February 2023 although this will be dependent on a number of factors, including the confirmation of anticipated revenue resource allocations and any significant litigation payments particularly if these cannot be reimbursed by the Welsh Risk Pool before the end of March 2024.



GIG  
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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

Month 6 2023/24

Russell Caldicott  
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board



# 1. FINANCIAL POSITION



## 1.1 Financial plan

- The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. This presents a very challenging financial situation in 2023/24 for the Health Board.
- The three key components making up the 2023/24 initial financial plan are as follows:
  - The £196.2m underlying deficit brought forward from 2022/23
  - Plus, demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)
  - Less financial improvement from savings and dis-investment
- The £196.2m recurrent deficit represents the £82m non recurrent WG funding committed recurrently, plus further £114.2m resulting from shortfalls in recurrent savings and from recurrent cost pressures and service developments over budget.
- Table 1 below provides a high-level summary of the overall financial position for 2023/24

**Table 1: High-level summary financial position 2023/24**

	Recurrent £m	Non- recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	71.4	59.4	130.8
Total demand growth & inflation	45.2	-68.6	-23.4
Financial improvement	-38.7	0.0	-38.7
<b>Net 2023/24 position before major decisions</b>	<b>202.7</b>	<b>-68.6</b>	<b>134.1</b>

## 1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £14.5m, which is £3.3m higher than the profiled financial deficit for Month 6, and is £2.2m less than previous month's reported position. The year-to-date position as at the end of September is reporting a deficit of £90.8m, this represents a £23.7m adverse variance compared to 6/12<sup>ths</sup> of the £134.1m core planned deficit.

# 1. FINANCIAL POSITION



- Key reasons for the overspend above plan of £3.3m in month and £23.7m year to date adverse variance above plan compared to 6/12<sup>ths</sup> of the £134.1m core planned deficit is due to the following cost pressures:

	In-month Cost Pressure £m	Year to Date Cost Pressures £m
Pay Pressures above planned assumptions	1.2	9.3
Healthcare Services Provided by Other NHS Bodies, Private Providers, OOA and WHSSC	1.2	6.0
CHC	0.9	4.3
Primary Care & Secondary Care Drugs	1.0	4.5
Other Non-Pay underspends	0	(2.9)
Overachieved Savings	(0.5)	2.2
Other	(0.5)	0.3
<b>Total</b>	<b>3.3</b>	<b>23.7</b>

- The in year additional pressures above plan are currently being reported as non-recurrent, but these are being assessed as part of the 24/25 annual financial plan (Local draft due 31<sup>st</sup> October 2023).

## 1.3 Forecast Position

- The forecast outturn is the £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first six months of the financial year will need to be recovered over the remainder of the financial year.
- The risks to delivery are highlighted in the submission and are articulated in section 3.1. In addition, the plan will also require £134.1m of strategic cash support to maintain existing payment terms to staff and suppliers (Section 10).
- The Health Board remains committed to taking action to mitigate any risks to delivery of the financial plan, with areas of focus highlighted within section 6.1.

## 1.4 Income (Table B)

- Income totals £172.9m for September, a reduction of £2.3m (1.3%) from August and is in line with forecast for the month. The Revenue Resource Limit (RRL) element for September is

# 1. FINANCIAL POSITION



£160.6m, which is £2.3m (1.4%) less than previous month, and is £0.5m higher than forecast for the month. The phasing of the RRL has been adjusted to recognise the significant credit in relation to WHSSC releasing the BCU share of their projected year to date underspend. Total annual Revenue Resource Limit (RRL) income has increased by £3.7m, of which £2.3m is Cross Border CUF income, £0.3m reduced Welsh Risk Pool Contribution, £0.35m Community Pharmacy Contractual Framework and £0.3m RIF Carers Allocation. Further details are included in Section 7 (Table E).

## 1.5 Actual Year to Date and Forecast Expenditure (Table B)

- Expenditure totals £187.4m for September, which is £4.5m (2.3%) less than previous month and £3.3m higher than forecast for the month.
- Further detail on key movements in expenditure is provided in the below table.
- Expenditure of £1.0 is directly related to COVID-19 in September, an increase of £0.1m from previous month.

<b>Income</b>	<ul style="list-style-type: none"><li>• Total annual Revenue Resource Limit (RRL) income has increased by £3.7m, of which £2.3m is Cross Border CUF income, £0.3m reduction to the Welsh Risk Pool Contribution, £0.35m Community Pharmacy Contractual Framework and £0.3m RIF Carers Allocation. The phasing of the RRL has been adjusted to recognise the significant credit in relation to WHSSC releasing the BCU share of their year to date underspend.</li></ul>
<b>Primary care Contractor</b>	<ul style="list-style-type: none"><li>• Month 6 expenditure has increased by £0.9m (4.7%) from previous month and is £0.4m higher than forecast for the month. Annual forecast outturn has also increased by £0.9m.</li><li>• £0.4m of the in-month increase is against GDS due to low in-month PCR income generation. Pressures also remain due to increased Enhanced Services activity and rising dispensing costs.</li><li>• Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, for which £1.5m anticipated income is reported in Table E. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.</li></ul>
<b>Primary care – Drugs &amp; Appliances</b>	<ul style="list-style-type: none"><li>• Month 6 expenditure is £1.4m (11.5%) less than previous month and is in line with forecast for the month. Annual forecast has decreased by £0.5m.</li><li>• September estimate is based on 21.5 prescribing days (August estimate was based upon 22 prescribing days). July under accrual of £0.2m has</li></ul>



# 1. FINANCIAL POSITION



	<p>been accounted for within the Month 6 prescribing position. (Month 5 included an under-accrual of £0.5m for June).</p> <ul style="list-style-type: none"> <li>• The 3-month Average Cost per Prescribing Day in July has decreased by -1.2%. The Average Cost per Item decreased in July to £7.64 per item compared to £7.66 per item for June. However, the 3-month Average Cost per Item has increased from £7.59 to £7.62 (+0.4%).</li> <li>• The 3-month Average Items Prescribed per Prescribing Day has decreased from 71,546 to 70,504 (-1.5%)</li> <li>• Changes to Other Ad Hoc Prescribing includes a credit recently agreed for the Prescribing Incentive Scheme, which has reduced the annual forecast outturn position by £0.4m.</li> </ul>
<b>Provided Services – Pay</b>	<ul style="list-style-type: none"> <li>• Provided Services Pay expenditure has decreased by £1.2m (1.4%) from Month 5 and is £1.6m less than forecast for the month, of which Agency expenditure has decreased by £1.3m. Further detail on Agency is included in Section 5.1 Agency/Locum Expenditure (Table B2).</li> <li>• Bank expenditure has remained in line with previous month, however Overtime costs has increased by £0.1m. PAAR payments are ongoing and are to continue for another 6 months.</li> <li>• Annual Forecast has decreased by £4.7m (0.4%), of which Agency forecast outturn has decreased by £5.6m.</li> </ul>
<b>Provider Services Non-Pay</b>	<ul style="list-style-type: none"> <li>• Month 6 expenditure is £0.1m (0.4%) less than previous month. Energy expenditure has decreased by £0.1m.</li> <li>• Expenditure is £5.3m higher than forecast for the month and Annual forecast has also increased by £4.1m, of which £3.2m movement is the Month 6 overspend against planned deficit as a result of undelivered savings and shortfall in mitigating actions. The remaining balance is an accumulation of numerous smaller values across several areas.</li> </ul>
<b>Secondary care Drugs</b>	<ul style="list-style-type: none"> <li>• Expenditure is £0.7m (8.3%) less than previous month and £0.3m less than forecast for the month. Annual forecast has decreased by £0.5m from previous month.</li> <li>• £0.4m of the in-month reduction is against Haematology and Oncology Drugs. Cancer Services Drugs expenditure is particularly volatile due to changing protocols and case mix start dates. In addition, AMD and Area specialities Drugs expenditure (i.e., Dermatology, Rheumatology, Diabetes) have also fallen across all sites in Month 6. However, despite the in-month reduction in Month 6, Secondary Care Drugs expenditure remains £1.3m higher than the 22/23 monthly average spend, thus reflecting increased prices and activity.</li> </ul>

# 1. FINANCIAL POSITION



<b>Healthcare Services provided by other NHS Bodies</b>	<ul style="list-style-type: none"> <li>Month 6 expenditure is £1.8m (6.4%) less than previous month and £0.5m less than forecast for the month. The in-month reduction is due to a £1.9m improvement in the WHSCC position (See reference to phasing of RRL).</li> <li>Annual forecast has increased by £3.1m, of which £1.4m is increase in NCA's and Cost &amp; Volume Contracts. The remaining balance is predominantly increase in Out of Area Placements. This is to reflect the significant levels of OOA placements which are being incurred due to bed capacity as a result of increased demand and DTOC's. This has been escalated and the position is monitored through a weekly accountability meeting.</li> </ul>
<b>Continuing Health care (CHC) and Funded Nursing care (FNC)</b>	<ul style="list-style-type: none"> <li>September expenditure is £10.8m, a reduction of £0.5m (4.5%) from previous month, of which Integrated Health Communities (IHC's) Packages of Care (PoC) has decreased by £0.3m and Mental Health is reporting an in-month reduction of £0.2m. There's an overall increase of 9 PoC in IHC's, and 2 less PoC overall in MHL D. This has helped to contain costs in-month.</li> <li>Expenditure is £0.8m higher than forecast for the month and annual forecast has increased by £1.3m. The in-month reduction in Month 6 is not reflected in the forecast outturn position, as there are a number of high-cost packages across MHL D and IHC's which are expected to be commissioned.</li> </ul>
<b>Other Private and Voluntary Sector</b>	<ul style="list-style-type: none"> <li>Expenditure relates to a variety of providers, including Hospices, Mental Health organisations and planned care activity providers.</li> <li>Expenditure is £0.5m (29.6%) higher than previous month of which £0.3m is increase in Voluntary Sector in-month expenditure (RIF ICAN and Marie Curie) and £0.2m increase in Private Providers planned care insourcing.</li> <li>Expenditure is £0.7m less than forecast for the month and annual forecast has also decreased by £0.7m due to reduction in private provider insourcing.</li> </ul>
<b>Joint Financing</b>	<ul style="list-style-type: none"> <li>Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget.</li> <li>Expenditure is £0.1m less than previous month and is in line with forecast for the month. Annual forecast is also in line with previous month.</li> </ul>
<b>Losses, Special Payments and Irrecoverable Debts</b>	<ul style="list-style-type: none"> <li>Includes Redress, Clinical Negligence, Personal Injury and loss of property.</li> <li>Expenditure and Annual forecast are in line with previous month.</li> </ul>



# 1. FINANCIAL POSITION



## Capital

- Includes depreciation and impairment costs which are fully funded. Table B remains unchanged and will be updated following the October Non-Cash submission. See Capital Section for further detail.

- The year to date and forecast expenditure includes the additional 5% 2023/24 Pay Award impact. WG has committed to fully fund the pay award impact for which £37.96m anticipated income has been included in Table E.
- The basis of the outturn energy forecast reflects the latest forecasts provided by CCS for the period October 2023 to March 2024, and shows a marginal reduction from the previous outturn forecast. The actual cost of invoices received to date have generally been lower than the accruals based on the forecasts from British Gas. The forecast from CCS for the final 6-months of the year is greater than the previous forecast provided by British Gas, particularly regarding the non-commodity charges. It should be noted that Shared Services have cautiously advised that CCS could further reduce the non-commodity forecast costs, but this has not been included in the forecast; for BCU this could be a reduction of £2.3m. (See Opportunities). Energy commodity costs have increased over recent weeks and remain vulnerable to global factors, particularly the impact of the conflict in Ukraine, economic growth/inflation and the weather.
- The below Table provides a breakdown of the Energy Forecast Outturn by Utilities:

Full year energy costs	£'000
British Gas	8,411
CCS	14,197
Other gas / electricity	111
Other costs - Oil	180
<b>Total</b>	<b>22,899</b>

## 1.6 Performance and Transformation Strategic Support

- As per the financial plan it is forecast that the Performance Fund (£30m) Transformation Fund (£12m) will be spent in full. The below table summarises actual year to date expenditure of £17.5m, and forecast expenditure of £24.5m to be spent over the remainder of the financial year.

# 1. FINANCIAL POSITION



	Actual						Forecast						Total
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	
Pay	1.7	2.8	2.4	3.3	2.3	2.9	3.0	3.1	3.3	3.3	3.4	3.4	34.9
Non-Pay	0.1	0.3	0.2	0.7	0.4	0.4	0.7	0.8	0.8	0.8	0.9	1.0	7.1
<b>Total</b>	<b>1.8</b>	<b>3.1</b>	<b>2.6</b>	<b>4.0</b>	<b>2.7</b>	<b>3.3</b>	<b>3.7</b>	<b>3.9</b>	<b>4.1</b>	<b>4.1</b>	<b>4.3</b>	<b>4.4</b>	<b>42.0</b>

## 1.7 Accountancy Gains (Table B)

- The Health Board has released £0.4m year to date Accountancy Gains in Month 5 relating to a property SLA, with no further Accountancy Gains reported in September.

## 1.8 COVID-19 (Table B3)

- Month 6 COVID-19 expenditure for WG funded programmes is £1.0m, an increase of £0.1m from previous month. Total year to date COVID expenditure is £6.1m and full year forecast spend is £16.6m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid and is funded by £16.6m of Welsh Government (WG) funding.
- All COVID programmes expenditure plans continue to be refined. There is a possible risk of underspending with elements of the Health Protection Plans under discussion with Policy Leads and is awaiting further guidance.
- Mass Vaccination costs are forecast to remain within the £9.4m funding allocation. The Autumn Booster Programme has commenced, and the aim is to have all vaccinations completed by the end of January.
- Currently, not all PPE costs are captured within the year-to-date position which explains the small step up in future months.
- A summary of COVID-19 year to date expenditure and forecast as per Table B3 is provided below:

# 1. FINANCIAL POSITION



	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Total YTD 2023/24	Forecast 2023/24
	£m	£m	£m	£m	£m	£m	£m	£m
Health Protection (incl Testing, Tracing and Surveillance)	0.1	0.2	0.1	0.2	0.1	0.1	0.8	3.4
COVID-19 Vaccination (Immunisation) Programme	0.7	0.7	0.9	0.8	0.6	0.6	4.3	9.4
Nosocomial, PPE, Long COVID & Other	0.5	(0.3)	0.2	0.1	0.2	0.3	1.0	3.8
<b>Total COVID-19 expenditure</b>	<b>1.3</b>	<b>0.6</b>	<b>1.2</b>	<b>1.1</b>	<b>0.9</b>	<b>1.0</b>	<b>6.1</b>	<b>16.6</b>
Welsh Gov COVID-19 income	1.4	0.5	1.2	1.1	0.9	1.0	6.1	16.6
<b>Impact of COVID-19 on Position</b>	<b>(0.1)</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## 2. UNDERLYING POSITION



### 2.1 Movements from Plan & Underlying Position (Table A & A1)

- **Underlying** - The Health Board has faced a significant underlying deficit position, which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies. The underlying position brought forward from 2022/23 is a deficit of £196.2m, with an opening plan deficit of £134.1m. The c/f underlying position remains as per the Annual Plan. Deteriorations in the in-year rate are being classified as non-recurring but are being reviewed.
- **Movements being in-year pressures and mitigations updated within Table A include:**
- The pressures on the individual rows are shown in gross with the mitigating actions shown on Line 36.
- Line 27 – £4.1m Red Rated and Pipeline identified but still to be converted to green. This has reduced from Month 5 as the schemes were reviewed in full and assessed for deliverability.
- Line 28 - £0.8m additional savings to be identified to achieve the savings target.
- Line 30 – £14.7m Pay pressures above planned assumptions. The forecast pay pressures are likely to continue at a rate of £0.9m per month.
- Line 31 – £5.9m Primary Care and Secondary care Drugs, of which £1.0m is due to Primary Care Drugs under-accrued costs relating to 22/23. Previously this excluded Secondary Care Drugs as the value was below the materiality to include on Table A with the contra entry being non pay benefits. At Month 5 Secondary Care Drugs pressures has increased and therefore warranting the inclusion on Table A.
- Line 32 – £4.8m Healthcare Services provided by other NHS bodies - Out of Area Placements (Child and MH) and other Contracts net of WHSCC surplus.
- Line 33 – £5.9m Other Non-Pay underspends – See references within this Section. Previously these were not recorded as material actions on Table A and were mitigating the non material cost pressures. Both of these items are being recorded in Table A. These are assumed to continue at a rate of £0.5m per month for the remainder of the year.
- Line 34 – £5.5m CHC pressures. There are a number of high-cost packages across MHL and IHC's which are expected to be commissioned and therefore a cost of £0.2m per month for the remainder of the year.
- Line 35 – £0.5m Finalised Mitigating actions. (NWSSP estimated additional savings of £192k & a reduced Welsh Risk Pool Contribution £318k) Once instructed by NWSSP to invoice, this will be brought into the Year to Date position.

## 2. UNDERLYING POSITION



- Line 36 – £28.6m Mitigating actions to be finalised, including Balance Sheet (RIGA £15m, Balance Sheet £8m, Establishment Control Group (ECG) £5.0m). The months where the profile increases reflect the review of Balance Sheet.
- Line 37 – £2.8m increase in revised Energy forecast outturn which now reflects the national forecast for October- March.
- Line 38 & 39 – £0.3m GDS forecast underspend and £1.1m GMS forecast overspend.
- **To deliver the £134.1m planned deficit, a number of actions are being progressed:**
  - The Recurrent Investment Group Assurance (RIGA) work commenced in early October. Phase 1 was the review of the 23/24 funded investments to assess if they are essential (i.e. unavoidable costs and patient safety), and where possible removing or reducing the investment (Three sessions 2/10, 17/10 and 1/11). Phase 2 is to review the developments from the £42m Performance and Transformation Fund. Phase 3 is to review developments utilising new 2023/24 allocations.
  - Establishment Control Group (ECG) – Following assessment of existing interims these have reduced from 50 to 7 (elements of this is coming through in the reduced Agency expenditure and for fixed term staff due to notice periods the reduced spend should be expected in future months. The EC Group meets weekly and due to notice periods should result in reduced spend in future months.
  - Autocascade parameters have now been adjusted with no off-contract from 1/10/23, and shifts offered to on-contract agency a maximum of 7 days prior to the start of the shift. Additional controls have been put in place for Medical, Nursing & Therapies Temporary Workforce Controls.
  - Develop active use of benchmarking to support improvement in conjunction with FP and D.
  - The new Integrated Delivery Group is meeting on a monthly basis.
  - Balance sheet and reserves are being reviewed, to assure all non-recurrent mitigations are known and deployed as required.
- The PFIG and the Board has received the financial position and the Executive Director of Finance has discussed the recovery plans as described. The RIGA and EC Groups are Executive led and the outputs will be reflected in the Month 7 Monitoring Return.

## 3. RISK MANAGEMENT



### 3.1 Risk Management (Table A2)

- The Risks and opportunities have been fully reviewed at Month 6. A number of risks have either been removed or reduced following further assessment. The Ligature risk is now considered to be relating to Capital expenditure. The legislation with regards to hospital waste is currently being reviewed to identify any impact on revenue within this financial year. The remaining risks will continue to be monitored and managed throughout the year. The below are current risks to the Health Board's financial position for 2023/24 as at Month 6.

	£m	Level
<b>Risks</b>		
Failure to deliver planned savings not yet finalised (50% of Pipeline plus Red £2.028m, plus 100% of current gap £0.846m.	£2.9m	Medium
Failure to mitigate the run rate above plan (operational pressures excluding the impact of the YTD non delivery of savings)	£45.2m	High
Emergency pressures above plan (including winter)	£7.0m	High
Potential additional excess costs above plan e.g. energy and inflation.	£4.0m	Medium
New legislative requirements around hospital waste	TBC	Low
Further critical planned care improvement cannot be delivered within the £27m funding	£2.0m	Medium
<b>Total Quantifiable Risks</b>	<b>£61.1m</b>	

- The below are opportunities to the Health Board's financial position for 2023/24.

	£m	Level
<b>Opportunities / mitigations for the identified risks</b>		
Potential cost reduction of Energy costs as per Shared Services forecast	£2.3m	Medium
<b>Total Opportunities</b>	<b>£2.3m</b>	

## 4. RING FENCED ALLOCATIONS



### 4.1 Ringfenced Allocations (GMS - Table N)

- At Month 6, the Health Board reported a £1.098m Full Year forecast position against the ring fenced GMS budget (this figure does not include MMR adjustment performed at year end, i.e. GPOOH & superannuation costs).
- We continue to see significant cost pressures remain in two main areas, Managed Practice operating expenses/Locum GP costs (additional managed practice costs) and cost of drugs and fees reported through GMS Dispensing. We have already anticipated additional £1.485m WG Dispensing via budget setting.
- These cost pressures are mainly offset with under-spends on some Enhanced Services, but we are seeing growth in claims this year, as Practices return to 'Business as Usual'. The LES schemes rates have recently been uplifted by 4.5% (backdated to 1st April 2022).
- The previous year National Winter Pressure Access scheme costs were less than anticipated, giving rise to creditor write-backs.
- As at 30<sup>th</sup> June the Health Board is managing 12 practices (including 4 practices in the West, 2 in Central area and the remaining 6 in East area).

### 4.2 Ringfenced Allocations - (GDS - Table O)

- At Month 6, the Health Board reported a £0.250m Full Year forecast underspend position against the ring fenced GDS budget (this figure does not include MMR adjustment performed at year end, i.e. superannuation costs).
- The Main GDS Contracts budget remains under-spent following previous contract terminations, non-recurrent (NR) contract reductions and under-performance adjustments or clawbacks.
- The forecast includes additional contractor spend expected at a later date in the Financial Year due to a recent procurement exercise.
- No large capital outlays are expected this year. Last year's spend included a one-off Dental Academy capital spend.
- Continued PCR income target pressures projected at £4m, or £3.677m below WG target of £7.677m. No additional in-year PCR shortfall funds are currently anticipated (last year funding amounted to £2.975m).
- Potential risk of further handbacks of GDS contracts. If handed back, this may have a material effect on the overall GDS spend position.

## 4. RING FENCED ALLOCATIONS



### 4.3 Ringfenced Allocations (Table P)

- The Ringfenced Funding is forecast to be spent in full. Actual performance against plans will continue to be monitored monthly and used to inform future forecasts.
- RIF funding is expected to be fully spent, with the majority of this funding passing to Local Authorities.
- Genomics is predominantly passed through to WHSCC.
- Critical care is being spent and is now part of the baseline costs and funding.
- SIF funding has been received, which is fully committed and is forecast to be spent in full.
- Funding is now anticipated for £7.2m additional Planned Care Bids, but discussions are ongoing about the investments which this funding should support. As such, this funding is currently shown as uncommitted.



## 5. AGENCY/LOCUM EXPENDITURE



### 5.1 Agency/Locum Expenditure (Table B2 – Sections B & C)

- Agency expenditure for Month 6 is £5.7m, representing 6.4% of total pay, a decrease of £1.3m on last month. The 2022.23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has decreased by £5.6m, from £79.0m in Month 5 to £73.4m in Month 6. The impact of the two new innovations which were introduced in June, Wagestream and Auto cascade and the Off-contract Agency being switched off across the HB has had a favourable impact on the in-month Agency expenditure across both Medical and Nursing Agency spend.
- Month 6 Medical Agency expenditure is £2.0m, a decrease of £0.3m from previous month. The reduction is reported across all IHC's (Integrated Health Communities). Medical Agency is primarily used to cover vacancies. The main areas of Month 6 Medical Agency spend are East Area (£0.4m), Ysbyty Glan Clwyd (£0.4m), Ysbyty Gwynedd (£0.4m) and Mental Health (£0.4m), together accounting for 74.8% of the in-month cost.
- Nurse agency costs totalled £3.2m for the month, a decrease of £0.6m from previous month, however Month 6 expenditure is £1.0m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nurse continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£1.0m in month), Ysbyty Wrexham Maelor (£0.8m), Ysbyty Gwynedd (£0.4m) and Mental Health (£0.6m), which together account for 87.3% of the September expenditure.
- Other agency costs totalled £0.6m in Month 6, a decrease of £0.3m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.4m) and Admin and Clerical (£0.2m).

## 6. SAVINGS



### 6.1 Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 and C4)

- To meet the Health Board's Financial Plan of £134.1m deficit for 2023/24, savings of £25.2m must be delivered. The requirement is for savings to be cash releasing and recurring. Internally, a full year stretch savings target of £30.9m has been set, which if achieved would provide £5.7m to mitigate additional cost pressures. The target has been profiled on an equal twelfths basis.
- The Full Year Savings Plan (FY Plan) now totals £23.1m, down £2.8m on last month. This total includes Pipeline and Red schemes, which were reviewed during Month 6, with a number of schemes withdrawn on the basis that they were duplicates, will not deliver or will not deliver until 24/25.
- The FY Plan value of Green schemes now totals £19.0m, which represents an increase of £0.7m on last month. The proportion of Green recurring savings totals £14.1m. Therefore, the gap between total Green savings and £25.2m totals £6.2m. However, counting only recurring Green savings, the gap is £11.1m. £2.4m of the £11.1m gap would be addressed by converting recurring Pipeline and Red schemes to Green.
- IHC's and Services need to address the outstanding current year shortfall whilst at the same time developing plans for the next financial year.
- In terms of delivery:
  - Year to Date actual savings total £10.0m (excluding Accountancy Gain), against a year to date target of £12.5m, with the under delivery being £2.5m.
  - Savings delivered in Month totalled £2.6m against a target of £2.1m. The additional £0.5m has improved the year to date under delivery performance.
  - Forecast delivery is currently £19.9m excluding Accountancy Gain.
  - Of the savings identified, £14.8m is recurring with a full year effect of £18.3m.
- The figures for actual savings delivered do not include Accountancy Gains. Accountancy Gains totalling £0.4m have been reported within the Month 5 position. No accountancy gains were reported in Month 6.
- Actions continue including monthly check and challenge sessions with the IHC's and the Integrated Delivery Group.

## 7. INCOME ASSUMPTIONS



### 7.1 Income/Expenditure Assumptions (Table D)

- All figures have been updated following agreement of Health Care Agreements and Major Contracts between Welsh NHS bodies in accordance with WHC (2023) 012.

### 7.2 Resource Limits (Table E & E1)

- The Revenue Resource Limit (RRL) for the year is £1,956.9m. £972.9m of the RRL has been phased within the year to date position, which is £5.5m less than 6/12<sup>ths</sup> of the RRL (£978.4m).
- Confirmed allocations to date is £1,883.5m, with further anticipated allocations in year of £73.3m. Total COVID-19 funding allocation is £16.6m of which £13.0m is anticipated and £3.6m has been received. Total COVID-19 income profiled into the cumulative position to date is £6.1m.
- £37.96m of the anticipated income included in Table E is the 5% 2023/24 pay award impact.
- Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, for which £1.5m anticipated income is reported in Table E. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.
- Also, included within Table E in Month 5 is the anticipated income of £7.2m for Additional Planned Care Bids.

## 8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS



### 8.1 Welsh NHS Contracts

- The Health Board's Welsh Expenditure and Income LTA's/SLA's were agreed and signed before the deadline of 30<sup>th</sup> June 2023 for the following agreements:

	Income	Expenditure
Powys	✓	✓
Powys – Clinical Outreach	✓	(not applicable)
Hywel Dda	✓	✓
WHSCC	✓	(not applicable)
Cardiff & Vale	(not applicable)	✓

- Work is ongoing to finalise the Hywel Dda to agree a Service Level Agreement to cover their historic outreach use of Tywyn hospital. Previously the costs associated with this activity has been covered by regular invoicing, but upon review of the income streams within the HB we have approached HD to put an SLA in place to cover this activity. Agreement has been obtained that an SLA would be acceptable, and work has commenced to get the agreement in place in the coming weeks, but the full specification, schedule and costs were not available to enable this by 30<sup>th</sup> June. There is no dispute around the service or agreement and both parties agree this is of low value and materiality, it covers just over 60 clinic sessions annually taking place in the facility.

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



### 9.1 Statement of Financial Position (Table F)

Details of actual and forecast material movements in the Statement of Financial Position as at Month 6 2023-24 are as follows:

#### Movements at Month 6 2023-24

- **Current assets – Cash and cash equivalents (line 9)**

Cash and cash equivalents have increased by £4.966m to £7.879m during the year, made up of increase of £4.960m in revenue cash and £0.006m in capital cash.

The closing cash balance of £7.879m at Month 6 consisted of £6.473m revenue cash and £1.406m cash for capital projects.

- **Current assets – Trade and Other Receivables (line 7)**

Trade and other receivables increased by £6.557m during Month 6 mainly due to an increase in receivables of £10.919m with the Welsh Risk Pool. This is also reflected in the movement in current provisions below.

Year to date receivables have increased by £18.013m and again this is mainly due to increases in amounts due from the Welsh Risk Pool, dependant on the outcome of litigation claims, offset by a reduction in the Accounts Receivable system balance and manual receivables.

- **Current liabilities – Trade and Other Payables (line 13)**

Year to date payables have decreased by £33.068m made up of a reduction in revenue payables of £28.602m and a reduction in capital payables of £4.466m.

The decrease in payables is mainly as a result of reduction of £13.004m in year-end accruals for a 1.5% consolidated pay award in May, reductions of £11.018m in system payables (accounts payable and open purchase orders) and a decrease of £12.552m in primary care pharmaceutical liabilities as two feeds were paid during September (as 1<sup>st</sup> October was a non-working day).

- **Current liabilities – Provisions (line 15)**

Current provisions increased by £9.187m during the month and this was mainly due to an increase of £8.902m in balances for on-going litigation claims following receipt of the latest quantum from Legal and Risk Services.

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



Provisions for clinical negligence and personal injury claims increased by £38.124m during the first six months of 2023-24 offset by reductions of £2.950m in other areas.

### Full year forecast movements

- **Current assets – Trade and Other Receivables (line 7)**

It is currently assumed that material amounts paid by the Health Board in respect of increased clinical negligence provisions will be recoverable from the Welsh Risk Pool and these will be amended each month based on the Legal and Risk Services quantum.

It is also assumed that the balance of trade and other receivables will increase during the year due to the timing of Welsh Risk Pool Advisory Board meetings and year-end invoicing.

- **Current assets – cash and cash equivalents (line 9)**

Details on the forecast cash outturn position is provided in the narrative to Table G – Monthly Cashflow Forecast.

- **Current and Non-Current liabilities – Trade and Other Payables (line 13 and 19)**

### Capital trade and other payables

Capital payables are expected to decrease by £3.725m during 2023-24 resulting from newly capitalised Right of Use Assets of £0.742m (Table I) and payments of £4.467m against existing and new liabilities. Working balances funding for these payments has been included in Table E Resource Limits.

### Revenue trade and other payables

Forecast reductions in revenue trade and other payables largely relate to the movement in the accrual for a 1.5% pay award paid during May 2023, resource only allocations received in the last financial year and revenue cash that was available but not drawn during the 2022-23.

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



<b>Forecast reduction in current and non-current trade and other payables</b>	<b>£m</b>
Balance B/F 1 <sup>st</sup> April 2023	265.863
Revenue - reduction in pay award accrual	(13.004)
Revenue – reduction in payables for cash not drawn in 2022-23	(1.770)
Revenue - reduction in payables for resource only allocations in 2022-23	(0.697)
Revenue – reduction in annual leave and open purchase order accruals	(8.000)
Capital – forecast newly capitalised RoU assets	0.742
Capital – reduction in RoU asset payables	(4.467)
<b>Forecast Balance C/F 31<sup>st</sup> March 2024</b>	<b>238.667</b>

- **Current liabilities – Provisions (line 15)**

Based on the latest quantum information provided by NWSSP Legal and Risk Services it is currently assumed that litigation provisions will remain stable over the remainder of the year but that any movements will be matched by receivables with the Welsh Risk Pool.

### 9.2 Welsh NHS Debtors (Table M)

#### Aged Debtors (Table M)

- At the end of Month 6 2023-24 the Health Board held four outstanding NHS Wales invoices totalling £42,143.12 that were over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.
- The Health Board is not aware of any disputes with these invoice, or any reasons why they will not be paid before their respective arbitration deadlines.

## 10. CASH



### 10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 30<sup>th</sup> September 2023 was £7.879m, which included £6.473m cash held for revenue expenditure and £1.406m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£123.220m) made up of (£124.620m) revenue cash and £1.400m capital cash after managing £8.000m of cash pressures resulting from the forecast deficit internally.
- This forecast balance assumes working balance support of £23.472m for revenue payments and £4.467m for capital payments relating to Right of Use Assets. This additional cash funding has been included on Table E – Resource Limits

<b>Revenue cash forecast 2023-24</b>	<b>£m</b>
Opening revenue balance	1.513
Forecast deficit position (Table B)	(134.133)
Forecast deficit position to be managed internally	8.000
Forecast working balances movement (See Below)	(23.472)
Forecast revenue working balances support	23.472
<b>Forecast closing revenue cash balance</b>	<b>(124.620)</b>
<b>Capital cash forecast 2023-24</b>	<b>£m</b>
Opening capital cash balance	1.400
Confirmed Capital Resource Limit funding	19.294
Anticipated donated capital funding	0.542
Anticipated net book value of capital disposals	0.485
Forecast capital working balance support for IFRS16	4.467
Forecast capital cash spend	(24.788)
<b>Forecast closing capital cash balance</b>	<b>1.400</b>
<b>Total cash forecast 2023-24</b>	<b>£m</b>
Opening cash balance	2.913



## 10. CASH



Forecast revenue and capital working balance support (Table E)	27.939
Forecast capital funding – CRL, donated and NBV of disposals	20.321
Forecast revenue outturn position and reductions in revenue payables	(149.605)
Forecast capital cash spend including reductions in capital payables	(24.788)
<b>Total forecast closing balance</b>	<b>(123.220)</b>

### Forecast Revenue working balances movement

- The forecast revenue working balances support request of £23.472m is made up as follows:

Forecast revenue working balances support request	£m
2022-23 resource only allocation – BETHFS127 – 1.5% consolidated pay award	12.098
2022-23 resource only allocation – BETHFS128 – DPIF digital underspend bids	0.594
2022-23 resource only allocation – BETHFS129 – Regional antidote stock holding centre funding	0.025
2022-23 resource only allocation – BETHFS130 – IPS/ICAN work project – phase 2/year 2	0.078
2022-23 resource only allocation – BETHFS144 – 1.5% consolidated pay award	0.210
Revenue resource cash drawing available in 2022-23 but not requested (£1,953,847k - £1,952,076k)	1.771
Reduction in 1.5% consolidated pay award accrual funded internally in 2022-23	0.696
Reduction in annual leave and open purchase order accruals	8.000
<b>Total revenue working balances support request</b>	<b>23.472</b>

### Strategic cash-only support request

- The Health Board will need to submit a request to Welsh Government for strategic cash-only support in order to continue making payments to staff and suppliers towards the end of the 2023-24 financial year. This request will be submitted to the Chief Executive, NHS Wales following receipt of the related Welsh Government Technical Update and approval by the Health Board at its next meeting in late November.
- The current forecast is for a strategic cash support request of £134.133m, which is the forecast deficit reported on Table B, less £8.000m that the Health Board will plan to manage internally.

## 10. CASH



The Health Board is aware that strategic cash support is funded from existing resources so will continue to look at ways of mitigating the level of cash required before submitting the request.

- It is currently estimated that the additional cash support may be required during February 2023 although this will be dependent on a number of factors, including the confirmation of anticipated revenue resource allocations and any significant litigation payments particularly if these cannot be reimbursed by the Welsh Risk Pool before the end of March 2024.



### 11.1 . Public Sector Payment Policy PSPP (Table H)

- The Health Board achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in two of the four measures of compliance during Quarter 2 2023-24 with NHS and non-NHS invoices by number both being below target at 87.4% and 91.9% respectively.
- A total of 155 NHS invoices and 9,104 non-NHS invoices missed the target during the quarter (Quarter 1 - 134 NHS invoices and 3,976 non-NHS invoices). Invoices for agency staff accounted for 5,798 invoices or 62.6% of fails during the quarter.
- The Health Board has achieved the year to date target in both categories for invoices by value but failed on both for invoices by number.

## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS



### 12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2023/24 is £19.294m and is forecast to be spent in full. Year to date expenditure is £7.7m against a year to date plan of £8.0m.

### 12.2 Capital Programme (Table J & K)

- The Capital Programme update is reported in Table J.
- The spend profiles have been reviewed for the October non cash submission to assure that they reflect a robust forecast.
- Disposals (Table K) has been updated within the Month 6 submission to include revised sales receipts for Ciln MHRC, Ala Road Pwllheli and Ruthin Health Centre. (See Table A and B).

## 13. OTHER ISSUES



### 13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 6 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee on the 26<sup>th</sup> October 2023.
- The nominated deputies who have authority to approve the monthly Monitoring Return submission, in the absence of the Chief Executive and/or Executive Director of Finance are:
  - For the Chief Executive Officer: Nick Lyons, Interim Deputy Chief Executive Officer / Executive Medical Director.
  - For the Executive Director of Finance: Andrea Hughes, Interim Operational Finance Director.

A handwritten signature in blue ink that reads "Carol Shillabeer".

**Carol Shillabeer**  
Interim Chief Executive Officer

A handwritten signature in blue ink, appearing to be "Russell Caldicott", with a stylized, overlapping design.

**Russell Caldicott**  
Interim Executive Director of Finance



## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 5.1.**

The red rated pipeline savings and mitigations yet to be finalised supporting the forecast outturn have materially increased by c.£16.600m to c.£36.100m, this is primarily because of incorporating the full year impact of in year pressures. The month 5 outturn position being c.£5.600m higher than projected last month, follows month 4 being a c.£6.600m deterioration from that projected in June. The current run rate trend and the requirement to finalise and deliver a further c.£36.100m of efficiencies is of clear concern. We will look to your month 6 submission providing the information requested in our covering letter. **(Action Point 5.1)**

### **Response**

Please see updated narrative in Section 2.1 (Table A) reflecting the information requested in the covering letter.

The ongoing cost pressures have been reviewed and will continue to be reviewed monthly.

## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 5.2.**

The forecast outturn is being assisted by £6.370m of non pay underspends. Please provide details of these non pay underspends and an update on the corresponding delivery risk status (e.g., minimal risk). Also, if these underspends reflect direct management actions, please consider if these underspends should be recorded as a saving schemes(s) within the Tracker. **(Action Point 5.2)**

### **Response**

The non pay reduced pressures are expected to continue to underspend at a similar rate, however the Month 6 underspend is reflected in the savings plan as a specific scheme. This methodology is being reviewed on an ongoing basis.

## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 5.3.**

Please provide details of the in year operational variances (Line 26) profiled within the final three months of the financial year. **(Action Point 5.3)**

### **Response**

With the refined forecasts on the pressures these have now been removed.

## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 5.4.**

Table A now reflects unplanned year to date pressures continuing into future months. The future month expenditure profiles appear to reflect rounded high-level assumptions. We trust that these expenditure profiles will be refined at month 6. **(Action Point 5.4)**

# MONITORING RETURN ACTION POINTS RESPONSES



## Response

The expenditure profiles are based on high-level assumptions and are continually being refined each month as new information becomes available.

## Risks and Opportunities (Table A2) - Action Point 5.5.

Please continue to refine the Risks and Opportunities each month, ensuring a 'balanced' best estimated assessment is always taken. **(Action Point 5.5)**

## Response

The Risk and Opportunities have been reviewed against this month. Please see narrative.

## Monthly Positions (Table B) - Action Point 5.6.

The narrative indicates that CHC spend for August is £0.9m higher than forecasted last month due to further inflationary pressures. Following this further inflationary pressure being experienced in month 5, please provide a supporting explanation for future month CHC spend reducing compared to that forecasted at month 4. **(Action Point 5.6)**

## Response

The CHC forecast outturn reduced by £0.2m in Month 5, however the Month 6 CHC forecast outturn has increased by £1.3m from Month 5 due to a number of high-cost packages across MHL and IHC's which are expected to be commissioned. The CHC forecast can fluctuate due to changes in patient numbers and patient acuity.

## Monthly Positions (Table B) – Action Point 5.7.

Please ensure that Section D and corresponding funding requirements reported in Table E are updated at month 6 to reflect the August noncash submission. Any movements from your latest noncash submission should be explained in the narrative. **(Action Point 5.7)**

## Response

The funding requirements have been updated in month 6 to reflect the August non cash submission, with movements explained in the narrative. Month 7/8 will be updated to reflect the October non cash submission.

## Savings Tracker (Table C4) - Action Point 5.8.

Please provide further detail on the newly identified accountancy gain described in the tracker as 'Reported accountancy gain following a mediation process held by the Interim Director of Estates and Capital'. **(Action Point 5.8)**

## MONITORING RETURN ACTION POINTS RESPONSES



### Response

A long standing property issue dating back a number of years was resolved following a mediation meeting during the latter part of quarter 1 in 2023/24.

### Savings Tracker (Table C4) - Action Point 5.9.

Please ensure all savings schemes are consistently categorised within the MMR category (Column S) and SOCNE category (Column T) within the savings tracker. **(Action Point 5.9)**

### Response

The savings tracker has been reviewed and updated to ensure the categories are consistent.

### Resource Limits (Table E) - Action Point 5.10.

Within your month 6 return, please continue to ensure your latest estimates for working balances requirements are built into Table E (Lines 60 – 62) and the Cashflow. Requirements should be supported by annual movements reported in Table F, with supporting explanations and confirmation of values included within your narrative. **(Action Point 5.10)**

### Response

The estimates have been reviewed and firmed up for month 6, and this is described in the supporting narrative.

### Resource Limits (Table E) - Action Point 5.11.

Please clarify why the projected removal of revenue IFRS16 lease funding on line 14 is a different value to the IFRS16 capital working balances request. **(Action Point 5.11)**

### Response

Apologies, this was an oversight on our part. We made a late adjustment of £5K on row 14, but it didn't get adjusted in the IFRS16 capital working balances request section.

### Capital (Table I & J) - Action Point 4.9.

Following your response to Action Point 4.9, we trust that you are liaising with capital colleagues on the revised projected sales receipts from asset disposals. This matter needs to be escalated to ensure a robust profit or loss value is reflected within the SoCNE. **(c/f Action Point 4.9)**





### Response

The sales receipts values reflected a forecast and the potential loss was currently phased into the March position. Additional information has now been received which projects a small gain on the disposal and this is reflected in Table A.

### Ring Fenced (Table P) - Action Point 5.12.

Please provide a progress update on the planned utilisation of the anticipated planned care funding. **(Action Point 5.12)**

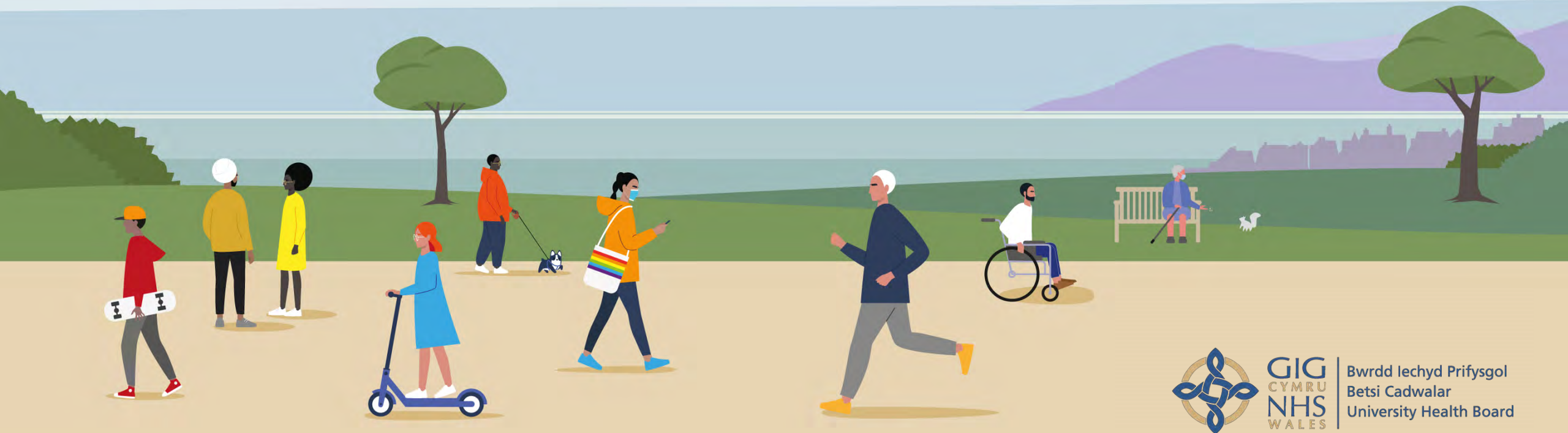
### Response

The WG is aware of the proposals provided in relation to the 10/20/30 submission. Discussions continue on the application of this resource and as such the funding remains as uncommitted.

# Savings Update at Month 6

## Performance, Finance and Information Governance Committee

### 10<sup>th</sup> October 2023



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Savings Executive Summary

Month 6

The Health Board’s Financial Plan for 2023-24, requires delivery of recurring, cash releasing savings of **£25.2m**. An additional £5.7m ‘stretch’ is included in the full year cash savings target of £30.9m.

The Full Year Savings Plan (FY Plan) now totals **£23.1m**, down £2.8m on the previous month. This total includes Pipeline and Red schemes, which were reviewed during Month 6, with a number of schemes withdrawn or moved into the pipeline for next year.

The FY Plan value of Green schemes totals **£19.0m**.

This represents an increase of £0.7m on last month.

The proportion of recurring Green savings now totals **£14.1m**.

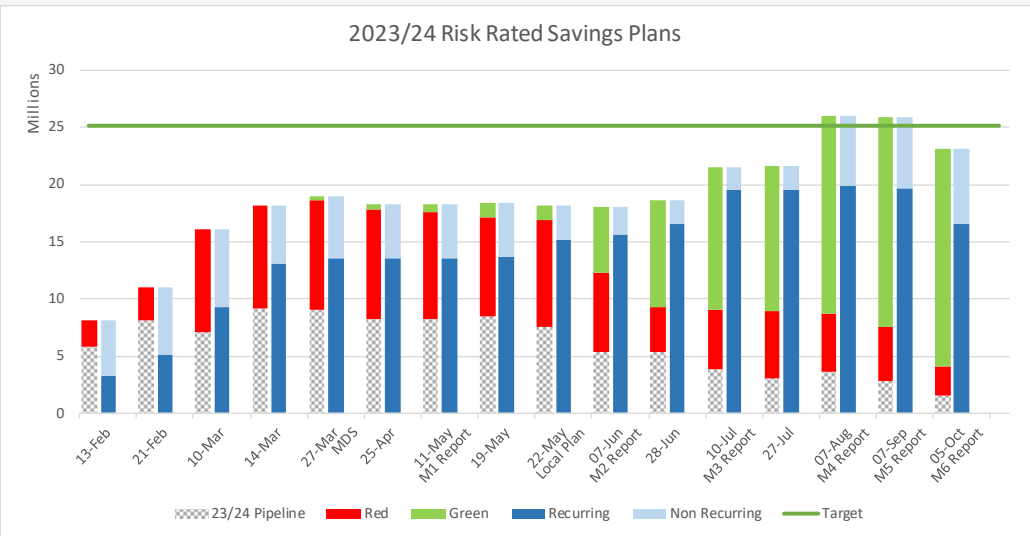
The shortfall against £25.2m therefore totals **£11.1m**.

Womens, Cancer Services and MHL D have delivered plans in line with target. Other Services and the IHC’s developed plans to review opportunities and address shortfalls. However, the common message continues to be that major savings require transformational change, which requires support and resource.

The challenge for the Health Board remains how to mobilise and deliver a balanced transformation that will deliver the range of required outcomes, financial and non-financial.

‘Cash’ savings do not include under-spend recorded against the £22.8m ‘top-slice’ set in addition to the savings target nor expected gains from financial recovery actions, which include Establishment Control and Recurrent Investment Group Assurance.

The purpose of this report is to summarise progress against target for 23-24.



Savings Scheme Pipeline					
	Pipeline	Red	Amber	Green	Total
Centre	189	1,303		1,524	3,016
East	388	552		3,478	4,417
West	0	283		3,627	3,910
MHL D		46		3,221	3,267
Womens				925	925
Cancer		0		1,548	1,548
Diagnostics		56		525	581
Corporate	540	137		4,155	4,833
Primary Care	0	109		19	128
Procurement (VAT)	454			0	454
Cash Savings	1,571	2,485	0	19,022	23,078

# Savings Summary: FY Plan Versus Target

## Month 6

£'000's	Savings Target	Saving Schemes				Invest to Save Costs	Savings Gap
		Schemes in Delivery Green and Amber FY Plan	Red FY Plan	Pipeline	Total		
<b>West Integrated Health Community</b>							
Area - West		2,378			2,378		
Ysbyty Gwynedd		1,237	283		1,520		
Facilities		12	0		12		
<b>Total West</b>	<b>6,046</b>	<b>3,627</b>	<b>283</b>	<b>0</b>	<b>3,910</b>	<b>0</b>	<b>(2,136)</b>
<b>Central Integrated Health Community</b>							
Area - Centre		1,074	0		1,074		
Ysbyty Glan Clwyd		420	0		420		
Facilities		30	0		30		
<b>Total Centre</b>	<b>7,950</b>	<b>1,524</b>	<b>1,303</b>	<b>189</b>	<b>3,016</b>	<b>0</b>	<b>(4,934)</b>
<b>East Integrated Health Community</b>							
Area - East		2,054	552		2,606		
Ysbyty Wrexham Maelor		1,403			1,403		
Facilities		20	0		20		
<b>Total East</b>	<b>8,070</b>	<b>3,478</b>	<b>552</b>	<b>388</b>	<b>4,417</b>	<b>0</b>	<b>(3,653)</b>
<b>PAN North Wales Services</b>							
MHLD	3,267	3,221	46		3,267		(0)
Womens Services	915	925			925		10
Diagnostic and Specialist Clinical Support	1,015	525	56		581		(434)
Cancer Services	755	1,548			1,548	(60)	733
Primary Care	154	19	109		128		(26)
Contracts		0	0		0		0
Provider Income	267	0	0		0		(267)
<b>Total PAN North Wales</b>	<b>6,373</b>	<b>6,238</b>	<b>211</b>	<b>0</b>	<b>6,448</b>	<b>(60)</b>	<b>75</b>
Corporate	2,495	4,155	137	540	4,833		2,338
Reserves / Stretch Target	(5,734)	0			0		5,734
<b>Total for Services</b>	<b>25,200</b>	<b>19,022</b>	<b>2,485</b>	<b>1,117</b>	<b>22,624</b>	<b>(60)</b>	<b>(2,636)</b>
<b>Other Workstreams</b>							
Procurement - to be allocated				454	454		454
							0
				454	454	0	454
<b>Total Programme</b>	<b>25,200</b>	<b>19,022</b>	<b>2,485</b>	<b>1,571</b>	<b>23,078</b>	<b>(60)</b>	<b>(2,182)</b>
Recurring Savings	25,200	14,145	1,992	427	16,563	(60)	(8,697)
Non Recurring Savings		4,877	493	1,144	6,515		6,515
	<b>25,200</b>	<b>19,022</b>	<b>2,485</b>	<b>1,571</b>	<b>23,078</b>	<b>(60)</b>	<b>(2,182)</b>

The FY Plan now stands at £23.1m including Green, Amber, Red and Pipeline opportunities, recurring and non-recurring.

This compares to £25.9m last month.

MHLD, Womens and Cancer services have identified savings opportunities that meet or exceed target.

IHC East FY Plan totals £4.4m, down from £4.6m last month. £3.6m is recurring.

IHC West's savings plan now totals £3.9m, down £0.9m on last month following the decision to exclude schemes targeted at reducing spend where budget will not be removed. Of the revised total, £3.3m relates to recurring savings.

IHC Centre FY Plan now totals £3.0m down £0.9m, with schemes removed for the same reason. £3m is recurring.

NWSSP have also advised that a pipeline scheme valued at £1.25m will not deliver this year.

# Delivered Savings

Month 6

## Target

- Financial Plan requires £25.2m savings
- Additional 'stretch target' of £5.7m allocated to IHC's/Services
- Target flat phased £2.1m per month

£'000's	FY			YTD M6			
IHC / Service Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Recurring	25,200	14,145	14,820	12,600	6,283	7,458	1,176
Non Recurring		4,877	5,095		2,227	2,493	266
<b>Total Cash Savings</b>	<b>25,200</b>	<b>19,022</b>	<b>19,915</b>	<b>12,600</b>	<b>8,510</b>	<b>9,952</b>	<b>1,442</b>

## Year To Date (YTD)

- Year to Date actual savings total £10.0m, of which £7.5m is recurring, against a £8.5m plan and £12.6m Target.
- The favourable variance of actual savings to Plan totals £1.4m. This includes:
  - Central IHC Primary Care Reviews (Polypharmacy & switches) £0.1m
  - Central IHC CHC Programme £0.4m
  - Central IHC Bio-similar (AMD) £0.2m
  - West IHC CHC Programme £0.4m
  - West IHC Primary Care Reviews (Polypharmacy & switches) £0.1m
  - MHLD Right Care CHC Programme £0.3m
  - MHLD Agency, Bank, O/T (£0.1m)
  - Womens Birth Choices scheme delayed as previously reported (£0.1m)

Figures relate to Green schemes. There are no Amber schemes. A detailed variance analysis is provided in Appendix 1.

## In Month

- Savings delivered in Month totalled **£2.6m**, of which £1.7m recurring, against a £1.8m Plan and £2.1m Target
- No Accountancy Gains were reported in Month 6.

# FY Plan vs FY Forecast & Recurring/ Non Recurring

## Month 6

£'000's	FY PLAN			Recurring FYE Plan	FY OUTTURN (M6)			Recurring FYE Forecast	VARIANCE		
	Recurring	Non Recurring	Total		Recurring	Non Recurring	Total		Recurring	Non Recurring	Total
<b>Amber and Green Schemes</b>											
Cash Releasing - Budget	14,130	4,834	18,965	17,153	14,805	5,052	19,857	18,294	675	218	892
Cash Releasing - Run Rate									0	0	0
Cost Avoidance		43	43			43	43		0	0	0
Income Generation - Budget	15		15	17,153	15		15	30	0	0	0
Income Generation - Run Rate			-				-		0	0	0
	<b>14,145</b>	<b>4,877</b>	<b>19,022</b>	<b>34,306</b>	<b>14,820</b>	<b>5,095</b>	<b>19,915</b>	<b>18,324</b>	<b>675</b>	<b>218</b>	<b>892</b>
<b>Red Schemes</b>											
Cash Releasing	1,884	493	2,378	2,416	1,884	493	2,378	2,416	0	0	0
Cost Avoidance			-		-	-	-		0	0	0
Income Generation	107		107	186	107	-	107	186	0	0	0
	<b>1,992</b>	<b>493</b>	<b>2,485</b>	<b>2,602</b>	<b>1,992</b>	<b>493</b>	<b>2,485</b>	<b>2,602</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total - Red, Amber and Green Schemes</b>	<b>16,137</b>	<b>5,371</b>	<b>21,508</b>	<b>36,907</b>	<b>16,812</b>	<b>5,589</b>	<b>22,400</b>	<b>20,925</b>	<b>675</b>	<b>218</b>	<b>892</b>

At Month 6 close, the FY Plan value of Green schemes totals £19.0m. The FY Forecast £19.9m - £892k above Plan. Variances include:

- IHC Central Area Polypharmacy Reviews & Switches £200k
- IHC Central CHC £176k
- Central IHC Bio-similar (AMD) £184k
- IHC West CHC £545k
- IHC West Polypharmacy Reviews & Switches £151k
- IHC West Area's Pay 'Grip and Control' (£88k)
- IHC West YG Pay 'Grip and Control' (£112k)
- MHLD Reduction in Bank, Agency & Overtime (£109k)
- Womens Birth choices – issue previously reported (£256k)
- Cancer Homecare - scheme converted to Green in Month 6 (£129k)
- NWSSP Procurement £156k

A detailed variance analysis is provided in Appendix 1.

# Summary by Category

Month 6

## FY Plan (Green Schemes)

FY Plan by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
<b>Savings '000s</b>										
Agency - Reduced usage of Agency/Locums paid at a premium	630		1,304		488					2,422
CHC and Funded Nursing Care	1,146	560	880	1,924						4,510
Commissioned Services				300	255					555
Medicines Management (Primary & Secondary Care)	741	763	813	322			1,537			4,177
Non Pay - Procurement	141	186	204	13	9	366	11	19	2,732	3,681
Non Pay - Other	165	15	226	20	173	159			1,378	2,135
Pay	804		51	642					46	1,542
<b>Grand Total</b>	<b>3,627</b>	<b>1,524</b>	<b>3,478</b>	<b>3,221</b>	<b>925</b>	<b>525</b>	<b>1,548</b>	<b>19</b>	<b>4,155</b>	<b>19,022</b>

Procurement (NWSSP) scheme allocated across Divisions. Total Plan value £1.1m.

## FY Forecast (Green Schemes)

FY Forecast by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
<b>Savings '000s</b>										
Agency - Reduced usage of Agency/Locums paid at a premium	589		1,340		488					2,417
CHC and Funded Nursing Care	1,692	736	944	1,924						5,295
Commissioned Services				272	0					272
Medicines Management (Primary & Secondary Care)	918	1,156	787	322			1,511			4,694
Non Pay - Procurement	104	142	143	13	9	442	8	10	2,967	3,838
Non Pay - Other	140	15	201	14	173	161			1,378	2,080
Pay	688		51	533					46	1,318
<b>Grand Total</b>	<b>4,131</b>	<b>2,049</b>	<b>3,465</b>	<b>3,078</b>	<b>670</b>	<b>603</b>	<b>1,519</b>	<b>10</b>	<b>4,391</b>	<b>19,915</b>

Accountancy Gains are not included.



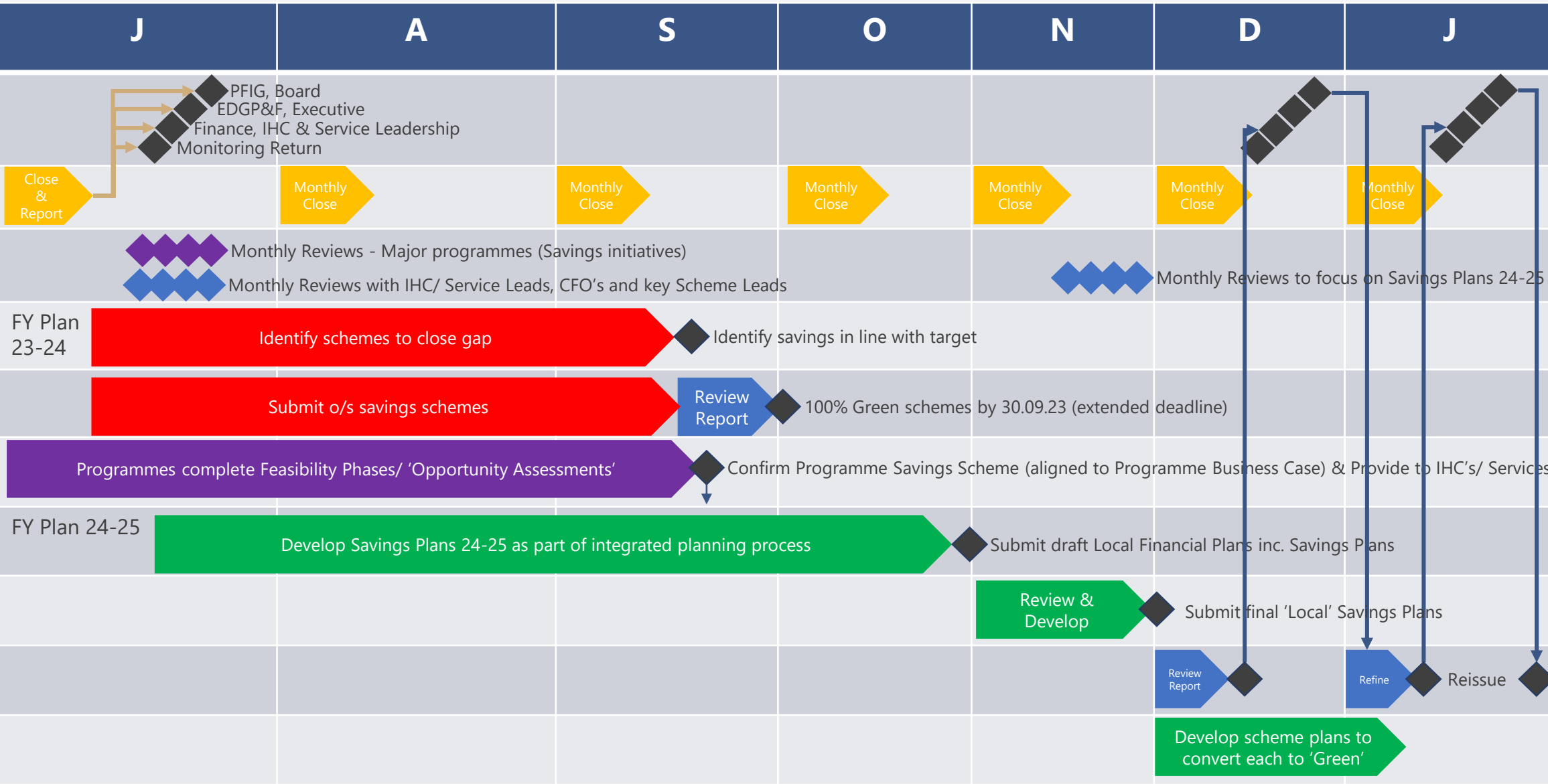
# Next Steps

## Month 6

	Update	Actions Required
<b>Improve Savings Plans</b>	Submit updated savings plans to meet the full target on a recurring basis by 30.06.23. Deadline extended to 31.08.23 and then 30.09.23. Milestone not met by the IHC's and Services except for Cancer Services, Womens and MHL. Divisions were asked to review Red and Pipeline schemes and remove any schemes that will not reduce budget ahead of Month 6. A number of schemes were removed, reflected in the total at Month 6. IHC's and Services continue to report that that transformation is required to unlock significant benefit.	Divisions are asked to revisit savings plans for the current year in conjunction with the 'RIGA' reviews and planning for next year.
<b>Convert all schemes to Green</b>	Convert 50% of savings plans to Amber/Green by 30.06.23. Achieved by Month 4. The deadline for converting 100% of schemes to Green was 31.07.23, extended to 31.08.23, then 30.09.23. Milestone not met. IHC's and Services report that significant effort focused on ECG and RIGA reviews.	Divisions are asked to complete documentation for pipeline/ red schemes in conjunction with the 'RIGA' reviews and planning for next year.
<b>Manage Delivery Risks</b>	IHC's and Services were asked to identify savings delivery risks and mitigating strategies by 05.06.23. Deadline extended to 30.06.23. Summary reports are provided as part of monthly savings report provided to Finance. This is not intended to replace the need for routine programme/ project reporting and control. It is expected that delivery issues and risks are managed by Project/ Scheme Leads and escalated where necessary through the governance arrangement agreed at project/ scheme set-up.	Continue to review savings delivery risks in monthly reviews.
<b>Monthly Reporting</b>	IHC's and Services provide a monthly commentary and analysis, which is aligned to WG reporting requirements. A summary of the consolidated position is delivered to the Executive on a monthly basis	Continue established internal reporting
<b>Monthly Reviews</b>		Continue monthly reviews
<b>24-25 Plan</b>	Corporate Planning timetable and guidance issued. IHC's and Services are asked to submit draft plans by 31.10 and final plans by 30.11.23	Develop plans for 24-25
<b>Cross-cutting programmes</b>	Improvement Groups were established to deliver incremental, transformational savings.	Develop plans for 24-25



# Savings Planning 24-25 – High Level Timeline



The Savings Plan 24-25 submission dates have been aligned to Corporate Planning deadlines. A savings plan forms part of the local financial plan.

# Appendix 1

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# Green Schemes (1/2)

## Month 6

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved Vs Plan
HC - Centre	Accommodation Rental Increase	R	14,833	14,833	0	0	0	0
HC - Centre	CHC	R	560,000	736,308	176,308	280,000	697,308	417,308
HC - Centre	NWSSP Drug Contract implementation	R	56,390	64,732	8,342	30,362	38,704	8,342
HC - Centre	Polypharmacy Reviews	R	406,850	607,157	200,307	201,350	320,113	118,763
HC - Centre	Secondary Care Drugs (AMD Biosimilars)	R	300,000	484,000	184,000	180,000	364,000	184,000
HC - East	Agency Medical reduction ED	R	480,000	448,308	-31,692	240,000	201,253	-38,747
HC - East	Agency Medical Reduction Medicine YMW	R	150,000	191,348	41,348	75,000	72,848	-2,152
HC - East	Agency Medical Reduction Surgery	NR	166,000	192,167	26,167	83,000	109,167	26,167
HC - East	CHC Cost containment	R	600,000	632,376	32,376	300,000	342,376	42,376
HC - East	CHC Management & Trigger Tool	NR	180,000	200,000	20,000	0	24,093	24,093
HC - East	Childrens	R	100,000	111,289	11,289	43,750	55,039	11,289
HC - East	Dietetics non pay efficiencies	R	21,553	21,553	0	10,777	10,777	1
HC - East	ENT Disposable Scopes	R	200,000	175,000	-25,000	50,000	25,000	-25,000
HC - East	Medical Agency Reduction - Community Services	R	208,000	208,000	-0	65,000	65,089	89
HC - East	Medical Agency Reduction - Primary Care - Managed Practices	R	300,000	300,000	0	35,000	35,000	0
HC - East	NWSSP Drug Contract implementation	R	48,550	52,535	3,985	22,564	28,974	6,410
HC - East	OT Non Pay efficiencies	R	4,013	4,013	0	2,007	2,007	0
HC - East	OT Pay 0.5wte Band 6	R	26,468	26,468	0	13,234	13,234	0
HC - East	Podiatry Pay 1 wte Band 3	R	24,379	24,379	0	12,190	12,190	0
HC - East	Polypharmacy Review (previously GP Prescribing)	R	489,850	489,850	0	242,852	302,688	59,836
HC - East	Secondary Care Drugs (AMD Biosimilars)	R	275,000	245,051	-29,949	81,000	59,051	-21,949
HC - West	BAU: Grip and control measures - pay	R	607,500	536,147	-71,353	112,500	86,147	-26,353
HC - West	Children Special Cases Review	R	150,000	150,000	0	75,000	78,165	3,165
HC - West	Continence Products - usage review within community	R	50,000	25,001	-24,999	24,999	0	-24,999
HC - West	Continuing Healthcare	R	996,320	1,541,698	545,378	442,107	847,668	405,561
HC - West	Enteral feeding - therapies	NR	40,000	40,000	0	13,332	14,231	899
HC - West	Grip and control measures - pay	NR	250,000	162,000	-88,000	124,998	81,006	-43,992
HC - West	IHCW 19 - Pay Grip and Control - SACC Nursing	R	360,000	319,202	-40,798	180,000	169,202	-10,798
HC - West	IHCW 3 - Benefit Realisation of SICAT	R	90,000	133,531	43,531	45,000	73,531	28,531
HC - West	Medicines Management - Primary Care	R	400,000	551,240	151,240	201,994	333,668	131,674
HC - West	Medicines Management - Supply Chain Projects	R	180,000	209,858	29,858	64,998	52,472	-12,526
HC - West	NWSSP Drug Contract implementation	R	30,780	19,513	-11,267	13,152	10,607	-2,545
HC - West	Primary Care Rebate Schemes	NR	130,000	137,000	7,000	43,500	50,500	7,000
HC - West	Release part vacancy within COTE Medicine - N/R	NR	51,263	51,263	0	51,263	51,263	0
HC - West	Review of GP Bed payments within community hospitals	R	75,000	75,000	0	37,500	37,500	0
HC - West	Urology Robot - VAT Recovery	NR	75,000	75,000	0	37,500	37,500	0

# Green Schemes (2/2)

Month 6

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Variance			Variance		
			Plan	Forecast	Forecast vs Plan	Plan	Achieved	Achieved Vs Plan
Cancer	I2S - Increasing Cancer Homecare Activity - East	R	177,196	148,189	-29,007	63,396	97,006	33,610
Cancer	Increasing Cancer Homecare Activity - Centre	R	101,280	13,963	-87,317	35,400	8,221	-27,179
Cancer	Increasing Cancer Homecare Activity - West	R	20,871	7,776	-13,095	10,434	3,888	-6,546
Cancer	Patent/Price Reduction Drugs scheme - New 23-24	R	251,468	347,445	95,977	112,730	110,756	-1,974
Cancer	Patent/Price Reduction Drugs scheme -Existing	R	986,402	993,368	6,966	774,397	762,077	-12,320
DSCS	EBME covid equipment maintenance	R	60,017	61,644	1,627	30,009	30,414	405
DSCS	EBME covid equipment maintenance	NR	8,076	8,657	581	4,038	4,326	288
DSCS	Pathology Contracts & Batch Efficiencies	R	47,531	47,531	0	23,766	23,766	0
DSCS	Stock Management -Pathology	NR	43,100	43,100	0	0	0	0
MH&LDS	Bank, Agency & Overtime Reductions	R	642,000	532,960	-109,040	145,901	36,861	-109,040
MH&LDS	Drug Costs	R	322,236	322,236	0	159,353	156,085	-3,268
MH&LDS	Patient Transport	R	20,400	13,600	-6,800	6,800	0	-6,800
MH&LDS	Reductions in OOA Placements	R	300,000	272,111	-27,889	27,889	0	-27,889
MH&LDS	Right Care Programme	R	1,923,809	1,923,809	-1	961,905	1,253,366	291,461
Midw & Womens	Birth Choices Scheme 23/24	R	254,670	0	-254,670	127,335	0	-127,335
Midw & Womens	I2S - Medical Agency: Recruitment over-establishment (Invest to	R	100,797	100,797	0	50,399	50,399	0
Midw & Womens	Medical Agency: Local increase in Medical Bank rates for fixed pe	R	80,193	80,193	0	40,097	40,097	0
Midw & Womens	Medical Agency: Recruitment to substantive posts	R	307,116	307,116	-0	55,481	55,480	-0
Midw & Womens	Non Pay: Dressing (Leukomed Sorbact)	R	23,047	23,047	0	11,523	11,523	0
Midw & Womens	Non Pay: Local enhanced governance re ad-hoc expenditure	R	149,469	149,469	0	74,735	74,735	0
Corporate and Estates	DDaT-004 McAfee Subscription	R	41,744	41,744	0	41,744	41,744	0
Corporate and Estates	Disposal of Ala Road	R	38,502	38,502	0	0	0	0
Corporate and Estates	LINC	NR	1,079,000	1,079,000	0	539,500	539,500	0
Corporate and Estates	Office of CEO	R	14,026	14,026	0	2,004	2,004	0
Corporate and Estates	Office of CEO	NR	21,920	21,920	0	21,920	21,920	0
Corporate and Estates	Pest Control across Health Board	R	66,609	66,609	0	66,609	66,609	0
Corporate and Estates	PH - Review of None Pay budgets	R	20,000	20,000	0	10,000	10,000	0
Corporate and Estates	Review of Non Pay	R	132,000	132,000	0	132,000	132,000	0
Corporate and Estates	Review of pay vacancies	NR	9,909	9,909	0	4,955	4,955	0
Total excl. NWSSP Procurement Plan			15,341,137	16,076,540	735,404	6,970,242	8,240,099	1,269,856
Procurement			3,681,311	3,838,257	156,946	1,539,742	1,711,793	172,051
Total			19,022,448	19,914,797	892,350	8,509,984	9,951,892	1,441,907

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<b>Teitl adroddiad:</b> <i>Report title:</i>	Capital Programme Report - Month 5&6 and 2023/24 Programme Update		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance & Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 02 November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL).		
<b>Argymhellion:</b> <i>Recommendations:</i>	The committee are asked to receive and scrutinise this report and support the proposed adjustments to the capital programme.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russel Caldicott, Interim Executive Director of Finance		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Daniel Eyre – Head of Capital Development		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyflawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>			
The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP).		
<b>Regulatory and legal implications:</b>	The planned projects and discretionary programme assist the Health Board in meeting its statutory and mandatory requirements.		

<b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	The Health Board continues to assess the requirement for carrying out Equality Impact Assessments on a project by project basis
<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	The Health Board continues to assess the requirement for carrying out Social-economic and Impact Assessments on a project by project basis.
<b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	The Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.
<b><i>Financial implications as a result of implementing the recommendations</i></b>	The report sets out the capital investment required to deliver the agreed projects together with the progress, variances and mitigating actions to deliver the agreed discretionary programme and to meet the identified cost pressures and risks.
<b><i>Workforce implications as a result of implementing the recommendations</i></b>	
<b><i>Feedback, response, and follow up summary following consultation</i></b>	
<b><i>Links to BAF risks:</i></b> <i>(or links to the Corporate Risk Register)</i>	<p><b>Board Assurance Framework</b> BAF 21-14 Pandemic exposure</p> <p>BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets BAF 2.4 Digital, Data &amp; Technology BAF 2.5 Digital, Data &amp; Technology</p> <p><b>Corporate Risk Register:</b> 20-01, Asbestos management and control 20-03, Legionella management and control</p> <p>20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security</p>
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable

**Next Steps:**  
***Implementation of recommendations***

- 1. List of Appendices:**
  - A . Business Case Tracker***

## Capital Investment Group

### Capital Programme Report Month 5&6 for 2023/24 Capital Programme

#### 1. Introduction/Background

The purpose of this report is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).

#### 2. Approved funding 2023/24

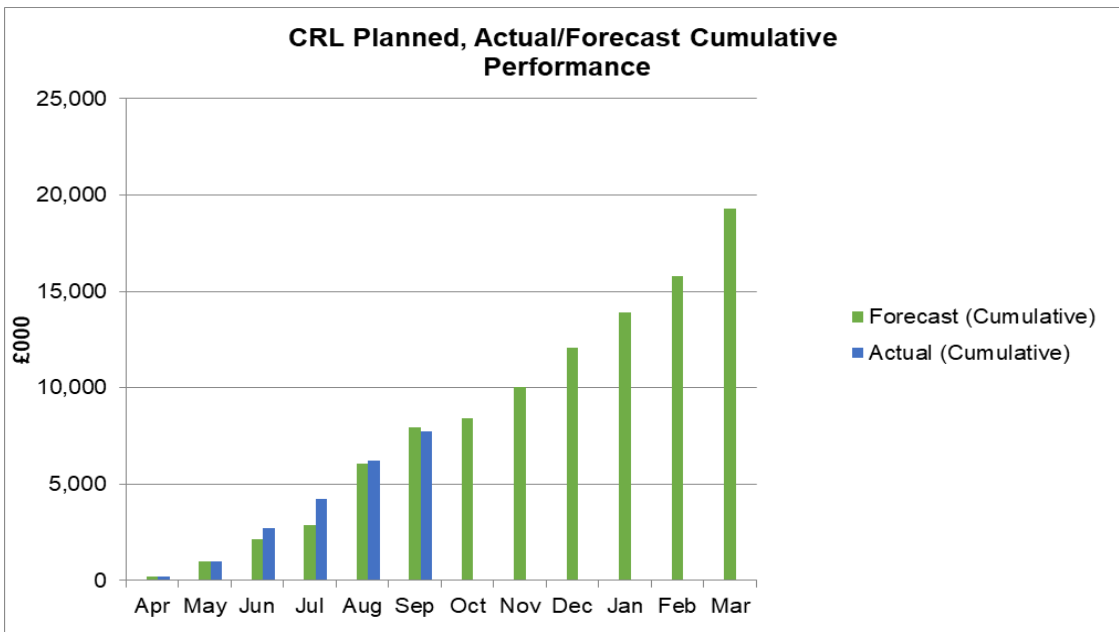
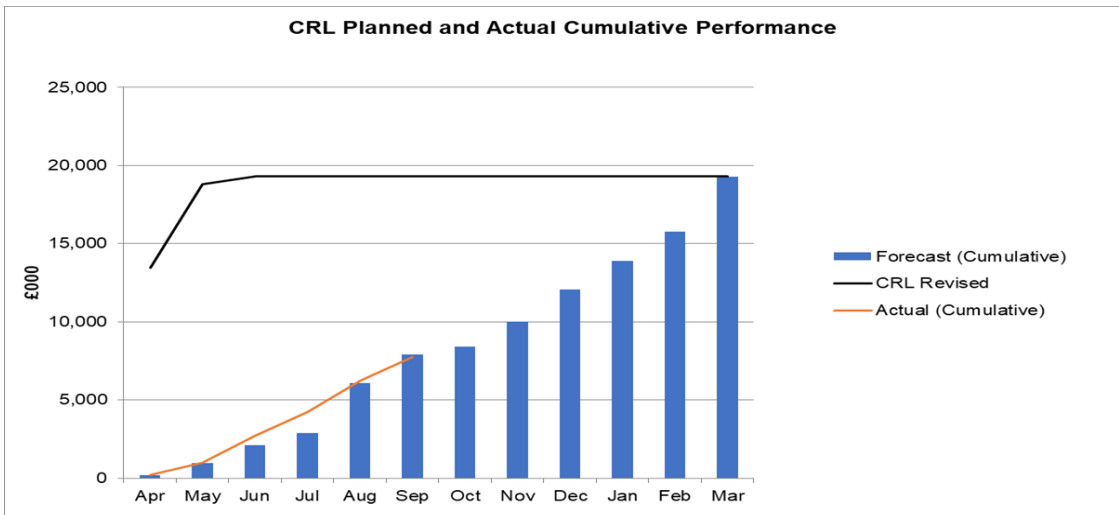
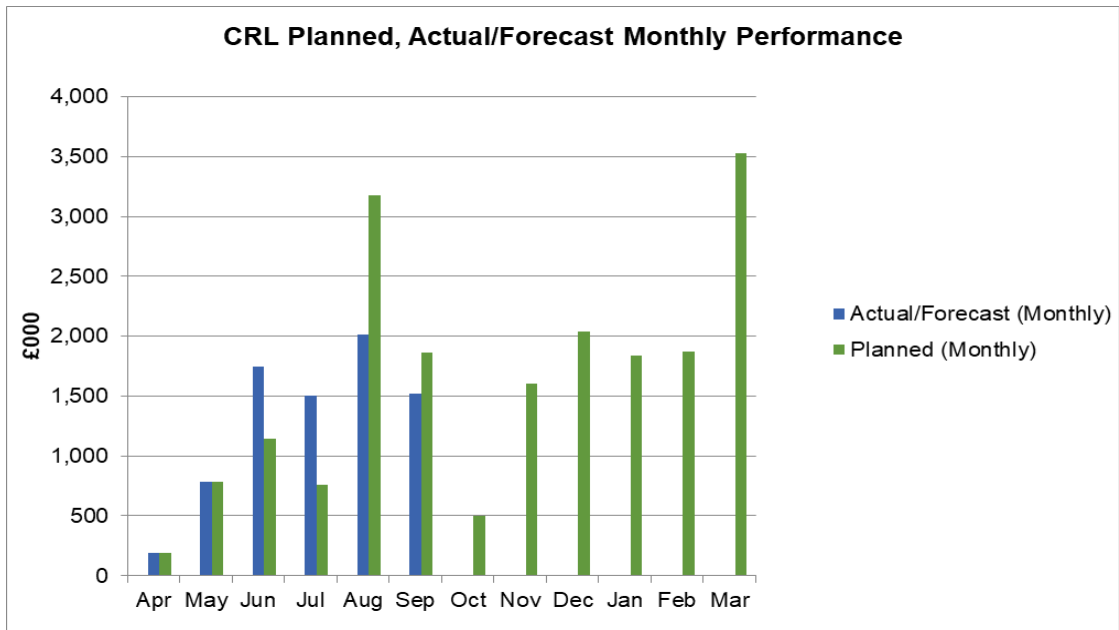
The available capital funding from all sources may be summarised as follows:

Capital Resource Limit 2023/24	£m	£m
WG Discretionary Capital	11.399	£12.696m (with 30% (£1.297m) deducted for EFAB contribution)
EFAB	4.324	
WG Scheme specific support for, Nuclear Medicine, AOMHU YGC, Conwy West Health & Wellbeing Centre, Ambulance Shoreline YR 2, Orthopaedic Hub at Llandudno Hospital	3.571	
All wales funding brokerage to be re-provided from discretionary		1.438
	19.294	
<i>Adjusted discretionary capital £11.399m less £1.438m, leaves <b>£9.961m.</b></i>		

#### 3. Expenditure Planned/Actual 2023/24

	£000				
	CRL Revised	Planned (Monthly)	Forecast (Cumulative)	Actual/Forecast (Monthly)	Actual (Cumulative)
Apr	13,467	188	188	188	188
May	18,782	785	973	785	973
Jun	19,294	1,144	2,117	1748	2,721
Jul	19,294	758	2,875	1508	4,229
Aug	19,294	3,181	6,056	2011	6,240
Sep	19,294	1,867	7,923	1517	7,757
Oct	19,294	496	8,419		
Nov	19,294	1,601	10,020		
Dec	19,294	2,040	12,060		
Jan	19,294	1,837	13,897		
Feb	19,294	1,870	15,767		
Mar	19,294	3,527	19,294		





#### **4. Major Capital Schemes >£1m**

Refer to Appendix A

#### **5. Discretionary Capital 2023/24**

The Capital Programme Management Team (CPMT) have been notified of the approval for the draft capital programme, and progression based on the following CIG controls.

- Capital programme leads (Capital Development, Operational Estates, Medical Devices and Informatics) are to work up all schemes to procurement.
- They may commit 75% of their programme holding 25% in reserve.
- Additional funding and slippage is normally confirmed in month 7. Programme leads are therefore required to review their programmes and select those schemes/purchases that can be delivered within the final 4 months of the year as their reserve (subject only to schemes identified as urgent). In reality for all programmes with the exception of Medical Devices the expenditure profiles are phased across the year and this will have limited, if any, impact.
- The capital finance report will show each of the programmes aligned to the Capital Monitoring Tool. Each programme will be shown as over committed by 25%.
- Expenditure will be monitored monthly by the Capital Programme Management Team with variances escalated to the CIG and PFIG as necessary.

During September the executive team requested consideration is given to maximise potential spend on mental health anti-ligature priorities from within the discretionary programme. Concern was also noted as the over commitment had increased to over £2m. A review was carried out on financial spend and commitment to date.

The proposed variations to the programme are detailed in section 7 with the key points noted below. The adjustments look to support £700,000 for anti-ligature priorities, £325,000 for the North Wales Child and Adolescent Centre and to reduce level of risk in over commitment.

##### **Proposed Reductions.**

- 1) Health Board to request brokerage of £500,000 from the Conwy West Scheme. The project board would need to confirm if the remaining £100,000 would be sufficient to support scheme progression up to March 2023.
- 2) Reduce medical devices allocation by £100,000 to support key priorities
- 3) Reduce IM&T allocation by £517,000 to support key priorities.
- 4) Health Board to request continued brokerage of £210,000 from the Wrexham Continuity Project.
- 5) Anticipated VAT return for 2022-23 Imaging project of £100,000 to support key priorities.
- 6) Mortuary allocation reduced by £90,000 by bringing forward EFAB funding from 2024-25.

##### **Proposed Additions**

- 7) Bring forward £200,000 EFAB funding from 2024-25 and add to this year's allocation providing a total of £400,000 to support anti-ligature priorities.
- 8) Add £300,000 to mental health budget, to support anti-ligature priorities.

- 9) Add £325,000 to for NWAS perimeter fencing and doors in response to health and safety issues, the schemes are ready to place orders.

#### The Mental Health and Learning Disabilities Priorities

*“The division have a governance framework a process for discussion, assessment and prioritisation of estates works that requires capital investment. This process results in a defined and risk assessed schedule of works to be undertaken. This schedule of work and its assigned prioritisation will act as the basis for agreed capital monies allocated and will also be used in the event of additional monies becoming available in year and/or slippage monies becoming available at year end.”*

In line with the above the first priorities will be the fencing and anti-climb guttering at the Ablett and the replacement doors at Hergest for the estimated cost of £635,000 for both schemes; other priorities will also be worked up to ensure spend.

### BCU Approved Capital Programme - February 2023

	Total value of over committed schemes (£m)	Management of over commitment 25% (£m)	Available Capital (£m)	Comments
Divisions	5.799	-1.450	4.349	Cost to updated, subject to proposed adjustments.
Estates	2.315	-0.579	1.736	On budget and Programme. (£50k allocated for in year facilities requirements)
Medical Devices	3.075	-0.769	2.227	On budget and Programme
Informatics	3.016	-0.754	1.744	On budget and Programme
	14.205	-3.551	10.654	
		Over commitment	0.651	

\*Above programme to be re-profiled following in line with discussions in the group

## 6. Month 6 Update

The month 6 finance report (below) confirms an over commitment at 0.651m, which is based on the available capital. This does not include the 25% over commitment noted above at £3.551m. Given these pressures slippage opportunities look very unlikely unless additional funding is received from Welsh Government.

Welsh Government have requested the Health Board confirms its CRL by the 31<sup>st</sup> October 2023. In readiness for potential slippage, the workstream leads were requested to confirm slippage opportunities in September with the list collated during

October. It is anticipated slippage options will be considered during November CPMT with recommendations submitted for approval in the November CIG meeting. Options will be assessed the basis of:

- The scheme addresses major risk.
- The scheme is within the capital available.
- The scheme can be completed by the end of March 23.
- The scheme is a priority for 24/25 that can be managed over two financial years.

The proposed adjustments to the programme have been discussed in CPMT, concern was raised by Informatics' on the following basis

*"All ICT Capital schemes are in flight and orders are either complete, being added or tenders are closing and will be added this week based upon the amounts on the Capital Control Planner. This reduced scheme has impacted on replacement of core infrastructure which enhances reliability and Cyber Security risks.*

*The Hardware (Desktop PC's and Laptops) was reprofiled to provide a larger scheme using ceased programmes (YG Comms Room Facility and so on). £492k will give us c.550 PC's and laptops (we have virtually none left). The increased amount would be closer to a thousand. We need 3,500 PC's and Laptops per annum to maintain a 5 year replacement cycle. At the very least we require 6,000 before Windows 10 goes end of life in 2025 as those devices will not run Windows 11.*

*The consequences of this are reduced performance of the devices in use as they get older and as such reduced productivity of the individual staff. Enhanced Cyber Security threats from 2025 when no further Windows updates are available for Windows 10 and the devices still running it."*

## 7. Capital Report - Month 6 (costs in £/000)

Funding	Funding Scheme	Approved CRL	Sum of Brokerage	Sum of Anticipated funding	Final Annual Budget	Expenditure Year to Date	Out-turn Forecast	Variance
All Wales	Nuclear Medicine	373,000	167,320		540,320	218,321	540,320	-
	Digital Medicine				-	-		-
	Ablett Unit	1,688,000	384,969		2,072,969	1,329,949	2,072,969	-
	Energy Savings				-	-		-
	Endoscopy				-	-		-
	IFRS16 leases				-	-		-
	eye care				-	-		-
	ambulance	71,000			71,000	-	71,000	-
	Digital Funding				-	-		-
	Orthopaedic Hub	839,000			839,000	459,762	839,000	-
	Conwy Llandudno Centre	600,000			600,000	-	100,000	(500,000)
	EFAB-Infrastructure	2,248,200			2,248,200	171,139	2,248,137	(63)
	EFAB-Decarbonisation	360,000			360,000	-	361,089	1,089
	EFAB-Fire	1,716,000			1,716,000	1,200	1,716,000	-
	anaesthetic machines				-	0		-
<b>All Wales Total</b>		<b>7,895,200</b>	<b>552,289</b>		<b>8,447,489</b>	<b>2,180,372</b>	<b>7,948,515</b>	<b>(498,974)</b>
Discretionary	Mental Health	164,000			164,000	(13,732)	328,929	164,929
	Med Devices	2,306,000	21,000		2,327,000	1,230,526	2,227,000	(100,000)
	IM&T	2,262,000			2,262,000	275,966	1,744,711	(517,289)
	Strategic Estates - East	2,490,000			2,552,000	2,018,026	2,822,354	270,354
	Strategic Estates - Central	1,448,000			1,386,000	1,000,698	1,730,663	344,663
	Strategic Estates - West	385,000			385,000	470,739	470,739	85,739
	Operational Estates - Central	245,000			245,000	5,607	246,790	1,790
	Operational Estates - East	315,000			315,000	97,287	329,607	14,607
	Operational Estates - Pan BCU	615,000	(21,000)		594,000	124,483	619,298	25,298
	Operational Estates - West	195,181			195,181	98,443	225,934	30,753
	Safe Clean Care	395,000			395,000	109,930	395,254	254
	Facilities				-	13,704	26,776	26,776
	Wrexham Redevelopment		675,171		675,171	28,996	465,000	(210,171)
	Imaging				-	(2,544)	(100,000)	(100,000)
	Linacs				-	1,462		-
	Womens	120,000			120,000	4,135	117,382	(2,618)
	North Wales Services				-	-		-
	stroke				-	(56)	(56)	(56)
	Enlli Ward				-	12,925	130,000	130,000
	Mortuary		211,276		211,276	(2,916)	120,648	(90,628)
	rev to cap				-	10,994	16,074	16,074
	Cancer	80,000			80,000	-	80,000	-
	brokerage	378,819	(1,438,736)		(1,059,917)	-		1,059,917
<b>Discretionary Total</b>		<b>11,399,000</b>	<b>(552,289)</b>		<b>10,846,711</b>	<b>5,484,671</b>	<b>11,997,103</b>	<b>1,150,392</b>
Donated	LOF				237,720	35,095	237,720	-
	C Funds				317,520	56,751	317,520	-
<b>Donated Total</b>					<b>555,240</b>	<b>91,845</b>	<b>555,240</b>	<b>-</b>
<b>Grand Total</b>		<b>19,294,200</b>	<b>-</b>		<b>19,849,440</b>	<b>7,756,888</b>	<b>20,500,858</b>	<b>651,418</b>

## 8. Health and Social Care Integration and Rebalancing Capital Fund

The Health and Social Care Integration and Rebalancing Capital Fund (IRCF) is a programme set up to support the Programme for Government commitments of developing 50 integrated health and social care hubs and to support rebalancing the residential care market. A small amount of funding was made available in 2022/23 to support the development of business cases. Over the next two years the IRCF programme budget across the whole of Wales is £60m in 2023/24 and £70m in 2024/25. It is expected that further funding will be made available in future years, but a decision has not been made about this. There is no regional allocation of this resource, business cases will be considered by Welsh Government on a case-by-case basis.

The governance of the fund places Regional Partnership Boards (RPBs) at the centre of investment decisions. Each RPB is required to develop a 10-year Strategic Capital Plan (SCP) that brings together health, social care, housing, third sector, education and regeneration partners to develop integrated service delivery facilities and integrated accommodation-based solutions. The 10-year plan outlines the schemes where it is proposed that business cases will be developed. The ultimate power to approve business cases remains with Welsh Government. The Health Board and partner agencies have endorsed the 10-year plan which is due to be ratified by the RPB at its October 2023 meeting, and submitted to Welsh Government.

The prioritised schemes where the Health Board is taking the lead are already at various stages of development as follows:

<b>Scheme</b>	<b>Capital Estimate £m</b>	<b>Status</b>
Holyhead Primary Care/Wellbeing Centre	26	Welsh Government have provided funding for the development of a Strategic Outline Case (SOC), which is in progress.
Gwynedd Integrated Child Development Centre	12	Welsh Government have provided funding for the development of a SOC, which is in progress.
Conwy West Health & Wellbeing Hub	26	The SOC has been approved by the Health Board and Welsh Government, and work is progressing on the Outline Business Case.
Royal Alexandra Hospital	86	The Full Business Case was approved by the Health Board in 2021 for submission to Welsh Government. It is proposed that the scheme is part-funded by the IRCF monies. This will be the subject of further discussion with Welsh Government.

The prioritised list also includes schemes which are led by other agencies, in which the Health Board is a major partner. Notably the Penrhos Nursing and Residential Home (£15 million) SOC has been approved by the Board and will be considered by Welsh Government in October. The Canolfan Llew (Penygroes) Health & Wellbeing Hub (£52 million) has been supported at SOC stage by the Health Board and Welsh Government, and the OBC is under development.

Two schemes where the Health Board is the lead have not been prioritised at this stage – the Bangor Health and Wellbeing Centre and the Waunfawr Primary Care Centre. Feedback has been provided on the submissions, and there will be an opportunity to re-submit them for consideration at a later date.

The proposed range of schemes from North Wales alone far exceeds the likely level of capital availability across Wales. This will be the subject of further discussion with the RPB and Welsh Government.

## **9. Recommendation**

The committee review and agree proposed adjustments to the capital programme, allowing the key priorities to be progress. The mitigation plan to reduce the over commitment is reviewed on a monthly basis and reported back to the group.

BCUHB Estates Business Cases Tracker - October 2023

Full Business Case (final approval stage)				
Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Royal Alexandra Hospital (North Denbighshire)	86	Chris Stockport, Executive Director of Transformation and Planning  Gareth Evans, Interim Executive Director of Therapies & Health Sciences	FBC submitted to Welsh Government 2021	FBC addendum approved by IHC (Central) PFIG on 05.10.2023. Addendum is being processed via BCUHB Governance. Discussions are being held with WG about the way forward.
Wrexham Maelor Continuity Phase 1	FBC cost is 54.2 plus inflation	Russell Caldicott, Interim Executive Director of Finance  Daniel Eyre, Head of Capital Development	FBC submitted	Scrutiny Grid completed and returned to from Welsh Government October 2023.
Adult and Older Person’s Mental Health Unit Glan Clwyd Hospital	84.5	Teresa Owen, Executive Director Public Health  Jill Timmins, Programme Director Ablett Redevelopment	To be agreed following a review of the electrical infrastructure issue	There is currently a 4 week delay to the programme being reported by the supply chain partner (BAM) primarily as a result of market testing. The impact of this will delay FBC completion and therefore approval at project board and associated BCUHB committees. Additionally there is a risk to the programme and capital costs associated with the electrical infrastructure / capacity on the YGC site - project continues to explore mitigation. Due to a delay in response from Denbighshire’s Ecologist the planning determination will now take place in October.

Outline Business Case				
Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Nuclear Medicine Reconfiguration (including PET)	12.6	Gareth Evans, Interim Executive Director of Therapies & Health Sciences  David Fletcher, Directorate General Manager, NWMCS	to be agreed following value engineering review	Exception report relating to OBC stage cost increase with proposed steps supported by Project Board. OBC stage projected capital costs initial review complete at £32m outturn and VE workshop scheduled for 20.10.2023. Briefing note to be prepared for WG including suggested alternative approaches. Interim services provision plans for replacement of YGC or YG gamma camera BJC to be developed to ensure resilience. Input still needed from WHSCC for PET CT commissioning funding to inform revenue model.
Conwy West Health and Wellbeing Centre	22-26	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager  Gary Jones, Project Manager	To be agreed	Scheme included as IHC priority in Regional Strategic Capital Plan – Area ISB approvals 27.09.2023 and RPB 06.10.2023  Briefing note presented to WG IRCF 02.10.2023 in respect of escalating costs and timescales of OBC development. WG IRCF site visits (04.10.2023) reiterated that this scheme remains approved for OBC development into 2024/2025.  Meeting held with WG 02.10.23. to review briefing note outlining background to increase in projected OBC stage costs pre-SCP commencement of design process. Option appraisal workshops scheduled for 19.10.2023. and 25.10.2023. to explore spoke site option and ratify the SOC preferred option. Revenue model to be developed and projected rechargeable costs to be agreed with other building occupants (GMS and Local Authority) to be able to finalise the Schedule of Accommodation for the design stage. Revenue cost support to be requested from Finance.
Canolfan Lleu Health & Wellbeing Hub	£51m (Health element £12m approx)	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed following discussions with Welsh Government.	OBC RIBA Stage 3 design work continuing with all partners. Aim is for OBC completion in early 2024

Strategic Outline Case				
Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Bangor Health & Wellbeing Centre	32	Ffion Johnstone, Integrated Health Community Director (West)  Neil Rogers, West IHC Director of Operations	To be agreed	Capital costed options being worked through and plan to complete initial final draft SOC by end October 2023; IRCF Stage 0 Prioritisation Application for Bangor scheme not prioritised by Regional Partnership Board (RPB) in August 2023 so to be re-submitted in December 2023. SOC cannot progress until prioritised by RPB
Gwynedd Child Development Centre	11	Ffion Johnston Integrated Health Community Director (West)  Christine Rudgley West Area Lead Operational Improvement	To be agreed	CDC scheme prioritised by RPB. SOC complete but requires internal assessment / review before progressing through approvals
Denbigh Integrated Re-ablement	16	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager  Gary Jones, Project Manager	To be agreed	Gleeds expect the SOC to be ready week commencing 09.10.2023 - IHC Governance as follows: - Project Board 07.11.2023 - IHC PFIG 23.11.2023 - IHC SMT 07.12.2023



Penrhos Care Home - Public Sector Partnership	15	Chris Stockport, Executive Director of Transformation and Planning  Ffion Johnstone, Area Director (West)	Submitted	Welsh Government IRCF Scrutiny Panel for Penrhos SOC now likely to be November 2023
Holyhead Health & Wellbeing Centre	26	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed	Holyhead scheme prioritised by RPB. SOC complete but requires internal assessment / review before progressing through approvals

### Single Stage Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Llandudno Orthopaedic Hub Business Case	Capital: 27  Revenue: To Be Agreed	Chris Stockport, Executive Director of Transformation and Planning  Neil Windsor, Project Director	Submitted	Business Case approved by Health Board Committee on 28 September 2023 and has now been submitted to Welsh Government in preparation for Infrastructure Investment Board on 26 October 2023.
YG CT1 Replacement	Capital: £3.5m  Revenue Marginal increase in maintenance cost circa £20k	Gareth Evans, Interim Executive Director of Therapies & Health Sciences  David Fletcher, Directorate General Manager, NWMCS	CIG November 2023	Initial All Wales prioritisation working group has met - this replacement currently sits within the top 30 replacements nationally. Now put forward in priority list for Radiology for any 2023/2024 slippage within the capital programme.
North Wales Cardiac Centre, YGC, Cath Lab 2 Replacement	Capital: £2.8m  Revenue: Marginal increase in maintenance cost	TBC Inaugural Project Board November 2023	CIG December 2023	Replacement existing cath lab equipment and associated works. End of service notice received from Siemens for the existing C arm for 2026 - replacement has to take place prior to this to maintain service continuity and resilience. BJC development to be led by Cardiac Network with support from Medicine, Capital and Finance. BJC internal approval route to be agreed in inaugural Project Board meeting. To be included in Medicine 2024/2027 delivery plan.

### Programme Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance	254	Russell Caldicott, Interim Executive Director of Finance  Richard Daniel, Interim Director Of Capital & Estates, Project Director	Date for a revised PBC is to be agreed.	Programme Board meetings to commence November 2023 with initial task of confirming roles and responsibilities, identifying priority and scope from the previously submitted PBC to include within a SOC for submission to WG.

### Scoping Document Stage

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Neuro Rehabilitation Services: Llandudno General Hospital	5-8	Gareth Evans, Interim Executive Director of Therapies & Health Sciences  Steven Grayston, Assistant Area Director Of Therapy Services (Centre)  Gary Jones, Project Manager	To be agreed	Expected date for SOC completion March 2024. Process mapping exercise yet to be confirmed
School of Medicine and Health Sciences	27	Nick Lyons, Executive Medical Director  Lea Marsden, Programme Director - North Wales Medical & Health Sciences School	To be agreed	Scoping work for all BCUHB locations has been progressed and estimates are due to be finalised during October 2023. A paper will be presented to the Executive Team and PFIG prior to submission to Welsh Government in November 2023. It is anticipated that we will meet with Welsh Government in December 2023 together with representatives from Bangor University.

In Development / Under Review				
Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Colwyn Bay Integrated Health & Social Care Facility	29 - 40	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager  Gary Jones, Project Manager	To be agreed	Conwy County Borough Council led scheme - finalising the project scope and amendments to Collaboration Agreement throughout October 2023
Hanmer Health & Well-being Centre  Model for Health & well-being centres created with partners based around a 'home first' ethos. Agree and finalise decisions on business case	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	Revised Business Case was discussed at SLT in early August 2023 - further clarification being sought before progress to next stage. Summary paper produced for October 2023 East Operational Leadership Team.
Llay Health & Well-being Centre: CAPITAL & REVENUE  Model for Health & well-being centres created with partners based around a 'home first' ethos. Finalise business case for first stage agreement regarding funding sources	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	No action as yet
Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Cefn Mawr Health & Well-being Centre: CAPITAL & REVENUE  Feasibility study for the development of a new build	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	Feasibility study underway - expecting initial findings in November 2023
Brymbo Primary Care Centre	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	The scheme remains under review
Porthmadog Primary Care Centre	To be agreed	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director Of Primary Care	Key target dates for case submission to relevant committees to be confirmed	Discussions ongoing with potential partner - revenue option. Meeting arranged to agree next steps
Feasibility Study for new Primary Care Development / Health and Well-being hub in the Northern Gateway, North East Flintshire	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	Work on IRCF template underway to be submitted as part of current IRCF prioritisation process.
Kinmel Bay Business Case	To be agreed	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager  Gary Jones, Project Manager	Not being actively progressed currently. However we are highlighting this in response to Welsh Government as next priority development after Ruthin (ongoing) and Conwy / Llandudno Junction  On Hold. To re-initiate Q4 of 2020/21 (Dates for Scoping document only)	No further update
Rhoslyn Substance Abuse Service	£2.8m	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager  Jason Dean, Project Manager		Welsh Government letter dated 2 October 2023 confirming award of funding to BCUHB in respect of capital funding for the SMS building in Llandudno in 2023-26

Additional Schemes / 10 Year Infrastructure Plan				
Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				October 2023
Posture & Mobility Services Project for Premises currently at Bryn Y Neuadd Site, Llanfairfechan	1.5 - 3	Gareth Evans, Executive Director of Therapies and Health Sciences  Nesta McCluskey, Project Director  Stephen Jones, Head of Posture & Mobility	To be agreed	Workshops being delivered on a wide range of service and location options. Draft SOC expected to be completed by January 2024 for Project Board approval
Rhos / South Wrexham: Model for Health & well-being centres created with partners based around a 'home first' ethos. Continue development through programme board by drafting a business case	To be agreed	Ian Donnelly, Integrated Health Care Director of Operations East  Shaun Taylor, Primary Care Planning & Commissioning Manager	Key target dates for case submission to relevant committees to be confirmed	Scheme remains under review
Bryn Beryl Site Rationalisation	To be agreed	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed	Scoping document being completed for consideration at CIG in due course
Waunfawr Primary Care Centre	£6,130,000	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed	Options continue to be explored with local partners following IRCF Prioritisation feedback regarding exploring partnership synergies. Meeting arranged with Antur Waunfawr and the practice to discuss further. Opportunity to re-submit Stage 0 Prioritisation form to RPB at end of year

# Finance Report August 2023 – M05

**Russell Caldicott**  
**Interim Executive Finance Director**



**GIG**  
CYMRU  
**NHS**  
WALES


Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<p><u>Objective</u></p> <p>To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.</p>	
<p><u>Positives &amp; Key Assurances</u></p> <ul style="list-style-type: none"><li>➤ Full Year Savings Plan (FY Plan) totals £25.9m, a minor reduction of £0.2m on last month. This includes Pipeline and Red schemes. The FY Plan value of green schemes totals £18.3m, which represents an increase of £1.0m on last month.</li><li>➤ Approved Capital Resource Limit (CRL) for 2023/24 is £19.294m and is forecast to be spent in full.</li></ul>	<p><u>Issues &amp; Actions</u></p> <ul style="list-style-type: none"><li>➤ In-month position is reporting a deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5 but in line with previous month's reported position.</li><li>➤ Year to date position as at the end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12<sup>th</sup> of the £134.1m core planned deficit.</li><li>➤ Forecast outturn is the £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first five months of the financial year will need to be recovered in the remainder of the financial year.</li><li>➤ The risks to delivery are highlighted within the Risks Section (Slide 12). In addition, the plan will also require £134.1m of strategic cash support to maintain existing payment terms to staff and suppliers.</li></ul>
<p><u>Key Messages</u></p> <ul style="list-style-type: none"><li>➤ August position is reporting an in-month deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5, but is in line with previous month. The year to date position as at the end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12<sup>th</sup> of the £134.1m core plan deficit. The Health Board continues to experience high pay costs that are driving an in-month overspend above plan of £5.6m.</li><li>➤ The in-year additional pressures above plan are currently being reported as non-recurring, but these will be re-assessed shortly</li><li>➤ WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.</li></ul>	

# Summary of Year to Date Key Numbers

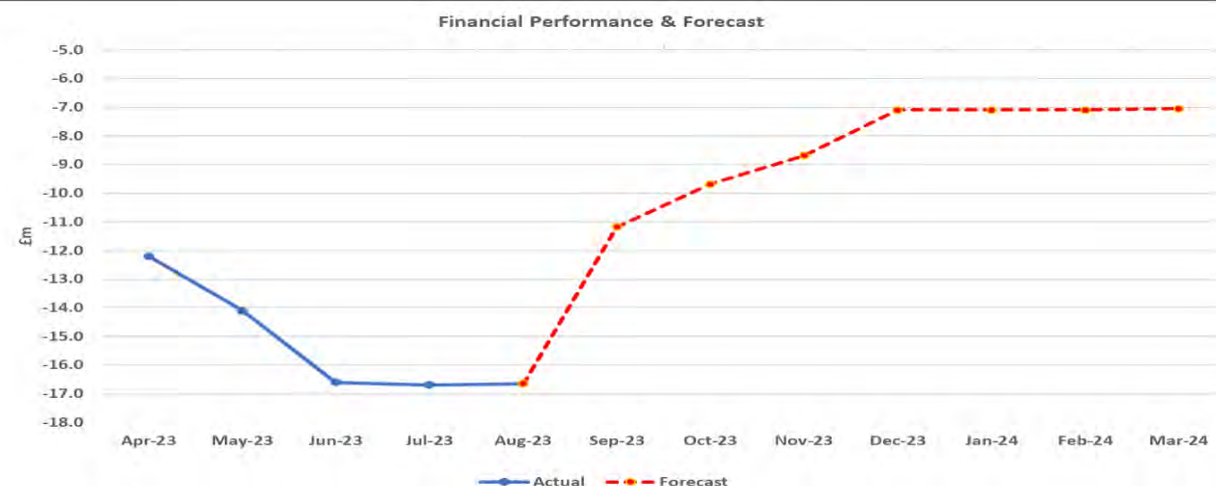
<div>Month 5 Position</div> <div>In Month £179.6m against plan of £174.2m. <b>£5.5m adverse position, actual deficit £16.7m versus planned deficit of £11.2m</b></div> <div>YTD: £888.6m against plan of £868.2m <b>£20.4m adverse position, actual deficit £76.3m versus planned deficit of £55.9m</b></div>	<div>Forecast</div> <div>Projection held at planned deficit but this is subject to significant risk around savings without significant improvement</div> <div><b>£134.1m deficit</b></div>	<div>Divisional Performance Month 5</div> <table><tr><td>West IHC</td><td>£7m adverse</td></tr><tr><td>Central IHC</td><td>£10.2m adverse</td></tr><tr><td>East IHC</td><td>£5.5m adverse</td></tr><tr><td>Womens</td><td>£0.2m favourable</td></tr><tr><td>MH &amp; LD</td><td>£1.8m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£1.8m adverse</td></tr><tr><td>ICD Primary Care</td><td>£0m adverse</td></tr><tr><td>ICD Regional Services</td><td>£2m adverse</td></tr><tr><td>Support Functions</td><td>£1m favourable</td></tr><tr><td>Other Budgets</td><td>£6.5m favourable</td></tr></table>	West IHC	£7m adverse	Central IHC	£10.2m adverse	East IHC	£5.5m adverse	Womens	£0.2m favourable	MH & LD	£1.8m adverse	Commissioning Contracts	£1.8m adverse	ICD Primary Care	£0m adverse	ICD Regional Services	£2m adverse	Support Functions	£1m favourable	Other Budgets	£6.5m favourable
West IHC	£7m adverse																					
Central IHC	£10.2m adverse																					
East IHC	£5.5m adverse																					
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Other Budgets	£6.5m favourable																					
<div>Savings</div> <div>In-month: £1.8m against target of £2.1m <b>£0.3m adverse</b></div> <div>YTD: £7.4m against target of £10.5m <b>£3.1m adverse</b></div>	<div>Savings Forecast</div> <div>£18.7m (excluding accountancy gain) against target of £25.2m <b>£6.5m adverse worst case if no further savings delivered beyond current green schemes</b></div>	<div>COVID-19 Impact</div> <div>£5.1m cost YTD</div> <div>£16.6m forecast cost. Funded by Welsh Government <b>£NIL impact</b></div>																				
<div>Year to Date Income</div> <div>£61.9m against budget of £60.1m <b>£1.7m favourable</b></div>	<div>Year to Date Pay</div> <div>£453.2m against budget of £431.3m <b>£21.9m adverse</b></div>	<div>Year to Date Non-Pay</div> <div>£497.2m against budget of £497.0m <b>£0.2m adverse</b></div> <div></div>																				

# Revenue Position

- The regulatory requirement is to attain a balanced financial outturn over three financial years, with the Health Board's financial plan for 2023/24 to deliver a deficit position of £134.1m. This represents a very challenging financial situation in 2023/24 for the Health Board.
- The £196.2m recurrent deficit represents the £82m non recurrent WG funding committed recurrently, plus further £114.2m resulting from shortfalls in prior year recurrent savings and resourcing recurrently budgeted overspends realised during the 2022/23 financial year.
- To deliver the £134.1m planned deficit a number of actions are being progressed:**
  - All budgeted developments will be reviewed early October (assessment of unavoidable costs and patient safety) - Recurrent Investment Group Assurance (RIGA).
  - Establishment Control Group (ECG) – assessment has commenced of all existing interims and challenging requests for recruitment to non-patient facing roles including posts which are part way through the recruitment process.
  - Focus upon Cost Improvement Program delivery.
  - Medical, Nursing & Therapies Temporary Workforce Controls (WLI/Agency) including review of Autocasade.
  - Develop active use of benchmarking to support improvement.
  - An additional performance and accountability framework is being developed and IHC's are held accountable at the monthly Executive Delivery Group (EDG).
  - Balance sheet and reserves review for all Divisions and the central ledger, to assure all non-recurrent mitigations are known and deployed as required.
- The Financial Recovery Plan will be submitted to PFIG by the end of October.

	Actual	Actual	Actual	Actual	Forecast	2023/24 Cumulative against Plan				Forecast
	M1	M2	M3	M4	M5	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	%	Expenditure
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(163.0)	(812.3)	(812.3)	0.0	0.0%	(1,953.2)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(12.2)	(60.1)	(61.9)	-1.7	2.8%	(150.5)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	88.0	431.3	453.2	21.9	5.1%	1,071.1
Non-Pay Expenditure	92.0	100.5	97.0	103.8	103.9	441.1	497.2	56.1	12.7%	1,166.7
Planned Deficit						55.9	0.0	-55.9	(100.0)%	0.0
<b>Total Deficit / (Surplus)</b>	<b>12.2</b>	<b>14.1</b>	<b>16.6</b>	<b>16.7</b>	<b>16.7</b>	<b>55.9</b>	<b>76.3</b>	<b>20.4</b>		<b>134.1</b>

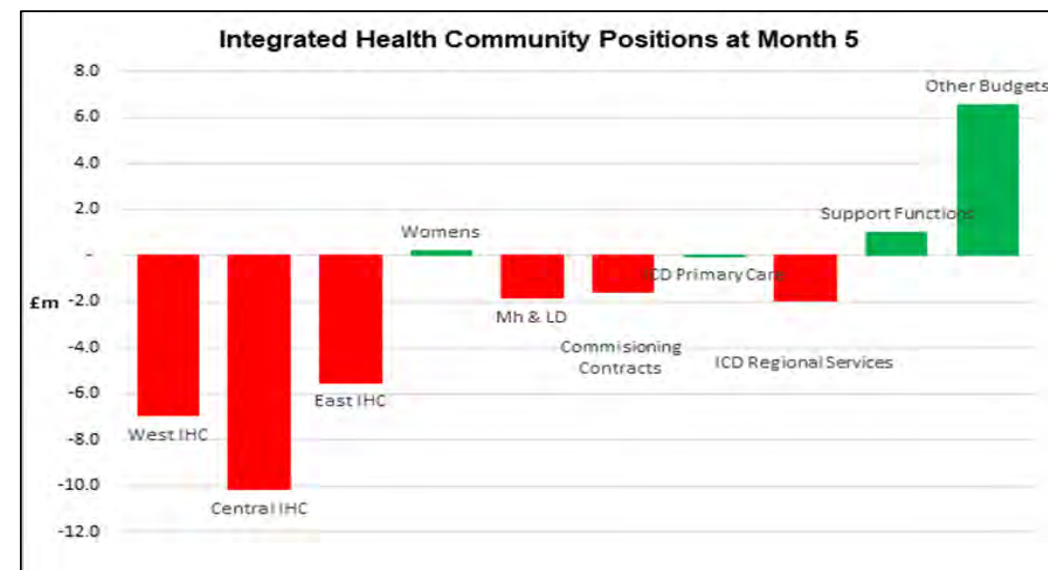
- In-month position is reporting a deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5 but in line with previous month's reported position. The year to date position as at end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12ths of the £134.1m core planned deficit.
- As per below graph, the assumption is that the £20.4m deficit above plan will be recovered over the remaining months. The in-year additional pressures above plan are reported as non-recurring, but these are under review..





# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget	Actual	Variance	%	Budget	Actual	Variance	%	
	£000	£000	to Plan £000	Variance to Plan £000	£000	£000	to Plan £000	Variance to Plan £000	
WG RESOURCE ALLOCATION	(162,991)	(162,991)	0	0%	(812,304)	(812,304)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	(8)	118	(126)	-1574%	(460)	496	(957)	-208%	(2,180)
West Area	15,801	16,814	(1,012)	-6%	79,807	81,894	(2,087)	-3%	(4,361)
Ysbyty Gwynedd	10,656	11,350	(694)	-7%	54,226	57,829	(3,603)	-7%	(8,300)
Facilities	1,118	1,269	(151)	-13%	5,947	6,267	(320)	-5%	(1,263)
Total West	27,568	29,551	(1,982)	-7%	139,519	146,487	(6,967)	-5%	(16,105)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	2,556	84	2,471	-97%	489	509	(20)	4%	(967)
Central Area	19,509	21,251	(1,741)	-9%	103,319	106,834	(3,516)	-3%	(10,300)
Ysbyty Glan Clwyd	11,981	14,652	(2,671)	-22%	67,012	73,433	(6,422)	-10%	(12,661)
Facilities	1,217	1,390	(173)	-14%	7,038	7,243	(205)	-3%	(1,033)
Total Central	35,263	37,377	(2,114)	-6%	177,858	188,020	(10,162)	-6%	(24,962)
EAST INTEGRATED HEALTH COMMUNITY									
Management	27	96	(69)	253%	141	463	(322)	229%	(778)
East Area	23,281	24,147	(866)	-4%	116,738	119,060	(2,323)	-2%	(4,000)
Ysbyty Wrexham Maelor	11,272	12,086	(814)	-7%	57,289	59,676	(2,388)	-4%	(6,428)
Facilities	1,199	1,276	(77)	-6%	6,226	6,702	(475)	-8%	(1,596)
Total East	35,780	37,606	(1,826)	-5%	180,394	185,902	(5,508)	-3%	(12,802)
Total Midwifery and Women's Services	3,860	3,834	26	1%	19,866	19,655	211	1%	251
Total Mental Health and LDS	13,912	14,318	(406)	-3%	71,661	73,502	(1,841)	-3%	(3,000)
Total Commissioning Contracts	22,017	22,687	(670)	-3%	111,545	113,122	(1,577)	-1%	(1)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	741	741	(0)	0%	4,334	4,237	97	2%	97
Dental North Wales	2,620	2,212	408	16%	13,142	12,798	344	3%	270
Community Dental Services	444	518	(74)	-17%	2,339	2,606	(267)	-11%	(640)
Other Primary Care	3,042	3,098	(56)	-2%	9,097	9,318	(221)	-2%	(515)
Total Integrated Clinical Delivery Primary care	6,847	6,569	278	4%	28,912	28,959	(47)	0%	(788)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(1,847)	(5)	0%	(9,260)	(9,255)	(5)	0%	(0)
Diagnostic and Specialist Clinical Support	6,535	6,893	(358)	-5%	33,390	35,020	(1,630)	-5%	(4,041)
Cancer Services	5,480	5,743	(263)	-5%	26,399	26,734	(335)	-1%	(656)
ICD Regional Services Management	(14)	0	(14)	100%	0	0	0	#DIV/0!	0
Total Integrated Clinical Delivery	10,149	10,788	(639)	-6%	50,529	52,499	(1,970)	-4%	(4,697)
Total Service Support Functions	13,497	13,595	(98)	-1%	68,764	67,774	990	1%	(3,528)
Total Other Budgets	5,276	3,321	1,955	37%	19,145	12,649	6,496	34%	65,632
Total	11,178	16,655	(5,478)	-49%	55,889	76,264	(20,375)	-36%	(0)



- The Health Board continues to experience high pay costs that are driving an in-month overspend above plan of £5.6m. The year to date adverse variance of £20.4m to plan is driven by the following year to date cost pressures. These have been updated and further refined this month:

- £8.2m Pay Pressures\*
- £4.7m Healthcare Services Provided by other NHS Bodies
- £3.5m CHC
- £3.5m Primary Care & Secondary Care Drugs
- (£2.9m) Other Non Pay Underspends\*
- £2.7m Undelivered Savings
- £0.7m Other

\*These items have been adjusted for the impact of expected budgetary realignment.

- The in-year additional pressures above plan are reported as non-recurring, but these are under review.



Description	£m
Allocations Received	1,877.0
<b>Total Allocations Received</b>	<b>1,877.0</b>
Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation - Impairment	2.6
COVID-19	13.0
Removal of IFRS-16 Leases (Revenue)	- 4.5
Real Living Wage (Care Homes)	3.0
Clinical Excellence Awards	0.5
IM&T Refresh Programme	1.9
EPMA Income	0.7
Six Goals - Urgent Primary Care Centres	1.0
Six Goals - SDEC	1.6
Dispensing Fees increasing	1.5
Service Improvement Fund	1.1
WRP Contribution	- 5.2
22/23 payawards not in 23/24 Alloc Paper (to be made re	12.1
Prevention and Early Years Funding	1.3
English contracts additional uplift 1.9%	1.5
WHSSC English/ Cross border cost uplift 1.9%	0.6
23/24 5% A4C Pay Award	38.0
Repayment of the AME Provision funding	- 4.1
TGS Cohort Doctors	0.9
Additional Planned Care Bids	7.2
Other	1.5
<b>Total Allocations Anticipated</b>	<b>76.2</b>
	£m
Total Allocations Received	1,877.0
Total Allocations Anticipated	76.2
<b>Total Welsh Government Income</b>	<b>1,953.2</b>

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The Revenue Resource Limit (RRL) for the year is £1,953.2m. £812.3m has been phased within the year-to-date position, which is £1.5m less than 5/12<sup>th</sup> of the RRL (£813.8m).
- Confirmed allocations to date is £1,877.0m, with further anticipated allocations in year of £76.2m. Total COVID-19 funding allocation is £16.6m of which £13.0m is anticipated and £3.6m has been received. The COVID-19 income profiled into the cumulative position to date is 5.1m.
- £38.0m of anticipated income has been included for the 5% 2023/24 pay award impact and £7.2m income has also been anticipated in Month 5 for the Additional Planned Care Bids Funding.
- Also, within the WG allocation received includes Performance Fund (£30m) Transformation Fund (£12m), Sustainability Fund (£27.1m), Planned Care Core Funding (£12.0m), Values Based Healthcare (£3.1m) and Six Goals (£2.96m)

COVID -19 Funding	£m
<b>Total 23/24 COVID-19 Forecast Expenditure</b>	<b>16.6</b>
Received	3.6
Anticipated	13.0



# Expenditure – Pay & Non-Pay

Pay Costs	2022-23	2023-24					Cumulative			Full Year Forecast Expenditure
	Total Full Year Spend	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	155.1	11.7	12.4	14.9	14.0	12.8	62.0	65.9	(3.9)	155.9
Medical & Dental	243.0	18.8	20.0	24.1	22.5	20.6	91.3	106.0	(14.7)	250.9
Nursing & Midwifery Registered	316.7	24.6	25.8	31.1	29.1	26.7	134.6	137.3	(2.7)	324.4
Additional Clinical Services	92.1	12.0	12.5	15.0	3.8	3.5	65.8	46.8	19.0	42.5
Add Prof Scientific & Technical	103.3	3.2	3.4	4.1	14.1	12.9	19.1	37.6	(18.4)	156.8
Allied Health Professionals	70.4	5.6	5.8	6.9	6.5	6.0	28.7	30.8	(2.1)	72.6
Healthcare Scientists	16.4	1.3	1.4	1.7	1.5	1.4	7.6	7.3	0.3	17.3
Estates & Ancillary	49.4	3.8	4.0	4.8	4.5	4.1	21.7	21.1	0.6	49.9
Students	0.7	0.1	0.1	0.1	0.1	0.1	0.4	0.4	0.0	0.9
<b>Health Board Total</b>	<b>1,047.2</b>	<b>81.1</b>	<b>85.3</b>	<b>102.7</b>	<b>96.2</b>	<b>88.0</b>	<b>431.3</b>	<b>453.3</b>	<b>(22.0)</b>	<b>1,071.1</b>
Other Services (Incl. Primary Care)	31.8	2.1	2.8	3.2	3.0	2.5	10.6	13.6	(3.0)	32.7
<b>Total Pay</b>	<b>1,078.9</b>	<b>83.2</b>	<b>88.1</b>	<b>105.9</b>	<b>99.2</b>	<b>90.5</b>	<b>442.0</b>	<b>466.9</b>	<b>(24.9)</b>	<b>1,103.8</b>

Non-Pay Costs	2022-23	2023-24					Cumulative			Full Year Forecast Expenditure
	Total Full Year Spend	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractors	223.7	18.6	18.2	18.9	19.1	18.2	93.9	93.0	0.9	223.6
Primary Care Drugs	120.8	9.3	10.4	11.4	11.0	12.2	51.6	54.3	(2.7)	130.3
Secondary Care Drugs	82.9	6.5	7.6	7.9	8.1	8.4	37.6	38.5	(0.9)	94.9
Clinical Supplies	78.0	6.4	7.1	7.5	7.5	7.5	33.5	36.0	(2.6)	79.2
General Supplies	47.7	3.6	3.6	4.0	3.6	5.8	20.1	20.6	(0.5)	45.4
HC Services Provided by Other NHS	312.3	26.2	28.1	27.6	29.1	28.9	135.3	140.0	(4.7)	331.3
Continuing Care and FNC	99.1	10.1	10.2	10.0	12.3	11.3	50.4	53.9	(3.5)	124.8
Other	107.9	8.7	10.7	5.8	9.5	8.0	56.4	42.7	13.7	93.4
<b>Non-pay costs</b>	<b>1,072.3</b>	<b>89.5</b>	<b>95.9</b>	<b>93.1</b>	<b>100.2</b>	<b>100.3</b>	<b>478.8</b>	<b>479.0</b>	<b>(0.2)</b>	<b>1,122.9</b>
AME/DEL Depreciation	42.7	2.5	4.5	3.9	3.6	3.6	18.2	18.1	0.0	43.8
<b>Total non-pay</b>	<b>1,115.0</b>	<b>92.0</b>	<b>100.4</b>	<b>97.0</b>	<b>103.8</b>	<b>103.9</b>	<b>497.0</b>	<b>497.2</b>	<b>(0.2)</b>	<b>1,166.7</b>

- **Provided Services Pay:** Expenditure has decreased by £8.2m (8.5%) from Month 4. Excluding the £9.5m i.e. 3/12ths of the £37.9m 2023/24 AFC 5% Pay Award paid in Month 4 backdated to April, the actual in-month movement is an increase of £1.3m.

- Actual WTE worked in month has increased by 102.2wte.

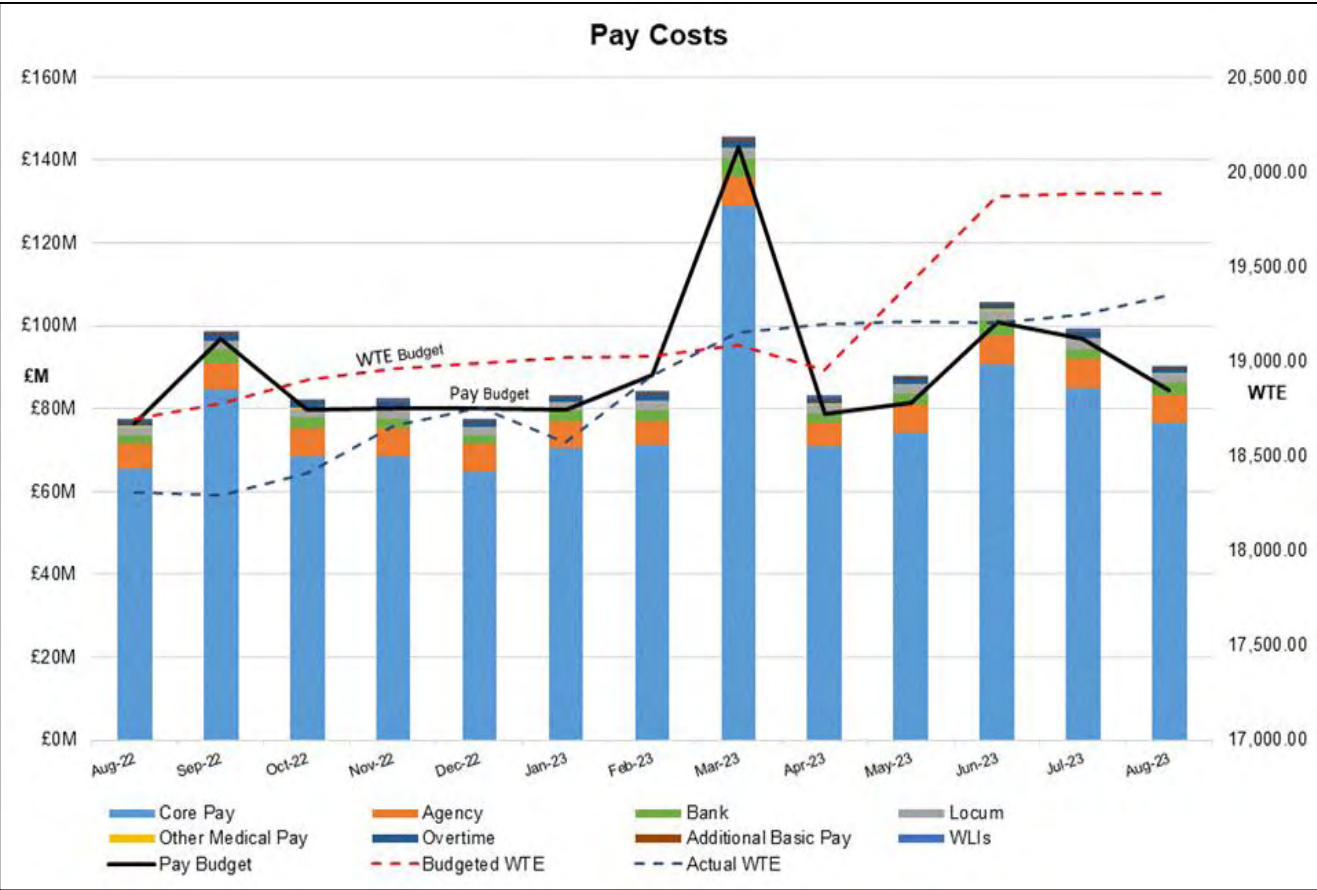
- Agency expenditure has increased by £0.2m in-month and Bank expenditure has also increased by £0.2m.

- Pay Annual Forecast has increased by £3.7m (0.3%), of which Agency annual forecast has increased by £2.2m. Increase in Agency and Bank expenditure is driven by Escalated beds and sustained pressures arising from unscheduled care, whilst also providing cover for the large number of vacancies in Secondary Care to maintain the Nurse Staffing Act Ward staffing levels.

- **Non-Pay Expenditure (excluding Capital Charges):** August total non pay expenditure is £100.3m, an increase of £0.1m from Month 4. (Further detail on Non-Pay expenditure movements is referred to in Slide 10)

# Expenditure – Pay

	2022-23				2023-34				
	Dec-23	Jan-23	Feb-23	Mar-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Budgeted WTE	18,993	19,017	19,027	19,082	18,952	19,415	19,869	19,883	19,887
Actual WTE	18,755	18,576	18,927	19,151	19,193	19,211	19,206	19,248	19,350



- Actual worked in August is 19,350 WTE, an increase of 102wte from July.
- The 5% consolidated Pay Award, backdated to April 23 was paid in July. The full funding is anticipated from WG. Pay in August does not include any specific uplifts.
- Agency has increased by £0.2m and Bank by £0.2m. Overtime is £0.2m less than previous month and Locum spend has reduced by £0.3m in month.
- All three sites continue to report pressures in Nursing staffing costs due to vacancies, and an increase in Agency Nursing to maintain NSA staffing levels on Wards.

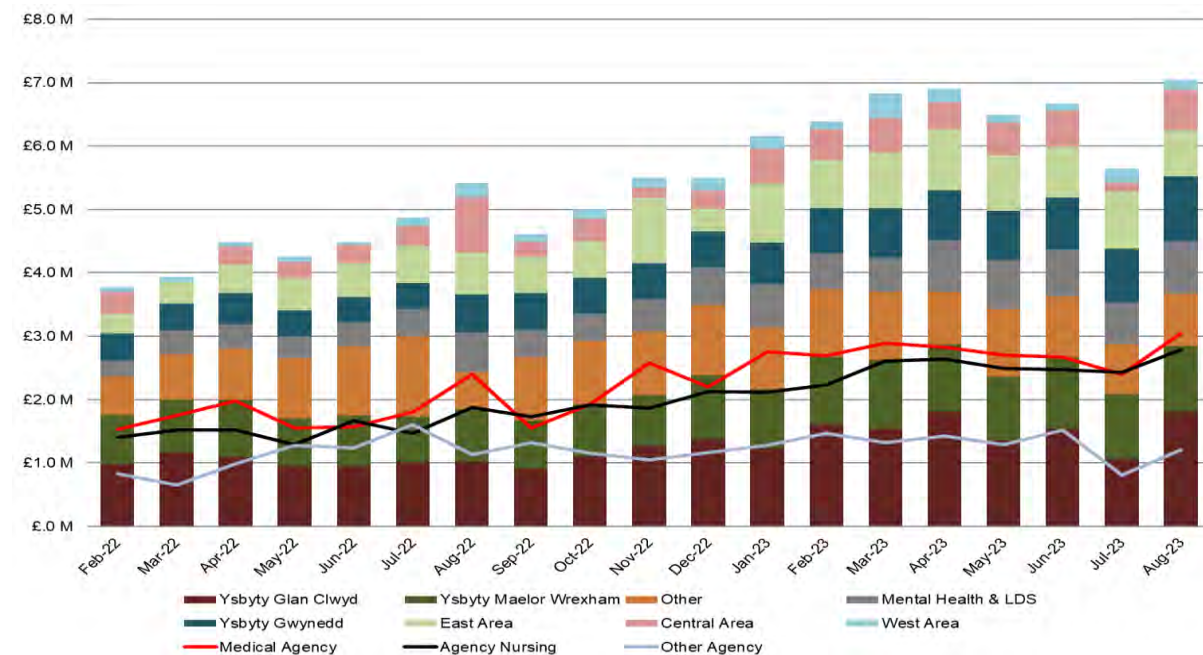
Variable Pay	2023-24						
	M12 £m	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	Total £m
Agency	7.0	5.8	6.7	7.0	6.8	7.0	33.3
Overtime	1.7	1.1	1.2	1.1	1.3	1.1	5.8
Locum	2.6	2.2	2.4	2.6	2.6	2.3	12.0
WLLs	0.5	0.4	0.4	0.5	0.6	0.5	2.5
Bank	4.4	2.3	2.7	3.6	2.6	2.8	14.0
Other Non Core	0.0	0.1	0.1	0.1	0.1	0.1	0.4
Additional Hours	0.4	0.4	0.4	0.3	0.4	0.3	1.8
Total	16.7	12.4	13.8	15.2	14.2	14.1	69.6





# Pay Costs – Agency

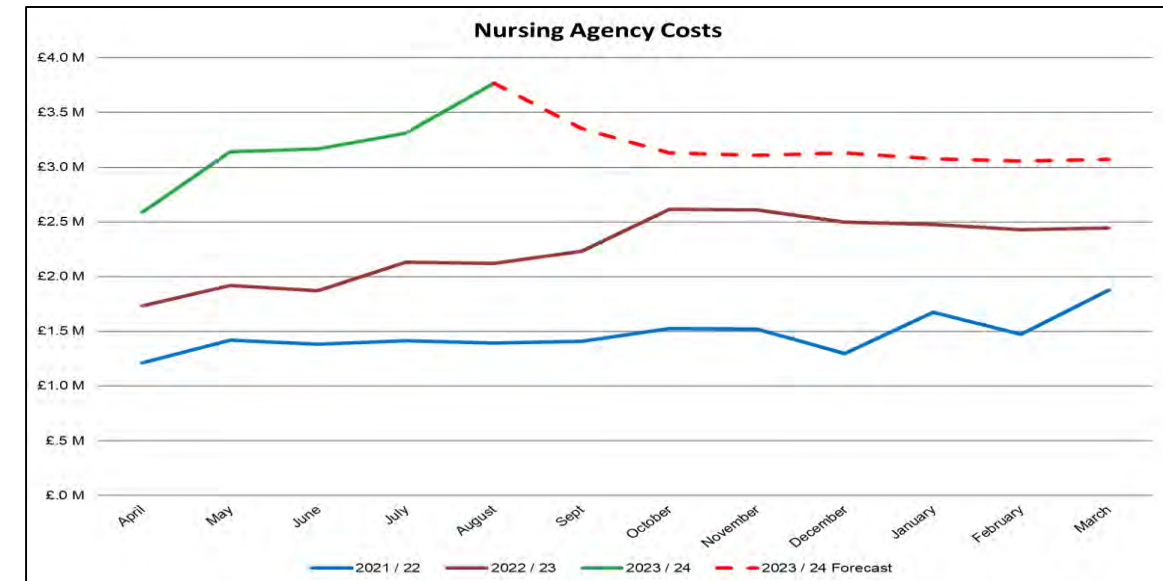
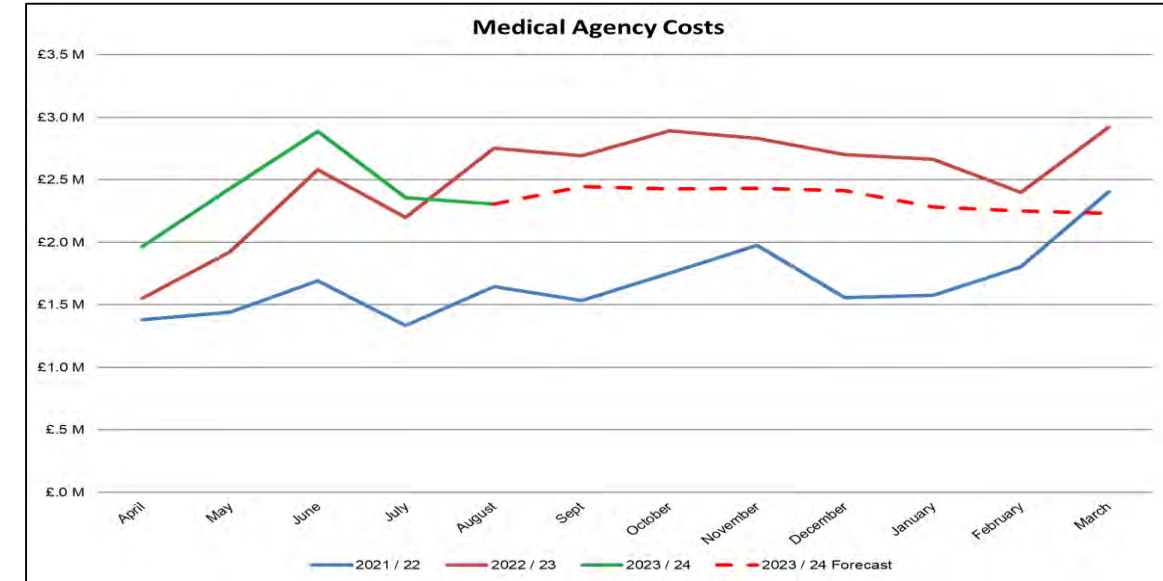
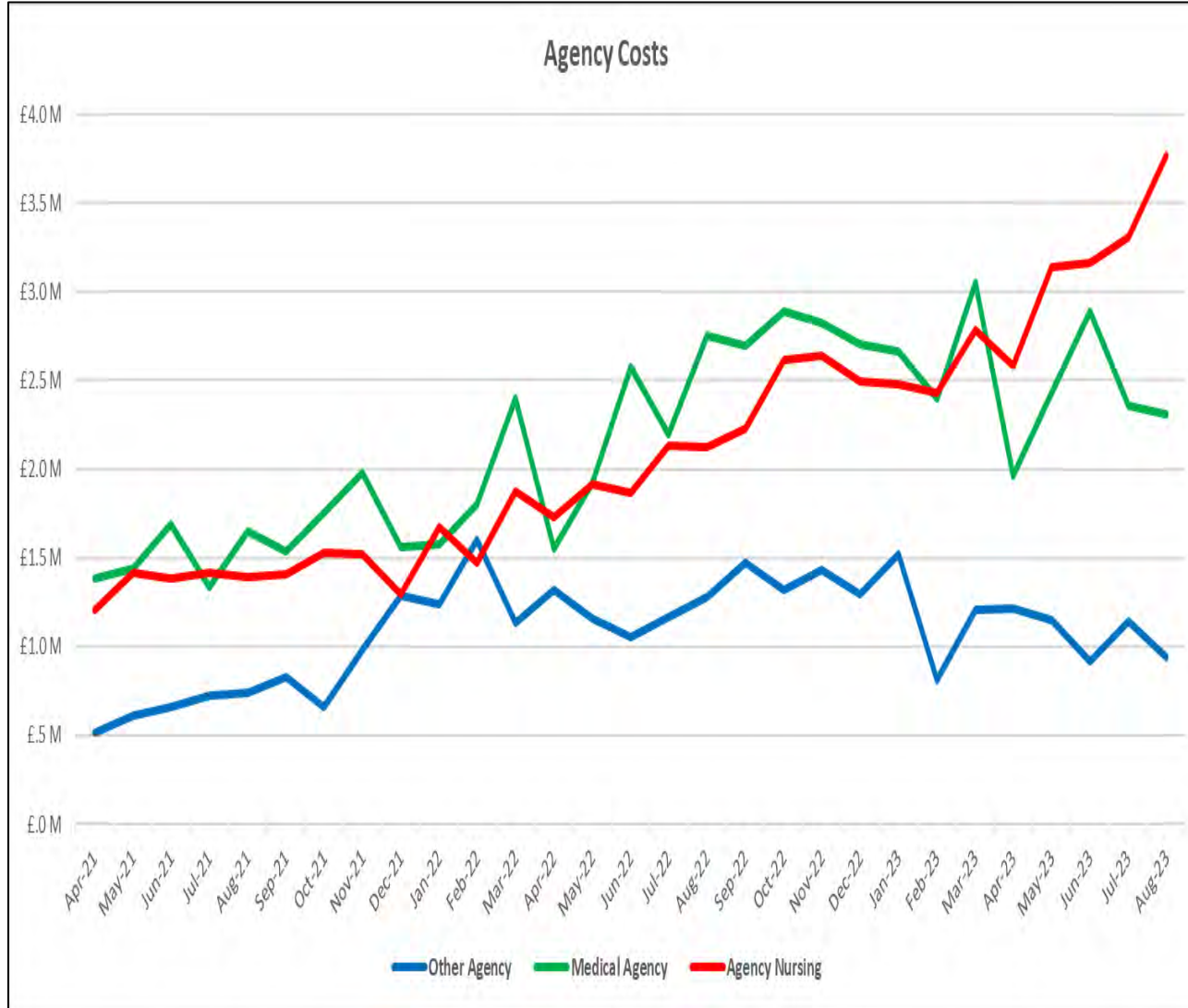
	22-23	23-24 Actual					Total Year to Date
	Total Full Year Actual	Apr-23	May-23	Jun-23	Jul-23	Aug-23	
West Area	2,136	148	281	202	206	217	1,053
Central Area	5,092	416	527	483	718	568	2,713
East Area	9,425	676	879	1069	899	939	4,462
Ysbyty Gwynedd	8,644	884	1024	1057	934	921	4,820
Ysbyty Glan Clwyd	16,648	1323	1757	1677	1736	1,697	8,189
Ysbyty Maelor Wrexham	11,700	851	922	1038	973	1,140	4,923
Mental Health & LDS	7,593	629	602	729	722	851	3,532
Womens	2,704	226	130	126	111	133	725
Other	8,797	619	600	592	512	549	2,872
<b>Total Agency</b>	<b>72,740</b>	<b>5,771</b>	<b>6,721</b>	<b>6,972</b>	<b>6,811</b>	<b>7,015</b>	<b>33,290</b>



- Month 5 Agency expenditure is £7.0m (7.8% of total pay) an increase of £0.2m on last month and £0.9m higher than 22/23 monthly average of £6.1m. The year end forecast outturn has increased by £2.2m, from £76.7m in Month 4 to £78.9m in Month 5. The impact of the two new innovations, Wagestream and Auto cascade need to be closely monitored and assessed.
- Month 5 Medical Agency expenditure is £2.3m, of which East Integrated Health Community is £0.6m, Central IHC £0.6m, West IHC £0.6m and Mental Health £0.4m accounting for 92.0% of the in-month spend. Medical Agency is primarily used to cover vacancies.
- Nurse agency costs totalled £3.8m for the month, an increase of £0.5m from previous month and is £1.6m higher than the monthly average costs of £2.2m reported in 2022/23. Agency Nurse continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The increasing trends of having to source off-contract agency to fill shifts is also impacting on costs. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£1.1m in month), Ysbyty Wrexham Maelor (£1.0m), Ysbyty Gwynedd (£0.5m) and Mental Health (£0.5m), which together account for 81.1% of the August expenditure.
- Other agency costs totalled £0.9m in Month 5, £0.2m less than previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin and Clerical (£0.3m).

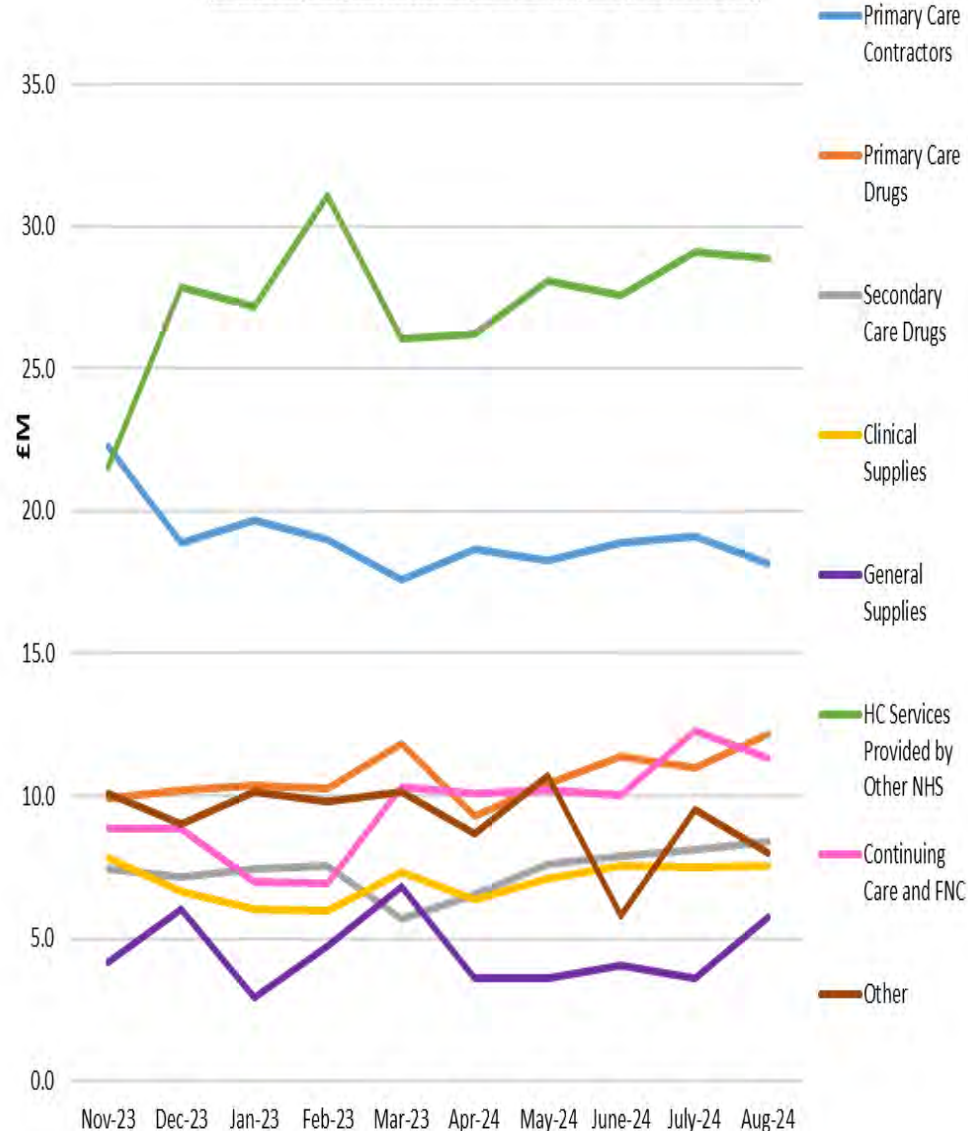
# Pay Costs – Agency

- The below graphs shows movements in both Medical & Agency Nursing costs.



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



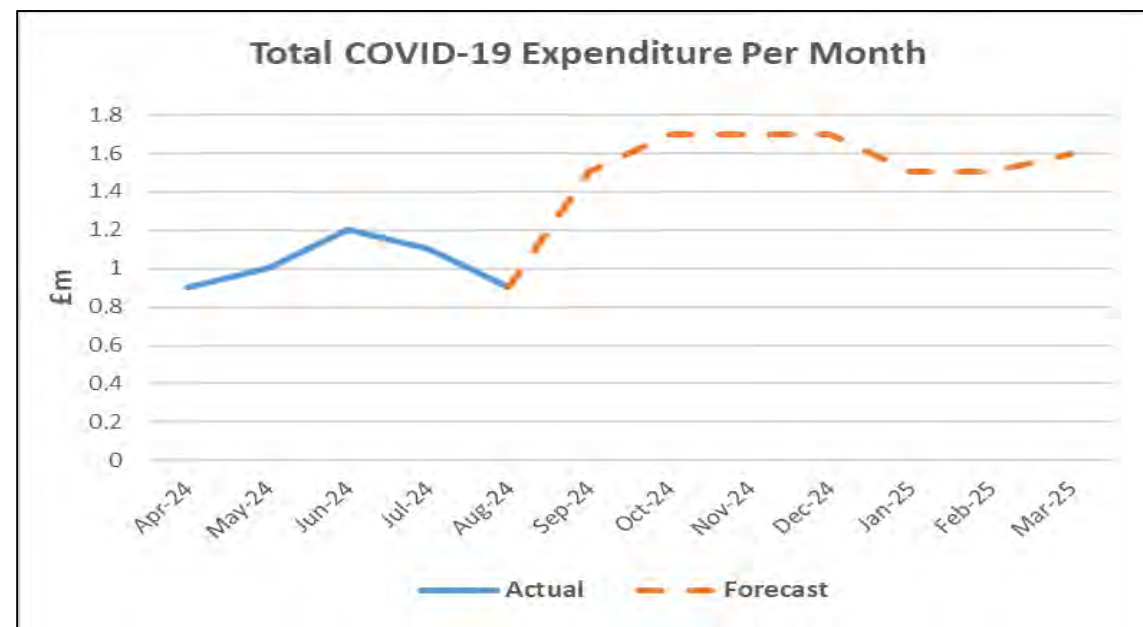
- Primary Care Contractor:** is £1.0m (5.0%) less than previous month due to the GDS in-month position being favorably impacted by underperformance adjustments/anticipated clawbacks. GMS Month 5 expenditure has remained in line with previous month, however pressures remain due to increased Enhanced Services activity, rising dispensing costs and managed practices locum cost pressures.
- Primary Care Drugs:** Expenditure is £1.2m (11.2%) higher than previous month. Annual forecast has increased by £1.0m. August estimate is based on 22 prescribing days (July estimate was based upon 21 prescribing days) and £0.5m of the Month 5 increase includes an under-accrual for June, thus together with an increase in the 3-month rolling average cost per prescribing day, which is used to calculate the monthly accrual has resulted in an increase in the cost per item dispensed.
- Secondary Care Drugs:** Expenditure is £0.3m (3.6%) higher than previous month. An increase in HEP C testing/patients in August has led to an in-month increase of £0.2m in Secondary Care Drugs expenditure. Cancer Services Drugs has also increased by £0.1m. Cancer Services patients is up 14% compared to the last 3 months, and costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines. Annual forecast has increased by £1.6m from previous month, of which £0.6m is increase Hep C Drugs and £0.8m increase in Cancer Services Drugs.
- Healthcare Services provided by Other NHS Bodies:** August expenditure is £0.2m (0.7%) less than previous month. However, annual forecast has increased by £2.9m, of which £1.0m reflects the significant levels of Out of Area (OOA) placements which are being incurred due to lack of bed capacity because of increased demand and DTOC's. This is being monitored via a weekly accountability meeting. The overspend to date on OOA is £1.5m at Month 5. Contracting annual forecast outturn has also increased by £0.7m due to revised assumptions around English Contracts, in light of the activity proposals received.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £11.3m, a reduction of £1.0m (8.2%) from previous month and £0.9m higher than forecast for the month. The in-month reduction is mainly due to the 2023/24 approved CHC inflationary costs of circa £2.1m being included within the Month 4 position, with some inflationary costs being reported in Month 5. Annual forecast has decreased by £0.2m. Integrated Health Communities (IHC's) packages of care (PoC) numbers has remained in line with previous month, however MHLDP packages of care have increased by 7 patients.



# Impact of COVID-19

- Month 5 COVID-19 expenditure for WG funded programmes is £0.9m, a reduction of £0.2m from previous month. Total year to date COVID expenditure is £5.1m and full year forecast spend is £16.6m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid and is funded by £16.6m of Welsh Government (WG) funding.
- All COVID programmes expenditure plans continue to be refined. There is a possible risk of underspending with elements of the Health Protection Plans under discussion with Policy Leads.
- Mass Vaccination costs are forecast to remain within funding but there is a potential for additional spend in relation to Primary Care Support which is not currently in the position. Mass Vaccination guidance is still pending with regards to timescales of the Autumn booster delivery. Further discussions are taking place with the policy lead.
- Currently, not all PPE costs are captured within the year-to-date position which explains the small step up in future months.
- See below Table for Summary of COVID-19 year to date expenditure and forecast:

	Year to Date Expenditure £m	Forecast at Month 5 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.6	3.4
COVID-19 Vaccination (Immunisation) Programme	3.7	9.4
Nosocomial, PPE, Long COVID & Other	0.8	3.8
<b>Total COVID-19 Expenditure</b>	<b>5.1</b>	<b>16.6</b>
Welsh Gov COVID-19 Income	5.1	16.6
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>



# Risks and Opportunities (not included in position)

	RISKS	£m	Level
1	Failure to deliver planned savings not yet identified (Pipeline plus Red, less YTD non delivery already included in run rate risk below).	£5.2m	Medium
3	Failure to mitigate the run rate above plan (operational pressures).	£49.0m	High
4	Costs of addressing special measures status are incurred and not funded by WG, e.g. ligature costs.	£1.0m	Medium
5	Emergency pressures above plan (including winter)	£12.0m	High
6	Potential additional excess costs above plan e.g. energy and inflation.	£4.5m	Medium
	New legislative requirements around hospital waste	TBC	Low
	Further critical planned care improvement cannot be delivered within the £27m funding	£2.0m	Medium
	<b>Total Quantifiable Risks</b>	<b>£74.3m</b>	

- The Health Board is anticipating the receipt of strategic cash support from the WG for the resource deficit of £134m; until this is confirmed, along with the timing of this being available to draw down, it remains a material risk (Ref CRR23-52).





# Balance Sheet

	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Aug-23 £'m	Forecast Closing Balance End of Mar-24 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	707.9	696.1	692.1
Intangible assets	1.5	1.4	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	788.3	776.4	772.6
<b>Current Assets</b>			
Inventories	20.3	20.3	20.3
Trade and other receivables	77.4	88.8	102.3
Cash and cash equivalents	2.9	7.0	-131.2
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	100.6	116.1	-8.6
<b>TOTAL ASSETS</b>	888.9	892.5	764.0
<b>Current Liabilities</b>			
Trade and other payables	237.8	210.0	217.9
Provisions	34.3	60.3	59.2
Current Liabilities sub total	272.1	270.3	277.1
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	616.8	622.2	486.9
<b>Non-Current Liabilities</b>			
Trade and other payables	28.0	28.2	28.0
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	104.7	104.8	104.7
<b>TOTAL ASSETS EMPLOYED</b>	512.1	517.3	382.2
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	304.4	309.7	166.4
Revaluation Reserve	207.7	207.7	215.7
<b>Total Taxpayers' Equity</b>	512.1	517.3	382.1

## Cash Flow Forecast

- The closing cash balance as at 30<sup>th</sup> August 2023 was £6.962m, which included £4.482m cash held for revenue expenditure and £2.480m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£131.220m) made up of (£132.620m) revenue cash and £1.400m capital cash.
- This forecast balance assumes working balance support of £15.471m for revenue payments and £4.472m for capital payments relating to IFRS16. This additional cash funding has been included on Table E – Resource Limits





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

Month 5 2023/24

Russell Caldicott  
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board



# 1. FINANCIAL POSITION



## 1.1 Financial plan

- The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. This presents a very challenging financial situation in 2023/24 for the Health Board.
- The three key components making up the 2023/24 initial financial plan are as follows:
  - The £196.2m underlying deficit brought forward from 2022/23
  - Plus, demand growth and inflation in 2023/24 only partially offset by relatively low funding growth (before funding for pay awards)
  - Less financial improvement from savings and dis-investment
- The £196.2m recurrent deficit represents the £82m non recurrent WG funding committed recurrently, plus further £114.2m resulting from shortfalls in recurrent savings and from recurrent cost pressures and service developments over budget.
- Table 1 below provides a high-level summary of the overall financial position for 2023/24

**Table 1: High-level summary financial position 2023/24**

	Recurrent £m	Non- recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	71.4	59.4	130.8
Total demand growth & inflation	45.2	-68.6	-23.4
Financial improvement	-38.7	0.0	-38.7
<b>Net 2023/24 position before major decisions</b>	<b>202.7</b>	<b>-68.6</b>	<b>134.1</b>

## 1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £16.6m, which is £5.6m higher than the profiled financial deficit for Month 5, but in line with the previous month's reported position. The year-to-date position as at the end of August is reporting a deficit of £76.3m, this represents a £20.4m adverse variance compared to 5/12<sup>ths</sup> of the £134.1m core planned deficit.

# 1. FINANCIAL POSITION



- Key reasons for the in-month overspend above plan of £5.6m in month and £20.4m year to date adverse variance above plan compared to 5/12<sup>ths</sup> of the £134.1m core planned deficit is due to the following cost pressures:

	Year to Date Cost Pressures £m
Pay Pressures above planned assumptions	8.2
Healthcare Services Provided by Other NHS Bodies	4.7
CHC	3.5
Primary Care & Secondary Care Drugs	3.5
Other Non-Pay underspends	(2.9)
Overachieved Savings	2.7
Other	0.7
<b>Total</b>	<b>20.4</b>

- The in year additional pressures above plan are currently being reported as non-recurring, but these will be re-assessed shortly.

## 1.3 Forecast Position

- The forecast outturn is the £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first five months of the financial year will need to be recovered over the remainder of the financial year.
- The risks to delivery are highlighted in the submission and are articulated in section 3.1. In addition, the plan will also require £134.1m of strategic cash support to maintain existing payment terms to staff and suppliers (Section 10).
- The Health Board remains committed to taking action to mitigate any risks to delivery of the financial plan, with areas of focus highlighted within section 6.1.

## 1.4 Income (Table B)

- Income totals £175.2m for August, a reduction of £8.0m (4.4%) from July and is £0.7m higher than forecast for the month. The Revenue Resource Limit (RRL) element for August is £163.0m, which is £7.9m (4.6%) less than in July and is £0.9m higher than forecast for the month. Total annual Revenue Resource Limit (RRL) income has increased by £13.2m, of which

# 1. FINANCIAL POSITION



£7.2m is anticipated income for additional Planned Care Bids, £1.5m income for Vaccination costs, £0.7m EPMA Digital income and £3.7m RIF and Neurodivergence funding. Further details are included in Section 7 (Table E).

## 1.5 Actual Year to Date and Forecast Expenditure (Table B)

- Expenditure totals £191.9m for August, which is £8.1m (4.0%) less than previous month and is offset by a £8.0m reduction in income phased year to date. Total expenditure is £6.4m higher than forecast for the month.
- Further detail on key movements in expenditure is provided in the below table.
- Expenditure of £0.9 is directly related to COVID-19 in August, a reduction of £0.2m from July.

<b>Income</b>	<ul style="list-style-type: none"><li>• Total annual Revenue Resource Limit (RRL) income has increased by £13.2m, of which £7.2m is anticipated income for additional Planned Care Bids, £1.5m income for Vaccination costs, £0.7m EPMA Digital income and £3.7m RIF and Neurodevelopment funding.</li></ul>
<b>Primary care Contractor</b>	<ul style="list-style-type: none"><li>• August expenditure is £1.0m (5.0%) less than previous month and £0.6m less than forecast for the month due to the GDS in-month position being favourably impacted by underperformance adjustments/anticipated clawbacks. GMS Month 5 expenditure has remained in line with previous month, however pressures remain due to increased Enhanced Services activity, rising dispensing costs and managed practices locum cost pressures.</li><li>• Annual forecast outturn has decreased by £0.4m, due to reducing the GDS full year forecast by £0.5m in Month 5 to an underspend of £0.3m for underperformance adjustments/anticipated clawbacks.</li><li>• Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, for which £1.5m anticipated income is reported in Table E. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.</li></ul>
<b>Primary care – Drugs &amp; Appliances</b>	<ul style="list-style-type: none"><li>• Month 5 expenditure is £1.2m (11.2%) higher than previous month, and £1.1m higher than forecast for the month. Annual forecast has increased by £1.0m.</li><li>• August estimate is based on 22 prescribing days (July estimate was based upon 21 prescribing days) and £0.5m of the Month 5 increase includes an under-accrual for June, thus together with an increase in the 3-month</li></ul>

# 1. FINANCIAL POSITION



	<p>rolling average cost per prescribing day, which is used to calculate the monthly accrual has resulted in an increase in the cost per item dispensed.</p> <ul style="list-style-type: none"><li>• Following receipt of June prescribing data, the 3-month Average Cost per Prescribing Day in June has increased by +0.3%.</li><li>• The Average Cost per Item increased in June to £7.66 per item compared to £7.56 per item for May. The 3-month Average Cost per Item also increased from £7.54 to £7.59 (+0.6%).</li><li>• The overall number of Items Prescribed per Prescribing Day has decreased by -3.8%; June had 68,484 items prescribed compared to 71,225 in May. The 3-month Average Items Prescribed per Prescribing Day has also decreased from 71,779 to 71,546 (-0.3%).</li></ul>
<b>Provided Services – Pay</b>	<ul style="list-style-type: none"><li>• Provided Services Pay expenditure has decreased by £8.2m (8.5%) from Month 4 and is £0.4m less than forecast for the month. Excluding the £9.5m i.e. 3/12ths of the £37.9m 2023/24 AFC 5% Pay Award paid in Month 4 backdated to April, the actual in-month movement is an increase of £1.3m.</li><li>• Actual WTE worked in month has increased by 102.2wte.</li><li>• Agency expenditure has increased by £0.2m in-month and Bank expenditure has also increased by £0.2m.</li><li>• Annual Forecast has increased by £3.7m (0.3%), of which Agency annual forecast has increased by £2.2m. Increase in Agency and Bank expenditure is driven by Escalated beds and sustained pressures arising from unscheduled care, whilst also providing cover for the large number of vacancies in Secondary Care to maintain the Nurse Staffing Act Ward staffing levels. Further detail on Agency is included in Section 5.1 Agency/Locum Expenditure (Table B2).</li></ul>
<b>Provider Services Non-Pay</b>	<ul style="list-style-type: none"><li>• August expenditure is £1.7m (9.8%) higher than previous month and £4.8m higher than forecast for the month. £1.5m of the in-month movement is due to an increase in accrual for Local Authority RIF payments for which funding has been received.</li><li>• Annual forecast has increased by £7.0m, of which £3.7m is additional expenditure built into forecast for £2.8m RIF allocation received and £0.8m Neurodivergent funding. Energy forecast has also increased by £2.8m and £0.7m is additional expenditure built into forecast for EPMA digital costs.</li></ul>



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<b>Secondary care Drugs</b>	<ul style="list-style-type: none"> <li>• Secondary Care Drugs expenditure continues to increase, with Month 5 expenditure being £0.3m (3.6%) higher than previous month and is £0.5m above forecast for the month. An increase in HEP C testing/patients in August has led to an in-month increase of £0.2m in Secondary Care Drugs expenditure. Cancer Services Drugs has also increased by £0.1m. Cancer Services patients is up 14% compared to the last 3 months, and costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines.</li> <li>• Annual forecast has increased by £1.6m from previous month, of which £0.6m is increase Hep C Drugs and £0.8m increase in Cancer Services Drugs.</li> </ul>
<b>Healthcare Services provided by other NHS Bodies</b>	<ul style="list-style-type: none"> <li>• Month 5 expenditure is £0.2m (0.7%) less than previous month and is £1.2m higher than forecast for the month.</li> <li>• Annual forecast has increased by £2.9m, of which £1.0m reflects the significant levels of Out of Area (OOA) placements which are being incurred due to lack of bed capacity because of increased demand and DTOC's. This is being monitored via a weekly accountability meeting. The overspend to date on OOA is £1.536m at Month 5.</li> <li>• Contracting annual forecast outturn has also increased by £0.7m due to revised assumptions around English Contracts, in light of the activity proposals received.</li> <li>• In addition, Corporate forecast outturn has also increased by £0.7m due to a backdated accrual correction.</li> </ul>
<b>Continuing Health care (CHC) and Funded Nursing care (FNC)</b>	<ul style="list-style-type: none"> <li>• August expenditure is £11.3m, a reduction of £1.0m (8.2%) from previous month and is £0.9m higher than forecast for the month. The in-month reduction is mainly due to the 2023/24 approved CHC inflationary costs of circa £2.1m being included within the Month 4 position, with some inflationary costs being reported in Month 5.</li> <li>• Annual forecast has decreased by £0.2m. Integrated Health Communities (IHC's) packages of care (PoC) numbers has remained in line with previous month, however MHLN packages of care have increased by 7 patients.</li> </ul>
<b>Other Private and Voluntary Sector</b>	<ul style="list-style-type: none"> <li>• Expenditure relates to a variety of providers, including Hospices, Mental Health organisations and planned care activity providers.</li> <li>• August expenditure is £0.8m (33.8%) less than previous month and is £1.2m less than forecast for the month. Annual forecast has also decreased by £1.3m due to a further revision of the estimated insourcing activity.</li> </ul>

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<b>Joint Financing</b>	<ul style="list-style-type: none"><li>• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget.</li><li>• Expenditure is in line with previous month and annual forecast has increased by £0.4m.</li></ul>
<b>Losses, Special Payments and Irrecoverable Debts</b>	<ul style="list-style-type: none"><li>• Includes Redress, Clinical Negligence, Personal Injury and loss of property.</li><li>• Expenditure is £0.1m less than previous month and £0.1m less than forecast for the month. Annual forecast has decreased by £0.5m due to the in-month claims values being lower than anticipated.</li></ul>
<b>Capital</b>	<ul style="list-style-type: none"><li>• Includes depreciation and impairment costs which are fully funded. Table B remains unchanged and will be updated once clarity has been confirmed on a few IFRS16 Contracts and October Non-Cash submission.</li></ul>

- The year to date and forecast expenditure includes the additional 5% 2023/24 Pay Award impact. WG has committed to fully fund the pay award impact for which £37.96m anticipated income has been included in Table E.
- The basis of the outturn energy forecast has been amended to reflect the latest forecasts provided by CCS for the period October 2023 to March 2024; the outturn forecast has therefore increased by c£3m. The outturn forecast also now includes cost of £0.3m for heating oil and other sites not on the main BG/CCS energy contracts. The forecast from CCS for the final 6-months of the year is greater than the previous forecast provided by British Gas, particularly regarding the non-commodity charges. It should be noted that Shared Services have cautiously advised that CCS could further reduce the non-commodity forecast costs but this has not been included in the forecast; for BCU this could be a further £2.5m. Energy commodity costs have stabilised over recent months but remain vulnerable to global factors, particularly the impact of the conflict in Ukraine, economic growth/inflation and weather.

## 1.6 Performance and Transformation Strategic Support

- As per the financial plan it is forecast that the Performance Fund (£30m) Transformation Fund (£12m) will be spent in full. The below table summarises actual year to date expenditure of £14.2m, a reduction of £1.3m from Month 4 and forecast expenditure of £27.8m to be spent over the remainder of the financial year.



# 1. FINANCIAL POSITION



	Actual					Forecast							Total
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	
Pay	1.7	2.8	2.4	3.3	2.3	4.2	3.0	3.0	3.0	3.0	3.1	3.2	35.0
Non-Pay	0.1	0.3	0.2	0.7	0.4	0.4	0.7	0.8	0.8	0.8	0.8	1.0	7.0
<b>Total</b>	<b>1.8</b>	<b>3.1</b>	<b>2.6</b>	<b>4.0</b>	<b>2.7</b>	<b>4.6</b>	<b>3.7</b>	<b>3.8</b>	<b>3.8</b>	<b>3.8</b>	<b>3.9</b>	<b>4.2</b>	<b>42.0</b>

## 1.7 Accountancy Gains (Table B)

- The Health Board is reporting £0.4m Accountancy Gains in August, as reported in Table C.

## 1.8 COVID-19 (Table B3)

- Month 5 COVID-19 expenditure for WG funded programmes is £0.9m, a reduction of £0.2m from previous month. Total year to date COVID expenditure is £5.1m and full year forecast spend is £16.6m. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid and is funded by £16.6m of Welsh Government (WG) funding.
- All COVID programmes expenditure plans continue to be refined. There is a possible risk of underspending with elements of the Health Protection Plans under discussion with Policy Leads.
- Mass Vaccination costs are forecast to remain within funding but there is a potential for additional spend in relation to Primary Care Support which is not currently in the position. Mass Vaccination guidance is still pending with regards to timescales of the Autumn booster delivery. Further discussions are taking place with the policy lead.
- Currently, not all PPE costs are captured within the year-to-date position which explains the small step up in future months.
- A summary of COVID-19 year to date expenditure and forecast as per Table B3 is provided below:

# 1. FINANCIAL POSITION



	Month 1	Month 2	Month 3	Month 4	Month 5	Total year to Date Spend	Forecast Year End Position
	£m	£m	£m	£m	£m	£m	£m
Health Protection (Testing, Tracing and Surveillance)	0.1	0.1	0.1	0.2	0.1	0.6	3.4
COVID-19 Vaccination (Immunisation) Programme	0.7	0.6	1.0	0.8	0.6	3.7	9.4
Nosocomial, PPE, Long COVID & Other	0.5	-0.1	0.1	0.1	0.2	0.8	3.8
<b>Total COVID-19 Expenditure</b>	<b>1.3</b>	<b>0.6</b>	<b>1.2</b>	<b>1.1</b>	<b>0.9</b>	<b>5.1</b>	<b>16.6</b>
Welsh Gov COVID-19 Income	1.4	0.5	1.2	1.1	0.9	5.1	16.6
<b>Impact of COVID-19 on Position</b>	<b>-0.1</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## 2. UNDERLYING POSITION



### 2.1 Movements from Plan & Underlying Position (Table A & A1)

- **Underlying** - The Health Board has faced a significant underlying deficit position, which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies. The underlying position brought forward from 2022/23 is a deficit of £196.2m, with an opening plan deficit of £134.1m. The c/f underlying position remains as per the Annual Plan. Deteriorations in the in-year rate are being classified as non-recurring, but are being reviewed.
- At Month 5 the methodology for explaining the pressures has been refined and now reflects the ledger and divisional forecasts.
- **Movements being in-year pressures and mitigations updated within Table A include:**
- Line 27 – £6.1m Red Rated and Pipeline savings (up to planned £25.2m level) still to be finalised.
- Line 29 – £19.1m Pay pressures above planned assumptions. The forecast pressures are likely to continue at a rate of £1.6m per month.
- Line 30 – £5.5m Primary Care Drugs and Secondary care Drugs, of which £0.8m is due to Primary Care Drugs under-accrued costs relating to 22/23. Previously this excluded Secondary Care Drugs as the value was below the materiality to include on Table A with the contra entry being non pay benefits. At Month 5 Secondary Care Drugs pressures has increased and therefore warranting the inclusion on Table A.
- Line 31 – £2.2m Healthcare Services provided by other NHS bodies - Out of Area Placements (Child and MH) and other Contracts net of WHSCC surplus. At Month 5 English Contracts are producing a year to date pressure due to catch up of MDS information. This is not currently forecast to continue at this rate.
- Line 32 – £6.4m Other Non-Pay underspends – See references within this Section. Previously these were not recorded as material actions on Table A and were mitigating the non material cost pressures. Both of these items are being recorded in Table A. These are assumed to continue at a rate of £0.5m per month for the remainder of the year.
- Line 33 – £4.2m CHC pressures. CHC inflationary pressures continue to be reflected and therefore a cost of £0.1m per month for the remainder of the year.
- Line 34 – £1.4m Mitigating actions to be finalised - currently Red and pipeline above planned £25.2m.

## 2. UNDERLYING POSITION



- Line 35 – £28.5m Mitigating actions to be finalised (RIGA £15m, Balance Sheet £8m, Establishment Control Group (ECG) £5.0m). The months where the profile increases reflect the review of Balance Sheet.
- Line 37 – £3.0m increase in revised Energy forecast outturn which now reflects the national forecast for October- March.
- Line 38 & 39 – £0.3m GDS forecast underspend and £2.3m GMS forecast overspend.
- **To deliver the £134.1m planned deficit, a number of actions are being progressed:**
  - All budgeted developments will be reviewed early October (assessment of unavoidable costs and patient safety) - Recurrent Investment Group Assurance (RIGA)
  - Establishment Control Group (ECG) – assessment has commenced of all existing interims and challenging requests for recruitment to non-patient facing roles including posts which are part way through the recruitment process.
  - Focus upon Cost Improvement Program delivery.
  - Medical, Nursing & Therapies Temporary Workforce Controls (WLI/Agency) including review of Autocasade.
  - Develop active use of benchmarking to support improvement.
  - An additional performance and accountability framework is being developed and IHC's are held accountable at the monthly Executive Delivery Group (EDG).
  - Balance sheet and reserves review for all Divisions and the central ledger, to assure all non-recurrent mitigations are known and deployed as required.
- The Financial Recovery Plan will be submitted to PFIG by the end of October.

## 3. RISK MANAGEMENT



### 3.1 Risk Management (Table A2)

- The Risks and opportunities have been fully assessed at Month 5. The mitigating actions have now been incorporated into Table A. A number of risks have been removed or reduced following further assessment. The remaining risks will continue to be monitored and managed throughout the year. The below are current risks to the Health Board's financial position for 2023/24 as at Month 5.

	£m	Level
<b>Risks</b>		
Failure to deliver planned savings not yet identified (Pipeline plus Red, less YTD non delivery already included in run rate risk below)	£5.8m	Medium
Failure to mitigate the run rate above plan (operational pressures)	£49.0m	High
Costs of addressing special measures status are incurred and not funded by WG, e.g. ligature costs.	£1.0m	Medium
Emergency pressures above plan (including winter)	£12.0m	High
Potential additional excess costs above plan e.g. energy and inflation.	£4.5m	Medium
New legislative requirements around hospital waste	TBC	Low
Further critical planned care improvement cannot be delivered within the £27m funding	£2.0m	Medium
<b>Total Quantifiable Risks</b>	<b>£74.3m</b>	

## 4. RING FENCED ALLOCATIONS



### 4.1 Ringfenced Allocations (GMS - Table N)

- Table N (GMS) completion is required from Month 6.

### 4.2 Ringfenced Allocations - (GDS - Table O)

- Table O (GDS) completion is required from Month 6.

### 4.3 Ringfenced Allocations (Table P)

- The Ringfenced Funding is forecast to be spent in full. Actual performance against plans will continue to be monitored monthly and used to inform future forecasts.
- RIF funding is expected to be fully spent, with the majority of this funding passing to Local Authorities.
- Genomics is predominantly passed through to WHSCC.
- Critical care is being spent and is now part of the baseline costs and funding.
- SIF funding has been received, which is fully committed and is forecast to be spent in full.
- Funding is now anticipated for £7.2m additional Planned Care Bids, but discussions are ongoing about the investments which this funding should support. As such, this funding is currently shown as uncommitted.

## 5. AGENCY/LOCUM EXPENDITURE



### 5.1 Agency/Locum Expenditure (Table B2 – Sections B & C)

- Agency expenditure for Month 5 is £7.0m, representing 7.8% of total pay, an increase of £0.2m on last month. The 2022.23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has increased by £2.2m, from £76.7m in Month 3 to £78.9m in Month 4. The impact of the two new innovations which were introduced in June, Wagestream and Auto cascade, are being closely monitored, assessed and revised – e.g. Off-contract Agency has been switched off across the HB.
- Month 5 Medical Agency expenditure is £2.3m and is in line with previous month, which includes East Integrated Health Community (£0.6m), Central IHC (£0.6m), West IHC (£0.6m) and Mental Health (£0.4m) accounting for 92.0% of the in-month spend. Medical Agency is primarily used to cover vacancies.
- Nurse agency costs totalled £3.8m for the month, an increase of £0.5m from previous month and is £1.6m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nurse continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care in maintaining the Nurse Staffing Act Ward staffing levels. The increasing trends of having to source off-contract agency to fill shifts is also impacting on costs. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£1.1m in month), Ysbyty Wrexham Maelor (£1.0m), Ysbyty Gwynedd (£0.5m) and Mental Health (£0.5m), which together account for 81.1% of the August expenditure.
- Other agency costs totalled £0.9m in Month 5, a decrease of £0.2m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin and Clerical (£0.3m).

## 6. SAVINGS



### 6.1 Savings (including Accountancy Gains and Income Generation) (Tables C, C1, C2, C3 and C4)

- To meet the Health Board's Financial Plan of £134.1m deficit for 2023/24, savings of £25.2m must be delivered. The requirement is for savings to be cash releasing and recurring. Internally, a full year stretch savings target of £30.9m has been set, which if achieved would provide £5.7m to mitigate additional cost pressures. The target has been profiled on equal twelfths basis.
- As at Month 5, the full year savings plan (FY Plan) now totals £25.9m, a minor reduction of £0.2m on last month which relates to a number of schemes being assessed as non-deliverable having been replaced with alternative schemes with a very slightly amended value. This includes Pipeline and Red schemes. The FY Plan value of Green schemes totals £18.3m, which represents an increase of £1.0m on last month. The proportion of Green recurring savings now totals £13.5m. Therefore, the gap between total Green savings and £25.9m totals £6.9m. Work continues to identify recurring schemes.
- IHC's and Services need to address the outstanding current year shortfall whilst at the same time developing plans for the next financial year.
- Saving schemes reported include local 'transactional' schemes.
- Actual savings delivered at Month 5:
  - Year to Date actual savings total £7.4m, of which £5.8m is recurring.
  - Savings delivered in Month totalled £1.8m, of which £1.6m recurring.
- Actions continue including monthly check and challenge sessions with the Divisions and via the Executive Delivery Group. The red and pipeline schemes will be further reviewed for robustness before re-categorising as Green. The ECG process has now commenced, and the first RIGA assessment will take place early October.



## 7. INCOME ASSUMPTIONS



### 7.1 Income/Expenditure Assumptions (Table D)

- All figures have been updated following agreement of Health Care Agreements and Major Contracts between Welsh NHS bodies in accordance with WHC (2023) 012.

### 7.2 Resource Limits (Table E & E1)

- The Revenue Resource Limit (RRL) for the year is £1,953.2m. £812.3m of the RRL has been phased within the year to date position, which is £1.5m less than 5/12<sup>ths</sup> of the RRL (£813.8m).
- Confirmed allocations to date is £1,877.0m, with further anticipated allocations in year of £76.2m. Total COVID-19 funding allocation is £16.6m of which £13.0m is anticipated and £3.6m has been received. Total COVID-19 income profiled into the cumulative position to date is 5.1m.
- £37.96m of the anticipated income included in Table E is the 5% 2023/24 pay award impact. The backdated pay for April-July was included within the Month 4 position.
- Also, included within Table E in Month 5 is the anticipated income of £7.2m for Additional Planned Care Bids.

## 8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS



### 8.1 Welsh NHS Contracts

- The Health Board's Welsh Expenditure and Income LTA's/SLA's were agreed and signed before the deadline of 30<sup>th</sup> June 2023 for the following agreements:

	Income	Expenditure
Powys	✓	✓
Powys – Clinical Outreach	✓	(not applicable)
Hywel Dda	✓	✓
WHSCC	✓	(not applicable)
Cardiff & Vale	(not applicable)	✓

- Work is ongoing to finalise the Hywel Dda to agree a Service Level Agreement to cover their historic outreach use of Tywyn hospital. Previously the costs associated with this activity has been covered by regular invoicing, but upon review of the income streams within the HB we have approached HD to put an SLA in place to cover this activity. Agreement has been obtained that an SLA would be acceptable, and work has commenced to get the agreement in place in the coming weeks, but the full specification, schedule and costs were not available to enable this by 30<sup>th</sup> June. There is no dispute around the service or agreement and both parties agree this is of low value and materiality, it covers just over 60 clinic sessions annually taking place in the facility.

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



### 9.1 Statement of Financial Position (Table F)

The opening Statement of Financial Position figures on Table F have now been updated to reflect the Health Board's 2022-23 audited accounts submission of 25<sup>th</sup> August 2023.

Details of actual and forecast material movements in the Statement of Financial Position during 2023-24 are as detailed below.

#### Movements at Month 5 2023-24

- **Current assets – Cash and cash equivalents (line 9)**

Cash and cash equivalents have increased by £4.049m to £6.962m during the year, made up of increase of £2.969m in revenue cash and £1.080m in capital cash.

The closing cash balance of £6.962m at Month 5 consisted of £4.482m revenue cash and £2.480m cash for capital projects.

- **Current assets – Trade and Other Receivables (line 7)**

Trade and other receivables increased by £10.495m during Month 5 mainly due to an increase in receivables of £11.702m with the Welsh Risk Pool. This is also reflected in the movement in current provisions below.

Year to date receivables have increased by £11.456m and again this is mainly due to increases in amounts due from the Welsh Risk Pool, dependant on the outcome of litigation claims, offset by a reduction in the Accounts Receivable system balance.

- **Current liabilities – Trade and Other Payables (line 13)**

Year to date payables have decreased by £27.851m made up of a reduction in revenue payables of £24.165m and a reduction in capital payables of £3.686m.

The decrease in payables is mainly as a result of reduction of £13.004m in year-end accruals for a 1.5% consolidated pay award in May, reductions of £11.541m in system payables (accounts payable and open purchase orders) alongside reductions in payables to HMRC and Continuing Healthcare providers.

- **Current liabilities – Provisions (line 15)**

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



Increases of £25.987m in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful. Provisions for clinical negligence and personal injury claims increased by £29.223m during the first five months of 2023-24 offset by reductions of £3.236m in other areas.

### Full year forecast movements

- **Current assets – Trade and Other Receivables (line 7)**

It is currently assumed that material amounts paid by the Health Board in respect of increased clinical negligence provisions will be recoverable from the Welsh Risk Pool and these will be amended each month based on the Legal and Risk Services quantum.

It is assumed that the balance of trade and other receivables will increase during the year due to the timing of Welsh Risk Pool Advisory Board meetings and year-end invoicing.

- **Current assets – cash and cash equivalents (line 9)**

Details on the forecast cash outturn position is provided in the narrative to Table G – Monthly Cashflow Forecast.

- **Current and Non-Current liabilities – Trade and Other Payables (line 13 and 19)**

#### **Capital trade and other payables**

Capital payables are expected to decrease by £4.472m during 2023-24 in respect of payments relating to IFRS16 and assumed funding for this has been included in Table E.

#### **Revenue trade and other payables**

Forecast reductions in revenue trade and other payables largely relate to the movement in the accrual for a 1.5% pay award paid during May 2023, resource only allocations received in the last financial year and revenue cash that was available but not drawn during the 2022-23.

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS



Forecast reduction in current and non-current trade and other payables	£m
Balance B/F 1 <sup>st</sup> April 2023	265.863
Revenue - reduction in pay award accrual	(13.004)
Revenue – reduction in payables for cash not drawn in 2022-23	(1.770)
Revenue - reduction in payables for resource only allocations in 2022-23	(0.697)
Capital – reduction in IFRS16 payables	(4.472)
<b>Forecast Balance C/F 31<sup>st</sup> March 2024</b>	<b>245.920</b>

- **Current liabilities – Provisions (line 15)**

Based on the latest quantum information provided by NWSSP Legal and Risk Services it is currently assumed that litigation provisions will remain stable over the remainder of the year but that any movements will be matched by receivables with the Welsh Risk Pool.

### 9.2 Welsh NHS Debtors (Table M)

#### Aged Debtors (Table M)

- At the end of Month 5 2023-24 the Health Board held six outstanding NHS Wales invoices totalling £43,716.20 that were over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.
- The Health Board is not aware of any disputes with these invoice or any reasons why they will not be paid before their respective arbitration deadlines.

## 10. CASH



### 10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 30<sup>th</sup> August 2023 was £6.962m, which included £4.482m cash held for revenue expenditure and £2.480m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of (£131.220m) made up of (£132.620m) revenue cash and £1.400m capital cash.
- This forecast balance assumes working balance support of £15.471m for revenue payments and £4.472m for capital payments relating to IFRS16. This additional cash funding has been included on Table E – Resource Limits

Revenue cash forecast 2023-24	£m
Opening revenue balance	1.513
Forecast deficit position (Table B)	(134.133)
Forecast working balances movement	(15.471)
Forecast revenue working balances support	15.471
<b>Forecast closing revenue cash balance</b>	<b>(132.620)</b>
Capital cash forecast 2023-24	£m
Opening capital cash balance	1.400
Confirmed Capital Resource Limit funding	19.294
Anticipated donated capital funding	0.542
Anticipated net book value of capital disposals	0.485
Forecast capital working balance support for IFRS16	4.472
Forecast capital cash spend	(24.793)
<b>Forecast closing capital cash balance</b>	<b>1.400</b>
Total cash forecast 2023-24	£m
Opening cash balance	2.913
Forecast revenue and capital working balance support (Table E)	19.943
Forecast capital funding – CRL, donated and NBV of disposals	20.321

## 10. CASH



Forecast revenue outturn position and reductions in revenue payables	(149.604)
Forecast capital cash spend including reductions in capital payables	(24.793)
<b>Total forecast closing balance</b>	<b>(131.220)</b>



## 11. PUBLIC SECTOR PAYMENT POLICY PSPP



### 11.1 . Public Sector Payment Policy PSPP (Table H)

- Table not required this month.

## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS



### 12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2023/24 is £19.294m and is forecast to be spent in full. Year to date expenditure is £6.1m against a year to date plan of £6.0m.

### 12.2 Capital Programme (Table J & K)

- The Capital Programme update is reported in Table J.
- The spend profiles will be reviewed over future months to assure that they reflect a robust forecast.
- Disposals (Table K) has been updated within the Month 5 submission to include Cilan MHRC, Ala Road Pwllheli and Ruthin Health Centre.

## 13. OTHER ISSUES



### 13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 5 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee on the 26<sup>th</sup> October 2023.
- The nominated deputies who have authority to approve the monthly Monitoring Return submission, in the absence of the Chief Executive and/or Executive Director of Finance are:
  - For the Chief Executive Officer: Nick Lyons, Interim Deputy Chief Executive Officer / Executive Medical Director.
  - For the Executive Director of Finance: Andrea Hughes, Interim Operational Finance Director.

**Carol Shillabeer**  
**Interim Chief Executive Officer**

**Russell Caldicott**  
**Interim Executive Director of Finance**



## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 4.1.**

The year-to-date deficit position of £59.609m is £6.604m higher than forecast at month 3, with key contributing factors being the continuation of costs incurred in June as well as new emerging WHSSC and CHC pressures. At month 4, c.£10.000m of incurred year to date pressures are being treated as non recurrent with your narrative confirming that the Revenue Investment Assurance and the investments Establishment Control groups are developing recurring benefits to offset the adverse impact of these year-to-date pressures. Following implementation of the corresponding mitigating actions, we will look forward to seeing a material improvement in your monthly outturn at month 5 (least c. £5.700m as forecasted) with the corresponding reported risk (£45.000m) also substantially reducing in Table A2. **(Action Point 4.1)**

### **Response**

Table A now reflects the forecast profile of these additional cost pressures and mitigating actions.

## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 4.2.**

Please ensure the items quantified with Section 2.1 are consistent to those reported in Table A (e.g., WHSSC and mitigating actions to be finalised are not consistent). **(Action Point 4.2)**

### **Response**

Apologies, a late adjustment was included in Table A which had not been reflected in the narrative. We will ensure this is checked and updated for future months.

## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 4.3.**

If the forecast outturn is still being supported by red pipeline or mitigating actions yet to be finalised in future months, please ensure the narrative confirms where these items are being categorised within the SoCNE (Table B - Section A). **(Action Point 4.3)**

### **Response**

Red pipeline schemes or mitigating actions yet to be finalised are reported within Provider Services Non Pay.

## **Risks and Opportunities (Table A2) - Action Point 4.4.**

Please ensure the month 5 narrative discusses the new dental opportunity (£0.223m) reported in Table A2. **(Action Point 4.4)**

### **Response**

The Dental opportunity of £0.223m has been removed from Table A2.

# MONITORING RETURN ACTION POINTS RESPONSES



## Risks and Opportunities (Table A2) - Action Point 4.5.

The main body of our response letter identifies an action to provide further detail on all risks which we are referencing here as **Action Point 4.5**.

### Response

The risks have been fully revised at Month 5 - See narrative.

## Monthly Positions (Table B) - Action Point 4.6.

The narrative confirms that non pay annual expenditure has decreased by c. £4.400m since month 3, with c. £1.000m attributable to reduced energy costs. Please provide an explanation for the remaining decrease of c. £3.400m. **(Action Point 4.6)**

### Response

The provider services non pay categories cover a large number of subjective codes, therefore it is difficult to identify specific reductions, however the largest movements included £0.4m reduction in a legal dispute provision and RIF accruals were understated by £0.5m which have now been corrected in Month 5.

## Monthly Positions (Table B) – Action Point 4.7.

Your narrative also confirms the assumption that the Performance and Transformation funding will be fully spent. Please confirm and quantify at month 5 if any corresponding spend is currently uncommitted. **(Action Point 4.7)**

### Response

All of the Performance and Transformation funding is allocated to specific schemes and is therefore fully committed and forecast to be spent in full.

## Pay Expenditure Analysis (Table B2) - Action Point 4.8.

As it causes consolidation issues with our internal system (also requested in the guidance), please ensure zero values are entered into cells where there is nil expenditure (i.e., Section B Line 9 Student agency spend). **(Action Point 4.8)**

### Response

Month 4 tables included zero values against Students, however we will continue to check and ensure zero values are updated within the Month 5 Tables and future submissions.

## Capital (Table I & J) - Action Point 4.9.

## MONITORING RETURN ACTION POINTS RESPONSES



We note you are currently projecting to reinvest asset disposals proceeds equating to their NBV of £0.359m even though lower sales receipts of £0.184m are available due to an overall asset disposal loss of £0.175m being reported. Please review this current assumption. **(Action Point 4.9)**

### Response

The figures for M5 are to reinvest the full £485k NBV (was £359k on the M4 return), the sales receipts £276k (£300k less disposals £24k) and overall asset disposal loss of £209k are based on the original estimated amounts given to WG at the time ministerial approval was sought. Sales receipts are expected to be higher, hence the assumption of reinvestment to the full NBV.

### Capital (Table I & J) - Action Point 4.10.

Please ensure the latest CRL date is entered in Cell C8 in future returns. **(Action Point 4.10)**

### Response

The cell format requires fixing to ensure date inputted is reported correctly.

### Ring Fenced (Table P) - Action Point 4.11.

Within your month 5 narrative, please provide a progress update on the current uncommitted spend within the UEC (£0.059m) and Mental Health SIF (£0.329m) categories. **(Action Point 4.11)**

### Response

Both schemes have now been updated as committed with the Ringfenced (Table P) for Month 5.

### Ring Fenced (Table P) - Action Point 4.12.

Within the in year funding breakdown sections, please ensure that each listed item has either 'allocated' or 'anticipated' within the description. **(Action Point 4.12)**

### Response

This has been updated within the Month 5 Tables.

# Savings Update at Month 5

## Performance, Finance and Information Governance Committee

### 18<sup>th</sup> September 2023



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Savings Executive Summary

Month 5

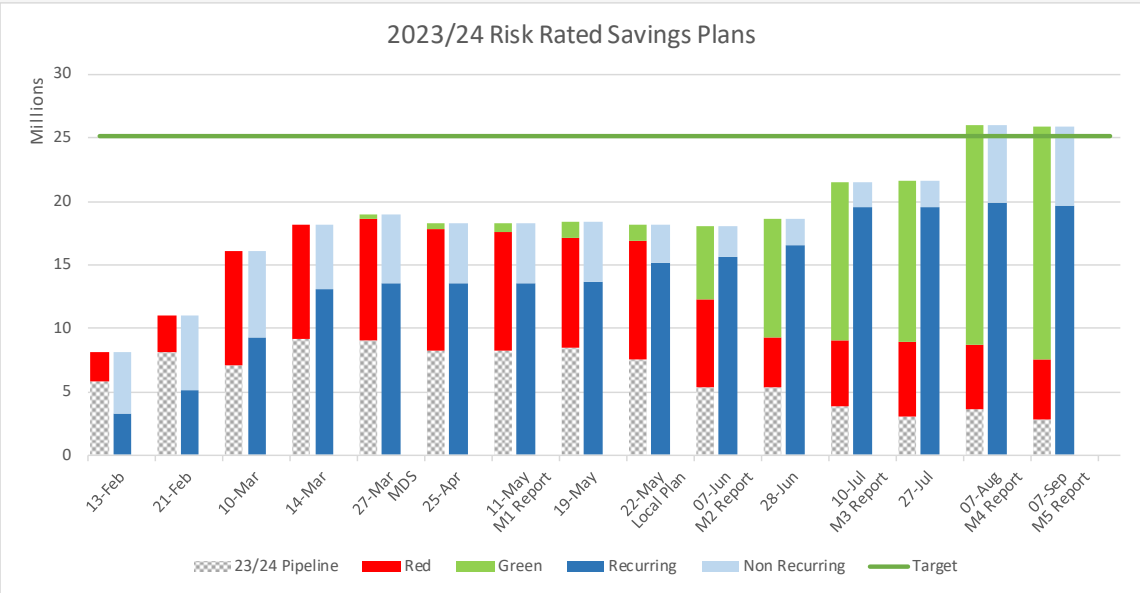
The Health Board’s Financial Plan for 2023-24, requires delivery of recurring, cash releasing savings of **£25.2m**. An additional £5.7m ‘stretch’ is included in the full year cash savings target of £30.9m. The Full Year Savings Plan (FY Plan) now totals **£25.9m**, down £0.2m the previous month. This includes Pipeline and Red schemes. The FY Plan value of Green schemes totals **£18.3m**. This represents an increase of £1m on last month. The proportion of recurring Green savings now totals **£13.5m**. The shortfall against £25.2m therefore totals £11.7m.

Womens, Cancer Services and MHL D have delivered plans in line with target. Other Services and the IHC’s developed plans to review opportunities and address shortfalls. However, the common message continues to be that major savings require transformational change, which requires support and resource.

The challenge for the Health Board remains how to mobilise and deliver a balanced transformation that will deliver the range of required outcomes, financial and non-financial.

Reported savings do not include under-spend recorded against the £22.8m ‘top-slice’ set in addition to the savings target nor expected gains from financial recovery actions (Establishment Control Group and Recurrent Investment Group Assurance).

The purpose of this report is to summarise progress against target for the financial year 2023-24.



Savings Scheme Pipeline							Variance
	Pipeline	Red	Amber	Green	Total	Target	(Rec) vs Target
Centre	481	2,255		1,210	3,945	7,950	15%
East	612	552		3,478	4,641	8,070	38%
West	0	1,236		3,552	4,788	6,046	50%
MHL D		106		3,221	3,328	3,267	98%
Womens				925	925	915	101%
Cancer		228		1,249	1,477	755	165%
Diagnostics		56		525	581	1,015	44%
Corporate	500	137		4,155	4,793	2,495	16%
Primary Care	0	109		19	128	354	4%
Procurement (VAT)	1,250			0	1,250		
						-5,667	
Cash Savings	2,843	4,679	0	18,333	25,855	25,200	54%



Savings Summary: FY Plan Versus Target

Month 5

		Saving Schemes				
£'000's	Savings Target	Schemes in Delivery Green and Amber FY Plan	Red FY Plan	Pipeline	Total	Savings Gap
West Integrated Health Community						
Area - West		2,378	0		2,378	
Ysbyty Gwynedd		1,162	1,236		2,398	
Facilities		12	0		12	
Total West	6,046	3,552	1,236	0	4,788	(1,258)
Central Integrated Health Community						
Area - Centre		1,074	0		1,074	
Ysbyty Glan Clwyd		120	0		120	
Facilities		15	0		15	
Total Centre	7,950	1,210	2,255	481	3,945	(4,005)
East Integrated Health Community						
Area - East		2,054	552		2,606	
Ysbyty Wrexham Maelor		1,403			1,403	
Facilities		20	0		20	
Total East	8,070	3,478	552	612	4,641	(3,429)
PAN North Wales Services						
MHLD	3,267	3,221	106		3,328	61
Womens Services	915	925			925	10
Diagnostic and Specialist Clinical Support	1,015	525	56		581	(434)
Cancer Services	755	1,249	228		1,477	722
Primary Care	154	19	109		128	(26)
Contracts		0	0		0	0
Provider Income	267	0	0		0	(267)
Total PAN North Wales	6,373	5,938	500	0	6,438	65
Corporate	2,495	4,155	137	500	4,793	2,298
Reserves / Stretch Target	(5,734)	0			0	5,734
Total for Services	25,200	18,333	4,679	1,593	24,605	(595)
Other Workstreams						
Procurement - to be allocated				1,250	1,250	1,250
						0
				1,250	1,250	1,250
Total Programme	25,200	18,333	4,679	2,843	25,855	655
Recurring Savings	25,200	13,531	3,994	2,162	19,686	(5,514)
Non Recurring Savings		4,802	685	681	6,169	6,169
	25,200	18,333	4,679	2,843	25,855	655

The FY Plan now stands at £25.9m including Green, Amber, Red and Pipeline opportunities, recurring and non-recurring. This compares to £26.1m last month.

MHLD, Womens and Cancer services have identified savings opportunities that meet or exceed target.

MHLD reviewed outstanding Red schemes this month. The value of removed or delayed schemes was offset by an increase in the plan value of a red scheme and the green CHC scheme.

IHC East FY Plan totals £4.6m, down from £4.8m last month following a review of the estimates for 2 red/ pipeline schemes for Primary Care. Of the £4.6m, £0.8m is non-recurring.

IHC West’s savings plan stands unchanged at £4.8m. Of this, £0.8m relates to non-recurring savings. It also includes YG schemes totalling £1m submitted as ‘run-rate’ not budget-reducing as required following the funding of last year’s deficit; these schemes have been held at Red and escalated to Finance Leadership. If not converted to budget-reducing, these will not contribute to the savings target and will be removed from the savings plan at M6. The schemes *are* reducing expenditure.

IHC Centre FY Plan is unchanged at £3.9m of which £76k is non-recurring. Like YG, YGC red schemes need to be reviewed.

The Corporate savings plan is also unchanged at £4.8m of which £4.4m is non-recurring. 3 one-off gains include: a change in a DDAT programme approach (£1.1m); a potential Energy transaction (£0.5m); a negotiated discount on the AW energy contract £2.6m.

# Delivered Savings

Month 5

## Target

- Financial Plan requires £25.2m savings
- Additional 'stretch target' of £5.7m allocated to IHC's/Services
- Target flat phased £2.1m per month

£'000's	FY			YTD M5			
IHC / Service Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Recurring	25,200	13,531	13,945	10,500	4,904	5,791	886
Non Recurring		4,802	4,729		1,816	1,595	(221)
<b>Total Cash Savings</b>	<b>25,200</b>	<b>18,333</b>	<b>18,675</b>	<b>10,500</b>	<b>6,720</b>	<b>7,385</b>	<b>665</b>

## Year To Date (YTD)

- Year to Date actual savings total £7.4m, of which £5.8m is recurring, against a £6.7m plan and £10.5m Target.
- The favourable variance of actual savings to Plan totals £0.7m. This includes:
  - Central CHC Meds Management Polypharmacy Reviews £0.1m (FY Forecast favourable variance £200k)
  - Central IHC CHC Programme £0.4m (FY Forecast favourable variance £84k)
  - West IHC CHC Programme £0.3m (FY Forecast favourable variance £364k)
  - East IHC CHC Programme £0.05m (FY Forecast favourable variance £47k)
  - MHLD Right Care CHC Programme £0.3m (Against a FY Plan increased in month by £0.3m)
  - Procurement (NWSSP) (£0.3m)
  - Womens Birth Choices scheme delayed as previously reported (£0.1m)
  - YMW Agency Medical (£0.05m) (FY Forecast has been fully reinstated at month 5)

Figures relate to Green schemes. There are no Amber schemes.

## In Month

- Savings delivered in Month totalled **£1.8m**, of which £1.6m recurring, against a £1.7m Plan and £2.1m Target
- Accountancy Gains totalling £382k were reported by IHC West in Month 5. These are not reported against the cash savings target.

# FY Plan vs FY Forecast & Recurring/ Non Recurring

## Month 5

£'000's	IY PLAN			Recurring FYE Plan	FY OUTTURN (M5)			Recurring FYE Forecast	VARIANCE		
	Recurring	Non Recurring	Total		Recurring	Non Recurring	Total		Recurring	Non Recurring	Total
<b>Amber and Green Schemes</b>											
Cash Releasing - Budget	13,531	4,759	18,290	16,470	13,945	4,686	18,632	17,457	415	(73)	342
Cash Releasing - Run Rate									0	0	0
Cost Avoidance		43	43			43	43		0	0	0
Income Generation - Budget			-				-		0	0	0
Income Generation - Run Rate			-				-		0	0	0
	<b>13,531</b>	<b>4,802</b>	<b>18,333</b>	<b>16,470</b>	<b>13,945</b>	<b>4,729</b>	<b>18,675</b>	<b>17,457</b>	<b>415</b>	<b>(73)</b>	<b>342</b>
<b>Red Schemes</b>											
Cash Releasing	3,994	685	4,679	6,295	3,994	685	4,679	6,295	0	0	0
Cost Avoidance			-		-	-	-		0	0	0
Income Generation			-		-	-	-		0	0	0
	<b>3,994</b>	<b>685</b>	<b>4,679</b>	<b>6,295</b>	<b>3,994</b>	<b>685</b>	<b>4,679</b>	<b>6,295</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total - Red, Amber and Green Schemes</b>	<b>17,524</b>	<b>5,488</b>	<b>23,012</b>	<b>22,765</b>	<b>17,939</b>	<b>5,415</b>	<b>23,354</b>	<b>23,753</b>	<b>415</b>	<b>(73)</b>	<b>342</b>

At Month 5 close, the FY Plan value of Green schemes totals £18.3m. The FY Forecast £18.7m - £342k above Plan. Variances include:

- IHC Central Area Polypharmacy Reviews & Switches £200k
- IHC Central CHC £84k
- IHC East CHC £46k
- IHC West CHC £364k Favourable variance YTD Actual vs Plan £320k
- IHC West Polypharmacy Reviews & Switches, favourable variance halved month 4 to £36k £139k Favourable variance YTD Actual vs Plan £73k
- West Area's Pay 'Grip and Control', adverse variance unchanged (£88k) Adverse variance YTD Actual vs Plan (£37k)
- West Continence Products new scheme month 5 (£21k) Adverse variance YTD Actual vs Plan (£21k)
- MHLD Reduction in Bank, Agency & Overtime favourable variance increased by £38k (£74k)
- Womens Birth choices – issue previously reported. FY Forecast further reduced (£149k) Now forecasting that savings will start Nov
- Procurement (£179k)

The analysis of cash savings does not include accountancy gains.

# Summary by Category

Month 5

## FY Plan (Green Schemes)

FY Plan by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
<b>Savings '000s</b>										
Agency - Reduced usage of Agency/Locums paid at a premium	630		1,304		488					2,422
CHC and Funded Nursing Care	1,146	560	880	1,924						4,510
Commissioned Services				300	255					555
Medicines Management (Primary & Secondary Care)	741	463	813	322			1,238			3,578
Non Pay - Procurement	141	186	204	13	9	366	11	19	2,732	3,681
Non Pay - Other	164		226	20	173	159			1,378	2,119
Pay	729		51	642					46	1,467
<b>Grand Total</b>	<b>3,552</b>	<b>1,210</b>	<b>3,478</b>	<b>3,221</b>	<b>925</b>	<b>525</b>	<b>1,249</b>	<b>19</b>	<b>4,155</b>	<b>18,333</b>

Procurement (NWSSP) scheme allocated across Divisions. Total Plan value £1.1m.

## FY Forecast (Green Schemes)

FY Forecast by MMR Category	West Integrated Health Community	Central Integrated Health Community	East Integrated Health Community	MHLD	Womens Services	Diagnostic and Specialist Clinical Support	Cancer Services	Primary Care	Corporate	Total
<b>Savings '000s</b>										
Agency - Reduced usage of Agency/Locums paid at a premium	630		1,304		488					2,422
CHC and Funded Nursing Care	1,510	644	930	1,924						5,008
Commissioned Services				281	106					387
Medicines Management (Primary & Secondary Care)	851	672	804	322			1,303			3,952
Non Pay - Procurement	88	122	122	12	9	409	8	8	2,724	3,502
Non Pay - Other	144		226	16	173	161			1,378	2,098
Pay	641		51	569					46	1,307
<b>Grand Total</b>	<b>3,864</b>	<b>1,438</b>	<b>3,437</b>	<b>3,124</b>	<b>776</b>	<b>570</b>	<b>1,311</b>	<b>8</b>	<b>4,148</b>	<b>18,675</b>

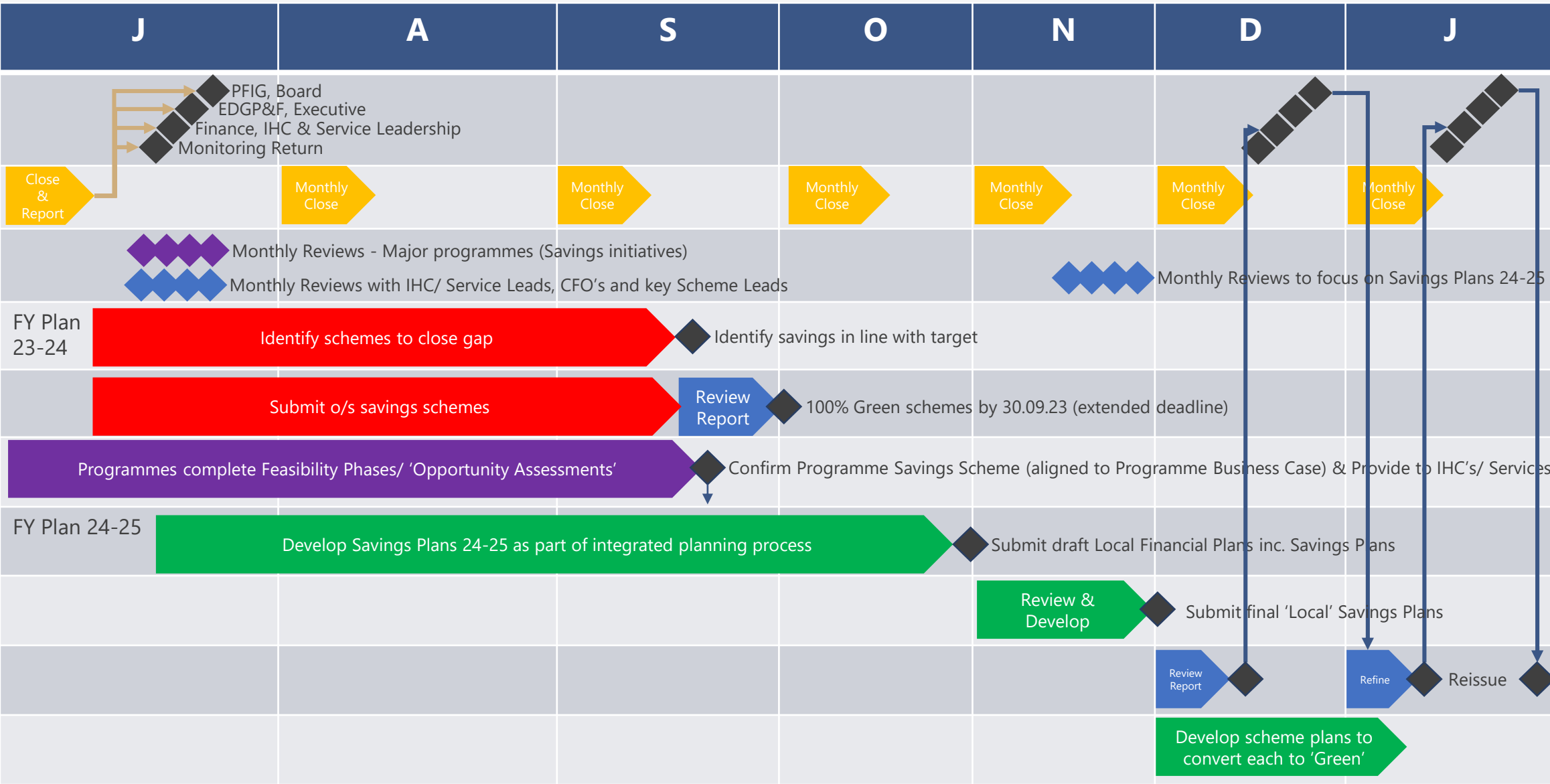
The analysis of cash savings does not include accountancy gains.

# Next Steps

## Month 5

	Update	Actions Required
Improve Savings Plans	Submit updated savings plans to meet the full target <i>on a recurring basis</i> by 30.06.23. Deadline extended to 31.08.23 and then 30.09.23. Cancer Services, Womens and MHLDD plans meet target.	Milestone not met. Action remains the same i.e. Submit updated savings plans to meet the full target <i>on a recurring basis</i> by 30.09.23. Divisions to review Red and Pipeline schemes and remove any schemes that will not reduce budget.
Convert all schemes to Green	Convert 50% of savings plans to Amber/Green by 30.06.23 Month 4 FY Plan value of recurring Green schemes totalled 50% of all schemes identified in plans. The deadline for converting 100% of schemes to Green was 31.07.23, which was then extended from 31.08.23 to 30.09.23	IHC's and Services need to submit remaining savings schemes by <i>mid-September at the latest</i> . This includes new schemes to be identified as per point 1 above. Note that this revised milestone is at risk. IHC's and Services continue to indicate that that transformation is required to unlock significant financial benefit and that without it, they cannot deliver plans in line with target.
Manage Delivery Risks	All IHC's and Services were asked to deliver savings delivery risks and mitigating strategies by 05.06.23. Deadline extended to 30.06.23. Reports now submitted to Finance monthly.	Expected that delivery issues and risks are managed by Savings Scheme Leads and escalated where necessary through the project governance arrangement agreed at set-up. Continue to review savings delivery risks in monthly reviews.
Monthly Reporting	Standard Divisional savings report established	Continue to submit monthly
Monthly Reviews	Actions identified in monthly savings reviews with Divisions	Continue monthly reviews
24-25 Plan	Timetable communicated to P&F EDG and CFO's Timetable, templates and guidance prepared. Summary timetable provided overleaf, as reported previously.	Timetable, templates and guidance developed in readiness for distribution of the local financial plan template. Divisions to develop savings plans as integral part of local planning.
Cross-cutting programmes	Improvement Groups were established to deliver incremental, transformational savings	Complete 'Opportunity Assessments' in time for approved Business Cases to be included in Savings Plans 24-25. Escalate issues through programme governance structure.

# Savings Planning 24-25 – High Level Timeline



The Savings Plan 24-25 submission dates have been aligned to Corporate Planning deadlines. A savings plan forms part of the local financial plan.

# Appendix 1

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# Green Schemes (1/3)

## Month 5

Service	Scheme / Opportunity Title	FY Plan	FY Forecast	FY Variance	YTD Plan	YTD Delivered	YTD Variance
HC - Centre	CHC	560,000	644,487	84,487	233,333	595,487	362,154
HC - Centre	NWSSP Drug Contract implementation	56,390	64,732	8,342	24,715	33,057	8,342
HC - Centre	Polypharmacy Reviews	406,850	607,157	200,307	173,750	272,273	98,523
HC - Centre	Procurement - Non Recurring	45,356	47,570	2,213	18,899	21,112	2,213
HC - Centre	Procurement - Recurring	140,996	73,862	-67,134	13,065	6,768	-6,297
HC - East	Agency Medical reduction ED	480,000	480,000	-0	200,000	191,769	-8,231
HC - East	Agency Medical Reduction Medicine YMW	150,000	150,000	0	62,500	12,500	-50,000
HC - East	Agency Medical Reduction Surgery	166,000	166,000	0	69,167	69,167	0
HC - East	CHC Cost containment	600,000	640,230	40,230	250,000	290,230	40,230
HC - East	CHC Management & Trigger Tool	180,000	186,353	6,353	0	6,353	6,353
HC - East	Childrens	100,000	103,847	3,847	34,375	38,222	3,847
HC - East	Dietetics non pay efficiencies	21,553	21,553	0	8,980	8,980	0
HC - East	ENT Disposable Scopes	200,000	200,000	0	25,000	25,000	0
HC - East	Medical Agency Reduction - Community Services	208,000	208,000	0	54,167	54,167	0
HC - East	Medical Agency Reduction - Primary Care - Managed Prac	300,000	300,000	0	0	0	0
HC - East	NWSSP Drug Contract implementation	48,550	50,000	1,450	18,132	25,717	7,585
HC - East	OT Non Pay efficiencies	4,013	4,013	0	1,672	1,672	0
HC - East	OT Pay 0.5wte Band 6	26,468	26,468	0	11,028	11,028	0
HC - East	Podiatry Pay 1 wte Band 3	24,379	24,379	0	10,158	10,158	0
HC - East	Polypharmacy Review (previously GP Prescribing)	489,850	492,850	3,000	208,335	224,589	16,254
HC - East	Procurement - Non Recurring	49,920	42,648	-7,271	20,800	13,528	-7,271
HC - East	Procurement - Recurring	153,897	79,644	-74,253	14,765	7,146	-7,618
HC - East	Secondary Care Drugs (AMD Biosimilars)	275,000	261,433	-13,567	60,000	46,433	-13,567

Continued overleaf



# Green Schemes (2/3)

Month 5

Service	Scheme / Opportunity Title	FY Plan	FY Forecast	FY Variance	YTD Plan	YTD Delivered	YTD Variance
HC - West	BAU: Grip and control measures - pay	607,500	607,500	0	75,000	75,000	0
HC - West	Children Special Cases Review	150,000	150,000	0	62,500	77,152	14,652
HC - West	Continence Products - usage review within community	50,000	29,167	-20,833	20,833	0	-20,833
HC - West	Continuing Healthcare	996,320	1,359,782	363,462	349,738	668,649	318,911
HC - West	Enteral feeding - therapies	40,000	40,000	0	8,888	9,637	749
HC - West	Grip and control measures - pay	250,000	162,000	-88,000	104,165	67,505	-36,660
HC - West	IHCW 19 - Pay Grip and Control - SACC Nursing	360,000	360,000	0	150,000	150,000	0
HC - West	IHCW 3 - Benefit Realisation of SICAT	90,000	90,000	0	37,500	37,500	0
HC - West	Medicines Management - Primary Care	400,000	539,013	139,013	163,995	237,143	73,148
HC - West	Medicines Management - Supply Chain Projects	180,000	147,942	-32,058	54,165	45,239	-8,926
HC - West	NWSSP Drug Contract implementation	30,780	30,314	-466	10,214	9,748	-466
HC - West	Primary Care Rebate Schemes	130,000	134,000	4,000	29,000	33,000	4,000
HC - West	Procurement - Non Recurring	31,363	29,436	-1,927	13,068	11,141	-1,927
HC - West	Procurement - Recurring	110,067	58,455	-51,612	10,295	5,489	-4,806
HC - West	Release part vacancy within COTE Medicine - N/R	51,263	51,263	0	42,715	42,715	0
HC - West	Review of GP Bed payments within community hospitals	75,000	75,000	0	31,250	31,250	0
Corporate and Estates	DDaT-004 McAfee Subscription	41,744	41,744	0	41,744	41,744	0
Corporate and Estates	Disposal of Ala Road	38,502	38,502	0	0	0	0
Corporate and Estates	LINC	1,079,000	1,079,000	0	449,583	449,583	0
Corporate and Estates	Office of CEO	35,946	35,946	0	21,920	21,920	0
Corporate and Estates	Pest Control across Health Board	66,609	66,609	0	66,609	66,609	0
Corporate and Estates	PH - Review of None Pay budgets	20,000	20,000	0	8,333	8,333	0
Corporate and Estates	Procurement - Non Recurring	2,648,287	2,674,907	26,620	1,010,285	836,905	-173,380
Corporate and Estates	Procurement - Recurring	83,348	49,009	-34,338	7,265	3,833	-3,432
Corporate and Estates	Review of Non Pay	132,000	132,000	0	132,000	132,000	0
Corporate and Estates	Review of pay vacancies	9,909	9,909	0	4,129	4,129	0

Continued overleaf

# Green Schemes (3/3)

Month 5

Service	Scheme / Opportunity Title	FY Plan	FY Forecast	FY Variance	YTD Plan	YTD Delivered	YTD Variance
MH&LDS	Bank, Agency & Overtime Reductions	642,000	568,292	-73,708	97,754	24,046	-73,708
MH&LDS	Drug Costs	322,236	322,236	0	132,206	124,329	-7,877
MH&LDS	Patient Transport	20,400	15,867	-4,533	4,533	0	-4,533
MH&LDS	Procurement - Non Recurring	7,682	8,100	418	3,201	3,619	418
MH&LDS	Procurement - Recurring	5,248	4,174	-1,073	442	559	117
MH&LDS	Reductions in OOA Placements	300,000	281,408	-18,592	18,592	0	-18,592
MH&LDS	Right Care Programme	1,923,809	1,923,809	-1	801,587	1,141,625	340,038
Midw & Womens	Birth Choices Scheme 23/24	254,670	106,113	-148,558	106,113	0	-106,113
Midw & Womens	Medical Agency: Local increase in Medical Bank rates for t	80,193	80,193	0	33,414	33,414	0
Midw & Womens	Medical Agency: Recruitment over-establishment (Invest	100,797	100,797	0	41,999	41,999	0
Midw & Womens	Medical Agency: Recruitment to substantive posts	307,116	307,116	-0	53,315	53,314	-0
Midw & Womens	Non Pay: Dressing (Leukomed Sorbact)	23,047	23,047	0	9,603	9,603	0
Midw & Womens	Non Pay: Local enhanced governance re ad-hoc expenditu	149,469	149,469	0	62,279	62,279	0
Midw & Womens	Procurement - Non Recurring	4,500	2,684	-1,816	1,875	59	-1,816
Midw & Womens	Procurement - Recurring	4,731	6,040	1,309	259	1,012	753
Primary Care	Procurement - Non Recurring	4,091	2,440	-1,651	1,705	54	-1,651
Primary Care	Procurement - Recurring	14,613	5,904	-8,709	4,396	298	-4,098
Cancer	Patent/Price Reduction Drugs scheme - New 23-24	251,468	309,683	58,215	89,607	81,858	-7,749
Cancer	Patent/Price Reduction Drugs scheme -Existing	986,402	993,368	6,966	647,073	638,284	-8,789
Cancer	Procurement - Non Recurring	6,529	4,057	-2,472	2,720	248	-2,472
Cancer	Procurement - Recurring	4,460	3,548	-912	376	475	99
DSCS	EBME covid equipment maintenance	68,093	70,301	2,208	28,372	28,814	442
DSCS	Pathology Contracts & Batch Efficiencies	47,531	47,531	0	19,804	19,804	0
DSCS	Procurement - Non Recurring	25,412	15,396	-10,016	10,588	572	-10,016
DSCS	Procurement - Recurring	340,811	393,534	52,723	130,630	87,636	-42,994
DSCS	Stock Management -Pathology	43,100	43,100	0	0	0	0
Total - All Green Schemes		18,333,268	18,674,931	341,663	6,720,477	7,385,481	665,004

## BCUHB – Capital Monthly Dashboard

BUDGET 23/24						
1) Capital Resource Limit 2023/24	£m	<b>Brief Overview / Update</b> The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).				
WG Discretionary Capital	11.399					
Efab	4.324					
All Wales Scheme	3.571					
	19.294					
CAPITAL PROGRAMME 23/24	Initial Programme taking into account 25% reduction (£m)	Spend month 5 (£m)	Forecast Outturn (£m)	Current Over commitment (£m)	Orders still be placed (£m)	Comments
Divisions	4.687	3.140	5.117	-0.430	0.464	Schemes under review to ensure delivery within planned funding
Operational Estates	1.765	0.311	1.900	-0.135	0.000	Overcommitment to be managed within programme.
Medical Devices	2.306	0.713	2.317	-0.011	0.080	Equipment not yet ordered totals £0.08m, over commitment managed
Informatics	2.262	0.060	2.262	0.000	1.286	£0.976 of orders placed to date.
Other discretionary	0.379	0	1.439	-1.060		Further slippage is anticipated which will move the program to balance
	11.399	4.224	13.035	-1.636	1.83	
Efab	4.324	TBC	4.324	0.000	TBC	
MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Spend month 5 (£m)	Forecast Outturn (£m)	Current Over commitment (£m)	Comments	
Wrexham Continuity	0.000	0.028	0.000	0.000	FBC Submitted, in discussion with Welsh Government on progression of scheme	
Adult Older Persons Mental Health ( YGC)	1.688	0.198	1.688	0.000	8 week delay to the programme being reported by the supply chain partner (BAM) delay	
Nuclear Medicine	0.373	0.120	0.373	0.000	In dialouge with Welsh Government.	
Conwy West - Health & Well Being Hub	0.600	0.000	0.600	0.000	In dialouge with Welsh Government.	
Orthopaedic Hub at Llandudno	0.839	0.416	0.839	0.000	Work continues to finalise the single stage business case.	
Ambulance Shoreline	0.071	0.068	0.071	0.000	Works complete	
	3.571	0.830	3.571			



<b>Teitl adroddiad:</b> <i>Report title:</i>	Finance – Special Measures Action Plan (update 23 October 2023)		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance & Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 02 November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to set out the Finance Special Measures Action Plan which describes five of the deliverables within the Health Board Special Measures Action Plan – 2<sup>nd</sup> 90 Days, for Outcome 2: A clear, deliverable plan for 23/24.</p> <p>Within each of the five deliverables, there are a number of specific milestones and the document describes the actions, lead, timescale and progress to date as at 23 October 2023.</p> <ul style="list-style-type: none"> <li>• Deliverable 2.2 Financial Savings</li> <li>• Deliverable 2.3 Future Financial and Value Opportunities</li> <li>• Deliverable 2.6 Contract procurement and management Review</li> <li>• Deliverable 2.7 Finance Team &amp; Capacity</li> <li>• Deliverable 2.8 Financial Governance</li> </ul>		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to receive and note the Action Plan as at 23 October 2023.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russell Caldicott Interim Executive Director of Finance		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Andrea J Hughes, Interim Finance Director – Operational		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>			

<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	A three-year Financial Plan would be required to meet the Health Board's obligation under its Standing Financial Instructions (SFIs) and under section 175(2) of the National Health Service (Wales) Act 2006. The one-year plan does not meet that obligation.
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	Not applicable
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Not applicable
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	If the actions detailed in the Special Measures response plan are not progressed on time and do not deliver the anticipated outcomes, then there is risk to the delivery of the 2023/24 Annual Plan and exceeding the planned forecast deficit; and, the required improvements in Financial Governance will continue to attract criticism and will cause further reputational damage.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	Not applicable.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

<b>Links to BAF risks:</b> <i>(or links to the Corporate Risk Register)</i>	CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 (£134.2m deficit), because of failure to achieve the level of financial improvement included in the plan
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> Further progress the actions set out in the Action Plan.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> 1. Finance - Special Measures Action Plan – Outcome 2: A clear, deliverable plan for 23/24 (23 October 2023)	

## Finance - Special Measures Action Plan 2nd 90 Days (September to November 2023)

As part of the Health Board Special Measures Action Plan for the 2nd 90 Days, the below sets out the response to five of the deliverables within Outcome 2: A clear, deliverable plan for 23/24. Within each of the five deliverables, there are a number of milestones. The actions, lead, timescale and progress status/actions to date are described below either one, or a group of, milestones.

- **Deliverable 2.2 Financial Savings**
- **Deliverable 2.3 Future Financial and Value Opportunities**
- **Deliverable 2.6 Contract procurement and management Review**
- **Deliverable 2.7 Finance Team & Capacity**
- **Deliverable 2.8 Financial Governance**

### Key:


Deliverable Status: **Red** – Overdue, **Green** – Complete, White – Not due

Progress Status: **Red** – No/Minimal Progress, **Amber** – On Track but not complete, **Green** - Complete


### Deliverable 2.2 Financial Savings: Finalise the Savings Plan and forecast full delivery

2.2.1 All plans to meet the £25.2m savings target to be 100% RAG score Green/Amber by end of October 2023.		
2.2.2 Recurrent Investment Group Assurance (RIGA) to review all budgeted cost overruns resourced in 2023/24 plans, meetings concluding end of September 2023, outputs implemented during October 2023. Dates revised to October and November 23.		
2.2.3 Recurrent Investment Group Assurance (RIGA) to review new investments budgeted in 2023/24 plans commencing October 2023, outputs implemented November 2023. Dates revised to November and December.		
Actions	Achievements to date	Progress Status
<ul style="list-style-type: none"> <li>• Closely monitoring savings delivery and recovery of the YTD slippage (reinforce delivery via 'check &amp; challenge' review meetings). Savings documentation, includes recurrent / non-recurrent</li> </ul>	<ul style="list-style-type: none"> <li>• Month 5 – Savings Plan Totals £25.855m (Green £18.3m, Red £4.679m &amp; Pipeline £2.843m). Recurring Green £13.5m</li> </ul>	





<p>values, delivery profiles and PYE and FYE (to improve underlying position c/f into 24/25)</p> <ul style="list-style-type: none"> <li>• Integrated Performance Meetings Chaired by CEO to include reporting on CIP delivery and achievement of financial plans and performance against plans and relative benchmarking. Budget Holders held accountable.</li> <li>• Diarise the RIGA sessions for September to assess the 2023/24 investments that are already in the run rate to stop, reduce or deliver at reduced cost; enacting exit strategies at pace</li> <li>• Issue Comms to all IHC and Divisional Directors and Budget Holders communicating the ongoing process for approval of request for new investments using new sources of confirmed funding or uncommitted reserves, with receipt of signatures from the leadership for ownership</li> <li>• Ensure training sessions are held in regards to Procurement process and policies for all budget managers (c400 officers)</li> </ul>	<ul style="list-style-type: none"> <li>• Month 6 – Savings Plan Totals £23.078m (Green £19.022m, Red £2.485m &amp; Pipeline £1.571m). Recurring Green £14.145m. Reduction in total plan due to removal of 1) duplicate schemes 2) unlikely to deliver or 24/25 schemes. Forecast delivery against the Green Schemes is £19.915m.</li> <li>• Monthly hold to account meetings held – via Executive Delivery - Integrated Performance Group</li> <li>• 1<sup>st</sup> RIGA session took place on the 2<sup>nd</sup> October 23 (reviewing the c£100m previous year investments), second session took place on 17<sup>th</sup> October, third session planned for 1st November.</li> <li>• Weekly ECG meetings taking place to approve/reject requests to recruit to vacant posts (all A&amp;C and all Band 7+ non patient facing). Savings to be reported from Month 7 onwards.</li> <li>• Procurement Training update: <ul style="list-style-type: none"> <li>▪ Procurement Lunch and Learn – Nov 23 (Finance Staff);</li> <li>▪ All <b>new</b> requisitioner's and approvers (budget managers) required to complete I-Proc training on set-up (e-mail 29.08.23 20:01) via NWSSP resource LIVE;</li> <li>▪ Training open to <b>ALL</b> requisitioner's via <a href="#">Oracle New User Request Form (office.com)</a> LIVE;</li> <li>▪ Planned E-Enablement session for existing and targeted users commencing 24<sup>th</sup> Oct 23;</li> <li>▪ Organisation wide / local communications to inform and raise awareness Oct 23;</li> <li>▪ Focus: <ul style="list-style-type: none"> <li>○ Miscoding's: Requisition and POs</li> <li>○ Closure of POs</li> <li>○ Incorrect (full) receipting of POs</li> <li>○ No PO No Pay and retrospective requisitioning</li> <li>○ Key contacts and resources for support</li> </ul> </li> </ul> </li> <li>• NWSSP and SFOs, to provide a Teams Procurement Training to Budget Managers</li> </ul>	
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2.3.1 Identify as a minimum, £15m (50% of current year stretch target) as new 24/25 Savings Plans by end of November		
Actions	Achievements to date	Progress Status
<ul style="list-style-type: none"> <li>Closely monitor savings identification as part of the 2024/25 Annual Planning process</li> <li>Capture the outcome of RIGA process where there are schemes that will commence savings in 2024/25 (due to timing of exit strategies) that potentially deliver 2024/25 budget reductions</li> <li>Capture details within the Savings documentation, including the recurrent and non-recurrent values, delivery profiles and PYE and FYE for the MDS and in preparation for the 24/25 MMR</li> </ul>	<ul style="list-style-type: none"> <li>Savings templates and guidance issued as part of the Annual Plan process – draft submission due 31.10.23</li> </ul>	

### Deliverable 2.6 Contract procurement and management Review: Complete independent review of Contract Procurement

2.6.1 Draft finding/report to be available during October 2023 – extended to end of October		
2.6.2 Final findings/report to be available by close of October 2023 – extended to end of November		
2.6.3 Agreed recommendations to be incorporated into the Financial Control Environment Action Plan and address actions considered 'urgent' by end of November – extended to end of December		
Actions	Achievements to date	Progress Status
<ul style="list-style-type: none"> <li>Support Internal Audit during the commissioned review, to conclude end of September 2023. Including the provision of documents relating to processes, procedures, information registers, evidence of meetings, participate in fact finding interviews etc</li> <li>Consider draft and final versions of the findings/report October 2023</li> <li>Discuss finding/report at appropriate committees and Welsh Government October 2023</li> </ul>	<ul style="list-style-type: none"> <li>Majority of departments provided contract information for which they are the lead (exceptions WOD, OBS, WEST &amp; EAST IHC)</li> <li>STW information provided, including guidance</li> <li>Procurement Guidance documentation provided (although acknowledge requires a refresh)</li> <li>Interviews have been conducted</li> <li>Sample testing to be undertaken on the contract information supplied – final week of September.</li> </ul>	


<ul style="list-style-type: none"> <li>Incorporate agreed recommendation into the Financial Control Environment Action Plan and embed better practice into procedures and processes by close of November 2023</li> </ul>	<ul style="list-style-type: none"> <li>IA have confirmed that due to the data challenges and complexity of the review, it is likely that the draft report will not be available until the end of October. A progress meeting took place on the 19<sup>th</sup> October. Substantive testing continues – draft recommendations are being pulled together in preparation for draft recommendation to be shared with BCU and NWSSP at end of the month.</li> </ul>	
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### Deliverable 2.7 Finance Team & Capacity: Progress actions to stabilise the finance team and develop capacity

2.7.1 Agree supplementary resourcing for Finance Department by end of September		
2.7.2 Finalise Benchmarking exercise by mid October		
2.7.3 Initial consideration of recurrent staffing requirements by end of November		
Actions	Achievements to date	Progress Status
<ul style="list-style-type: none"> <li>Make recommendations to the Chief Executive regarding initial supplementary resourcing of the finance department by September 2023, pending a full restructure plan to be put forward</li> <li>Complete benchmarking analysis (Wales comparison and wider) to inform areas for review within the wider structure</li> <li>Work in conjunction with partners including Finance Academy</li> <li>Initial consideration of the required staffing resource of the Finance Department. Reflect on the impact of changes made to the new Health Board Operating Model, review Business Partnering Teams, Financial Accounts, Management Accounts, Contract Procurement recommendation on Finance Staff and additional roles to support the work to recover the financial</li> </ul>	<ul style="list-style-type: none"> <li>Discussions continue with the CEO on the supplementary resourcing requirements – issued internal EoI to establish a support team to address the Special Measures Projects. Band 7 Officer commenced secondment to support FD-Operational post.</li> <li>Close working with FP&amp;D on progression of the Benchmarking work (some initial data shared) and FP&amp;D shared some data obtained from Scotland and arranged information sharing session to take place in early October. Session with Scotland colleagues took place on Friday 6<sup>th</sup> October.</li> <li>Continued to work in conjunction with Finance Academy, to identify potential additional temp resources. EoI have now been issued to NHS Wales for a B9 for 12 months. Applications received 6<sup>th</sup> October. Also seeking officers willing to work on a fixed term basis. Awaiting ECR approval to proceed.</li> </ul>	

position – Development of a new Operating Model (& Structure) for 3 <sup>rd</sup> Cycle.		
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**Deliverable 2.8 Financial Governance: Progress the Financial Control Environment Action Plan (see full Plan for all actions)**

2.8.1 Finalise Local level SORDs by end of October		
2.8.2 Finalise Health Board SORD by end of November		
2.6.3 Summarise all learning to inform a development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the HB, linking in with the Finance Academy partners, by end of November		
Actions	Achievements to date	Progress Status
<ul style="list-style-type: none"> <li>Review draft Local SORDs for robustness and consistency where appropriate</li> <li>Feed through learning into the Health Board SORD</li> <li>Summarise all learning from 21/22 year-end and Audit and 2022/23 year-end and Audit.</li> <li>Inform a development programme for all Finance staff, and all other staff exercising financial responsibilities on behalf of the HB, injecting values and standards</li> <li>Produce updated Standing Orders, Scheme of Delegation and Standing Financial Instructions for endorsement by the Health Board</li> </ul>	<ul style="list-style-type: none"> <li>All Local SORDs except Corporate are ready for review</li> <li>Initial list of 'issues' to be addressed in Main HB SORD, have been identified. Major work to update the SORD continued in October, with the changes proposed to be endorsed through the November Audit Committee (to be ratified at the Board Meeting in Dec 23)</li> <li>The revised SO are being presented to the Board for endorsement to reflect the changes proposed by WG.</li> <li>The SFIs have been reviewed and will be reflective of the revised SOs and SORD and will be endorsed through November Audit Committee (to be ratified at the Board Meeting in Dec 23)</li> <li>Meetings held with OBS on the plan for 24/25 Accounts process – assigning leads (Annual Report, Rem Report, Audit Letter etc), undertaking as much preparatory work in advance, maintaining a Master version of the Rem Report that is continually kept up to date with names, dates, 3<sup>rd</sup> party interests etc</li> </ul>	

	<ul style="list-style-type: none"><li>• OBS &amp; WOD to undertake checks on the appointment of Execs since April to ensure due process had been followed and that this is adhered to going forward.</li><li>• Initial meeting held with Head of Capital Accounting &amp; Head of Financial Accounts, to discuss the issues raised by AW and to agree the forward improvement plan. Meeting took place on 10<sup>th</sup> October with Newsoft (CARS) to discuss existing contract arrangements, dedicated support and training. Agreement reached to continue partnership, which will provide the stability required going forward.</li><li>• Productive PPL meeting took place with Audit Wales colleagues on 5<sup>th</sup> October – discussed in details what went well, what needs to improve – agreed regular touch base sessions going forward. BCU have drafted Accounts Work Plan – this will be further reviewed once the Manual for Accounts is issued in December.</li></ul>	
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<b>Teitl adroddiad:</b> <i>Report title:</i>	NHS Capital & Revenue Investment for the North Wales Medical School
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 02 November 2023
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The North Wales Medical School (NWMS) was formally approved by the Minister for Health and Social Services in an announcement made in January 2023. Implementation of the plans for the NWMS starts with an increase of 80 students in 2024 with full numbers being reached by 2033.</p> <p>The paper, attached as Appendix A, has been developed in order to provide information requested by Welsh Government (WG) within an agreed timescale for submission of November 2023.</p> <p>The paper aims to outline the financial investment required to support the independent medical school agreed for North Wales. It assumes that the Strategic Case developed in 2020 is accepted by WG and that an assessment of broader economic factors is not required as the decision to establish the NWMS has already been made.</p> <p>A key purpose of the paper is to support discussions with WG and reach agreement with regard to the most appropriate business case strategy, gaining approval to proceed to the production of formal business case(s) and agreement regarding submission timescales.</p> <p>The content of this paper has been developed to:</p> <ul style="list-style-type: none"> <li>• respond to a request from WG in June 2023 to ensure the scope of the business case(s) is based on essential work required to deliver the curriculum;</li> <li>• provide an overview of the background to the establishment the NWMS;</li> <li>• meet the required format of the Business Case Scoping Document which is used as part of NHS capital planning and business case approval process with WG;</li> <li>• provide additional information to support the delivery of the Longitudinal Integrated Clerkship (LIC) in primary care;</li> <li>• provide additional information to support the estimated investment level indicated.</li> </ul> <p>This paper is provided to the Performance, Finance and Information Governance Committee to approve its submission Welsh Government.</p>

<b>Argymhellion:</b>	The Committee is asked to:			
<b>Recommendations:</b>	1. Approve the submission of the paper to Welsh Government			
<b>Arweinydd Gweithredol:</b>	Nick Lyons, Executive Medical Director, BCUHB			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Lea Marsden, Programme Director, North Wales Medical School, BCUHB			
<b>Report Author:</b>	Ian Howard, Assistant Director - Strategic And Business Analysis, BCUHB			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	The development of the North Wales Medical School is part of the Health Board's strategy.			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	There are no known regulatory or legal implications relating to the content of this paper.			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	An Equality Impact Assessment has not yet been undertaken but will be completed as part of the development of the business case(s) in line with requirements. Timescales for the business case(s) have yet to be agreed with Welsh Government, those proposed are outlined in detail within the paper.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	A Socio Economic Impact Assessment has not yet been undertaken but will be completed as part of the development of the business case in line with requirements. Timescales for the business case(s) have yet to be agreed with Welsh Government, those proposed are outlined in detail within the paper.			

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Section 4 includes information relating to the relevant risks recorded in Datix. Approval is being sought for this paper to be submitted to Welsh Government in November 2023, therefore section 4 also identifies risks should the paper not be approved by PFIG on 2nd November 2023.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The paper outlines investment proposals that are estimated to equate to between £14.6m and £19.6m in capital and £89k in revenue with the assumption that these costs will be funded through the approval of the business case(s) proposed within it.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The focus of this paper is on estates investment and does not yet include detailed workforce assumptions or forecasts. At this stage workforce implications are assumed to be met through additional SIFT income which will become payable to BCUHB, based on the placements undertaken by students. This assumption will be fully tested and analysed through the development of the business case(s) once agreement to develop a formal business case has been agreed with Welsh Government</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This paper was approved by the Executive Team on 25th October 2023.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>None</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p><b>Next Steps:</b></p> <p>Welsh Government have indicated that they would wish to have a round table discussion with BCUHB and Bangor University following submission of the paper attached as Appendix A. A date is yet to be set but is expected to be planned for December 2023.</p> <p>An indicative programme is provided within the paper for discussion with WG. This timeline assumes that approval to develop a Strategic Outline Programme Business Case (SOP) will be confirmed in January 2024. Work in the programme will continue whilst the proposals are being considered by WG.</p>	
<p><b>List of Appendices:</b></p> <p>Appendix A – NHS Capital &amp; Revenue Investment for the North Wales Medical School</p>	



**Performance, Finance and Information Governance Committee**  
**2nd November 2023**  
**NHS Capital & Revenue Investment for the North Wales Medical School**

**1. Introduction/Background**

- 1.1. The North Wales Medical School (NWMS) was formally approved by the Minister for Health and Social Services in an announcement made in January 2023. Implementation of the plans for the NWMS starts with an increase of 80 students in 2024 with full numbers being reached by 2033.
- 1.2. In order to take the business case development process for the NWMS forward, a Business Case Scoping Document was submitted to WG in February 2023. Capital estimates at this stage, based on feasibility work of an external architect for education centres and a broad approximation for primary care, were between £24m and £30m.
- 1.3. Through correspondence in March/April 2023 and then discussions in June 2023, WG indicated that they were not anticipating that capital investment would be needed for the NWMS and that availability is scarce. Consequently, it was agreed that further work to refine assumptions and estimates would be undertaken with an agreement that a further submission would be made in November 2023, in order for WG to understand the risk to the NWMS should investment not be available and to hold internal discussions with Ministers
- 1.4. The paper in Appendix A has been developed in response to this request and is in the form of an updated Business Case Scoping Document with the addition of an options appraisal for the education centres which is supported by a risk assessment of the impact of increased student numbers in the education centres. Additional content for context and information has also been included.

**2. Key Areas of note for the Committee**

- 2.1. The scope of the business case(s) and, work undertaken to develop the proposals thus far is described in detail within the paper in Appendix A. In summary, it concludes that the establishment of the NWMS will have the following impact in terms of investment requirements:
  - 2.1.1. Investment in the education centres at Ysbyty Gwynedd and Ysbyty Glan Clwyd and Wrexham Medical Institute is required;
  - 2.1.2. Investment into clinical environments (wards and outpatient clinics) at Ysbyty Gwynedd and Ysbyty Glan Clwyd and Wrexham Maelor Hospital is not required as mitigation of associated risks can be achieved through other means;
  - 2.1.3. Investment into 8 of the community hospitals across North Wales is likely to be required but limited to ensuring there is an appropriate environment for students to undertake study and access resources;
  - 2.1.4. Investment into primary care estate is likely to be required in order to provide sufficient places for the Longitudinal Integrated Clerkship in primary care.



- 2.2. Quantifying the investment required for primary care remains complex and is likely to require detailed work undertaken practice-by-practice. The paper recommends that this is delivered through the process to produce a Strategic Outline Programme Business Case (SOP). Factors influencing the requirement of this approach are:
- 2.2.1. the high number of variables which need to be taken into account to determine whether capital or revenue consequences would arise and whether they would be funded via the NHS or not;
  - 2.2.2. the wide range in the cost of potential solutions depending upon the individual practice being considered;
  - 2.2.3. the fact that many properties fall outside of ownership / management of BCUHB and the availability of data is limited;
  - 2.2.4. solutions for GP practices may give rise to specialist fees not ordinarily included in the rates used for the production of estimates.
- 2.3. The assessment of capacity indicates that growth in student numbers during the early years can be met within existing estate, however, there is a need to plan now for future years and that this will require investment. The tipping point occurs in 2027 across all estate environments within the scope of the proposed business case(s).
- 2.4. BCUHB also provides medical education to students from other medical schools which are in addition to the numbers to be provided for from the NWMS. The number of students under these arrangements are assessed as being broadly equivalent to an 80-place medical school. Detailed timetabling, undertaken to determine capacity within the education centres, has taken account of current commitments to these programmes as well as the increase of students for the NWMS.

### 3. Anticipated Investment

- 3.1. Updated estimates detailed in the paper indicate that the capital investment proposed by the business case(s) will be between £14.6m and £19.6m. This covers BCUHB sites and properties in primary care, including those outside of BCUHB ownership. Summary tables from the paper are included in the sections that follow for ease of reference.
- 3.2. Estimated costs across education centres, based on preferred options, and community hospitals are:

BCUHB	Capital Estimate	Revenue Estimate	Occupation Date
Education Centre YG	£3.1m	£60k	2027
Education Centre YGC & WMI	£4.9m	£20k	2027
Community Hospitals	£1.3m	£9k	2027 (phasing TBC)
<b>Totals</b>	<b>£9.3m</b>	<b>£89k</b>	

- 3.3. Potential costs across primary care estate, based on the analysis and related assumptions described in detail in the paper are:

Primary Care	Capital Estimate	Revenue Estimate	Occupation Date
Worst Case Scenario	£10.3m	To Be Confirmed	2027 - 2031
Medium Case Scenario	£7.7m	To Be Confirmed	2027 - 2031
Best Case	£5.3m	To Be Confirmed	2027 - 2031

#### 4. Risk Management

- 4.1. Risk management within the programme is supported by a joint, excel-based, risk register to ensure that all risks can be reviewed together, be they Health Board risks, University risks or joint risks. Health Board risks are also recorded and maintained in Datix to ensure that the Health Board's risks are managed and reported in line with the Health Board's Risk Management Policy.
- 4.2. Review of the risk register is managed by the programme's Risk Management Sub Group and oversight and scrutiny of the risks is provided by the programme's Joint Delivery Group on a monthly basis.
- 4.3. There are two risks on Datix linked to the matters covered by this paper, risk ID 4543 and risk ID 4730 which are detailed below:

Risk ID	Risk Title	Risk Description	Current Rating
4543	Risk of students not completing the course due to insufficient secondary care placements	There is a risk that the students cannot undertake placements in secondary care required by the curriculum. This may be caused by insufficient placements being found within BCUHB or other Health Boards. This could lead to an impact on the balance of education in hospital and community based settings, the quality of placements and the completion of study within North Wales for the students affected.	6
4730	Risk of insufficient teaching environments should WG not approve estate (capital and revenue) investment for BCUHB	There is a risk that BCUHB is unable to source adequate estate investment to develop the necessary teaching environments. This may lead to the limiting of student numbers which in turn will impact on revenue assumptions underpinning the business case for the School	12

- 4.4. There is one further risk included on the programme's risk register which is linked to matters covered by this paper, risk ID 21. This is a BU risk and is therefore managed through the University's risk management, not Datix

Risk ID	Risk Title	Risk Description	Current Risk Rating
21	Risk of students not completing the course due to the University not securing sufficient high quality primary care placements	There is a risk that the students cannot undertake placements in primary care required by the curriculum design and aspirations. This may be caused by insufficient placements being found within BCUHB. This could lead to an impact on the balance of education in hospital and community based settings, the quality of placements and the completion of study within North Wales for the students affected.	8

- 4.5. Approval is being sought for this paper to be submitted to Welsh Government in November 2023. Risks outlined below relate those that may arise should the paper not be approved by PFIG on 2nd November 2023.

- 4.5.1. The timescale agreed with WG in June 2023, for updated information relating to the investment proposal for the NWMS, is November 2023. Should the paper not be approved it will not be possible to meet the required deadline.
- 4.5.2. WG have proposed that a round table discussion is held in December 2024, subject to this, the timeline for WG approval to develop SOP is proposed to be January 2024. Whilst the timescale for the production of the SOP is not until December 2024, the delay in the agreement to proceed to its development would introduce risks to the timescales assumed throughout the programme.

## 5. Conclusion and Recommendation

- 5.1. The Performance, Finance and Information Governance Committee is asked to:

- Approve the submission of this paper to Welsh Government.

# NHS Capital & Revenue Investment for the North Wales Medical School

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## Introduction

The benefit of an independent medical school to the health, educational and economic development of North Wales and its population is not in doubt. For the medical school to deliver this benefit, it must be both viable and sustainable, which requires adequate investment in both staffing and facilities

This paper aims to outline the financial investment required to support the independent medical school agreed for North Wales. It assumes that the Strategic Case developed in 2020 is accepted and an assessment of broader economic factors is not required as the decision to establish the North Wales Medical School (NWMS) has already been made.

A key purpose of the paper is to support discussions with Welsh Government (WG) and reach agreement with regard to the most appropriate business case strategy, gaining approval to proceed to the production of formal business case(s) and agreement regarding submission timescales.

The content of this paper has been developed to:

- Respond to a request from WG in June 2023 to ensure the scope of the business case(s) is based on essential work required to deliver the curriculum;
- Provide an overview of the background to the establishment the NWMS;
- Meet the required format of the Business Case Scoping Document which is used as part of NHS capital planning and business case approval process with WG;
- Provide additional information to support the delivery of the Longitudinal Integrated Clerkship (LIC) in primary care;
- Provide additional information to support the estimated investment level indicated.

## Background to the North Wales Medical School

Betsi Cadwaladr University Health Board (BCUHB), in partnership with Bangor University (BU), is committed to increasing the number of clinical medical students studying wholly in North Wales through the establishment of an independent medical school. Evidence from around the world suggests that medical graduates are likely to undertake postgraduate training close to where they studied, so the aim is to encourage students to develop lifelong careers within North Wales, benefitting the local population and its communities.

Cardiff University School of Medicine has placed medical students in their clinical years within North Wales for many decades. The provision of undergraduate medical education for small classes of students based entirely in North Wales began in 2019 through the delivery of the C21 North Wales Medicine programme (C21NW). The programme was created through a partnership between BU and Cardiff University (CU) under franchise arrangements and, uniquely amongst UK medical schools, places students in their first year of clinical studies and, in Year 3, places students mainly in primary care where they are embedded within local communities in urban and rural environments. Proposals for an independent school built on these arrangements and a Strategic Case was developed through a collaborative process, involving BU, CU and BCUHB, during 2020. A high level summary of the Strategic Case is included at Appendix A.

The role of CU as a key partner is recognised; they developed the C21NW programme in collaboration with BU and BCUHB, support its transition to an independent medical programme to be provided by BU and are playing an essential role as the Contingency Partner required by the General Medical Council's (GMC) process for the approval of new medical schools.

The Strategic Case for the NWMS was submitted in July 2020 and, following consideration by the Minister for Health and Social Services, received WG support. Arrangements to consider and develop proposals further were established at a national level to ensure that the NWMS was considered on an all-Wales basis and in acknowledgement of the existing medical schools at Swansea and Cardiff Universities.

National processes progressed the proposal in phases between the autumn of 2020 and January 2023. This culminated in an announcement by the Minister for Health and Social Services on 26<sup>th</sup> January 2023 confirming that funding for up to 140 medical student places, through direct intake to BU, would start from 2024.

A key strategic aim of the programme is to ensure that the NWMS's curriculum can evolve, over time, to reflect BCUHB's long term strategies for the health and well-being of the local population. This approach offers opportunities, unique to North Wales, through co-terminus boundaries and the collaborative relationship that has been built between BCUHB, as the only Local Education Provider, and BU.

## BCUHB as a Provider of Medical Education

BCUHB is a GMC-approved Local Education Provider (LEP) of medical education and is therefore responsible for meeting the GMC standards of the learning environment and clinical culture in its primary, secondary and community sites. The quality of medical education provided by LEPs is formally evaluated on an annual basis and BCUHB has consistently provided undergraduate medical education that is above the national average, and frequently the best, for Wales

BCUHB is also officially designated as a University Health Board the criteria for which is specified by Welsh Government. The establishment of the medical school, opportunities for research and innovation and the collaborative relationship with BU directly support the continued delivery of activities required by the criteria.

The proposals outlined in this paper are predicated on the ambition of maintaining the quality of education and student experience, and achievement of learning outcomes for tomorrow's doctors. They also reflect the significant growth in student numbers the establishment of the NWMS will bring, in the context of challenges in the delivery of healthcare in the NHS.

Requirements of BCUHB are determined by the curriculum for the NWMS and its consequent placement requirements. At its establishment in 2024, the NWMS's curriculum will be based closely on that of the C21NW programme, with some adaptations agreed with CU. Adoption of the C21 curriculum supports the requirements of the GMC accreditation process for new medical schools and has facilitated the establishment of the NWMS by 2024, ahead of the WG's programme for government target for 2025.

One significant difference in establishing the NWMS, compared with the current C21NW programme, is that students will commence their studies in the region from Year 1 of the degree, replacing the Year 2 only entry of mainly graduate entrants under current franchise arrangements.

The curricular model and its consequent placement requirements developed for BU's medical degree programme will have implications for the following NHS estate:

**BCUHB:**

- Acute care environments in Wrexham Maelor Hospital, Ysbyty Glan Clwyd and Ysbyty Gwynedd.
- The 3 existing education centres at the district general hospital (DGH) sites in Wrexham, Bangor and Glan Clwyd;
- Some of the 18 community hospitals across North Wales.

**Primary Care:**

- General practice estate across North Wales (sufficient to deliver 140 placements for the LIC).

The proposed inclusion of general practice (GP) estate responds to the requirements of the LIC undertaken in primary care during Year 3 of the degree, and reflects the unique medical educational opportunities across the North Wales region. The assumption that additional learning space will potentially be needed to provide the full 140 LIC placements has been based on:

- the BCUHB Estate Strategy, which is based the most recent assessment of primary care (Lambert, Smith, Hampton 2016), in which the summary of findings concludes that:
  - the physical condition is assessed as either poor or unacceptable in 45% of properties;
  - there is a high level of non-compliance to Equality Act / Disability Discrimination Act in 57% of properties;
  - that the available space is either fully utilised or over-crowded in 90% of properties.
- a stakeholder engagement exercise with a range of representation, including the Local Medical Committee (LMC) and Health Education and Improvement Wales (HEIW), which identified the need for fit-for-purpose estate;
- an engagement session with current GP tutors at the North Wales GP Tutors' Conference held in May 2023, through which estate capacity was identified as a potential barrier to achieving the planned growth in student numbers;
- information provided by practices in response to a recently performed survey.

Further information regarding the LIC and its benefits are included in Appendix C in order to provide additional information and context.

In addition to the impact on NHS estate, the IT Infrastructure available will need to provide connectivity that is sufficiently robust to support the delivery of virtual sessions between locations and ensure that students have access to appropriate teaching and learning resources. A specific review of the infrastructure and equipment has been undertaken to inform the estimated costs provided in this paper, where a need for investment has been identified.

The timing of investment has been considered in the context of the rate at which student numbers will grow and the timescale over which growth will take place. The NWMS will start in 2024 with 60 undergraduate entry places in Year 1 and 20 graduate entry places in Year 2. The intake for undergraduate entry will then grow by 10 students per year in each of the five successive years. The graduate entry places will not change from 2024 numbers (20) until 2029 at which point there will be a further 10 places available, having reached a total of 30 places there is not further growth beyond this point for graduate entry students.

Whilst entry numbers appear relatively small, the total number of students also increases year-on-year as the higher intake for the NWMS flow through the five year programme. It is essential that the combined effect of these two factors is taken into account when considering the resources and capacity required to accommodate and educate NWMS students.



The table below is based on the numbers and phasing agreed between BU and WG, and takes account of both growth factors described above. Numbers highlighted in 2024/25 through to 2026/27 represent the number of students who will complete their studies under existing arrangements for the C21NW programme. Steady-state is reached in 2033 and the NWMS will have total of 670 students from this point onwards.

Academic Year - August to July										
	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34
Year 1	60.0	70.0	80.0	90.0	100.0	110.0	110.0	110.0	110.0	110.0
Year 2	20.0	80.0	90.0	100.0	110.0	130.0	140.0	140.0	140.0	140.0
Year 3	30.0	20.0	80.0	90.0	100.0	110.0	130.0	140.0	140.0	140.0
Year 4	23.0	30.0	20.0	80.0	90.0	100.0	110.0	130.0	140.0	140.0
Year 5	20.0	23.0	30.0	20.0	80.0	90.0	100.0	110.0	130.0	140.0
Total Students	153.0	223.0	300.0	380.0	480.0	540.0	590.0	630.0	660.0	670.0

BCUHB also provides medical education to students from other medical schools which are in addition to the numbers described above and are assessed as being broadly equivalent to an 80-place medical school. Whilst not included above, the detailed timetabling undertaken to determine capacity within the education centres, has taken account of current commitments to these programmes.

The assessment of capacity, based on current environments and the full student numbers for the NWMS, indicates that growth during the early years can be met, however, there is a need to plan now for future years. The tipping point occurs in 2027 across all estate environments within the scope of the proposed business case.

## Business Case Scoping Document

Information in this section is presented in the form of a business case scoping document which is the required format and approach for the business case approval process with Welsh Government.

Additional information in support of the investment proposed is included in the appendices together with an options appraisal for the education centres (Appendix B).

### Business Case Scoping Document

This document should be completed by the Project Director and the Approving Authority prior to the commencement of the business case process.

<b>Organisation/ Department</b>	<b>Betsi Cadwaladr University Health Board (BCUHB)</b>
<b>Proposal Title</b>	<b>North Wales Medical School (NWMS)</b>
<b>Sponsor / Senior Responsible Owner</b>	<b>Executive Medical Director</b>

<b>Date</b>	<b>Version</b>	<b>Revision History</b>	<b>Document Reviewer</b>
28/09/23	0.01	Initial Draft for review by Dan Eyre and Ian Howard	Lea Marsden
12/10/23	0.02	Additional information and narrative included. Updates incorporated from review by Ian Howard.	Lea Marsden

15/10/23	0.03	Additional information and narrative included. Updates incorporated from review by Emma Woolley. <i>(Version issued for review and comment to members of the Estate &amp; Capital Sub Group members)</i>	Lea Marsden
19/10/23	0.04	Additional information and narrative included. Updates incorporated from review by Estate & Capital Sub Group members. <i>(Version issued for review and comment to key stakeholders and BCUHB colleagues on 19/10/23)</i>	Lea Marsden
20/10/23	0.05	Amendments based on review and comment	Lea Marsden
21/10/23	0.06	Additional information and narrative included.	Lea Marsden
22/10/23	0.07	Addition to reflect final capital estimates	Lea Marsden
23/10/23	0.08	Version issued for approval by Executive Team on 25/10/23	Lea Marsden

<b>Nature of the proposed spend</b>	Capital and Revenue
<b>Anticipated Spend £</b>	<p><b>Capital &amp; Revenue - BCUHB Related Schemes</b></p> <p>Capital for the proposed business case(s) for BCUHB related schemes is estimated to be £9.3m, based on the preferred options for education centres and including 20% optimism bias. Associated revenue is expected to be minimal due to the nature of works under the preferred options and is estimated to be £89k. These estimates assume that the business case(s) proceed on the basis of the preferred options outlined in the options appraisal for the education centres (Appendix B).</p> <p>SIFT income is assumed to be an additional funding source available to BCUHB for direct revenue costs related to the provision of medical education by staff employed by BCUHB, our current working assumption is that this will be cost neutral.</p> <p>Our assumptions in relation to SIFT are fully laid out in the sections below, estimates have not been provided at this time as the availability and amount of SIFT income is currently a matter being discussed with Welsh Government, with the support of WG workforce officials.</p> <p>Income and expenditure relating to SIFT will be fully detailed within the business case(s) proposed.</p> <p><b>Capital &amp; Revenue - BCUHB Related Schemes</b></p> <p>Capital for the proposed business case(s) for primary care related schemes is estimated to be between £5.3m and £10.3m, based on the worst and best case scenarios developed to support the submission of this scoping document and the assumption, at this point, that there will be a requirement for NHS capital. Costs are</p>

	<p>estimated on an average cost per practice and include 20% optimism bias.</p> <p>Revenue implications arising from investment into non-NHS properties have not been estimated at this stage due to the complex and diverse nature of ownership and the availability of data. It is suggested that these are developed through the process of developing the Strategic Outline Programme Business Case (SOP), it is recognised that this is a point for discussion and agreement.</p> <p>Any requirements of Bangor University (BU) will be addressed by them separately and will not form part of the NHS business case(s).</p>
<b>Anticipated procurement route</b>	For discussion
<b>Agreed type of Business Case Programme (SOP)/ SOC/OBC/FBC/Single BJC</b>	It is suggested that the business case strategy for the North Wales Medical School (NWMS) is a single SOP supported by individual Business Justification Cases (BJC). This is a point for discussion and agreement.

The anticipated coverage of the Business Case should be agreed between the Project (Business Case Author) and Approving Authority (Business Case Reviewers) in order to calibrate the analysis required and expedite the business case review and approvals process.

<b>Strategic Case</b> <i>Strategic context</i> <i>Investment objectives</i> <i>Case for change</i>	<p>The scope of the case is BCUHB's role in the development of the NWMS and, in particular, the development and hosting of the independent undergraduate medical programme agreed with BU. This scope addresses the capital and revenue requirements for the NHS arising from the delivery of the curriculum included in the NWMS's programme. Any requirements of BU will be addressed by them separately and will not form part of the NHS business case(s).</p> <p><b>The following assumptions will be used in the development of the business case(s):</b></p> <ul style="list-style-type: none"> <li>• The strategic context, investment objectives and case for change are agreed as outlined in the Strategic Case submitted to Welsh Government in 2020;</li> <li>• The scope of the business case(s) will relate specifically to the impact on the provision of formal medical education activities and clinical placements required by the curriculum. This assumption therefore excludes wider opportunities the establishment of the NWMS will bring, defined as follows: <ul style="list-style-type: none"> <li>○ Developments in relation to digital innovations for medical education;</li> <li>○ Developments in relation to research and innovation opportunities identified through the partnership with Bangor University.</li> </ul> </li> <li>• The developments proposed under the scope of the business case(s) do not require a broader economic impact assessment to assess changes and</li> </ul>
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impact to public services outside of BCUHB's control, as the decision to establish the NWMS has already been made;

- There will be no requirement for BCUHB to provide residential accommodation for students as any costs associated with this will be funded either by BU directly or the students themselves.
- Foundational assumptions (which will be summarised in the strategic case and will not be subject to option appraisal in the business case[s]) are that:
  - the fundamental case for the NWMS has already been accepted;
  - the projected size of the medical student intake (Appendix C), which has been agreed with Welsh Government and confirmed by the Minister's written statement (Appendix D), are the basis for proposals;
  - BCUHB will continue to provide placements under existing arrangements with other universities, estimated to be broadly equivalent to an 80-place medical school.
- The design and delivery of the medical curriculum will follow the C21 North Wales (C21NW) curriculum with the following adjustments being applied to placements for students starting the NWMS programme in 2024:
  - the taught element of the Clinical Community Learning (CCL) component in Years 1 and 2 will be delivered by BU on university premises;
  - the Chronic Disease 2 (CD2) component will move to Year 3 and change from an 8-week block to 1 day per week in secondary care over its duration of 38 weeks;
  - placements under the Longitudinal Integrated Clerkship (LIC) in primary care, delivered in Year 3, will reduce from 2.5 days to 2 days in each week of its duration of 38 weeks;
  - a four-week block will be introduced for Oncology and Surgical specialties in Year 3;
  - the Hospital Front Door (HFD) component will move to Year 4 and increase from 4 weeks to a 6 week clinical placement with introductory and consolidation teaching;
  - the primary care-based placement in Year 5 will be removed and replaced by university-based teaching in the form of an 8-week module.
- Service Increment Funding for Teaching (SIFT) will apply to the curriculum at the agreed national rates for placements. SIFT funding for infrastructure will apply to the NWMS, in line with existing arrangements for Health Boards providing clinical placements for Cardiff and Swansea medical schools, and it is currently assumed that it will be sufficient on that basis.
  - SIFT attracted by BCUHB-delivered components of the curriculum and infrastructure requirements will be paid to BCUHB and subject to normal accounting and reporting processes;

	<ul style="list-style-type: none"> <li>○ A 6-month lead-time will be incorporated for recruitment and skills development in the early years of establishing the school</li> <li>• SIFT funding will apply to GP-delivered components of the curriculum at the agreed national rates for placements. SIFT funding for infrastructure will apply to the NWMS, in line with existing arrangements with Cardiff and Swansea medical schools and with the following assumptions: <ul style="list-style-type: none"> <li>○ SIFT attracted by GP-delivered components of the curriculum and infrastructure requirements will be paid to BU and subject to normal accounting and reporting processes;</li> <li>○ The allocation of funding to GP practices will be managed by BU;</li> <li>○ As costs and income are managed wholly by BU they are outside of the scope of the business case(s).</li> </ul> </li> <li>• Investment timescales will be based on requirements for additional resources predicated on: <ul style="list-style-type: none"> <li>○ The agreed phasing of the growth in student numbers;</li> <li>○ The requirements of the curriculum on the basis that learning outcomes need to be achieved.</li> </ul> </li> </ul>
<p><b>Economic Case</b>  CSF's  Options / do min  Use of CBA &amp; MCA</p>	<p>The options will focus on the physical and IT infrastructure required to deliver the curriculum to the projected number of students, its phasing and the source of funding. It will also explore the complexities of funding adaptations/extensions to premises within primary care where a mix of ownership exists between BCUHB, GPs and 3<sup>rd</sup> party landlords.</p> <p>Student numbers and phasing have been advised by WG, agreed with BU and show that maximum numbers of 670 will be reached at steady-state across the programme by 2033 (Appendix E). Work to estimate the duration and intensity of placements required by the curriculum is now complete and has been used to define the estate requirements.</p> <p>The following paragraphs summarise the work to date and current thinking:</p> <p>A network of education facilities across North Wales is required to educate undergraduate medical students and enable access to teaching and learning opportunities across the full range of health care. Based on student numbers and the requirements of the curriculum, it is envisaged that this network will comprise of:</p> <p><b>Bangor University:</b></p> <ul style="list-style-type: none"> <li>• Two University Teaching Hubs, based at the Bangor and Wrexham campuses, the requirements for which will be addressed by BU and not via the NHS and therefore out of the scope of the proposed business case(s).</li> </ul> <p><b>BCUHB:</b></p> <ul style="list-style-type: none"> <li>• Acute secondary care environments in Wrexham Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd hospitals.</li> </ul>

- The three existing education centres at the district general hospital (DGH) sites in Wrexham, Bangor and Glan Clwyd;
- Some of the community hospitals across North Wales.

**Primary Care:**

- General practice estate across North Wales (sufficient to deliver 140 placements for the LIC).

Costs and proposals within scope of the business case will relate to BCUHB and primary care elements and only so far as they give rise to additional costs to be funded by the NHS.

Capital and revenue requirements of BU are being addressed through university planning and governance processes which include costs and income relating to GP SIFT in terms of both placements and infrastructure.

Capital costs included below include optimism bias @ 20% and contingency @20%.

Costs relating to 5Plus architect's designs were originally developed in September 2022 and have therefore been adjusted to ensure they reflect increases in prices and inflation.

## **Acute Secondary Care Clinical Space**

Clinical placements are, and will continue to be, provided in all three DGHs: Wrexham Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd to deliver clinical experience and achieve learning outcomes. Requirements for teaching and learning capacity in acute environments relate, in the main, to wards and outpatient clinics and occur during Years 3, 4 and 5 of the curriculum.

A scoping and review process, led by the Director of Medical and Dental Education, has been undertaken with the Module Leads. The latter are deemed subject matter experts in view of their current role in leading each clinical placement with existing partner universities. Stakeholder events have also taken place in East, Central and West localities.

**Outpatient Clinics:** The majority of Module Leads have confirmed that no expansion of outpatient clinic space is required. However, for a minority of placements there will be a risk to the feasibility of hosting students/achieving learning outcomes if their planned increases in staffing and clinic rooms, to meet the known clinical demand, do not come to fruition (namely oncology and paediatrics). It is acknowledged that, without an increase in clinic rooms, opportunities for students to undertake a history with patients separately to clinicians will be reduced.

There will inevitably be interdependencies between a service's overall capacity and its ability to provide medical education activities, support the learning outcomes required and maintain the quality of student experience. Therefore, it is proposed that options, regarding the range of clinical settings which would provide appropriate experience for students and support learning outcomes, are explored

and agreed. This would effectively reduce the demand on outpatient departments and potentially move activity away from the hospital sites.

**Wards:** It is understood that student-to-bed ratios for BCUHB are low in comparison to other Health Boards in Wales, reflecting the fact that the NWMS is yet to be established. Broad assumptions from this would indicate that there should be sufficient capacity within BCUHB to provide capacity on wards to a medical school of the size proposed. However, this does not take account of how the physical environments compare.

In terms of the specific proposals for BCUHB, it has been determined that there are limits to expansion or re-purposing of current space, and it is acknowledged that these are already busy environments. Should the need arise to reduce the number of students placed on wards at any one time during further phases of planning, it is suggested that options to design student placements over long days and / or shift are considered together with BU. This option would also provide benefit to students as they would experience clinical activities along the patient journey rather than those that occur at the specific time they are on the ward. Further mitigation to ensure attainment of learning outcomes may be provided by the increase in medical education fellows, funded by placement SIFT, which would provide more directed teaching and learning than at present.

**Conclusions:** taking constraints into account, and based on the mitigations described above, it has been concluded that there are no changes to acute secondary care clinical space to be proposed for the business case(s). The mitigations described above will be explored and developed through the next phases of planning for the NWMS.

## Education Centres

There are currently three education centres, two are located within the DGH hospitals in Bangor and Glan Clwyd, the third, Wrexham Medical Institute, is a standalone building situated a short walk away from Wrexham Maelor hospital and is on the same site as Bangor University properties from which medical students will be taught.

Each of the education centres provide both undergraduate and postgraduate education and training to a range of health care professionals, in addition to medical students and doctors. It is envisaged that, with expansion and enhancement, facilities at each of the locations could provide access to the range of clinical equipment, IT infrastructure, library and learning spaces and general services required to support the additional medical students.

In order to assess the capacity within the education centres detailed timetable modelling has been undertaken using maximum student numbers against the existing space and configuration on each of the sites. This was based on the agreed student numbers, 110 medical students in Year 1 and 140 medical students per year for Years 2 – 5.

However, it should be noted that the scoping does not take account of the potential development of a North Wales Pharmacy School, expansion of other programmes



yet to be determined, changes to the requirements in postgraduate medical education or changes to education for other health professionals provided by BCUHB.

On this basis, scoping for the education centres determined that:

- the education centre at Ysbyty Gwynedd would require investment to create sufficient capacity, appropriate configuration, there is a need to improve the IT infrastructure to ensure students have appropriate resources and connectivity and a need to consider the impact on car parking available;
- the education centre at Ysbyty Glan Clwyd would require investment to create sufficient capacity, appropriate configuration, there is a need to improve the IT infrastructure to ensure students have appropriate resources and connectivity and a need to consider the impact on car parking available;
- Wrexham Medical Institute has sufficient capacity, the current configuration is appropriate but there is a need to improve the IT infrastructure to ensure students have appropriate resources and connectivity and a need to consider the impact on car parking available on Wrexham Maelor hospital site.
- WMI benefits from mitigation possible due to its close proximity to BU properties located on the same site. (This form of mitigation is not applicable to education centres at YG and YGC as they are located within the hospitals themselves).

### **Ysbyty Gwynedd (YG)**

There are issues with the fragmented layout of the current education facilities at YG. The total available space/rooms are also undersized following the study of available spaces verses that required to support the necessary teaching and learning activity of the curriculum. In addition, the corridor through the education facilities is accessed by patients, staff and carers as a route to, and from, the Endoscopy Department. It has been confirmed that there is no alternative possible by the Estates Department. This has implications for patient safety and student experience.

Options have been considered through a review of the available space and modelling of the curriculum at full student numbers. Assumptions are also based on a decision taken in September 2023 to host the taught element of CCL component of the curriculum on BU premises in Bangor rather than in the education centre.

The timetabling review confirmed that additional teaching rooms were required due to the increase in student numbers and occupancy levels across the whole of the department. There is also a need for sufficient capacity in student support space, in particular common and waiting areas, collaborative and private learning space, as well as providing additional office accommodation for the increase in staffing. Investment into the IT infrastructure to ensure students have appropriate resources and connectivity is required and is included within the estimated capital and revenue costs.



Infrastructure costs have also been considered and an indicative estimate is included within the costs described.

#### Outcome of Options Assessment & Estimated Costs

YG	Capital	Revenue	Outcome	Rationale
Option 1 – Do Nothing	£0	£0	Not Recommended	Does not meet project objectives or CSFs and attracts significant risks.
Option 2 – Do Minimum	£3.1m	£60k	Preferred	Meets project objectives and CSFs satisfactorily with an acceptable level of risk. Option would not exclude further expansion should it be required in the future.
Option 3 – 5Plus Design	£6.1m	£145k	Not Recommended	Affordability considerations in comparison to Option 2.

#### Ysbyty Glan Clwyd

The current layout of the education facilities within YGC provides challenges as it is split over two floors and separated by long corridors of non-education offices. There is no clear signage for the various elements of the education accommodation and entry is gained either via a small lift in a small entrance area or by passing through the ground floor accommodation to stairs.

Options have been considered through a review of the available space and modelling of the curriculum at full student numbers.

The timetabling review confirmed that additional teaching rooms were required due to the increase in student numbers and occupancy levels across the whole of the department. There is also a need for sufficient capacity in student support space, in particular common and waiting areas, collaborative and private learning space, as well as providing additional office accommodation for the increase in staffing

Investment into the IT infrastructure to ensure students have appropriate resources and connectivity is required and is included within the estimated capital and revenue costs.

Infrastructure costs have also been considered and an indicative estimate is included within the costs described.

#### Outcome of Options Assessment & Estimated Costs

YGC	Capital	Revenue	Outcome	Rationale
Option 1 – Do Nothing	£0	£0	Not Recommended	Does not meet project objectives or CSFs and attracts significant risks.
Option 2 – Do Minimum	£4.4m	£10k	Preferred	Meets project objectives and CSFs satisfactorily with an acceptable level of risk. Provides an appropriate environment within the existing footprint.
Option 3 – 5Plus Design	£7.9m	£234k	Not recommended	Significant disadvantages identified which would impact on other parts of the hospital, some

project objectives would not be met and non-medical education staff accommodated currently would become displaced.

### Wrexham Medical Institute (WMI)

Wrexham Medical Institute is a standalone building which benefits from additional space, has an appropriate configuration and does not have the estate-related issues identified with the estate at Ysbyty Gwynedd or Ysbyty Glan Clwyd. WMI also has the benefit of mitigation of risks not possible at YG or YGC due to its co-adjacency with BU's Cambria building.

This mitigation is predicated on an agreement in-principle with BU that teaching and learning activities provided by BCUHB for the NWMS, could be delivered from their Cambria building and that BU's commitment to development of the Wrexham site as a second NWMS hub continues.

Options have been considered through a review of the available space and modelling of the curriculum at full student numbers.

The timetabling review confirmed that additional teaching rooms were not required and that occupancy levels across the whole of the department were acceptable. There is sufficient capacity in student support space, common and waiting areas, collaborative and private learning space, and office accommodation will meet increased staffing levels.

Investment into the IT infrastructure to ensure students have appropriate resources and connectivity is required and is included within the estimated capital and revenue costs.

Infrastructure costs have also been considered and an indicative estimate is included within the costs described.

### Outcome of Options Assessment & Estimated Costs

WMI	Capital	Revenue	Outcome	Rationale
Option 1 – Do Nothing	£0	£0	Not recommended	Meets most project objectives and CSFs satisfactorily but IT infrastructure would be insufficient and impact on car parking at WM Hospital would not be addressed.
Option 2 – Do Minimum	£477k	£10k	Preferred Option	Meets most project objectives and CSFs satisfactorily with a level of risk which could be further mitigated through access to BU facilities located on the same site.
Option 3 – 5Plus Design	£1.6m	£10k	Not Recommended	Affordability in comparison to Option 2

## Community Hospitals Across North Wales

Clinical placements are, and will continue to be, provided in community hospital settings, primarily to deliver the Chronic Disease 2 (CD2) element of the curriculum.

Following initial scoping through 5Plus architect, there has been a further review by the education and capital planning teams, concluding that students will require access to a suitable environment for the periods when they are not in clinical space during their placement. This further review noted that most of the areas initially identified were meeting / seminar rooms that were already well utilised within the community hospitals.

There are 18 community hospitals in North Wales. Following the initial scoping and further review described above, a total of 8 sites have been identified for the full student numbers and delivery of the required learning outcomes.

The specification and planning of student numbers developed by the education teams indicate that a room is required for four students to sit at a computer / laptop, undertake self and collaborative study and access teaching and learning resources. This would require access to a 20m<sup>2</sup> room with the following assumptions across the three areas in North Wales:

- **West** – two community hospital sites have been identified which will require space for the increase in students.
- **Central** – three community hospital sites have been identified with a proposal that students from both the Central and West areas utilise Llandudno Community Hospital. As the increase in student numbers in Llandudno Community Hospital will be greater than other sites, a larger space has been included pending further scoping.
- **East** – three community hospital sites have been identified which will require space for the increase in students.

Capital costs are based on refurbishment / repurposing of an existing space within the community hospital building. An impact on revenue costs is not expected as the development of the rooms would be within the existing footprint.

Investment into the IT infrastructure to ensure students have appropriate resources and connectivity is required and is included within the estimated capital and revenue costs.

### Estimated Costs

Area	Capital	Revenue	Rationale
West	£305k	£2k	Requirement for learning space to support delivery of the curriculum in two locations. Estimate provided pending further scoping.
Central	£540k	£4k	Requirement for learning space to support delivery of the curriculum in three locations. Estimate provided pending further scoping.

East	£458k	£3k	Requirement for learning space to support delivery of the curriculum in three locations. Estimate provided pending further scoping.
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**Conclusions:** the requirements for medical education space in all localities will be reviewed against planned changes to the community hospitals identified in the scoping. This will determine whether the amount of capital estimated will be required or if the additional activity can be absorbed / addressed through other means. This work will be undertaken through the business case development process. In the meantime, an estimate based on m<sup>2</sup> has been provided as above.

## Primary Care Estate

The investment proposal for primary care has been developed in response to the challenges identified from the commitment to the LIC in BU's medical degree curriculum.

The inclusion of the LIC is unique to Wales having been developed as part of the C21NW programme. It offers a unique opportunity for medical students to be embedded within primary care for 38 weeks, almost the entire third year of their studies. This reflects international best practice to rebalance medical education delivery from secondary to primary care, where 90% of healthcare is delivered. It also recognises the unique mix of urban and rural communities the region offers.

The aim of the LIC is to introduce aspiring medics to primary care as early as possible in their medical education to in order to create an appreciation of both primary and secondary care settings, allow them to work alongside a multi-disciplinary team of clinicians over a longer period of time and with the aim of them being better informed about career opportunities.

Assessment of primary care capacity for students and the estimation of capital and revenue implications remains a complex area. Placement arrangements, other than those for managed practices, are commissioned by BU directly with GP providers rather than with BCUHB. Property ownership/lease models are diverse and the type of arrangement for the specific practice determines whether investment in additional learning space would give rise to capital and/or revenue consequences, and whether those consequences would be borne by the NHS or the owner of the property.

To reflect these complexities, a joint approach has been taken between BU and BCUHB, and with input from NHS Shared Services, to assess placement capacity and potential investment requirements. The assessment has been focussed primarily on the feasibility of 140 primary care placements in the LIC and secondarily on the number of placements possible without capital investment.

A survey with practices has been undertaken, the results of which have been considered and analysed jointly between BCUHB and BU. Where possible, site visits have been undertaken to assess the options for expansion and likely capital costs but opportunities to do this have been limited within the timescales required for this scoping document.

There are a total of 96 practices across North Wales. The assessment is based on a response rate of 44% of practices (42) to the survey, analysis of practices

where there are existing arrangements with BU but a survey response was not received (20) and an indicative assessment of the remaining practices (34).

The analysis suggests that a maximum of 80 places would be possible without investment into additional space assuming all practices, who have expressed an interest, choose to proceed. A further 60 places would be required to meet the full requirement of 140 placements, the data suggests that it may be possible to achieve this target across a total of 64 practices. The increase in placements would be achieved through a combination of increasing the number of student placements per practice and the development of new arrangements.

The 64 practices represent those which, through the analysis, are indicated as likely to either continue to be, or become, a provider of clinical placements for BU. It is currently estimated that 36 of these practices are likely to require some level of investment into estate capacity, potentially through NHS capital investment and/or with revenue consequences for the NHS.

NHS Shared Services have advised that, if capital investment is provided by the NHS, any increases in revenue costs would be expected to be borne by the owner. They have further advised that, where capital is provided either through the practice or via a landlord, this would give rise to increased NHS revenue costs rather than capital.

At this stage 8 of the 36 practices, have been confirmed as being owned by a 3<sup>rd</sup> party which indicate that they would give rise to revenue costs rather than capital. Of the remaining 28, 5 are confirmed as being BCUHB freehold and 23 remain to be confirmed. Work is continuing to confirm arrangements for the remaining practices. In the meantime, the estimates provided assume that capital is required and would be accessed via the NHS.

Scenarios have been developed in order to provide an estimated range of NHS capital potentially required with the following assumptions:

- Worst Case – 100% of practices will require investment
- Medium Case – 75% of practices will require investment
- Best Case – 50% of practices will require investment

The number of individual practices required is based assumptions developed through the analysis described above and an average capital cost, based on site visits that have been undertaken to date, has been used. The 8 practices confirmed as being owned by a 3<sup>rd</sup> party have been excluded from these estimates on the basis that costs would be revenue rather than capital.

Estimates on this basis suggest that the potential capital required would range from £5.3m to £10.3m in total. Investment would be phased over a period of 5 years to reflect student numbers until the maximum of 140 is reached in September 2031.

The table below indicates the level of investment required in each financial year, assuming works are completed by March in the same year the student commences Year 3, September.

NHS Financial Year Ending								
Scenario	2025	2026	2027	2028	2029	2030	2031	Total
Worst	£0	£0	£1.5m	£1.5m	£1.5m	£3.6m	£2.2m	£10.3m
Medium	£0	£0	£1.1m	£1.1m	£1.1m	£2.9m	£1.5m	£7.7m
Best	£0	£0	£0.8m	£0.8m	£0.8m	£1.8m	£1.1m	£5.3m

An indication of revenue costs for the 8 practices identified as being owned by a 3<sup>rd</sup> party has not been provided at this stage as the range of costs / solutions is too broad to estimate currently.

**Conclusions:** work to determine the amount of capital and / or revenue costs required to provide the full 140 places will require practice-by-practice proposals with input from BCUHB, BU and NHS Shared Services as well as the practice themselves. Proposals about the type of arrangements which would appropriately support potential investment into properties outside of NHS ownership is also required. The process through this would be achieved is suggested as being the development of a Strategic Outline Programme Business Case (SOP) within timescales as described in the section that follows.

### Indicative Programme for Discussion

It is proposed that a single SOP is developed to cover all BCUHB and primary care elements of the investment proposals due to interdependencies between them. This would be followed by a series of BJCs covering the various elements as follows:

- the education centre at YG
- the education centre at YGC and Wrexham Medical Institute
- Community hospitals in West, Central and East
- Primary care across North Wales

Primary care investment would span a period of 5 years to align to growth in student numbers, it is therefore suggested that these proposals would be best approached through a series of BJC's to represent the phased requirement for capital. Each BJC would be based on the number of placements required in the particular year and reflect the specific practices involved in providing them.

This approach would:

- ensure any necessary changes to the specific practices included for each particular year would be reflected in the BJC;
- would reduce the risk of actual costs developed for the BJC becoming out of date;
- allow more time for capacity to be provided through other means, service reconfigurations etc.

**Indicative timeline:** based on critical dates for accommodation to be ready to accept students, timescales are suggested as follows:

Strategic Outline Programme Business Case:

- Complete option appraisal – November 2023
- Discussion with WG – December 2023

- WG approval to develop SOP – January 2024
- Prepare SOP – February 2024 – December 2024
- BCUIHB approvals for SOP – January 2025 – March 2025
- WG approvals for SOP – April 2025 – May 2025

Next stage of business case development:

- YG Education Centre:
  - Prepare and approve BJC with actual costs – May 2025 – May 2026
  - WG Approvals – June 2026 – July 2026
  - Construction Works & Commissioning – August 2026 to July 2027
  - Occupation July 2027
- YGC Education Centre & Wrexham Medical Institute
  - Prepare and approve BJC with actual costs – May 2025 – May 2026
  - WG Approvals – June 2026 – July 2026
  - Construction Works & Commissioning – August 2026 to July 2027
  - Occupation July 2027
- Community Hospitals:
  - Prepare and approve BJC with actual costs – May 2025 – May 2026
  - WG Approvals – June 2026 – July 2026
  - Construction Works & Commissioning – August 2026 to July 2027
  - Occupation from July 2027 (phasing TBC)
- Primary Care – Phase 1:
  - Prepare and approve BJC with actual costs – July 2025 – July 2026
  - WG Approvals – August 2026 – September 2026
  - Construction Works & Commissioning – October 2026 to July 2027
  - Occupation July 2027
- Primary Care – Phase 2:
  - Prepare and approve BJC with actual costs – July 2026 – July 2027
  - WG Approvals – August 2027 – September 2027
  - Construction Works & Commissioning – October 2027 to July 2028
  - Occupation from July 2028
- Primary Care – Phase 3:
  - Prepare and approve BJC with actual costs – July 2027 – July 2028
  - WG Approvals – August 2028 – September 2028
  - Construction Works & Commissioning – October 2028 to July 2029
  - Occupation from July 2029
- Primary Care – Phase 4:
  - Prepare and approve BJC with actual costs – July 2028 – July 2029
  - WG Approvals – August 2029 – September 2029
  - Construction Works & Commissioning – October 2029 to July 2030
  - Occupation from July 2030



- Primary Care – Phase 5:
  - Prepare and approve BJC with actual costs – July 2029 – July 2030
  - WG Approvals – August 2030 – September 2030
  - Construction Works & Commissioning – October 2030 to July 2031
  - Occupation from July 2031

A summary of estimated costs across education centres (based on preferred options as outlined in the Options Appraisal in Appendix B) and community hospitals is included in the table below:

BCUHB	Capital Estimate	Revenue Estimate	Occupation Date
Education Centre YG	£3.1m	£60k	2027
Education Centre YGC & WMI	£4.9m	£20k	2027
Community Hospitals	£1.3m	£9k	2027 (phasing TBC)
<b>Totals</b>	<b>£9.3m</b>	<b>£89k</b>	

A summary of potential costs across primary care estate (based on the analysis undertaken and related assumptions described above) is included in the table below:

Primary Care	Capital Estimate	Revenue Estimate	Occupation Date
Worst Case Scenario	£10.3m	To Be Confirmed	2027 - 2031
Medium Case Scenario	<b>£7.7m</b>	To Be Confirmed	2027 - 2031
Best Case	£5.3m	To Be Confirmed	2027 - 2031

Based on the figures above, and incorporating best and worst case scenarios for primary care, total capital required is likely to range from £14.6m to £19.6m

## Fees to Support Business Case Development

The confirmed estimate of business case fees would depend on the agreed approach and type of business case required. A discussion regarding the timing of fees would be desirable to ensure that the appropriate expertise is available.

<b>Economic Appraisals</b> <i>Evidence base</i> <i>Benefits quantification</i> <i>Optimism</i> <i>Bias &amp; risk £</i>	<p>It is anticipated that the economic appraisal will be primarily qualitative. Where the comparative costs and benefits of various options can be monetised straightforwardly, and will support better decision-making, this will be done.</p> <p>A high level option appraisal for the Education Centres is enclosed as Appendix B. It would be valuable to reach agreement on what, if any, further analysis is required to reach a conclusion about this element of the scheme.</p> <p>For primary care there are clearly a number of variables to consider and an option appraisal will be undertaken in advance of the submission of the SOP and discussed with Welsh Government.</p>
<b>Commercial Case</b> <i>Procurement route</i>	<p>There needs to be an agreement about the procurement route – Designed for Life vs local frameworks</p> <p>The approach to primary care investment also needs to be explored and agreed.</p>



<p><i>Potential Deal Contract arrangements</i></p>	
<p><b>Financial Case</b> <i>Affordability envelope Funding profile Balance sheet</i></p>	<p><b>Revenue Assumptions – BCUHB Developments</b></p> <p><b>Revenue Costs - Estate</b> Additional, estate-related, revenue costs are assumed to arise only where the option requires the creation of additional space. Therefore assuming, that where options are based on reconfiguration of the existing footprint, there will not be an increase in revenue costs.</p> <p>On this basis, estate-related revenue costs would only apply to Options 2 and 3 for the education centre at YG. The funding source for these revenue costs is assumed to be the relevant business case.</p> <p>Capital investment for the IT infrastructure is a specific development required for the NWMS and proposals only give rise to a minimal amount of revenue costs. These costs have been apportioned to the relevant schemes. The total revenue associated with this is approximately £60k, 50% of which is variable and 50% of which is fixed.</p> <p>Where applicable, estimates have been included in the costs described above, based on these assumptions.</p> <p><b>Revenue Costs – Workforce &amp; Medical Education Equipment</b> SIFT income typically funds workforce and medical education equipment used in the delivery of medical education. The current working assumption is based on established Welsh funding mechanisms which include SIFT for placements and infrastructure and assumes that these allocations will apply to all placement activity provided by BCUHB and infrastructure costs required for the NWMS as far as they apply to BCUHB. Confirmation of this is currently being progressed through discussions with WG with the support of WG workforce officials.</p> <p>SIFT for placements is assumed to be at the agreed rates for 2023/24, £532.20 per student week, and that it will be paid pro rata per day where placements do not equate to a full week.</p> <p>The amount and scope of use of SIFT for infrastructure is a matter still to be confirmed. The working assumption is that funding will apply to the NWMS in line with existing arrangements for Health Boards providing clinical placements for Cardiff and Swansea medical schools, and that it will be sufficient on that basis.</p> <p>A 6-month lead-time is assumed to be sufficient to cover recruitment and skills development in the early years of establishing the school, i.e. income starts in April to support student numbers in place in September of the same year. This assumption will be tested, and detailed proposals for additional staffing required for the growth in student numbers will be developed.</p>

## **Revenue Assumptions – Primary Care Developments**

### **Revenue Costs - Estate**

The complexities in estimating revenue consequences of potential expansion of space in primary care have been outlined in the sections above. Whilst revenue estimates are not currently available they are expected to arise should investment proposals be approved and in particular where 3<sup>rd</sup> party ownership is involved.

It is assumed that these costs will be outside of the scope and affordability of SIFT allocations, for infrastructure, which will flow from BU to GP providers and will therefore require funding from the NHS via the business case(s). The scale of this will be explored in the proposed SOP and confirmed in the related BJC's within the suggested timescales.

### **Revenue Costs – Workforce**

As noted previously, income and expenditure relating to GP clinical placements are managed wholly by BU. They are therefore assumed to be out of scope for NHS investment proposals and will not be included in the business case(s).

## **Capital Costs – BCUHB Developments**

The work to develop the proposals thus far has been determined that: investment for hospital-based clinical environments within acute hospitals (DGHs) is not required and will, therefore, not be part of the business case(s) proposed; Investment for community hospitals is likely to be required in 8 locations and will be part of the business case(s) proposed;

Capital cost estimates for the education centres and community hospitals have been prepared and include fees, VAT, contingency @ 20% and optimism bias @ 20%.

Estimates for the education centres are based on the preferred options proposed through the appraisal and risk assessment processes.

Estimates for community hospitals are based on the identified number of hospitals and a standard specification assuming that additional space will be required at 8 locations in Ease, Central and West. As noted previously, further work will be undertaken to ensure alignment of plans for the NWMS and the development of clinical services. This process will determine whether the capital estimated will be required or if the additional activity can be absorbed or addressed through other means.

Total costs for the education centres and community hospitals are currently estimated to be circa £9.3m.

## **Capital Costs – Primary Care**

Estimated capital costs for primary care are more challenging to develop and detailed work is required to determine the exact requirements practice-by-practice

	<p>and provide analysis of whether funding would be required in the form of capital or revenue.</p> <p>In advance of that work being completed, estimates of potential requirements have been prepared using scenarios and based on the data analysis developed to date. Estimates provided include fees, VAT, contingency @ 20% and optimism bias @ 20%.</p> <p>Estimates currently assume that funding will be accessed via the NHS capital route and further discussion regarding other available funding sources, such GP funded investment, landlord funded investment and availability of grants, are required.</p> <p>Total capital estimates range from £5.3m to £10.3m based on the Best Case and Worst Case scenarios developed.</p>
<b>Management Case</b> <i>MSP</i> <i>Prince 2</i> <i>Assurance &amp; Approvals</i> <i>Post Evaluation</i>	<p>Joint governance arrangements between BCUHB and Bangor University are in place and will be outlined in the management case.</p>
<b>Completion of the IAAP</b>	

**Agreed Business Case Strategy:**

Type of Business Case	Programme	Project
<b>SOP</b>	Single	Not applicable
<b>SOC</b>	Not applicable	Single
<b>BJC</b>	Single/Multiple	Single
<b>OBC</b>	Single	Single
<b>FBC</b>	Multiple (one for each project)	Single

**Completed by:**

**Programme/ Project Representative:**

**Approving Authority's Representative.....**

**Date: .....**

**Date agreed for next Review:..... (if required)**

## Notes for the completion of the Business Case Scoping Document:

### 1. Type of Business Case Required:

This will be dependent upon the nature, anticipated spend, procurement route and the quality of the analysis already undertaken.

- a. A Strategic Outline Programme Business Case (SOP) should be prepared in support of items of spend comprising of multiple schemes, both large and small.
- b. The iterative production of the Business Case (Strategic Outline Case (SOC), Outline Business Case (OBC) and Full or Final Business Case (FBC) should be considered for larger, complex schemes requiring an OJEU procurement.
- c. Consideration may be given to combining the SOC and OBC where the case for change has already been made robustly and agreed as part of the SOP.
- d. Consideration may be given to combining the OBC and FBC where the intended procurement route has been pre-competed and firm prices are available in support of the spend proposal.
- e. A Business Justification Case (BJC) may be considered for smaller items of spend, which are NOT novel or contentious; within the organisational limit set and agreed for the use of one-off business cases (BJC); and can be procured from an existing pre-competed arrangement.
- f. An over-arching Strategic Outline Programme Business Case (SOP) should be prepared in support of expenditure being approved through a series of BJC's.

### 2. Anticipated coverage of the Business Case

The OGC Gateway Risk Profile Assessment (RPA) MUST be used to assess the "risks" associated with the scheme. The table below provides an overview of some of the key considerations

<b>Gate RPA</b>	<b>High Risk / Small Scale</b> Well defined Programme Consideration of combined SOC / OBC or OBC / FBC (for pre-competed procurements) Moderate CBA/MCA for Economic Appraisals, inc optimism bias <b>All Gates 0, 1 to 5</b>	<b>High Risk / Large Scale</b> Well defined Programme (SOP) Three stage project business case (SOC, OBC, FBC) Full CBA/ MCA for Economic Appraisals inc optimism bias <b>All Gates 0, 1 to 5</b>
	<b>Low / Medium Risk - Small Scale</b> Defined Programme Consideration of BJC for pre-competed procurements Light CBA / MCA for Economic Appraisals Consideration of Gateway Health Checks	<b>Low / Medium Risk - Large Scale</b> Well defined Programme (SOP) Three stage project business case (SOC, OBC, FBC) Full CBA/MCA for Economic Appraisals, inc optimism bias Consideration of Gateway Health checks
	Small £ million	Large Scale (Whole life costs)

## Appendix A – High Level Summary of the Strategic Case



### A TRANSFORMATIONAL OPPORTUNITY TO IMPROVE THE HEALTH AND WEALTH OF THE PEOPLE OF NORTH WALES

***Bangor University and Betsi Cadwaladr University Health Board (BCUHB) have a vision that by 2025 a transformational inter-professional Medical and Health Sciences School for North Wales is developed, building upon a foundation of research and scientific progress that informs education, skills portfolios and service development, improves health outcomes and drives economic ambition.***

A medical model of health, and a separate system of social care, is widely recognised as not fit for purpose. Delivery of a Healthier Wales with transition to a health, wellbeing and prevention focused integrated system of care must be accelerated. People are living longer, medicine can do much more, lifestyles and expectations have changed.

As a consequence of Covid-19 we face a period of significant economic and fiscal constraint. The North Wales economy, already weak with low productivity needs to be rebalanced. With the global health life sciences industry providing important opportunities to increase economic growth and produce benefits for patients few, if any, sectors are more important to support.

In health and care, significant challenges need to be faced including rising costs and ever increasing demands on restricted financial and human resources. Key drivers include an ageing population, health inequalities now at risk of widening, and an increasing prevalence of complex chronic health conditions.

A key issue for health and care in North Wales is a need to ensure a sufficient supply of skilled professionals to meet escalating healthcare needs. Having the right number of appropriately skilled staff is a critical determinant of quality and efficiency. A national issue, this is especially acute in North Wales with significant challenges in recruitment and retention across the health and care professions. For example, an acute shortage of registered nurses in the care home sector. A shortage of doctors is evident, being amongst the lowest relative to its population in Europe with pressures in primary and secondary care. This results in unstable services, restricts service change, compromises quality and is a major driver of the financial deficits faced due to reliance on high-cost temporary staff to plug gaps.

The number of medics trained in Wales has fallen behind the rest of the UK, being some two thirds of the provision in Scotland and Northern Ireland. Together with England they have recognised the need for increased capacity and the additional huge opportunities new medical schools offer. There is a clear need to increase training capacity at existing Welsh providers and in North Wales. The number of Wales domicile students studying in Wales needs to increase and further progress made on social mobility and to widen participation.

We have identified a new Medical and Health Sciences School for North Wales as a key catalyst for delivering transformative system change to: a prevention based integrated care system; to address workforce challenges, to build research capacity in the NHS delivering improved patient outcomes; and to support the health life sciences innovation ecosystem across North Wales.

Interprofessional learning, spanning the career pathway will facilitate greater collaboration between health and social care and other key public sectors (e.g. education, housing) enabled by an Intensive Learning Academy for building professional capability in preventative healthcare and our next generation of leaders.

Medical schools are at the heart of life sciences clusters across the world playing a central role in medical research infrastructure. A strong research base offers a platform for innovation, results in better patient outcomes, population and social well-being, positively impacts on recruitment and retention and contributes to economic productivity. Developing medical schools in areas to help drive local recruitment and retention is a successful strategy, adopted internationally with a body of evidence highlighting healthcare professionals tend to practice close to where they trained.

For a region to successfully deliver on its healthcare provision of the future and capitalise on its economic potential, it needs to fully embrace digital innovation and technology. Within the context of North Wales, we have identified the potential that exists in current and emerging technology to support prevention based approaches. The School will have a strong focus on developing digital skills and literacy, for the current workforce, for those wishing to enter health and care professions, and to support the innovation ecosystem.

The successful development of a Medical and Health Sciences School for North Wales would be transformative for the region, not only boosting the regional economy, but also facilitating synergy and greater collaboration amongst organisations focused on the powerful potential of new technology and health prevention techniques.

The level of challenge to meet our aspirations is recognised and is set in the context of Covid19 and Brexit. We fully recognise our transformational vision needs to be co-owned, seeking partnerships across multiple stakeholders from public, private and third sectors across Wales, UK and internationally. We are seeking an early opportunity to engage with and gain stakeholder input, to influence the direction and co-produce plans for realising the vision.

To that end, an outline strategic business case, and appraisal of plans have been undertaken, presenting a compelling vision for a new and novel institution: an inter-professional Medical and Health Sciences School with a particular emphasis on prevention, early intervention, and technology.

#### *A focus on prevention and technology*

Our healthcare system has largely worked on the simple principle of treating people as and when they fall ill. This approach, however, is no longer sufficient to deal with the growing demand that is placed on the healthcare services. A growing, ageing population, an increase in the average length of time spent in poor health, in addition to increased health and economic inequalities in the population, has increased the demand on services that are already under strain and, with significant workforce challenges and pressures on funding and resources.

Something needs to change - a shift towards prevention, early intervention, and a more holistic and integrated approach. By addressing the key determinants of health and wellbeing, and equipping people with the means to take responsibility for their own health, we can move from a service desperately racing to keep up to a sustainable, more cost efficient system, operating ahead of the curve.

If it is to be realised, it will require sufficient investment, and the adoption of an informed, well-researched, and innovative approach to training medical and life-science professionals. To this effect, the use of technology has been identified as critical. In particular, the potential of 5G to improve real time data monitoring and data analytics, which can help with early intervention and the democratisation of healthcare. Fortunately, North Wales has a number of strongly enabling assets within the region, such as the unique partnership of Bangor University, BCUHB, M-Sparc and the Digital Signalling Processing (DSP) Centre for 5G research. An effective synergy between the Medical and Health Sciences School and these facilities would be momentous and might merit considering the more ambitious concept of a 'UK School for Digital Medicine'. Partnerships with NW England (and especially Liverpool University), where exciting explorations are also being made into technology-driven preventative approaches, could also enhance the power and profile of a new School.

### *Building a workforce*

The aspiration is to use the School, working with partners across North Wales as a focus for delivery of a skilled workforce pipeline to meet local needs. A shortage of training places in medicine, along with poor retention of medical students and clinical staff, has resulted in a dwindling resource to meet an increasing demand, with a particular shortage of specialists, GPs and Welsh speaking medical professionals. This is further impacted by the significant costs incurred from regularly retraining new staff and recruiting agency or locum doctors to plug the gaps. Plans for the Medical and Health Sciences School for North Wales must therefore not only accommodate a shift towards a novel preventative approach, but also find a way to build and retain an effective workforce.

Fortunately, the two aims are closely-linked and mutually achievable. Examples elsewhere demonstrate that the existence of a medical school can increase staff retention, and the development of a particularly innovative new School, with a digital approach to health prevention, should prove as an even greater draw to recruit and retain medical students and clinical staff.

### *Digitally enabled workforce for the future*

The digital revolution is set to transform many aspects of healthcare. There is remarkable potential for digital healthcare technologies to improve accuracy of diagnoses and treatments, the efficiency of care, and workflow for healthcare professionals. Advances in healthcare technologies and a greater focus on prevention, health and wellbeing will bring major improvements in patient outcomes. To achieve this ambition requires substantial investment in the training of healthcare professionals and a cross-disciplinary approach that includes data scientists, computer scientists, engineers and bioinformaticians.

The Medical and Health Sciences School will uniquely incorporate an *academy for digital training*, to develop specialist digital skills through the undergraduate programmes and importantly provision of continuous professional development with e.g. data analytics and AI incorporated across subject areas, enabling an understanding of the possibilities of digital healthcare technologies and the ethical and patient safety considerations.



### *Increasing research capacity, its impact and translation*

Research should be part of health boards' core activity with evidence it supports improvements in medical recruitment and retention which will deliver early benefits against significant workforce challenges. Most importantly research-active hospitals have improved outcomes for patients. This can be accelerated in the short term with appointment of clinical academics.

The School would provide a step change for significantly strengthening the current research activity of the health board building on the partnership with Bangor University, one of the four research intensive universities in Wales and the only such University in North Wales. The report identifies the opportunity for a Medical and Health Sciences School for North Wales to act as a catalyst for improved research and innovation in the area, which has been identified as vital by key stakeholders. Greater integration between BCHUB, Bangor University and stakeholders in the North Wales Life Sciences ecosystem, driven by the improved infrastructure and capabilities of a Medical and Health Sciences School, would not only help shift the region to a research leader, but also provide a greater competitive footing in attracting further funding. As a result, the School offers an opportunity to help rebalance the North Wales economy and support the North Wales Growth Deal.

### *Mobilise the health ecosystem capacity to innovate*

The enormous gains in health outcomes and life expectancy achieved over the last 30 years can continue but it is likely this will depend on a host of new innovative scientific platforms for improving health. These will include digital big data systems, robotics, artificial intelligence and new therapeutic approaches such as gene or cell therapy and precision medicine. A key early area of interest for the School will be innovation linked to prevention and community based care include developing solutions, such as remote monitoring, development and deployment of assistive technologies and use of interactive devices to combat loneliness and isolation. For example, home care is still managed in a very old-fashioned way but may be improved by remote sessions using existing digital technology and use of home sensors commonly available. The "Age Tech" market at the intersection of longevity and technology is booming.

Wales must be strongly positioned to lead in the discovery, evaluation and adoption of these new approaches. However, in health and social care the adoption of new products, reconfiguration of services and improvements in practice does not happen at the pace or scale needed to address the significant challenges faced. The School will provide a focus for partnerships to drive this innovation and a kick-start for a cultural change to ensure the region can capitalise on an open innovation system, to deliver economic benefits and improved health and wellbeing.

### *Why North Wales, why now?*

There have been plans to create a Medical and Health Sciences School in the region for many years. We have identified that the need has never been so great, nor the potential opportunities greater. North Wales is a region where structural health and economic inequalities are marked, with a growing population and increasing older age profile. It is a region that reflects wider trends and challenges across the UK, as well as the distinct challenges of providing healthcare in both urban and rural settings. The benefits to the region of a technology driven preventative service, better integration of health and social care, are clear.

There are strong foundations to build upon in the region, including: existing training facilities, clinical placement programme, research programmes and facilities, and an existing relationship between academia and SMEs in the region. All of these have the potential to be enhanced and improved. In particular, an accompanying enabler, amongst others for the project is the recent development of the



5G research centre at Bangor. The potential collaboration with the centre, and the emerging innovation it is driving, is central to this project.

The report presents a strong case for change and outlines how an initial investment in a new Medical and Health Sciences School can create a cycle of improved infrastructure, research, recruitment, reputation, and, most importantly, improved healthcare and reduced demand. The results of which are ultimately reduced cost and the opportunity to reinvest in the Medical and Health Sciences School and facilitate further cycles of development and improvement for the region.

### *Next Steps*

The next phase will be the establishment of a full project team which will begin the journey for the establishment of the New School and deliver the Full Business Case, another step closer to establishing North Wales at the forefront of a technology driven approach to healthcare, fit to tackle both present and emerging future health challenges.

**July 2020**

## Appendix B - Options Appraisal – Education Centres

There are currently three education centres, two are located within the DGH hospitals in Bangor and Glan Clwyd, the third, Wrexham Medical Institute, is a standalone building situated a short walk away from Wrexham Maelor hospital and is on the same site as Bangor University properties from which medical students will be taught.

Each of the education centres provide both undergraduate and postgraduate education and training to a range of health care professionals, in addition to medical students and doctors. It is envisaged that, with expansion and enhancement, facilities at each of the locations could provide access to the range of clinical equipment, IT infrastructure, library and learning spaces and general services required to support the additional medical students.

In order to assess the capacity within the education centres detailed timetable modelling has been undertaken using maximum student numbers against the existing space and configuration on each of the sites. This was based on the agreed student numbers, 110 medical students in Year 1 and 140 medical students per year for Years 2 – 5.

However, it should be noted that the scoping does not take account of the potential development of a North Wales Pharmacy School, expansion of other programmes yet to be determined, changes to the requirements in postgraduate medical education or changes to education for other health professionals provided by BCUHB.

On this basis, scoping for the education centres determined that:

- the education centre at Ysbyty Gwynedd would require investment to create sufficient capacity, appropriate configuration, there is a need to improve the IT infrastructure to ensure students have appropriate resources and connectivity and a need to consider the impact on car parking available;
- the education centre at Ysbyty Glan Clwyd would require investment to create sufficient capacity, appropriate configuration, there is a need to improve the IT infrastructure to ensure students have appropriate resources and connectivity and a need to consider the impact on car parking available;
- Wrexham Medical Institute has sufficient capacity, the current configuration is appropriate but there is a need to improve the IT infrastructure to ensure students have appropriate resources and connectivity and a need to consider the impact on car parking available on Wrexham Maelor hospital site.
- WMI benefits from mitigation possible due to its close proximity to BU properties located on the same site. (This form of mitigation is not applicable to education centres at YG and YGC as they are located within the hospitals themselves).

The following options have been considered in terms of their ability to meet the needs of the North Wales Medical School and the associated increase in student numbers in the education centres within Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Medical Institute.

The options which have been considered are:

- Option 1 - Do Nothing
- Option 2 - Do Minimum
- Option 3 - 5Plus Design (based on plans developed in September 2022)

A risk assessment of the impact of the medical school on identified issues has taken place to inform the options appraisals for YG and YGC and is provided separately. This assessment represents the estimated impact of the increased number of students being accommodated within the particular option under consideration.

The options analysis outlines the criteria for assessing options, summarises the main options that have been considered, and explains the basis for selecting the recommended option.

## Critical Success Factors

The critical success factors (CSFs) are the attributes which are essential to the successful delivery of the scheme, against which the options are assessed. Alongside the assessment of the CSFs is the assessment of how well the options meet the scheme's spending objectives and benefits criteria. The CSFs are as follows:

- **CSF 1: Business Needs:** how well the option satisfies objectives of the project;
- **CSF 2: Benefits Optimisation:** to what extent the option achieves the benefits of the scheme;
- **CSF 4: Potential Achievability:** the organisation's ability to deliver the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also, the organisation's ability to engender acceptance by staff;
- **CSF 5: Supply-side Capacity and Capability:** the ability of the market-place and potential suppliers to deliver the required services and deliverables;
- **CSF 6: Potential Affordability:** the organisation's ability to fund the required level of expenditure namely, the capital and revenue consequences associated with the proposed investment

## Ysbyty Gwynedd (YG)

There are issues with the fragmented layout of the current education facilities at YG. The total available space/rooms are also undersized following the study of available spaces verses that required to support the necessary teaching and learning activity of the curriculum. In addition, the corridor through the education facilities is accessed by patients, staff and carers as a route to, and from, the Endoscopy Department. It has been confirmed that there is no alternative possible by the Estates Department. This has implications for patient safety and student experience.

Options have been considered through a review of the available space and modelling of the curriculum at full student numbers. Assumptions are also based on a decision taken in September 2023 to host the taught element of CCL component of the curriculum on BU premises in Bangor rather than in the education centre.

The timetabling review confirmed that additional teaching rooms were required due to the increase in student numbers and occupancy levels across the whole of the department. There is also a need for sufficient capacity in student support space, in particular common and waiting areas, collaborative and private learning space, as well as providing additional office accommodation for the increase in staffing

Investment into the IT infrastructure to ensure students have appropriate resources and connectivity is required and is included within the estimated capital and revenue costs.

Infrastructure costs have also been considered and an indicative estimate is included within the costs described.

The table below summarises the costs, advantages and disadvantages of these options and concludes that while option 3 delivers greater benefits it is less affordable, option 2 requires lower investment, meets project objectives satisfactorily with an acceptable level of risk and does not exclude further expansion should it be required in the future and is the preferred option.

Options Appraisal – Ysbyty Gwynedd	
Option 1 – Do Nothing	
Description	The education centre would run within the current footprint and layout, the current commitments to other medical schools would continue as well as accommodating the increase of students from the North Wales Medical School and the current provision of education for postgraduates and other health professionals would continue.
Capital Budget Estimate	There are no costs associated with this option.
Advantages	No capital or revenue costs would be incurred.
Disadvantages	<p>The number of students and staff congregating / waiting in the corridor would increase risks relating to patient safety, patient dignity, infection control and confidentiality.</p> <p>IT infrastructure would be insufficient to support the number of students and provide virtual teaching and learning opportunities between sites.</p> <p>Inefficiencies in ways of working would increase, potentially increasing the number of staff required. Noise levels and other disruptions would increase.</p> <p>Collaborative learning spaces and common room would be insufficient. Welsh language provision would be reduced by lack of availability of teaching rooms.</p> <p>Opportunities to improve difficulties in recruitment and retention of faculty and doctors to deliver medical education would not materialise.</p> <p>Student experience would be impacted, potentially adversely affecting scores for the programme in the National Student Survey.</p> <p>The risk of reputation damage for BCUHB will increase.</p> <p>The delivery of learning outcomes could be compromised.</p> <p>Capacity to provide other programmes and educational activities currently provided would decrease.</p> <p>Access to library and private study space for other professions and staff would be affected.</p>

	<p>Failure to provide formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed.</p> <p>Ability to reschedule formal education would be limited</p>
Conclusion	This option would not meet the objectives of the project or the critical success factors and would increase risks and issues considerably, it is therefore not recommended
<b>Option 2 – Do Minimum</b>	
Description	The footprint of the education centre would be increased through an extension to provide additional teaching rooms (1 x 90 m <sup>2</sup> – which can be spilt into 3 x smaller 30m <sup>2</sup> rooms and 1 x 60 m <sup>2</sup> that can be spilt into 2 x 30m <sup>2</sup> rooms) and a remodel of elements of the department to improve inefficiencies in layout.
Costs	<p>Capital Estimates: £3.1m including fees, VAT and contingency @ 20%</p> <p>Revenue Estimates: £60k per annum</p>
Advantages	<p>The number of students and staff congregating / waiting in the corridor would be reduced in comparison to Option 1 thus reducing the increase in risks relating to patient safety, patient dignity, infection control and confidentiality.</p> <p>IT infrastructure would support the number of students and provide virtual teaching and learning opportunities between sites.</p> <p>Inefficiencies in ways of working would be improved and the increase in noise levels and other disruptions would reduce.</p> <p>Welsh language provision could be maintained.</p> <p>The environment would be more attractive to faculty members and doctors who deliver medical education positively impacting on recruitment and retention.</p> <p>The environment would maintain student experience avoiding the risk of adversely affecting scores for the programme in the National Student Survey.</p> <p>The risk of reputation damage for BCUHB will decrease.</p> <p>The delivery of learning outcomes would be maintained.</p> <p>Capacity to provide other programmes and educational activities currently provided would be maintained.</p> <p>Access to library and private study space for other professions and staff would be maintained.</p> <p>Flexibility for the provision of formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed.</p> <p>Ability to reschedule formal education would be improved in comparison to Option 1.</p>
Disadvantages	Capital and revenue costs would be incurred.
Conclusion	This option would achieve improvements to the medical education environment. It delivers benefits and provides improvement against a range of

	issues identified with and acceptable level of risk, would not exclude further expansion should it be required in the future and is the preferred option.
<b>Option 3 – 5Plus Design</b>	
Description	Undergraduate and postgraduate education facilities would be co-located through the provision of a large extension, as outlined in the 5Plus design, on available roof space to create a modern teaching environment.
Costs	Capital Estimates: £6.1m including fees, VAT and contingency @ 20%  Revenue Estimates: £145k per annum
Advantages	<p>The number of students and staff congregating / waiting in the corridor would be reduced thus reducing the increase in risks relating to patient safety, patient dignity, infection control and confidentiality further in comparison to Option 2.</p> <p>IT infrastructure would support the number of students and provide virtual teaching and learning opportunities between sites.</p> <p>Inefficiencies in ways of working would be improved and the increase in noise levels and other disruptions would reduce.</p> <p>Welsh language provision could be maintained.</p> <p>The environment would be more attractive to faculty members and doctors who deliver medical education positively impacting on recruitment and retention.</p> <p>The environment would maintain student experience avoiding the risk of adversely affecting scores for the programme in the National Student Survey.</p> <p>The risk of reputation damage for BCUHB will decrease.</p> <p>The delivery of learning outcomes would be maintained. Capacity to provide other programmes and educational activities currently provided would be maintained.</p> <p>Access to library and private study space for other professions and staff would be maintained.</p> <p>Flexibility for the provision of formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed.</p> <p>Ability to reschedule formal education would be improved in comparison to Option 2.</p>
Disadvantages	<p>Capital or revenue costs would be incurred.</p> <p>The level of investment required is considerably above option 2.</p>
Conclusion	This option would have significant advantages in terms of the creation of a modern, fit-for-purpose, medical education environment. It delivers greater benefits and provides significant improvement against the range of issues identified. Affordability considerations in comparison to Option 2 and the fact that Option 2 would not exclude further expansion in the future have resulted in it not being recommended at this stage.

## Ysbyty Glan Clwyd

The current layout of the education facilities within YGC provides challenges as it is split over two floors and separated by long corridors of non-education offices. There is no clear signage for the various elements of the education accommodation and entry is gained either via a small lift in a small entrance area or by passing through the ground floor accommodation to stairs.

Options have been considered through a review of the available space and modelling of the curriculum at full student numbers.

The timetabling review confirmed that additional teaching rooms were required due to the increase in student numbers and occupancy levels across the whole of the department. There is also a need for sufficient capacity in student support space, in particular common and waiting areas, collaborative and private learning space, as well as providing additional office accommodation for the increase in staffing

Investment into the IT infrastructure to ensure students have appropriate resources and connectivity is required and is included within the estimated capital and revenue costs.

Infrastructure costs have also been considered and an indicative estimate is included within the costs described.

The table below summarises the costs, advantages and disadvantages of these options and concludes that while option 3 provides greater benefits in some areas, it is less affordable and significant disadvantages have been identified following more detailed review, option 2 requires lower investment, meets project objectives satisfactorily with an acceptable level of risk, recognises the constraints of the current footprint, minimises impact on non-medical education staff currently based in the education centre and is the preferred option.

Options Appraisal – Ysbyty Glan Clwyd	
Option 1 – Do Nothing	
Description	This option assumes that the education centre would run within the current footprint and layout and the current commitments to other medical schools would continue as well as accommodating the increase of students from the North Wales Medical School.
Capital Budget Estimate	There would be no additional costs.
Advantages	No capital costs would be incurred.
Disadvantages	<p>Medical education facilities would remain split over two floors.</p> <p>There would be no clear signage for the various elements of education accommodation.</p> <p>Entry would be via a lift in a small entrance area or by passing through the ground floor accommodation to stairs.</p> <p>IT infrastructure would be insufficient to support the number of students and provide virtual teaching and learning opportunities between sites.</p> <p>Inefficiencies in ways of working would increase, potentially increasing the number of staff required. Noise levels and other disruptions would increase.</p>

	<p>Collaborative learning spaces and common room would be insufficient.</p> <p>Welsh language provision would be reduced by lack of availability of teaching rooms.</p> <p>Opportunities to improve difficulties in recruitment and retention of faculty and doctors to deliver medical education would not materialise.</p> <p>Student experience would be impacted, potentially adversely affecting scores for the programme in the National Student Survey.</p> <p>The risk of reputation damage for BCUHB will increase.</p> <p>The delivery of learning outcomes could be compromised.</p> <p>Capacity to provide other programmes and educational activities currently provided would decrease.</p> <p>Access to library and private study space for other professions and staff would be affected.</p> <p>Failure to provide formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed.</p> <p>Ability to reschedule formal education would be limited.</p>
Conclusion	This option would not meet the objectives of the project or the critical success factors and would increase risks and issues considerably, it is therefore not recommended.
<b>Option 2 – Do Minimum</b>	
Description	The majority of undergraduate and postgraduate education space would be located together on the first floor through refurbishment works across the current footprint of the education centre. This would involve minor structural works; extending rooms, adding a remodelling of the existing entrance and, upgrading of ventilation.
Capital Budget Estimate	<p>Estimated capital cost: £4.4m including VAT, fees and contingency @20%</p> <p>Estimated revenue cost: £10k per annum</p>
Advantages	<p>The majority of medical education facilities would be located on the same floor.</p> <p>Clear signage for the various elements of education accommodation would be provided.</p> <p>The entrance would be reconfigured and improve access.</p> <p>IT infrastructure would support the number of students and provide virtual teaching and learning opportunities between sites.</p> <p>Inefficiencies in ways of working would be improved and the increase in noise levels and other disruptions would reduce.</p> <p>Welsh language provision could be maintained.</p>



	<p>The environment would be more attractive to faculty members and doctors who deliver medical education positively impacting on recruitment and retention.</p> <p>The environment would maintain student experience avoiding the risk of adversely affecting scores for the programme in the National Student Survey.</p> <p>The risk of reputation damage for BCUHB will decrease.</p> <p>The delivery of learning outcomes would be maintained.</p> <p>Capacity to provide other programmes and educational activities currently provided would be maintained.</p> <p>Access to library and private study space for other professions and staff would be maintained.</p> <p>Flexibility for the provision of formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed.</p> <p>Ability to reschedule formal education would be improved in comparison to Option 1.</p> <p>Minimal revenue costs would be required</p>
Disadvantages	Capital and revenue costs would be incurred.
Conclusion	This option would achieve improvements to the medical education environment. It delivers benefits and provides improvement against a range of issues identified with an acceptable level of risk, is achievable within the current footprint and is the preferred option.
<b>Option 3 – 5Plus Design</b>	
Description	This option would include a complete reconfiguration of the space, along with extensions over roofs.
Capital Budget Estimate	<p>Capital Estimate: £7.9m including fees, VAT and contingency @ 20%</p> <p>Revenue Estimate: £234k per annum</p>
Advantages	<p>Medical education facilities would be located on the same floor.</p> <p>An entirely new, state of the art, entrance would be created.</p> <p>IT infrastructure would support the number of students and provide virtual teaching and learning opportunities between sites.</p> <p>Inefficiencies in ways of working would be improved and the increase in noise levels and other disruptions would reduce.</p> <p>Welsh language provision could be maintained.</p>

	<p>The environment would be more attractive to faculty members and doctors who deliver medical education positively impacting on recruitment and retention in comparison to Option 2.</p> <p>The environment would improve student experience avoiding the risk of adversely affecting scores for the programme in the National Student Survey.</p> <p>The risk of reputation damage for BCUHB will decrease.</p> <p>The delivery of learning outcomes would be maintained.</p> <p>Capacity to provide other programmes and educational activities currently provided would be maintained.</p> <p>Flexibility for the provision of formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed.</p> <p>Ability to reschedule formal education would be improved in comparison to Option 1.</p>
Disadvantages	<p>Proposed changes would affect other spaces within the hospital.</p> <p>Extension onto roof space would be required to locate medical education facilities on the same floor.</p> <p>Natural light into clinical spaces where the extension is proposed would be negatively impacted.</p> <p>Library/private study space would significantly reduce</p> <p>The capacity in the lecture theatre would reduce.</p> <p>It would not be possible to accommodate Anaesthetics and Hospital Management Team in an appropriate environment.</p> <p>Significant capital investment is required over that proposed in Option 2</p>
Conclusion	<p>Significant disadvantages identified which would impact on other parts of the hospital, some project objectives would not be met and non-medical education staff accommodated currently would become displaced, therefore this option is not recommended.</p>

## Wrexham Medical Institute

Wrexham Medical Institute is a standalone building which benefits from additional space, has an appropriate configuration and does not have the estate-related issues identified with the estate at Ysbyty Gwynedd or Ysbyty Glan Clwyd. WMI also has the benefit of mitigation of risks not possible at YG or YGC due to its co-adjacency with BU's Cambria building.

This mitigation is predicated on an agreement in-principle with BU that teaching and learning activities provided by BCUHB for the NWMS, could be delivered from their Cambria building and that BU's commitment to development of the Wrexham site as a second NWMS hub continues.

Options have been considered through a review of the available space and modelling of the curriculum at full student numbers.

The timetabling review confirmed that additional teaching rooms were not required and that occupancy levels across the whole of the department were acceptable. There is sufficient capacity in student support space, common and waiting areas, collaborative and private learning space, and office accommodation will meet increased staffing levels.

Investment into the IT infrastructure to ensure students have appropriate resources and connectivity is required and is included within the estimated capital and revenue costs.

Infrastructure costs have also been considered and an indicative estimate is included within the costs described.

The table below summarises the costs, advantages and disadvantages of these options and concludes that while option 3 delivers greater benefits it is less affordable, potential efficiencies could be achieved but these would only be maximised through expanding the scope of library provision, option 2 requires lower investment, meets project objectives satisfactorily with an acceptable level of risk, does not exclude considerations of integrated provision in the future and is the preferred option.

Options Appraisal – Wrexham Medical Institute	
Option 1 – Do Nothing	
Description	This option assumes that the education centre would run within the current footprint and layout and the current commitments to other medical schools would continue as well as accommodating the increase of students from the North Wales Medical School.
Capital Budget Estimate	There would be no additional costs.
Advantages	No capital costs would be incurred.  Existing accommodation is of sufficient size and has an appropriate configuration.
Disadvantages	Does not include improvements to car parking arrangements at Wrexham Maelor hospital to address the impact of increased student numbers on site.  IT infrastructure would be insufficient to support the number of students and provide virtual teaching and learning opportunities between sites.  There may be a risk to maintaining Welsh language provision.  Flexibility for the provision of formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed would be reduced.
Conclusion	It is possible to accommodate the full student numbers disadvantages relating to some projects objectives can be further mitigated due to close proximity to BU buildings, the provision of appropriate IT infrastructure and connectivity would not be sufficient and the impact on car parking at Wrexham Maelor Hospital would not be addressed therefore this option is not recommended.

<b>Option 2 – Do Minimum</b>	
Description	Provides an allowance for infrastructure to improve parking arrangements at Wrexham Maelor hospital and achieves improvements to the IT infrastructure to support the number of students and provide virtual teaching and learning opportunities between sites.
Capital Budget Estimate	Estimated capital cost: £477k including VAT, fees and contingency @20%  Estimated revenue cost: £10k per annum
Advantages	Includes improvements to car parking arrangements at Wrexham Maelor hospital to address the impact of increased student numbers on site.  IT infrastructure would be sufficient to support the number of students and provide virtual teaching and learning opportunities between sites.  Existing accommodation is of sufficient size and has an appropriate configuration.
Disadvantages	Capital investment is required.  Assumes agreement with BU to access accommodation in their Cambria building.
Conclusion	This option meets the project objectives and CSFs with an acceptable level of risk, avoids disadvantages at Wrexham Maelor Hospital site for a modest level of investment and is the preferred option.
<b>Option 3 – 5Plus Design</b>	
Description	Provides improved lecture theatre capacity, reconfigures the remaining internal space to be more flexible through the removal of the library to joint arrangements being possible in the BU library which is in close proximity to the building.
Capital Budget Estimate	Estimated capital cost: £1.6m including VAT, fees and contingency @20%  Estimated revenue cost: £10k per annum
Advantages	Includes improvements to car parking arrangements at Wrexham Maelor hospital to address the impact of increased student numbers on site.  IT infrastructure would support the number of students and provide virtual teaching and learning opportunities between sites.  Welsh language provision could be maintained.  Capacity to provide other programmes and educational activities currently provided would be maintained.  Flexibility for the provision of formal teaching elements of the curriculum for small, less resilient specialties where additional flexibility is needed would be increased.  Ability to reschedule formal education would be improved in comparison to Option 2.  Efficiencies through integrated library provision could potentially be achieved.

Disadvantages	<p>Capital investment is required.</p> <p>Integrated library provision would potentially impact on private study space available to students.</p> <p>Creates interdependencies with timescales for BU development of the Cambria building.</p> <p>Greater efficiencies could potentially be achieved if the scope of proposals were extended to include Wrexham University.</p>
Conclusion	<p>This option would have advantages in terms of achieving a more integrated approach to medical education facilities provided by BU, delivers greater benefits and provides improvement against the range of issues identified. Affordability considerations in comparison to Option 2 have resulted in it not being recommended. It would, however, be a potential option a more integrated approach with BU be desired for a reasonably modest level of investment.</p>

## Appendix C – Primary Care Longitudinal Integrated Clerkship

### Introduction

The inclusion of the Longitudinal Integrated Clerkship in primary care is unique to Wales having been developed as part of the C21 North Wales programme. It offers a unique opportunity for medical students gain experience in primary care as early as possible in their medical education.

This creates an appreciation of both primary and secondary care settings, allows students to work alongside a multi-disciplinary team of clinicians over a longer period of time than traditionally provided and has the aim of them being better informed about their career.

### Curriculum Models for Primary Care

In the main, medical schools across the UK follow a traditional curriculum model which offers short, block, placements in primary care. The innovative C21 North Wales model delivered via Bangor University includes an agreed adaptation from Cardiff University's C21 curriculum to include a Longitudinal Integrated Clerkship (LIC) in primary care.

This unique approach has been well received by both students and placement practices with students being able to gain an immersive insight into General Practice early in their medical education.

The independent North Wales Medical School will continue to offer students the opportunity to gain clinical experience in primary care through an LIC. This will mean that in Year 3 they will spend 2 days per week over a total of 38 weeks.

### Why choose an LIC given the constraints within primary care in North Wales?

The LIC is included in the curriculum to support students to:

- Develop their patient centred skills;
- Better develop their higher order clinical thinking
- Positively influence students towards primary care and rural career choices through experience of living and working in rural areas;
- There is some evidence that longer LIC placements have greater impact than more traditional, short block placements.

Participation in the care of patients over time has benefits for students as a result of the social aspects of having a role within a community of practice. Continuity of relationships with clinicians means that students receive tailored feedback from teachers who know them and are invested in their progress as a result.

Evidence suggests that GP teachers derive great satisfaction from longitudinal relationships with students and that this model of teaching and learning might reap rewards in terms of recruitment to GP careers. For those students who do not choose a GP career, the LIC experience is likely to enhance a generalist approach to their practice of medicine, whatever their chosen specialty. Stakeholder

engagement with GP's within BCUHB supports this view as it has indicated that they value the LIC and wanted it to be included within the new programme.

The primary benefit that has been identified as a result of this approach is the potential to increase in the number of medical students following a career in general practice. Under this model, the amount of exposure medical students have in the primary care setting increases their opportunity to explore primary care as a lifelong career option.

A number of medical schools across the UK are stating that primary care placements are increasingly difficult to secure and often medical students do not experience primary care settings due to the practices being unable to facilitate the placement. The short placement, traditionally offered, often creates a "burden" as the student is only on placement for a short period of time adding no additional capacity to the practice and often increasing workload as a result. In comparison, the LIC allows students to become embedded with the practice teams, develop their skills over period leading to an increased ability to undertake tasks independently over the duration of their placement.

## Appendix D - Written Statement: North Wales Medical School Task and Finish Group, Phase Two Report

### CABINET STATEMENT

#### Written Statement: North Wales Medical School Task and Finish Group – Phase Two Report

**Eluned Morgan MS, Minister for Health and Social Services**

I would like to thank Professor Elizabeth Treasure, chair of the North Wales Medical School Task and Finish Group, and all the members, for their hard work in providing me with advice in such a short space of time. They provided me with a focused and practical critical report and a clear set of recommendations.

In light of these recommendations, I have asked my officials to establish a programme board to drive forward phase three, which will implement the recommendations and work towards the delivery of an independent medical school in North Wales.

North Wales faces some significant NHS workforce and retention issues, which is why I am happy to announce today that I have agreed to increase student places for the C21 North Wales programme to 25 in September 2021 and 40 in September 2022.

This increase will build on the success of this programme to date and allow even more students the opportunity to study in the very heart of communities in North Wales, further strengthening our commitment to delivering care as close to people's homes as possible.

Today's announcement reinforces our pledge to establish a new medical school in North Wales and we continue to work in social partnership with all stakeholders to achieve our ambition to improve health and care in the region.

I am also pleased to announce an uplift of Swansea University's graduate-entry medicine intake to an extra 25 students in 2021 – the programme provides the fastest route for training doctors in Wales, with students graduating in four years rather than five.

Swansea University is working in partnership with Hywel Dda and Swansea Bay university health boards to build on their existing mentoring and development schemes to establish a more ambitious range of retention initiatives to ensure that medical students educated in Wales stay in Wales long after graduation.

One thing we have learnt from the COVID-19 pandemic is how truly amazing our NHS in Wales is, and without those who choose to dedicate themselves to caring for individuals in society, the people of Wales would not have a service that they and their families can rely on.

It is therefore important we do everything we can to nurture healthcare professional education and encourage graduates to stay and work in Wales long after graduation.

Additionally, I have asked my officials to conduct a review of the medical service increment for teaching (SIFT) and the NHS Wales Bursary.

SIFT is an additional payment made to NHS Wales organisations to support the costs of undergraduate medical and dental education; the establishment of a new medical school in North Wales is an opportunity to ensure the NHS in Wales is appropriately supported while providing our



medical and dental students with the quality and innovative teaching necessary to produce first-class doctors and dentists for Wales.

We have maintained the full bursary package for students starting their studies in the academic year 2021-22 and 2022-23 in Wales. Providing financial support for students to incentivise them following qualification to work within the healthcare sector in Wales. It is now time to review the bursary to ensure that it offers comparable benefits with the other home nations to ensure Wales is the preferred student destination.

This statement is being issued during recess in order to keep members informed. Should members wish me to make a further statement or to answer questions on this when the Senedd returns I would be happy to do so.

## Appendix E - Phasing of Student Numbers

Graduate Entry Medicine			2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
		Year 1											
		Year 2	30	20	20	20	20	20	30	30	30	30	30
		Year 3	16	30	20	20	20	20	20	30	30	30	30
		Year 4	20	16	30	20	20	20	20	20	30	30	30
		Year 5	10	20	16	30	20	20	20	20	20	30	30
			76	86	86	90	80	80	90	100	110	120	120
Under Graduate			2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
		Year 1	0	60	70	80	90	100	110	110	110	110	110
		Year 2	0	0	60	70	80	90	100	110	110	110	110
		Year 3	7	0	0	60	70	80	90	100	110	110	110
		Year 4	0	7	0	0	60	70	80	90	100	110	110
		Year 5	5	0	7	0	0	60	70	80	90	100	110
			12	67	137	210	300	400	450	490	520	540	550
		Total Stud	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033
		Year 1	0	60	70	80	90	100	110	110	110	110	110
		Year 2	30	20	80	90	100	110	130	140	140	140	140
		Year 3	23	30	20	80	90	100	110	130	140	140	140
		Year 4	20	23	30	20	80	90	100	110	130	140	140
		Year 5	15	20	23	30	20	80	90	100	110	130	140
			88	153	223	300	380	480	540	590	630	660	670

## Appendix F - Written Statement: North Wales Medical School

### CABINET STATEMENT

#### Written Statement: North Wales Medical School

**Eluned Morgan MS, Minister for Health and Social Services**

First published:

26 January 2023

Last updated:

26 January 2023

I am pleased to announce the Welsh Government will be funding up to 140 medical student places a year at the new North Wales Medical School. Direct intake will start in 2024.

We expect student numbers to increase steadily and to reach their optimum number from 2029 onwards. This gradual trajectory will provide time to assess and evaluate both the quality tuition and student experience at the new medical school.

Establishing a new medical school in North Wales is a key commitment, which will help Wales to train more medical students and ensure that training opportunities and the provision of qualified doctors are spread across Wales.

This is a real boost for North Wales, for Betsi Cadwaladr University Health Board and for Bangor University.

I have written to the General Medical Council to confirm our support and endorsement of these plans. This letter of assurance enables the GMC to progress the accreditation process.



<b>Teitl adroddiad:</b> <b>Report title:</b>	Central Integrated Healthcare Community (IHC) Finance, Performance & Workforce 'Deep Dive' Report – Month 6			
<b>Adrodd i:</b> <b>Report to:</b>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Thursday, 02 November 2023			
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	This paper provides Committee members with an update of the Central IHC Finance, Performance & Workforce position as at Month 6.			
<b>Argymhellion:</b> <b>Recommendations:</b>	<p>The Committee is asked to:</p> <p>Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend IHC colleagues to undertake.</p>			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Adele Gittoes, Interim Executive Director of Operations			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Libby Ryan-Davies, IHC Director (Central)			
<b>Pwrpas adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

	<i>existing mechanisms / objectives</i>	<i>mechanisms / objectives</i>	
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b></p>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.	
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>		The report has not been Equality Impact Assessed as it is reporting on actual performance.	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		The report has not been assessed for its Socio-economic Impact as it is reporting on actual performance	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>		The delivery of the performance targets contained within report will have direct and indirect impact on the financial recovery plan of the IHC/Board.	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>		The delivery of the performance targets contained within our annual plan will have direct and indirect impact on our current and future workforce.	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>		This report has been reviewed by the IHC Senior Leadership Team (incl. Finance & Workforce)	
<b>Cysylltiadau â risgiau BAF:</b>			

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <p><b>Implementation of recommendations:</b> Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.</p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <ul style="list-style-type: none"> <li>Central IHC Performance, Finance &amp; Workforce 'Deep Dive' Report – Month 6</li> </ul>	

**Performance, Finance and Information Governance Committee**  
**2 NOVEMBER 2023**  
**CENTRAL IHC FINANCE & PERFORMANCE DEEP DIVE – MONTH 6 2023/24**

**1 Introduction/Background**

This paper provides members with a summary of the Central IHC Finance, Performance and Workforce position as at Month 6 of 2023/24.

**2 Body of Report**

Please see attached Appendix 1 - Central IHC Finance, Performance and Workforce position as at Month 6 of 2023/24.

**2.1 Financial Performance**

Detail outlined in Appendix 1.

**2.2 Performance & Demand**

Detail outlined in Appendix 1.

**2.3 Staffing**

Detail outlined in Appendix 1.

**2.5 Overall narrative (drawing on performance data, risk registers and management knowledge) highlighting:**

**2.5.1 Main concerns/issues at present:** *whether the issue is getting worse or improving; how long it has been a problem, what can be done locally (IHC) to address it, what action by Board is/would be needed*

➤ **Financial Recovery**

Ability to meet the Cash Releasing Efficiency Schemes (CRES) targets for 2023/24 continues to be a risk at present.

IHC Financial Control Group established in July 2023 and meeting weekly to develop plans and to control overspending areas. The meeting is attended by all IHC Directors and senior managers are asked to attend with a plan on how to reduce spend in areas that have been identified as overspending or areas of concern.

Action Plans from the Financial Control Group have been developed and will continue to be reviewed. Where appropriate these will be developed into Project Initiation Documents (PIDs).

IHC Financial Summit in October 2023 to outline the IHC approach to managing the current financial pressures for 2023/24, including:

- **Financial Management Assurance** – Service Leads/Budget holders to evidence financial grip and governance over budgets
- Plans for Budget Reducing (CRES) & Plans for Reducing Spend (Run Rate)
- **Development of an IHC Financial Recovery Plan – to be finalised and implemented by Mid-November 2023**

➤ **Key Risks (incl. Quality & Safety)**

- **Medicines** – There is a risk of patient harm due to significant workforce gaps in the medicines procurement team. The risk is that the pharmacy department will not be able to procure medications in a timely manner and manage out of stock medications. This will mean that wards and clinics across the Central IHC may not have medications available to provide services and patient care.
- **Registered Nursing Vacancies** – There is significant impact on agency usage and Clinical Safety.
- **Dermatology** - There is a risk of inability to meet Dermatology planned care targets within the Central IHC due to high demand of urgent suspected cancer (USC) patients. All clinic capacity is currently being converted to cancer patients and no capacity remains to see either urgent or routine patients.
- **Therapies** – There is a waiting list backlog Physiotherapy. There is a risk that patients will not receive timely input and may deteriorate due to a combination of reduced services during COVID and vacancies in the service we have a waiting list backlog in centre area of approx. 2000+ patients breaching the 14 week target.
- **Extreme Waits** - Centre has high numbers of >156 weeks - plans to treat/book any patients at stage 4 >234weeks by end October (Additional resource requested and Exec decision awaited, including PARR rate)
- **Urgent & Emergency Care / YGC Emergency Department (ED)**- the number of patients presenting and occupying the ED is beyond the capacity for which the ED is designed and resourced to manage at any one time. This results in an inability to provide safe, clean, timely and efficient care to those patients, and any subsequent patients who attend the department with resultant patient harm.
- **North Wales Adolescent Service (NWAS) Capital Investment** – This will require Board approval to progress with the adaptations of the NWAS Inpatient Unit in the area proposed for the development of the longer-term Extra Care Area. Without this approval, we run the risk that the Unit will not be able to provide safe care in an environment equipped to meet the National Standards for an extra care area. This presents a risk to both patients and staff.
- **Sexual Assault Referral Centre (SARC)** – There is a risk in terms of legal challenge. This requires Executive and legal direction.
- **Abergele Hospital building and infrastructure** – Although maintained, the infrastructure continues to cause delays, cancellations and service reductions on occasions where the poor state of the site and infrastructure impacts service requirements.
- **West End Medical Centre** – There are significant staffing challenges, with only 20% of GP vacancies filled and significant locum costs. The team is working with temporary staffing teams and the Primary Care Academy to support recruitment and retention of GPs and other primary care staff. There is, for example, a commissioned company to provide recruitment videos, interviewing clinicians working in primary care in North Wales.



**2.5.2 Problems which have either been resolved in the last year or are no longer critical (if any): what has changed? What action (if any) contributed to resolving or managing the problem? What lessons can be learnt**

- **Stabilisation of IHC Leadership Team** – As of September 2023, the Central IHC have an established and substantive Leadership Team.
- **IHC Governance Structure** – The IHC Director has established Delivery Groups & Governance structure across the IHC to mirror the BCU operating model. This ensures that the performance, quality/risk and workforce structures are effective, efficient and robust. It also ensures accountability at all levels of the IHC.
- **Abergele - Regional Lower-Limb Arthroplasty Centre** – The IHC has implemented the utilisation of Abergele Hospital orthopaedic capacity as a Lower limb Arthroplasty centre, whilst the business case was developed for BCUHB for a long term solution.
- **Closure of HiW Actions** - All legacy HiW actions now complete, and a mock inspection undertaken in July 2023 with the service response completed on 29<sup>th</sup> September. There is recognition of overall improvement.
- **UEC & Planned Care Programmes** - Established dedicated programme and project team to support the development and delivery of the Central IHC improvement programmes for UEC & Planned Care. This additional capacity is vital in supporting the operational teams to drive the programmes forward at pace and embed the change required.
- **See on Symptom (SOS)/Patient Initiated Follow Up (PIFU)** - Towards the end of 2022, the Planned Care team presented to the Trauma & Orthopaedics (T&O) clinical governance members to educate the wider clinical workforce of what SOS and PIFU pathways are and how they can support both clinicians and patients in terms of waiting list management and self-management.

A small SOS and PIFU working group was established in the Central IHC to support increased adoption of the pathways and the decision made that all patients that present with ankle fracture, wrist fracture and soft tissue would be placed on an SOS pathway after a 6 week check. Since then, their SOS and PIFU rate increased at a rapid pace to 14% by February 2023 and peaking during September 2023 at 17.4%

The next steps to support this work is to create a case study with both a clinician and a patient to promote their experience with using or being on the self-management pathways and look to how this model can be adopted across East and West IHCs.

- **Central IHC Communication & Engagement** – The IHC Director has established a task and finish group to develop and IHC Communication & Engagement plan. The aim of this plan is to have one co-ordinated IHC approach for Communications and Engagement across our system which involves staff, clinical groups, patient and public representatives and other stakeholders. The engagement activities outlined in the plan aim to inform and engage local stakeholders, ensuring an appropriate level of scrutiny, collaboration and co-production.

- **Central IHC Annual Plan 2023/24** – The first Annual Plan as an IHC was developed for 2023/24 and signed off that sets out our contribution, as an IHC, to leading and supporting the Health Board to respond to current challenges as well as the opportunities to transform the delivery of care and health outcomes through collaborative system working.

The IHC Central annual plan also supports the Health Board in meeting its requirements under Special Measures, Ministerial Targets and contributes to the delivery against A Healthier Wales.

### **2.5.3 Primary care- balance between managed and General Medical Services /General Dental Services GMS/GDS practices. What is working well and not working well. Any innovation in services (in practices, community pharmacy, collaboration with third sector which could be replicated more widely (in IHC or wider)**

#### **Primary Care – Independent Contractor Sustainability**

We review each practice against 5 domains twice per year. We are working with individual GP Practices who have approached us citing financial pressures and premises pressures in particular (two practices at particular risk currently supporting approx. 13,000 patients). There have been double figure demand increases on primary care services post pandemic with no equivalent increase in funding.

The waits for secondary care services are having an impact on primary care with them having to see patients for symptom and pain management and exacerbations of their conditions who are on waiting lists. A BCU group has been established to look at sustainability, initially GMS and the Central IHC is actively participating.

In addition, there are a number of Cluster Initiatives supporting early health intervention and prevention within the community, these include:

- **ANPs supporting Care Home patients**  
Cluster funding for 3 Advanced Nurse Practitioners (ANP) who provide care for patients in Care homes, improving timeliness of assessment and treatment and freeing up GP capacity. This has demonstrated reduction in conveyance to hospital.
- **Long term conditions hub (one Cluster, diabetes and Acute Kidney Injury currently)**  
Initiative initially funded through transformation fund, now supported by cluster funds. Using a 'one-stop-shop' model to enhance the management and delivery of planned care for people with diabetes, and increase uptake of essential care processes (including HbA1c blood glucose control measurement and foot ulcer risk surveillance).
- **MIND contract for first line support and active monitoring**  
Offering quick and flexible support, allowing individuals experiencing mental health problems to see a practitioner promptly, either in person or remotely. Also there is provision of follow up monitoring.
- **Health Promotion Officer**  
Delivering targeted health related initiatives and awareness programmes, aiming to improve the wellbeing of North Denbighshire communities by addressing specific health disparities and socioeconomic challenges.
- **Lifestyle programme, focusing on diabetes prevention**  
Nursing and Therapy posts focussing on targeted diabetes prevention. Initiated in Conwy West and now being adopted within Conwy East.

➤ **Complex Case MDTs with Community Resource Teams**

Initiated during the pandemic. GPs in Central & South Denbighshire Cluster join Community Resource Team and Older People's Mental Health Team to discuss complex cases identified by team members and jointly agreeing action. The teams are now working to spread good practice to other Central IHC Clusters.

➤ **Respiratory hub (secondary care diagnostics in community setting) – 6 month pilot just commenced**

Respiratory clinicians, including technicians and Pharmacy staff are delivering respiratory diagnostics in community setting for referrals from primary care. Initiated by GPs in the Central & South Denbighshire Cluster.

**2.5.4 If IHC management had a free hand what would they re-prioritise?**

- Re-prioritising Community Services (integrating Primary & Community Care)
- End to end pathway of care across the system – Primary to Secondary Care (Value Based Health Care VBHC)
- Partnerships, Engagement & Collaboration

**2.5.5 How far do targets and trajectories set reflect what IHC management felt (when they were set) and feel now are achievable. What could be improved in terms of drawing on knowledge and experience of IHC in planning?**

- Appropriate Demand & Capacity Planning

**3 Recommendation**

Committee members are asked to note the contents of this report, confirm agreement to any actions proposed, or identify any additional assurance work or actions it would request IHC colleagues to take.

# Central IHC

## Report to PFIG

### 2<sup>nd</sup> November 2023

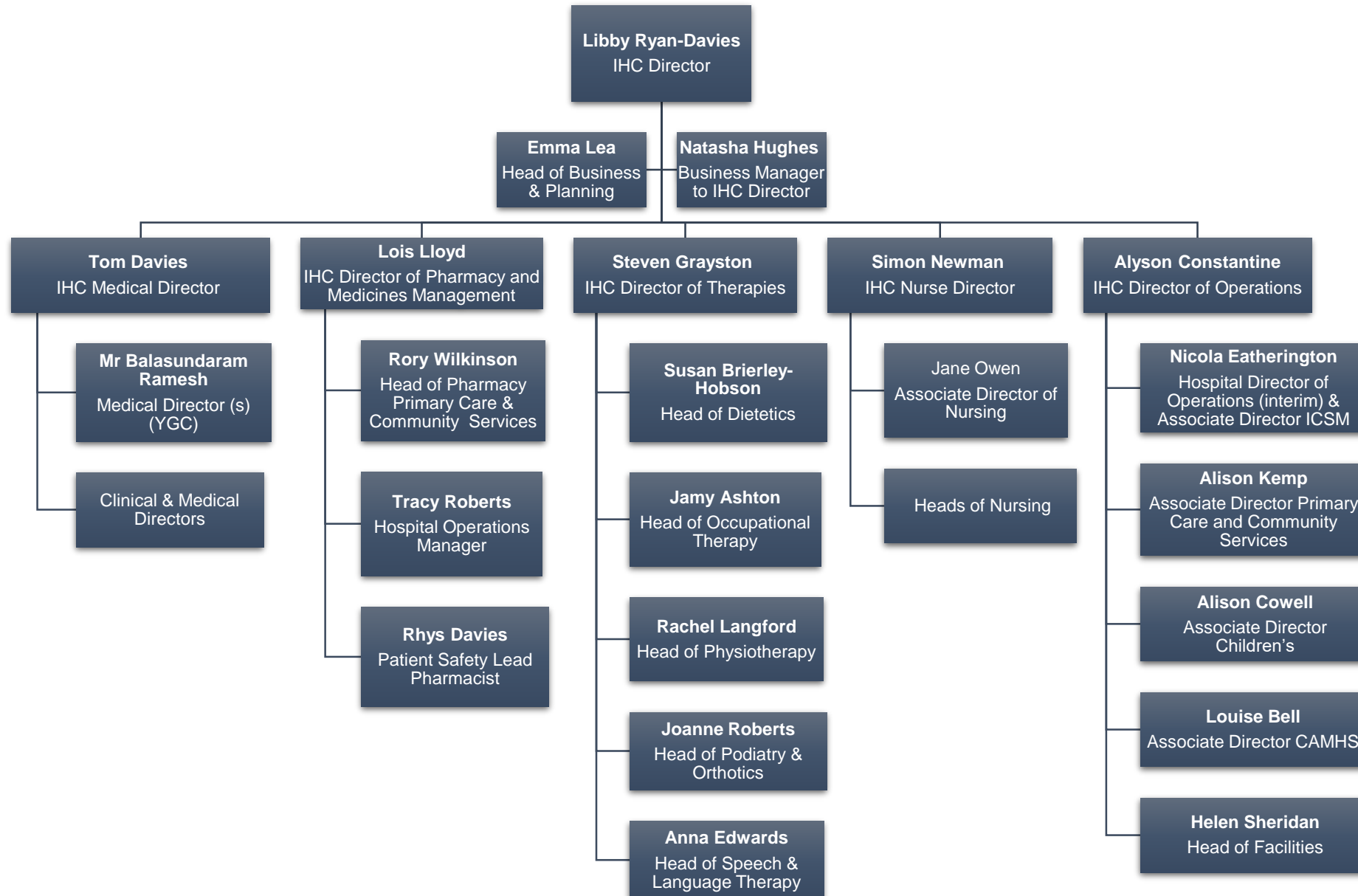


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# Central IHC Structure



# Central IHC Finance – Month 6



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# Financial Position – Month 6

L4 Code and Description	Actual		WTE	Month	Month	Month	YTD	YTD		Forecast	
	Annual Budget	Budget WTE	WTE	Variance	Budget	Actual	Variance	Budget	YTD Actual	Variance	Variance
AX21-Central Area	246,012,948	2270.04	2151.05	-118.99	20,389,813	21,076,639	686,826	123,708,509	127,910,983	4,202,474	9,979,364
HCCF-Facilities Centre	16,351,086	423.81	408.37	-15.44	1,330,123	1,369,719	39,596	8,368,561	8,613,146	244,585	878,739
HX21-Ysbyty Glan Clwyd	157,711,654	2230.56	2187.35	-43.21	13,265,838	14,353,964	1,088,126	80,277,385	87,787,354	7,509,969	12,480,232
HCCM-Health Community Centre Management	1,170,946	7.00	9.20	2.20	97,392	87,840	-9,552	586,536	596,583	10,047	313,197
Grand Total	421,246,634	4931.41	4755.97	-175.44	35,083,166	36,888,162	1,804,996	212,940,991	224,908,066	11,967,075	23,651,532

Month 6 position is **£1.805m** overspend. The year to date position is showing **£11.967m** overspend.

The IHC has been allocated a CRES target of £7.950m for 2023/24. In addition, there has been a non-recurrent vacancy slippage target of £2.2m for the financial year. In month 5, the CRES target was devolved down to directorate level and plans have been asked to be submitted to meet this target. Previously the CHC, Procurement and some of the Medicine Management Schemes has been allocated against CRES.

The forecast year-end position for the IHC is **£23.652m**.



# IHC CRES Position – Month 6

The IHC have been allocated a CRES target of £7,950,000 for 2023/24. In addition to this, a non-recurrent vacancy slippage of £2.2m needs to be met for 2023/24.

As at Month 6, the CRES gap remains at £6.4m.

Further work was undertaken on other PIDS and will be updated for Month 7 reporting

IHC/Service: Centre		2023-24		Month [06]			
£'000's	Full Year						
	Savings Target	Plan (Amber/Green)	Variance Plan (A/G) vs Target	Forecast (Amber/Green)	Variance Forecast vs Plan	Plan (Red schemes)	Plan Pipeline
Recurring	7,950	1,479	(6,471)	1,997	518	2,239	189
Non-Recurring		45	45	52	7		
Total	7,950	1,524	(6,426)	2,049	525	2,239	189
£'000's	Year To Date						
	Savings Target	Plan (Amber/Green)	Actual Savings Delivered	Variance Actual vs Target	Variance Actual vs Plan		
Recurring	3,975	713	1,430	(2,545)	717		
Non-Recurring	-	23	30	30	7		
Total	3,975	736	1,460	(2,515)	724		





# Key Financial Issues Specific to Central IHC

- Vascular & Diabetic Foot Pathway anticipated funding is £995,000 year to date, fye £2.024m which is within the reported and forecast outturn position. The costs exceed this as agency and other variable pay has been used to fill the gaps.
- Vascular Network costs £409,000 expenditure to date, forecast costs £483,000. These costs do not form part of the draft Business Case and therefore no anticipated funding is included within the position.
- Targeted Intervention £621,000 expenditure to date. This includes programme management costs and additional ED requirements.
- Abergele HVLC Orthopaedics - £46,000 expenditure to date. The two proposed options are costs of £1.2m and £1.5m for 2023/24. These costs are not within the IHC forecast.
- CAMHS Out of Area - £686,000 overspend to date - WHSCC have now confirmed risk sharing arrangement which will reduce the forecast by approximately £1m for Month 7.



# IHC Financial Governance

## **IHC Financial Control Group**

- Financial Control Group established in July 2023 and meeting weekly to develop plans and to control overspending areas. The meeting is attended by all IHC Directors and senior managers are asked to attend with a plan on how to reduce spend in areas that have been identified as overspending or areas of concern.
- Action Plan from the Financial Control Group has been developed and will continue to be reviewed. Where appropriate these will be developed into PIDs.
- During September 2023, accountability meetings were also held with all divisions to identify further opportunities for savings and reduce the run rate, further work is now underway to finalise these plans.

## **Enhanced Establishment Control**

- The new vacancy control measures have been implemented within the IHC, The IHC is holding vacancies wherever possible, this will be captured to assess the non recurrent savings.

## **Financial Recovery Plan**

- IHC Financial Summit in October 2023 to outline the IHC approach to managing the current financial pressures for 2023/24, including:
  - **Financial Management Assurance** – Service Leads/Budget holders to evidence financial grip and governance over budgets
  - Plans for Budget Reducing (CRES) & Plans for Reducing Spend (Run Rate)
  - **Development of an IHC Financial Recovery Plan – to be finalised and implemented by Mid-November 2023**

# Central IHC Finance – Performance



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# Planned Care Performance

## Performance Report - Centre IHC

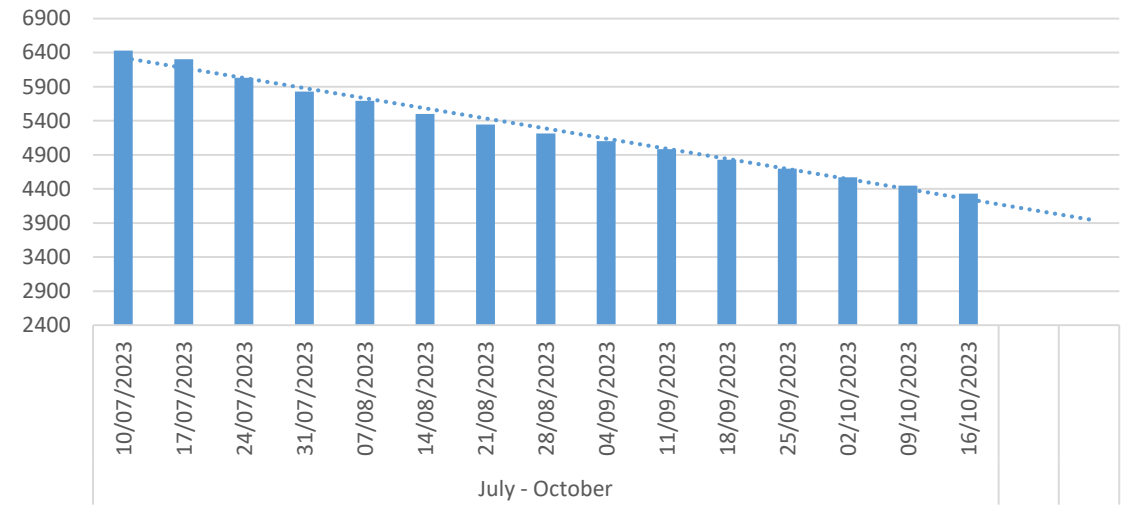
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				Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Referral to Treatment and Diagnostics	Position Shown	Level														
Waiting list size (all RTT)	Monthly	Centre IHC (Local)	Target													
			Performance	59,364	57,727	57,489	58,424	58,030	57,512	57,289						
Over 156 weeks all stages	Monthly	Centre IHC (Local)	Target													
			Performance	1,256	1,157	979	813	718	642							
Over 104 weeks all stages	Monthly	Centre IHC (National)	Trajectory			3000	2723	2378	2102	1826	1665	1593	1540	1525	1513	1501
			Performance	3,089	3,071	2,956	2,890	2,993	3,004	2,974						
Over 52 weeks all stages	Monthly	Centre IHC (National)	Trajectory			11324	10393	9780	9324	8868	8298	7842	7370	7126	6882	6577
			Performance	12,118	11,552	11,390	11,292	11,297	11,425	11,511						
Outpatient waits: > 52 weeks for new appointment	Monthly	Centre IHC (National)	Trajectory			3328	2904	2624	2400	2288	2174	2194	2214	2239	2259	2279
			Performance	3,888	3,629	3,622	3,742	3,824	4,074	4,157						
Over 36 weeks all stages	Monthly	Centre IHC (Local)	Target													
			Performance	18,828	18,245	18,012	18,211	18,390	18,418	18,107						
Outpatient waits: > 36 weeks for new appointment	Monthly	Centre IHC (National)	Trajectory			6484	5618	4877	4681	4505	4301	4229	4139	4079	4155	4250
			Performance	7,223	6,892	6,929	7,338	7,476	7,779	7,684						
Outpatient waits: over 100% delay for follow-up appointment	Monthly	Centre IHC (National)	Trajectory		23472	22956	22440	21924	21408	20892	20376	19860	19344	18828	18312	17796
			Performance	30,374	31,082	31,972	32,452	27,972	28,573	29,180						
Diagnostics: > 8 weeks	Monthly	Centre IHC (National)	Trajectory													
			Performance	8,119	3,166	3,379	3,060	2,499	2,466	2,188						
Therapies: > 14 weeks wait for a specific therapy (including audiology)	Monthly	Centre IHC (National)	Trajectory		1129	927	763	622	509	415	337	269	204	157	75	0
			Performance	962	692	445	322	353	493	491						

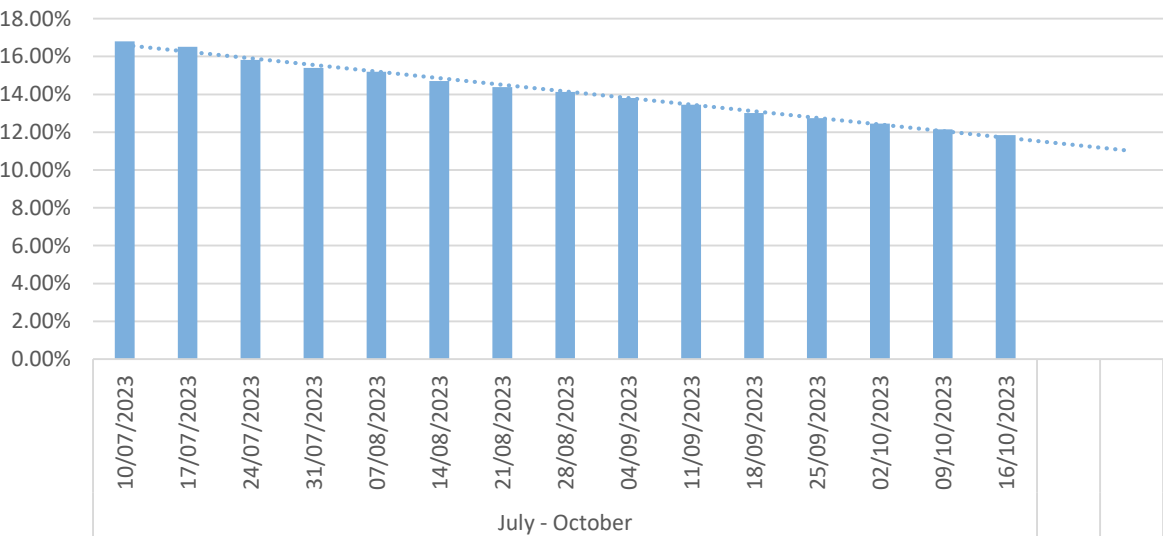


# Planned Care Performance – Long Waits

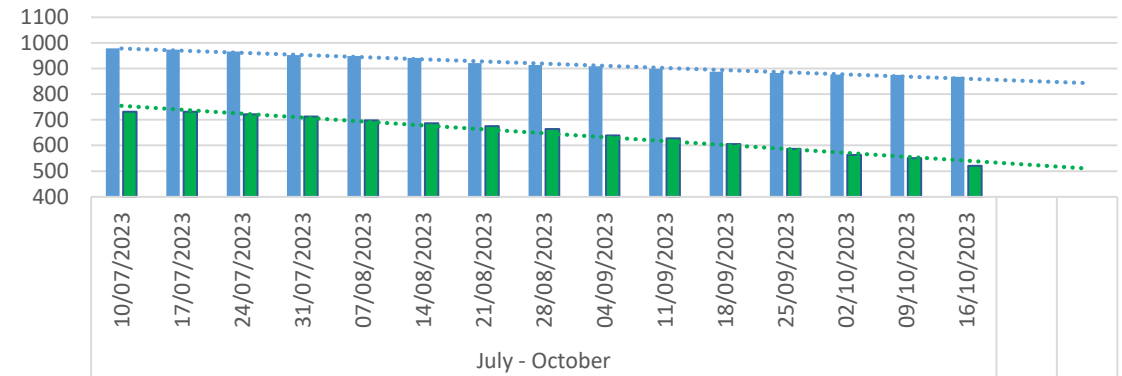
Surgery >104wks (also include the 156wks)



Central IHC - % over 104wks



Medicine & Community Specialist Medicine > 104 Wks.



- Medicine >104wks also include 156wks
- Community Specialist Medicine >104wks
- Linear (Medicine >104wks also include 156wks )
- Linear (Community Specialist Medicine >104wks)



# Performance Metrics – Planned Care

Focus on Ministerial targets for access to planned care services. **PTL has remained static year to date.**

Revised trajectories being completed with D&C model being developed centrally (will support 104 <3% Dec 2023 and <1% Mar 2024 status/understanding)

- **Extreme Waits** – plans to treat/book any patients at stage 4 >234weeks by end October (Additional resource requested and Exec decision awaited, including PARR rate)
  - Currently 1 ENT patient (booked 31st October)- originally cancelled due to lack of Anaesthetic cover
  - 32 Vascular patients progressing, diagnostic clinical validation and treatment. No availability at West/East theatres and reviewing opportunities at LLGH
  - 2 Orthodontic patients – awaiting North Wales solution (discussed at weekly Corporate Access)
  - Weekly monitoring of any tip ins
- **156 weeks** – 642 all stages shows an overall reduction of 515 open pathways since April 2023.
  - 116 unbooked end of October at Stage 1 for Orthodontics which is a known BCU risk.
  - 526 patients across Stages 2(44/15) 3 (85/24 )and 4 (344/32)
  - Insourcing programme ended on 30/09/23. Currently 67 patients across all stages who are on an insourced/outsourced pathway within the 156 cohort.

# Performance Metrics – Planned Care

- **104 weeks** trajectory shows – 902 off plan. Impacted from pause/stop of additional activity from planned insourcing of 2040 across all surgical specialties Activity April – September 2023 limited to General Surgery circa 60 patients (July – September).
- **52wks – all stages** - shows a static position when compared to March 2023. Capacity is prioritised to Cancer, clinically urgent & extreme waits.
- **52wks – Stage 1** - 445 increase compared to April 2023 (193 X Orthodontics and the remaining 252 across a number of specialties. The change from partial to direct booking for New referrals has limited opportunities for ROTT (Removal other than treatment) and has increased the DNA rate.
- **36wks – all stages** - Static position when compared to April 2023.
- **Follow up waiting list** : Total waiters >100% overdue has reduced by 2509 patients. Improvement using SOS/PIFU since April 2023, with further opportunities if clinically led.
- **Diagnostics** : Performance metric shows 2466 >8wks. Management of diagnostics remains a challenge with core activity being prioritised for Cancer and Clinically urgent demand. Historically the site has managed demand via non recurrent funding. This data does not include patients on surveillance within Urology and endoscopy.

# Performance Metrics – Planned Care

## Areas of focus:

- Validation – Continue with internal validation of open RTT pathways and External validation programme for Stage 1 and 4
- Prioritise capacity to support clinical urgency and SCP (Single Cancer Pathway) demand including 1st OPD (95<sup>th</sup> percentile)
- Utilise pan bcu model to monitor all trajectories, once developed/validated and share expected 'landing'
- Await an update in relation to management of patients on insourced pathway (once confirmed include in modelling as appropriate)
- Exit strategy awaited for outsourcing contract (Dermatology and Endoscopy) ending 31/03/2024, Ophthalmology ending Q3 2023.
- Actively monitor all ministerial targets, focusing on recent requirements including extreme waits (234 week waits) – Governance in place
- Clinically led opportunities to support appropriate protocols for areas such as SOS/PIFU
- Progress GIRFT recommendations via IHC Planned Care Improvement Group including via relaunch of Theatre Users Group (5 x Clinical specialties, Theatre Utilisation and POAC Groups)
- Ophthalmology visit to Countess of Chester to review HVLC Cataract planning - scheduling 2 HVLC lists before end of 2023.
- Continuation of endoscopy planning cell focusing on efficiencies and patient benefits including pre-procedure clinical phone calls.
- Implement plans for additionality pending approval of extension of PARR rates to end of March 2024 for RTT and Diagnostic waits (if approved).
- Ensure timely clinical (workforce) recruitment



# Abergele Orthopaedics – Regional Lower-Limb Arthroplasty Centre

- Joint clinical workshop held 17th May 2023 between the NCSOS (National Clinical Strategy for Orthopaedic Surgery) and BCUHB - resulted in the agreement that Abergele Hospital orthopaedic capacity would be utilised as a Lower limb Arthroplasty centre, whilst a business case was developed for BCUHB for a long term solution.
- Project group established to develop and implement a clinical model that could be transferred when required as proof of concept

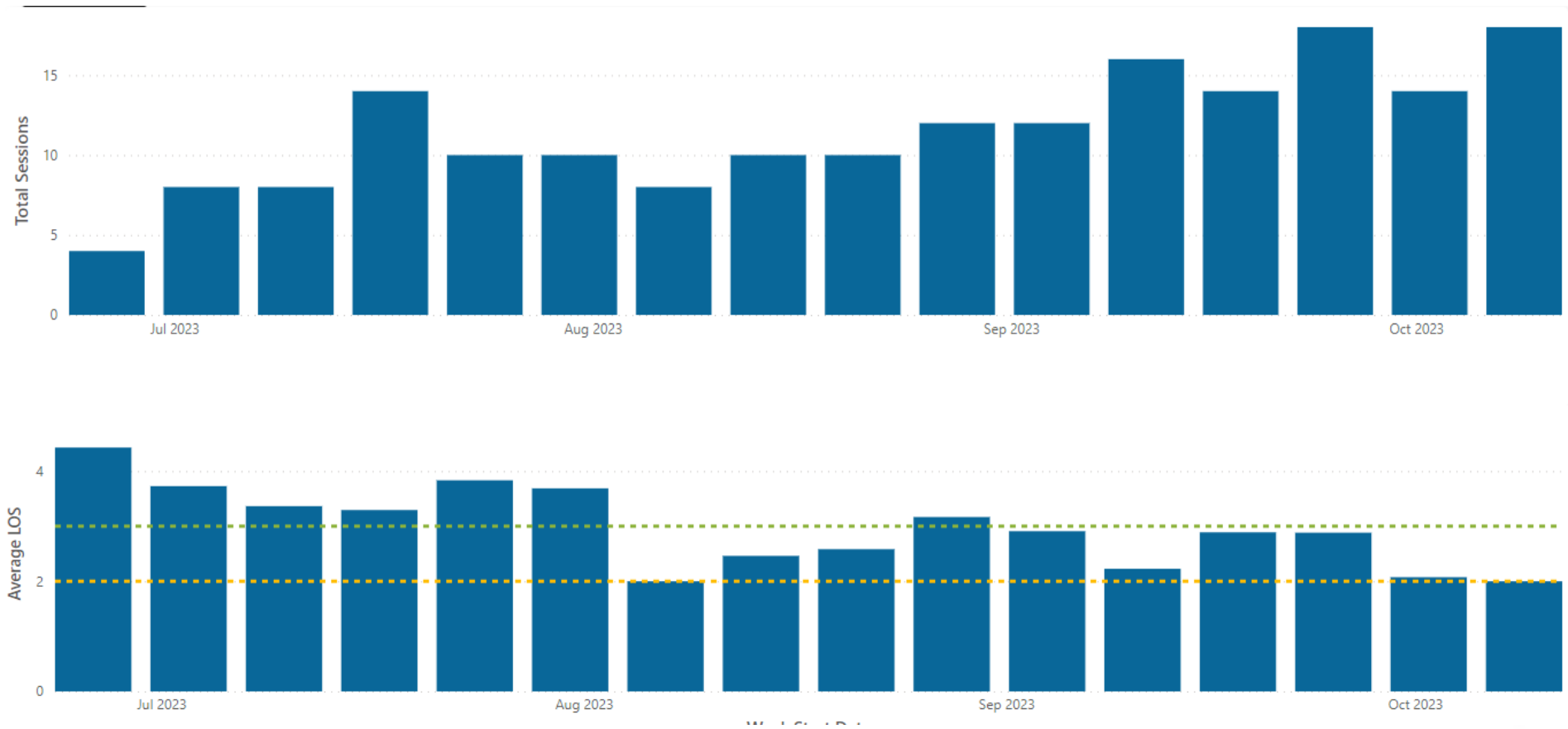
## **Progress to Date**

- Director assigned to maximise Abergele as a cold site.
- Objectives and milestones established - All IHCs engaged
- Phased re-location of Upper Limb Surgery from Abergele to YGC August 2023
- East IHC 'Perfect Month' undertaken June 2023 - new learning – applicable to all BCUHB orthopaedic sites.
- BCUHB now has several joint-IHC operational meetings including Battle Rhythm & 642 meeting. (incl. MOPs utilisation).
- Ring-fencing of Ysbyty Glan Clwyd Day of Surgery Assessment Unit – DOSA.

## **Following initial project implementation phase, we have seen:**

- 66 theatre sessions completed– 85% of available capacity in Abergele orthopaedics
- East IHC treated 12 patients.
- West IHC treated 33 patients.
- Central IHC treated 57 patients.
- 26 patients over 100 weeks treated- longest was 210 weeks.
- Overall theatre utilisation between 86-94%.

# Abergele Orthopaedics – Regional Lower-Limb Arthroplasty Centre



- Number of weekly sessions utilised by surgeons from all three areas have increased
- Decrease in Length of Stay, thanks to the added Joint School provision in the Centre and the implementation of new clinical model agreed as part of the Abergele Clinical Reference Group



# Urgent & Emergency Care Performance

## Performance Report - Centre IHC

Betsi Cadwaladr University Health Board

Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24

Emergency Care	Position Shown	Level														
ED&MIU performance 4 hrs (all)	Monthly	Centre IHC (National)	Trajectory	95%			57.0%	58.6%	60.2%	61.8%	63.4%	65.0%	66.6%	68.2%	69.8%	72.0%
			Performance	72.1%	70.3%	71.8%	71.7%	68.6%	67.9%	69.3%						
ED&MIU performance 4 hours (non-admitted)	Monthly	Centre IHC (Local)	Trajectory	95%			68.0%	69.3%	70.6%	71.9%	73.2%	74.6%	75.9%	77.2%	78.6%	80.0%
			Performance	82.3%	82.0%	82.1%	81.7%	78.2%	77.7%	79.1%						
ED&MIU performance 24 hour waits	Monthly	Centre IHC (Local)	Target	100%												
			Performance	92.9%	94.0%	96.1%	94.9%	94.6%	96.1%	94.4%						
ED&MIU number of 24 hour waits	Monthly	BCU (Local)	Trajectory	0		400	360	320	280	240	200	160	120	80	40	0
			Performance	542	443	337	436	452	328	454						
ED&MIU performance 12 hour waits	Monthly	Centre IHC (Local)	Target	100%												
			Performance	85.0%	85.2%	86.4%	86.2%	85.0%	85.8%	84.7%						
ED&MIU number of 12 hour waits	Monthly	Centre IHC (National)	Trajectory	0			1026	982	928	874	820	766	712	658	604	550
			Performance	1143	1093	1176	1186	1263	1188	1243						
Ambulance handovers over 1 hour	Monthly	Centre IHC (National)	Trajectory	0												
			Performance	925	894	867	782	847	517	759						
Ambulance handovers over 4 hours	Monthly	BCU (National)	Trajectory	0		291	248	205	162	129	86	43	0			
			Performance	505	351	255	223	255	100	226						
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Monthly	Centre IHC (National)	Target	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
			Performance	47.7%	56.6%	56.6%	52.4%	56.3%	49.5%	51.4%						
Median emergency response time to amber calls	Monthly	Centre IHC (National)	Target													
			Performance													
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Monthly	Centre IHC (National)	Target													
			Performance	106.0	107.0	103.0	110.0	145.0	152.0	132.0						
Median time from arrival at an emergency department to triage by a clinician	Monthly	Centre IHC (National)	Target													
			Performance	23.0	18.0	15.0	18.0	18.0	18.0							
Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Monthly	Centre IHC (National)	Target		17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%
			Performance													

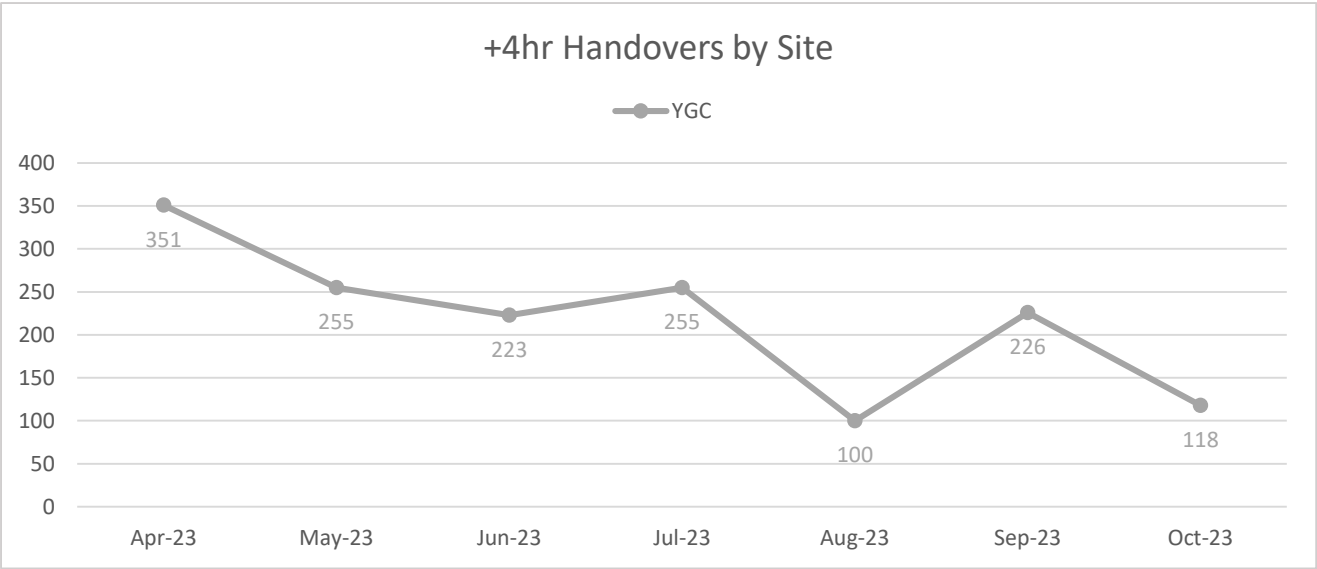


# Urgent & Emergency Care – YGC ED 4, 12 & 24 hour waits

Performance Report - Centre IHC																	
Betsi Cadwaladr University Health Board					Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Emergency Care				Position Shown	Level												
ED performance 4 hrs (all)	Monthly	Centre IHC (National)	Trajectory	95%													
			Performance	57.4%	55.6%	56.3%	56.4%	51.7%	51.9%	52.2%							
ED performance 4 hours (non-admitted)	Monthly	Centre IHC (Local)	Trajectory	95%													
			Performance	69.4%	69.7%	68.8%	68.9%	62.0%	62.3%	62.9%							
ED performance 24 hour waits	Monthly	Centre IHC (Local)	Target	100%													
			Performance	92.9%	94.0%	96.1%	94.9%	94.6%	96.1%	94.4%							
ED number of 24 hour waits	Monthly	BCU (Local)	Trajectory	0		400	360	320	280	240	200	160	120	80	40	0	
			Performance	542	443	337	436	452	328	454							
ED performance 12 hour waits	Monthly	Centre IHC (Local)	Target	100%													
			Performance	85.0%	85.2%	86.4%	86.2%	85.0%	85.8%	84.7%							
ED number of 12 hour waits	Monthly	Centre IHC (National)	Trajectory	0			1026	982	928	874	820	766	712	658	604	550	
			Performance	1143	1093	1176	1186	1263	1188	1243							



# Urgent & Emergency Care – Ambulance +4 Handover



## % of Handovers that are 4Hrs+

Month	YGC
May	15%
June	15%
July	16%
Aug	7%
Sept	15%
Oct*	15%

\*partial month

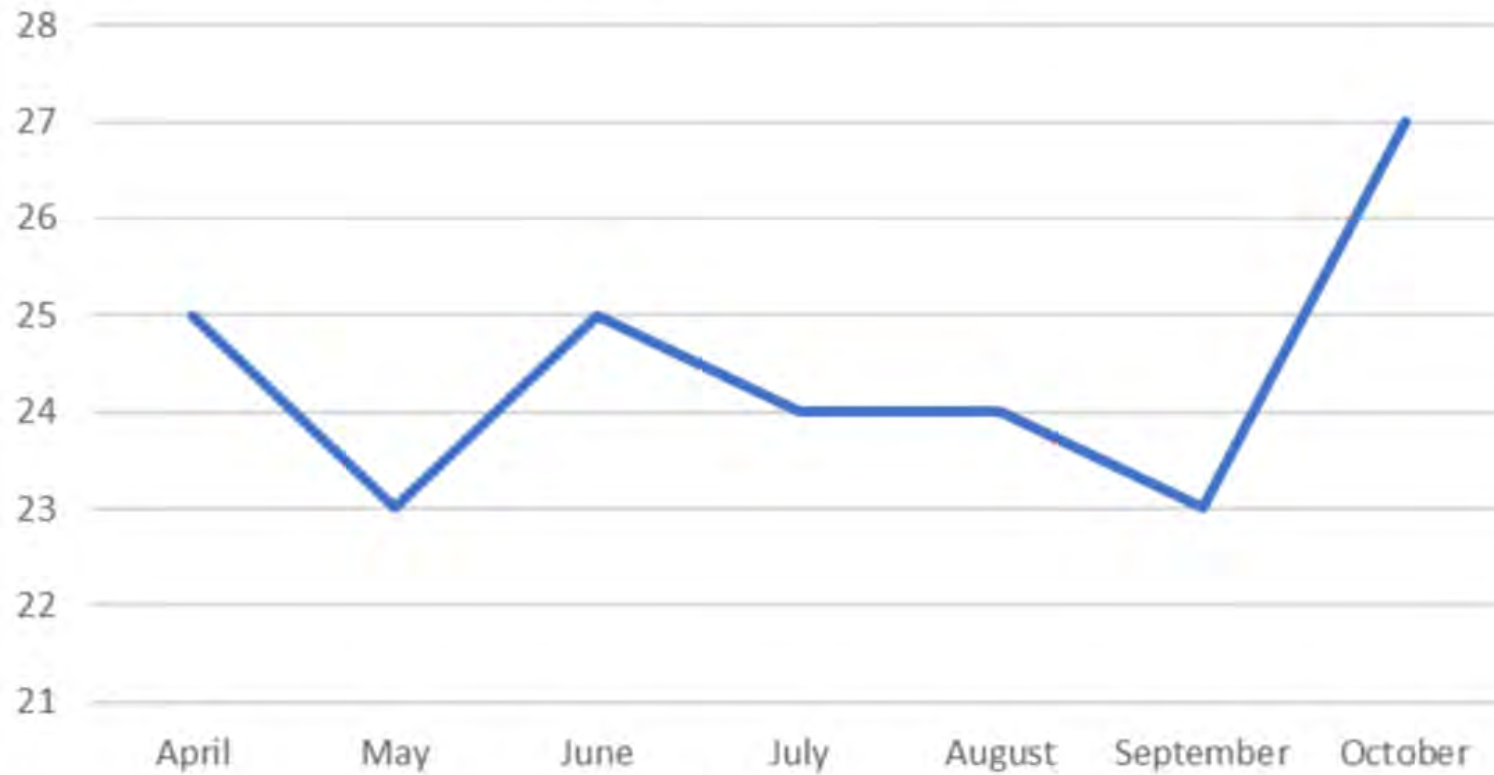
### Analysis:

➤ YGC experienced 3 days in September with Zero +4hour Handovers and 4 days so far in October



# Urgent & Emergency Care – Awaiting Triage

Triage medium time



## Analysis:

- Weekend performance / Out of hour performance remains a concern



# Performance Metrics – UEC

- Walk-in attendances this financial year are comparable or higher than previous winter attendances

## **Ambulance Handovers**

- Ambulance demand in September was comparable with previous winter months. 17% of ambulance calls are now categorised as 'red,. Pre-covid was 9% of the same demand.
- Focus on ambulances continues, marked improvement in August but a challenging September due to volume and acuity. Last 6 months circa 16/17% 4 hour Ambulance Handover performance with 7% August
- The IHHC have re-established fortnightly strategic meetings with WAST to review demand and conveyances and actions that can be taken to reduce demand
- On 12<sup>th</sup> October 2023, IHC Directors presented current Ambulance performance data at the monthly ED Governance Meeting to review actions required and identify the support needed to achieve zero tolerance of 4 Hour Ambulance Handover from 1<sup>st</sup> November 2023.

# Performance Metrics – UEC

## Triage & Wait Times

- Deterioration in 4 hr performance at YGC ED since Jun 23 from 56.2% to 51.8% in September, although slight improvement month on month. Coincides with gaps and changes in leadership.
- **Average time to triage remains stable at 18 minutes**, continual improvement from previous 12 months. Triggers in place to double and triple triage when required.
- Daily focus on 8 steps to ED performance in the morning huddle. NHS Improvement working with ED and Site team week commencing 16/10 to add challenges and support into daily rhythm and flow
- Median time to ED doctor improved over the summer months but has deteriorated, this is due to additional shifts being offered and filled over the summer, however, a combination of agency workers leaving, staff declining additional hours and the financial position, most rota's are now filled to core rather than in excess of. An ED rota review, including skill mix is scheduled for November as we have identified doctor shortages compared to attendances on Monday's and Tuesday's (two busiest days).
- A PDSA running a Mon-Fri 9-5pm 'see and treat' model will also be undertaken in November for staff learning and to evaluate impact on non-admitted performance and de-compressing ED, in order to utilise flexibly
- Plans for Acute Medical Model delayed, which will support flow
- DOSA protected, but additional escalation counteracting using Ward 11 additional beds



# Urgent & Emergency Care Improvement Programme – Short / Medium Term Projects

Established a dedicated project team to support the development and delivery of our improvement work related to UEC. This additional capacity is vital in supporting operational teams to drive the programmes forward at pace and embed the change as we go.

**UEC Improvement Group** consolidates several programmes of work, including:

- Acute Assessment Unit, Children and YP in ED, Board Rounds
- Acute Medical Model, Board Rounds, Waiting room oversight, corridor medicine
- 6 Goals – SDEC, LOS, Discharge
- Relevant HIW actions

## Acute Medical Model

Work is underway to improve the YGC acute medical model. Operational teams are developing the Model, rota and working patterns to support this. The objectives of the new model are to:

- Deliver timely patient care
- Provide senior decision-making support to EQ
- Ensuring patients are cared for by the best medical specialty and in the right place.

## Outcome Measures

- Speciality review time
- Speciality outcome time
- Average journey time in ED
- 12 hour performance
- Ambulance handovers

## Board Rounds

Work has commenced to develop and embed a more efficient board rounds system that will expedite patients home in a timely manner, improving patient flow and relieving pressures upstream in the emergency department.

- LOS
- Time of day of discharge to home or Discharge Unit

## 8 Steps Project

This project aims to improve each of the steps that patients take through their ED journey, creating efficiencies and therefore reducing the waiting time within the ED

Performance is being continuously monitored through a dashboard and to identify improvements to working practice.

- Average journey time in ED

## SDEC Service Improvement Project

Our Operational Management Team are working on two key areas around SDEC improvement:

- Improving the IT systems used by staff
- Using new telephony systems to support more referrals from GPs and WAST into the SDEC service

- SDEC attendances
- Ambulance handovers
- Paramedic referrals to SDEC
- Conversion rate to admission

# UEC Programme – Winter Plans

Our focus for this Winter is on supporting and bolstering our ability to deliver business as usual services, by reviewing how we deliver those services, and by moving existing resource to either support or work in a different way.

The following pieces of work are underway to ensure we have a robust solution put in place to manage the “front door” at Ysbyty Glan Clwyd over the Winter Period:

Strengthening of GP presence at YGC	Impact
<ul style="list-style-type: none"><li>Finalising plans to return the GPOOH Service to the YGC site by the end of November 2023. This is in line with Peer Review recommendations and will ensure co-located GP services to ED for nearly 70% of the week (6.30pm-8am Mon – Fri and all day Saturday and Sunday).</li><li>Patients presenting in YGC ED with primary care presentations during week day hours will be advised how they can access local primary care services (GP / Optometry / Community Pharmacy / Dental)</li></ul>	Ability to divert patients to the most appropriate place of treatment in a timely way
UPCC	Impact
<ul style="list-style-type: none"><li>North Denbighshire UPCC already established and operational. Operating from a Health Board Practice building it serves the whole cluster. This service will continue to operate throughout the Winter period supporting Practices in the cluster to manage peaks in their workload and manage patients in primary care settings.</li><li>Subject to discussion at the LMC Forum, we will offer an established Urgent Care LES to GP Practices in our other three Clusters from November 2023 to enable them to offer additional urgent care capacity to patients in their communities (with no need to travel to the YGC site). This will be more appropriate than a DGH based service given the rurality of many of our communities.</li></ul>	Increase primary care capacity to see patients, reducing any perceived need by patients to travel to other sites to access care.
Pharmacy Provision	Impact
<ul style="list-style-type: none"><li>Pharmacy Provision in ED Sessions in place Monday – Friday at YGC ED for prescribing Advanced Practice Pharmacist to prescribe medicines as part of prompt discharge.</li><li>Identified Community Pharmacies will offer a Pharmacist prescribing service where medicines for illnesses such as chest infections, sore throat are available without a GP appointment.</li><li>Pharmacy team presence at board rounds to facilitate and plan discharge medications to improve hospital flow</li></ul>	Ability to divert and promptly discharge patients
Therapies	Impact
<ul style="list-style-type: none"><li>Increased therapy presence in assessment areas within the Emergency Quadrant (EQ) - patients are seen earlier on in their journey to enable more timely rehabilitation and discharge.</li><li>Currently recruiting WG funded posts (Physio / OT/ TI staff) to support turnaround in EQ including assessment areas with rapid community follow up.</li></ul>	Reduce Length of Stays and promptly discharge patients

# Pathways of Care (DTOC) Performance

		August (baseline)				September			
CENTRAL	Service Lead	Local Authority (Where the Pt is Resident)				Local Authority (Where the Pt is Resident)			
		Conwy	Denbighshire	Flintshire (In Pt in Central IHC)		Conwy	Denbighshire	Flintshire (In Pt in Central IHC)	
Social care Assessment	Social Care	1	1	0		1	1	3	
Health Assessment (AHP/Nursing/Medical/Pharmacy)	Health	14	17	4		13	7	3	
CHC Assessment	Health	0	0	0		0	0	0	
Assessment for Health Equipment	Health	4	3	1		10	6	1	
Assessment for social care equipment	Social Care	0	0	0		0	0	0	
Joint Assessment	H&SC	10	1	3		9	7	2	
Social Worker Allocation	Social Care	1	1	4		1	0	2	
Mental Capacity / Court of Protection	H&SC	0	0	0		0	0	0	
Nursing home manager to assess	H&SC	3	0	0		8	0	0	
Residential Home manager to assess	Social Care	3	2	4		12	7	2	
<b>Total</b>		<b>36</b>	<b>25</b>	<b>16</b>	<b>77</b>	<b>54</b>	<b>28</b>	<b>13</b>	<b>95</b>
<b>Number of bed days</b>					<b>1356</b>				<b>1358</b>

1. Required reduction of number of patients is 60% of August baseline (77) by Dec 2023 (46)
2. Majority of delays are due to joint or nurse assessments. Focus to train more lead Nurses to chair assessment meetings and engage Local Authority to schedule assessments in a more timely way.
3. STREAM and the RPRP dashboard are supporting teams to embed and support the pathways of care to reduce these delays
4. Governance in place via weekly and monthly meetings to review the POCD across the IHC
5. Trusted assessor meetings across Health and social care for Central IHC with action plan to reduce blockages
6. Discharge team identifying patients from 24 hour care aiming to improve journey and reduce LOS
7. Review of High risk patients process to improve communication across Health and Social care



# Central IHC Finance – Workforce



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# Workforce – Vacancies & Sickness - Month 6

Org L4	Budgeted FTE	Actual FTE (inc SLE Drs)	Permanent FTE	Fixed Term FTE	NWSSP Drs FTE	Headcount	Vacancy FTE	Vacancy %	Under Established FTE	Avg Sickness FTE Lost per Day	Avg Maternity FTE Lost per Day	Avg Special Leave FTE Lost per Day	Short Term Monthly Sickness %	Medium Term Monthly Sickness %	Long Term Monthly Sickness %	Monthly Sickness %	Rolling Sickness %	Monthly Sickness Estimate Cost
Health Community Centre (HCCX) L4	4889.8	4433.9	4125.0	199.1	108.8	4982	455.9	9.3%	965.9	264.2	96.9	19.4	1.22%	1.53%	3.37%	6.12%	6.12%	£795,882
<b>Total</b>	<b>4889.8</b>	<b>4433.9</b>	<b>4125.0</b>	<b>199.1</b>	<b>108.8</b>	<b>4982</b>	<b>455.9</b>	<b>9.3%</b>	<b>965.9</b>	<b>264.2</b>	<b>96.9</b>	<b>19.4</b>	<b>1.22%</b>	<b>1.53%</b>	<b>3.37%</b>	<b>6.12%</b>	<b>6.12%</b>	<b>£795,882</b>

- The number of staff in post increased in September to 4433.9 fte an increase of 24.6 on the month previously and 271.5 staff more than September 2022.
- Head count has increased from 4678 to 4982
- Vacancies decreased in month from 478.4 fte to 455.9 fte, this equates to a vacancy rate of 9.3%

## Sickness

- Number of staff off sick increased from 231.5 per day in September 2022 to 264.2 per day in September 2023, mostly due to short and medium term sickness
- Approximately £795,882 in month was paid in sick pay
- **Monthly percentage has increased by 0.16% to 6.12% from the previous month of 5.96%. Short term absence has increased however here has been an overall decrease of 0.29% in long term absence.**
- Overall – average length of absence is 13.1 days

Sickness Absence Management remains a priority. This month the focus has been on long term absence with a slight decrease. Sadly, there have been a number of very difficult, challenging and sensitive ill health terminations recently.

Bespoke managing attendance training is being delivered locally to meet the different requirements e.g. Team Leader, Supervisor and refresher training to Managers in an effort to ensure staff are offered a high level of support, therapeutic visits are encouraged and reasonable adjustments discussed to encourage earlier return to the workplace and reduce sickness absence.

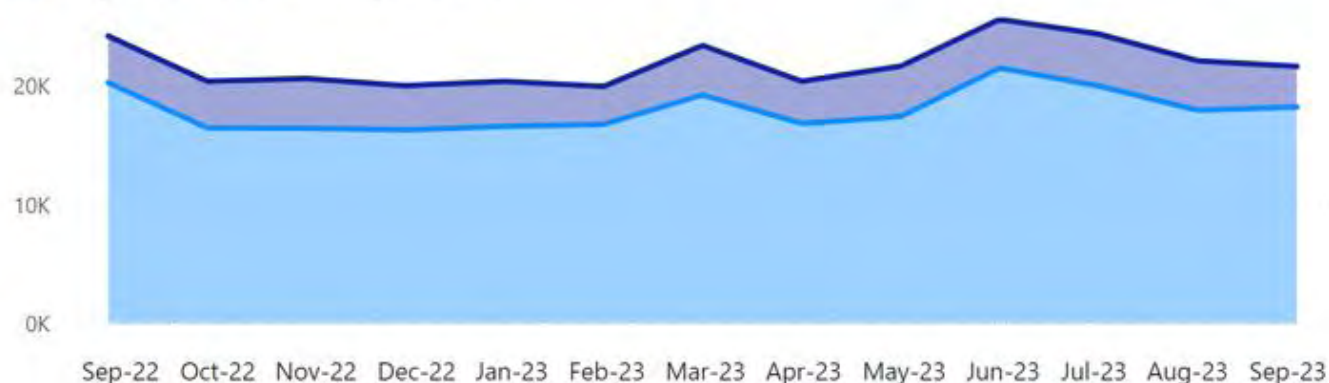
Staff awareness sessions are also being arranged this will include encouraging staff to complete the staff survey



# Workforce – Pay Spend - Month 6

Pay Spends (£000s)

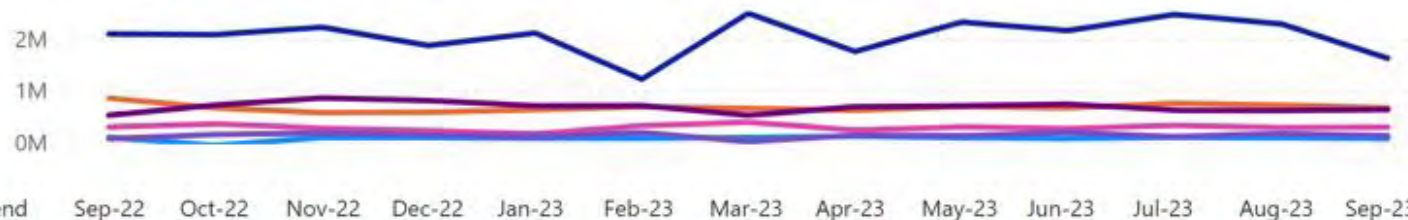
Core Spend (£000s) Non Core Spend (£000s)



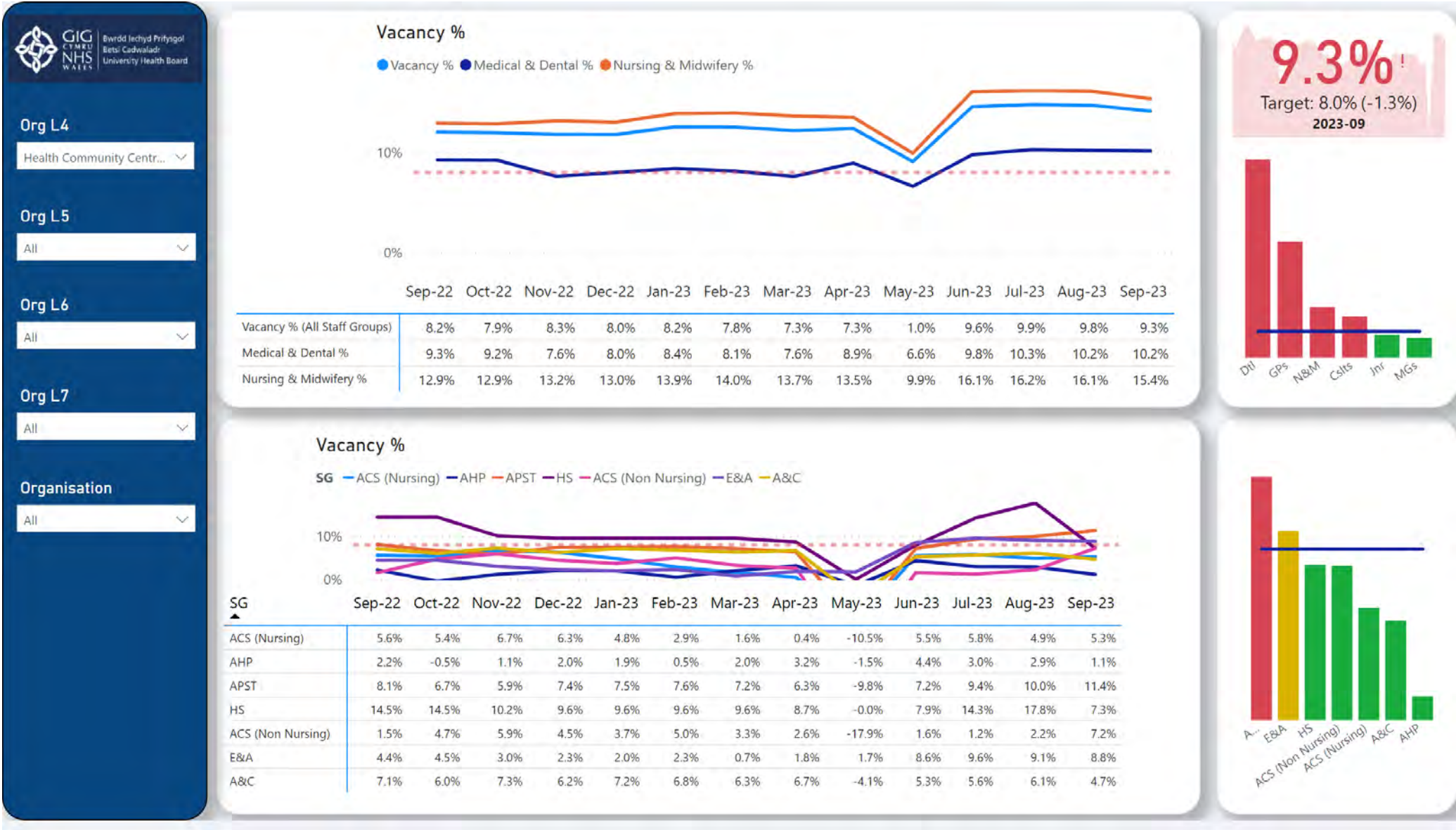
- Significant decrease in non core spend – lowest since February 2023 - mostly due to a decrease in agency spend
- Bank usage, WLI and additional basic all declined
- Locum and overtime increased
- 455.9 vacancies include
  - 249.6 nurses
  - 44.7HCSW
  - 41.3 estates and ancillary
  - 32.9 admin and clerical
  - 23.4 medical consultants

Pay Spends

Pay Spends Add Basic Agency Bank Locum Overtime WLI



# Workforce – Vacancy



# Workforce – Developments & Challenges

## Upcoming Events

- 25<sup>th</sup> October 2023 – Choose your Future Careers Festival – Conwy/ Denbighshire
- 14<sup>th</sup> November 2023 – North Wales Seren Conference – Venue Cymru
- Leadership conference scheduled for 14<sup>th</sup> December provisional date

## Developments

- Staff survey launched
- Focus on ensuring staff take annual leave
- Focus on e roster compliance
- IHC ECR panels continue to meet
- Leadership development – work ongoing including a pathway for aspiring managers
- Development of IHC Communication & Engagement Plan (Internal / External)

## Actions going forward

- Develop SOP for apprenticeship process
- PAAR rates still with executives for a decision
- Develop IHC Recruitment & Retention Plan

## Areas of challenge

- 7 apprentices offered roles back in March – still need wards allocating
- HCSW – recruitment open day candidates – offered YGC roles, then offered bank. Bank offers withdrawn so there are still between 2 – 5 people that were offered a role and have not been onboarded.
- Self-billing queries for temp staffing. This is a time-consuming task and the team are struggling with capacity. Understanding is that there is a task and finish group to look at whether this function should sit elsewhere other than temp staffing.
- OOH cover. Weekend cover for temp staffing OOH shifts.
- Over the last three months, out of the expected 24 overseas nurses, only 16 have commenced.
- Clinical Leadership
- Enhanced ECR Process – circa 33% of working week taken up by enhanced process



<b>Teitl adroddiad:</b> <i>Report title:</i>	People (Workforce) Performance Report			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	2 <sup>nd</sup> November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce performance position as of September 2023.</p> <p>It also provides an update on the current position of Non-Clinical Senior Interims aligned to delivery of savings and the Recruitment KPIs update</p> <p>The report presented to this meeting is part of the ongoing development of the revised structure of the report and the level of detail required going forward.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to NOTE the current performance position provided and feedback any improvements on the content of this report for future reporting.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan-, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nick Graham, Associate Director Workforce Optimisation			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				

<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>	
Partial assurance level is due to continued gaps in information against a number schemes.	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	Living Healthier, Staying Well (LHSW)– Improve the safety and quality of all of our service Integrated Medium Term Plan (IMTP) Employer of Choice
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	Leadership is one of the domains for which the Health Board is subject to Targeted Intervention. The domains relating to Mental Health and Learning Disabilities, Glan Clwyd and Vascular Services are impacted by the workforce within these services.
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	CRR21-13 Nurse Staffing CRR21-17 Children and Adolescent Mental Health Services (CAMHS) Out of Hours provision CRR22-18 Infection Prevention and Control (IPC) capacity CRR22-23 Unscheduled Care
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	No direct implications arising from this report
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	No direct implications arising from this report.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance, planning and transformation alongside service and scheme leads for the relevant outlined areas is taking place.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	BAF21-18 Effective Alignment of Our People
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Not applicable



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<b>Reason for submission of report to confidential board (where relevant)</b>	
<b>Next Steps:</b>  To agree to ongoing format of the report and finalise this for the next reporting cycle.	
<b>List of Appendices:</b> Appendix 1. Workforce Performance Report	

# Workforce Performance Report – October 2023

Jason Brannan

Deputy Director of People



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# Workforce Metrics

## Budget/Actual Establishment

Staff Group	Budget FTE	Actual FTE	Vacancy FTE
Total	19990.5	18365.7	1624.8
Medical and Dental	1735.1	1614.1	121.0
Nursing and Midwifery Registered	6237.3	5459.6	777.7

Staff In Post FTE grew by 104 FTEs in September, however, the net vacancy FTE gap only reduced by 55.6 FTEs as budgets also increased by 48.4 FTEs. The A&C staff group saw the biggest increase in budget during September, growing by 38.8 FTEs.

Registered Nursing saw budgets increase by 8.1 FTEs whilst actual FTE increased by 38.4 FTEs, reducing the vacancy FTE for this staff group by 30.3 FTEs. M&D actual FTE grew by 23.8 FTEs and AHPs by 27.3 FTEs.

## Vacancy Rates

Staff Group	Vacancy %
Total	8.1%
Medical and Dental	7.0%
Nursing and Midwifery Registered	12.5%

The vacancy rate reduced by 0.3% during September with the biggest reduction in Healthcare Scientists staff groups where the vacancy rate dropped by 3.6% to 6%. AHPs vacancy rate reduced by 2.1% to 3.3% and M&D from 8.3% to 7%. Registered Nursing staff group vacancy also saw a reduction, from 13% to 12.5%.

MHLD has the highest vacancy rates at 16.8%. Of the 3 IHCs, Centre has the highest vacancy rate at 9.3%, West has a rate of 7.5% and East is comparatively low at 6.3%. Midwifery and Womens has seen the biggest improvement in their vacancy rate in September falling by 1.2% to 8.5%

## Sickness Absence

Staff Group	Average Sickness FTE Lost per Day	Monthly Sickness %	Rolling Sickness %
Total	1039.4	5.82%	5.90%
Medical and Dental	19.9	1.75%	2.23%
Nursing and Midwifery Registered	336.6	6.18%	6.30%

The monthly sickness rate for September is unchanged at 5.8%. There was a slight increase in Cold Cough and Flu related absence (0.1%) and reduction in Anxiety and Stress related absence (-0.1%). Additional Clinical Services (Nursing) continues to be the worst performing staff group in terms of sickness absence levels with a rolling rate is 8.6%, followed by Estates and Ancillary with a rolling rate of 8.3%. There was a reduction in the monthly sickness rate for Registered Nursing from 6.5% in August to 6.2% in September. MHLD had the highest monthly sickness rates in September at 7.6%.

## Staff Turnover

Staff Group	Turnover Rate %	External Leavers FTE
Total	8.7%	-157.5
Medical and Dental	9.8%	-11.7
Nursing and Midwifery Registered	7.7%	-43.0

At 8.7%, the turnover rate is unchanged but is slowly reducing through the year from a rate of 10% reported in December 2022. Estates and Ancillary has the highest turnover rate at 11.1% followed by Medical and Dental at 9.8%. There were 157.5 FTE leavers during September, 43 of which were from the registered nursing staff group. Additional Clinical Services saw a similar number of Leavers (42.1 FTEs)

Corporate Services and Integrated Clinical Delivery- Primary Care had turnover rates of 10% and of the 3 IHCs, East had the highest turnover rate at 9.2% losing 29.4 FTEs during September. West IHC had the lowest turnover in September at 7.3%.

## Agency Usage

Staff Group	Agency Utilised FTE
Total	665.1
Medical and Dental	80.6
Nursing and Midwifery Registered	440.8

Agency equivalent FTE usage is currently 665.1 which is 119.4 FTEs lower than the previous month and 148.4 FTEs lower than July. Registered Nursing had by far the highest agency FTE usage at 440.8 in September and although usage was down 53.5 FTEs compared to August, it is significantly higher than it was during the same period last year (+124.7 FTEs).

IHC Centre had the highest agency utilised FTE at 224.4 FTEs, however, usage is lower than the same period last year and it 48.3 FTEs lower than August. Agency usage also reduced in the other IHCs between August and September, down 42.9 FTEs in IHC East to 203.5 and down 19.7 FTEs in IHC West to 83.1.

## Bank Usage

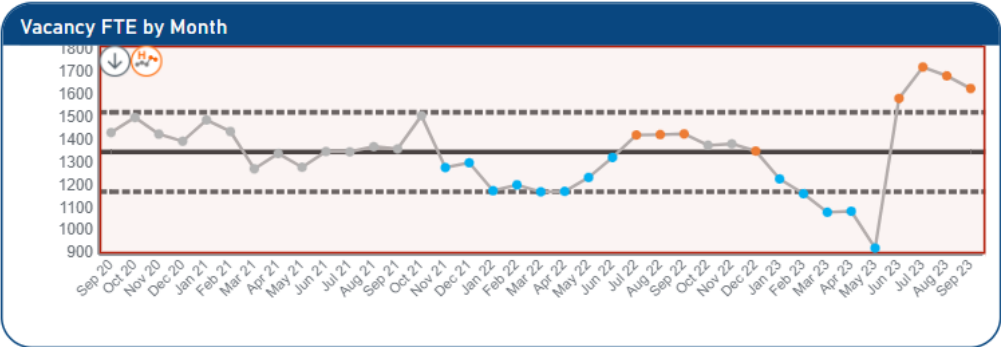
Staff Group	Bank Utilised FTE
Total	951.3
Medical and Dental	105.4
Nursing and Midwifery Registered	111.5

Bank equivalent FTE utilised reduced by 33.5 FTEs in September to 951.3. Additional Clinical Support (Nursing) had the highest bank usage at 653.7 FTE followed by Registered Nursing at 111.5 FTEs. Medical and Dental bank utilised FTE has improved in recent months, down from 170.4 FTEs in July to 105.4 FTEs in September.

IHC Centre had the highest bank utilised FTE at 233.1, however, usage has reduced over the last 2 consecutive months and is lower than it was for the same period last year. IHC West bank usage for September was 225.4 FTEs, MHLD was 208.8 FTEs and IHC East utilised the equivalent of 203.6 bank FTEs.

# Workforce Metrics

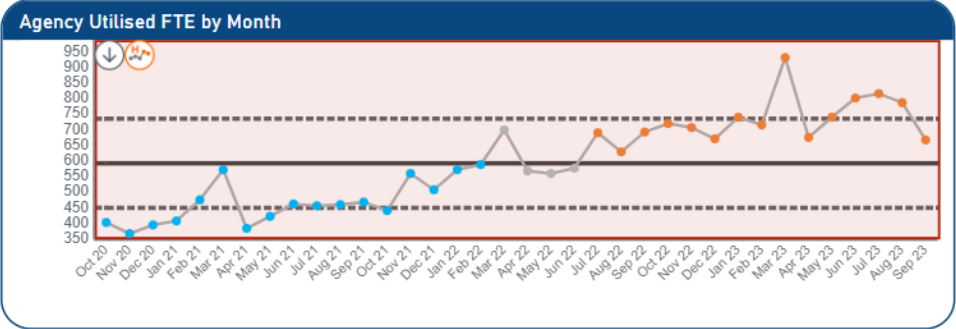
Vacancy FTE



Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P) passing the target	Variation indicates consistently (F) falling short of the target

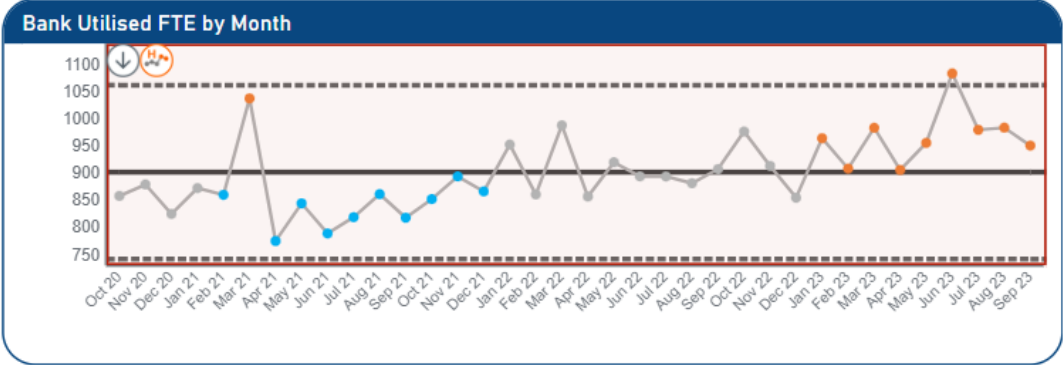
The vacancy FTE trend continues to show special cause variation across recent months following the addition of the NSA budgets to ESR in June 2023. Vacancies had been declining through the first 5 months of the year and the addition of 373.5 FTEs to the Registered and Unregistered Nursing budget and 319.2 FTEs to the non nursing staff group budget has caused the vacancy FTE to be above the upper control limit over the last 4 months.

Agency Usage FTE



Agency Usage FTE has been significantly higher over the last year compared to previous years and as there are 8 or more consecutive points above the mean, there is special cause for concern. Increases in June and July 2023 were related to amendments to nursing budgets coinciding with the implementation of Auto Cascade. A change to the Auto Cascade process, whereby off contract usage is now subject to approval, has had a positive impact on the rate in September. In addition, work to reduce the number of agency interims has had a positive impact on usage within the Admin and Clerical staff group.

Bank Usage FTE



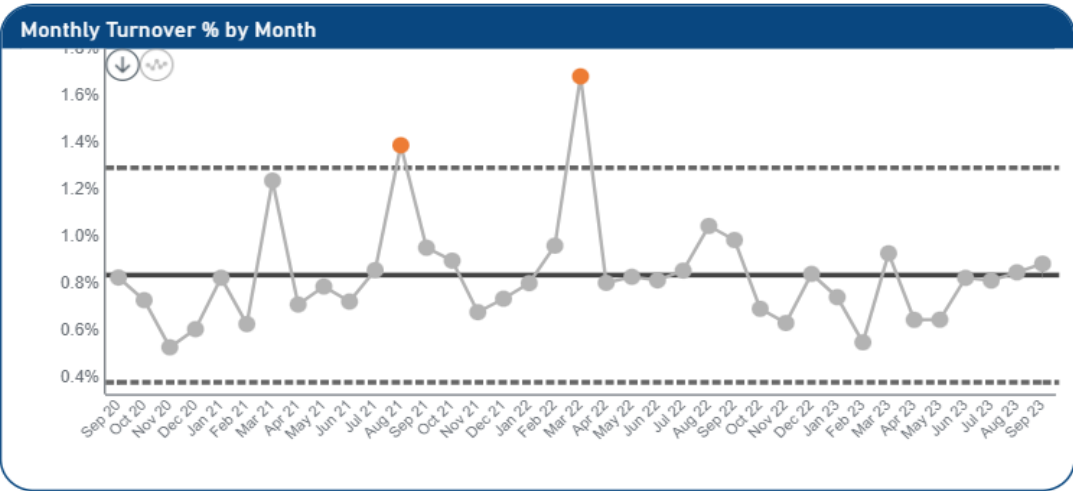
Over recent months bank usage has increased and as usage has been above the mean for more than 8 consecutive months, there is special cause for concern. Increased bank usage over recent months may also be linked to the amendments to nursing budgets coinciding with the implementation of Auto Cascade, and as with the agency rate, there has been a decrease in September usage following changes to the Auto Cascade process.



# Workforce Metrics

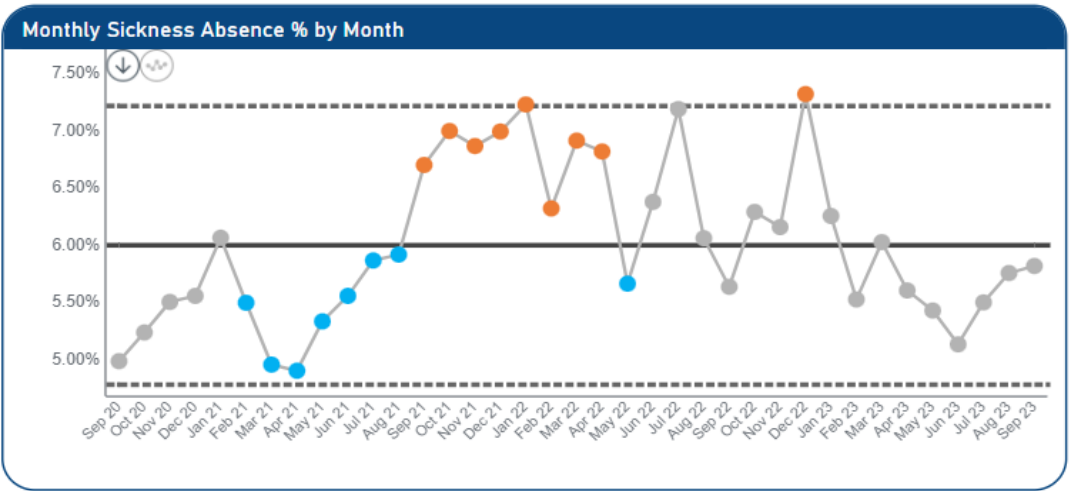
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Turnover %



Despite the erratic nature of the turnover trend, it continues to fall within the process control limits indicating that there is no significant change or special cause of concern.

Sickness Absence %

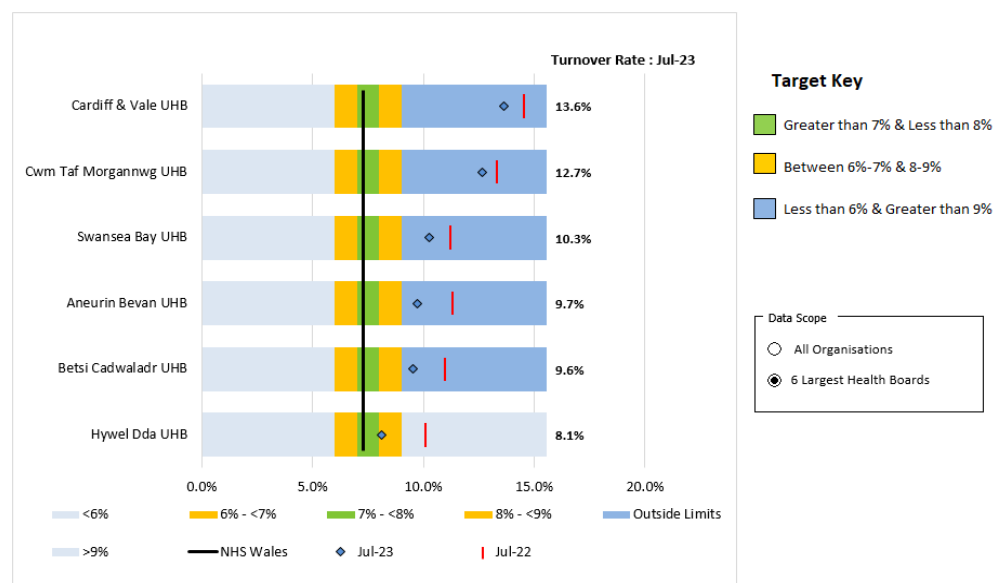


Whilst the sickness absence rate has been increasing over recent months, it remains below the mean and does not indicate special cause for concern at present. As we move into winter months it is possible there will be a continuing upward trend as short term Cold, Cough and Flu absence becomes more prevalent.

# Workforce Comparators

## Turnover %

12 Month Turnover rate for All Staff Groups by Organisation comparing Jul-22 & Jul-23

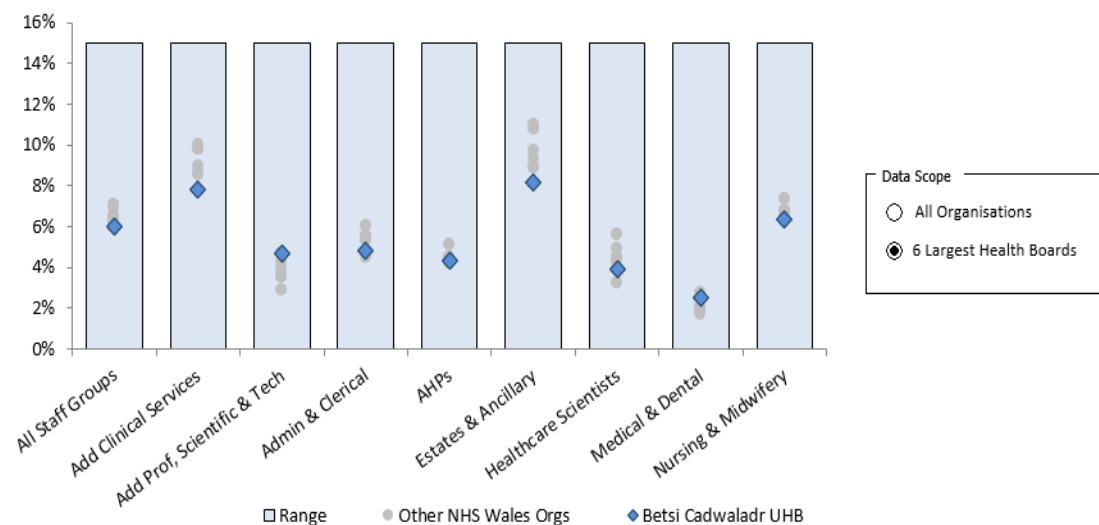


Of the 6 largest Health Boards in Wales, BCU has the second lowest turnover rate in July 2023 behind Hywel Dda at 8.1% compared to BCU at 9.6%. BCU's turnover rate is 4% lower than Cardiff and Vale and 3.1% lower than Cwm Taf Morgannwg.

*Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations*

## Sickness Absence %

12 month rolling sickness for Betsi Cadwaladr UHB by Staff Group (Jul-23)



During July 2023, BCU had the lowest sickness rate of the 6 largest health boards at 6%. Swansea had the highest sickness rate at 7.1% followed by Cwm Taf Morgannwg at 6.9%. Over all, the sickness rate for NHS Wales was 6.2%.



# Recruitment KPIs

Current Position (in days) – September 23

Area	T1a - Time to approve vacancy request	T4 - Time to shortlist	T5b - Time to update interview outcomes	T9b - Time to check references	T0a - Notice Date to authorisation start date	T13 - Vacancy Creation to offer letter issued	T23 - From conditional offer to ready for Start Date with outliers	T14 - Vacancy Creation to ready for Start Date
Health Community Centre	2.4	10.3	3.5	2.9	54.6	38.8	35.1	68.3
Health Community East	3.7	7.0	2.5	3.4	52.8	38.5	33.4	71.9
Health Community West	6.7	10.7	1.6	3.1	52.3	44.3	31.3	70.2
Mental Health & LDS	4.1	4.4	1.9	3.3	76.5	38.6	36.9	85.0
Midwifery and Womens Services	8.3	5.4	1.3	10.0		48.3	32.4	71.7
Corporate Services	14.2	14.7	6.4	3.4	21.0	54.8	23.7	65.7
<b>BCU Average</b>	<b>4.0</b>	<b>8.5</b>	<b>3.0</b>	<b>3.3</b>	<b>53.2</b>	<b>42.3</b>	<b>33.5</b>	<b>72.6</b>
<b>All Wales Average</b>	<b>9.1</b>	<b>7.6</b>	<b>4.1</b>	<b>3.2</b>	<b>47.4</b>	<b>45.2</b>	<b>33.1</b>	<b>76.7</b>

The KPI metrics included above are all specific metrics that are the responsibility of the Health Board and are within our gift to effect. The current position across BCU is that against the All Wales average we are performing better than the average in 4 of the 8 metrics.

There appears to be notable delays in Notice Date to Authorisation Start date where BCU averaged 53.2 days in September compared to the All Wales average of 47.4 days. Performance against total time to recruit (T14) may not be meeting the target, however, BCU performance is better than the All Wales average. IHC Centre and Corporate Services have the best performance at 68.3 and 65.7 respectively and MHLD has worst performance averaging 85 days during September which is a significant increase on the figure of 66 reported in July 2023.

# Senior Interims

## Current Position

As of the 30<sup>th</sup> September 2023 there were a total of 7 senior agency interims working across the organisation. This is a drop of 11 from the number last reported which stood at 18 as of 31<sup>st</sup> July 2023. This is a reduction of 61% and is part of the concerted work carried out by the workforce optimisation team in an effort to reduce the reliance on agency interims across the organisation.

Details of which can be seen in the table below:

	01.01.23 (Dec)	01.02.23 (Jan)	01.03.23 (Feb)	01.04.23 (Mar)	01.05.23 (Apr)	01.06.23 (May)	01.07.23 (Jun)	01.08.23 (Jul)	01.09.23 (Aug)	01.10.23 (Sep)
No of Agency Interims	41	34	32	31	29	23	22	18	15	7

The benefit of this is that it reduces the daily cost of agency interim to the organisation. The daily cost at the end of December 22 stood at £29,319. The daily cost as at the end of Sep 23 stood at £4,452 This is a reduction of £24,867 per day, drop in agency expenditure across the organisation.

Details can be seen in the table below:

	01.01.23 (Dec)	01.02.23 (Jan)	01.03.23 (Feb)	01.04.23 (Mar)	01.05.23 (Apr)	01.06.23 (May)	01.07.23 (Jun)	01.08.23 (Jul)	01.09.23 (Aug)	01.10.23 (Sep)
No of Agency Interims	41	34	32	31	29	23	22	18	15	7
Agency cost per day	£29,316	£23,505	£22,131	£21,713	£20,795	£18,905	£16,281	£13,570	£9,700	£4,542

With the reduction in the number of interims the daily cost of interims has reduced from nearly £30k to £4.5k which equates to a monthly reduction of approx £510k based on an average 20 day working month. This equates to an annualised reduction figure of approx £6.1M.

An ongoing focus on interim usage across the organisation is underway with a push to reduce the number further and look to drive the use of internal solutions for covering vacancy gaps through secondments or acting up arrangements. This approach will further reduce the reliance of the organisation on senior temporary interims. This work is being undertaken collaboratively between workforce and finance colleagues, working closely with corporate and IHC teams.



<b>Teitl adroddiad:</b>	Integrated Performance Report – Month 6, 2023/24																								
<b>Report title:</b>																									
<b>Adrodd i:</b>	Performance, Finance & Information Governance Committee																								
<b>Report to:</b>																									
<b>Dyddiad y Cyfarfod:</b>	Thursday, 02 November 2023																								
<b>Date of Meeting:</b>																									
<b>Crynodeb Gweithredol:</b>	This report relates to the 2023/24 financial year and month 6 performance.																								
<b>Executive Summary:</b>	<p>The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF) and will align with the Quality Surveillance Strategy as it is developed.</p> <p>The purpose of Our Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"><li>1. Key deliverables from the Annual Plan (IMTP)</li><li>2. NHS Wales Performance Framework (Quadruple Aims)</li><li>3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures.</li></ol> <p>The Health Board has 68 measures included in this report, 15 are on target, 2 are nearly on target and 39 are off target (67%). As indicated within the below graphic;</p> <div><table><tr><th>Section</th><th>Off Target</th><th>On Target</th><th>Nearly On Target</th></tr><tr><td>All</td><td>39</td><td>15</td><td>2</td></tr><tr><td>Section 1: Our Quality, Safety, Effectiveness &amp; Experience Performance</td><td>12</td><td>4</td><td>2</td></tr><tr><td>Section 2: Our Access &amp; Activity Performance</td><td>19</td><td>11</td><td>0</td></tr><tr><td>Section 3: Our People &amp; Organisational Development Performance</td><td>4</td><td>0</td><td>0</td></tr><tr><td>Section 4: Our Financial Performance</td><td>4</td><td>0</td><td>2</td></tr></table></div>	Section	Off Target	On Target	Nearly On Target	All	39	15	2	Section 1: Our Quality, Safety, Effectiveness & Experience Performance	12	4	2	Section 2: Our Access & Activity Performance	19	11	0	Section 3: Our People & Organisational Development Performance	4	0	0	Section 4: Our Financial Performance	4	0	2
Section	Off Target	On Target	Nearly On Target																						
All	39	15	2																						
Section 1: Our Quality, Safety, Effectiveness & Experience Performance	12	4	2																						
Section 2: Our Access & Activity Performance	19	11	0																						
Section 3: Our People & Organisational Development Performance	4	0	0																						
Section 4: Our Financial Performance	4	0	2																						
	<p>Our Framework will support the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities. The management</p>																								

requirements of the Integrated Performance Framework (IPF) aligning to the Health Board's corporate governance structure.

Our Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement (utilising available industry benchmarks to assess performance) and builds on the commitment for all levels of the organisation to improve. Our Framework is firmly based on our values:-

- Put patients first
- Work together
- Value and respect each other
- Learn and innovate
- Communicate open and honestly

Our Framework reflects the Health Board's current level of performance escalation with Welsh Government. The Framework implementation approach will be subject to review should escalation levels change.

Implementation of Our Framework requires the production of an Integrated Performance Report (IPR), with this, the first iteration presented at this committee (Appendix 1). The Performance Directorate has been working at with our partners across the organisation, including the Executive and the Integrated Performance Executive Delivery Group (IPEDG) in developing our IPR.

The Committee should note the framework is continuing to be developed, with further feedback from members of Executive and PFIG to be used to articulate the final version for presentation at Health Board in November 2023.

Future reports will also outline the implementation and engagement arrangements for embedding the IPF and IPR at various levels across the Health Board. These arrangements include putting in place formal and informal accountability review structures and escalation/ de-escalation mechanisms.

The structure of our IPR is based upon the Quadruple Aims as per the Welsh Government's 'A Healthier Wales' paper, the NHS Wales Performance Framework 2023-24 and identifies where metrics fall within the Special Measures Framework for BCUHB or within the Ministerial Priorities.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework 2023-24, or as set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories as submitted and agreed by Welsh Government have also been included.

	Key areas of improvement are identified with actions and mitigations being taken by operational teams detailed in the 'Exception Reports' contained within the Report. The appropriate Executive Directors have reviewed and signed off the narratives presented in our report.			
<b>Argymhellion:</b>	The Committee is asked to:			
<b>Recommendations:</b>	Review the structure, components and contents of the report and confirm agreement to continue with this format, propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.			
<b>Arweinydd Gweithredol:</b>	Russell Caldicott, Interim Executive Director of Finance			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Ed Williams, Acting Director of Performance			
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
<b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b>				

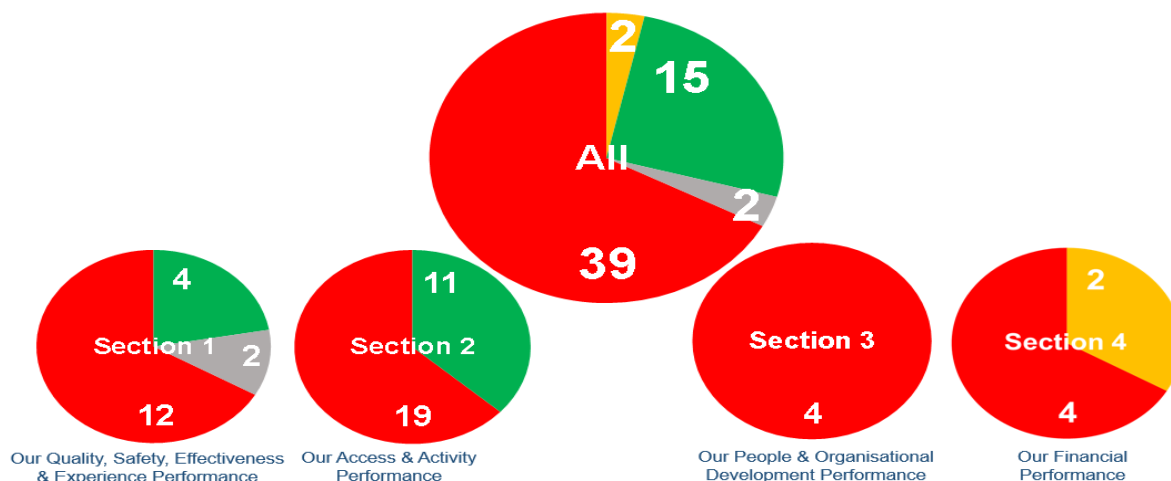
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	This report will be available to the public once published for Performance, Finance and Information Governance Committee
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	The delivery of the performance indicators within our IPR will directly/indirectly impact upon the financial recovery plan of the Health Board.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	The delivery of the performance indicators within our IPR will directly/indirectly impact on our current and future workforce.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	This report has been reviewed by the Executive Delivery – Integrated Performance Group on 25.10.2023.  The full report has been reviewed by the Acting Director of Performance and Executive Director of Finance (interim)
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	This report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.

<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b><i>Next Steps:</i></b> <b><i>Implementation of recommendations:</i></b> Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.  The Integrated Performance Report will undergo continuous development through the remainder of 2023-24 with a view to have the 'end product' embedded as business as usual from 1 <sup>st</sup> April 2024 (a refreshed version presented through to Health Board for when it next meets).	
<b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices: 1</i></b> <b><i>2: Integrated Performance Report in PowerPoint/ PDF</i></b>	

<b>Committee;</b>	<b>Performance, Finance &amp; Information Governance Committee</b>
<b>Report title;</b>	<b>Summary of Integrated Performance Report (month 6 of 2023/24 performance)</b>
<b>Report Author;</b>	<b>Director of Performance</b>

## 1. Overall Summary

Of the 68 measures included in this report, 15 are on target, 2 are nearly on target and 39 are off target (67%). There are 2 measures for which the data is not yet available. For the remit of the Performance, finance & Information Governance Committee, Section One, Our Quality, Safety, Effectiveness & Experience Performance, is included for information only. This section falls within the remit of the Quality, Safety & Experience Committee (QSE).



There are clearly significant risks to delivery on a number of key metrics for which the attached report at appendix I gives greater detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic. It is envisaged that for future reporting a prioritisation of the metrics off plan will be used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term.

This summary report will indicate some key elements from access and activity seen within the Health Board.

## 2. Key outputs from oversight of Access & Activity Performance

This is the greatest number of measures contained within the report, with the 30 measures within this section requiring oversight through PFIG, noting BCUHB is achieving the target for 11 and not achieving the target rate for 19 (64%) of the measures.



## **2.1 Our Adult Mental Health Measures Performance**

Overall BCUHB performance has continued to improve or is sustained above the 85% target rate, with East performing very well and West and Centre offering an opportunity to further enhance performance within this area.

## **2.2 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment**

Performance against the measures remains below trajectory. However, there has been a steady improvement over 3 consecutive months for Part 1a. Part 1b however performance continues to deteriorate. The service has achieved 100% for the first time since February 2023 with regards the specialist CAMHS first appointment within 28 days measure.

Neurodevelopment waiting times continue to deteriorate and remain a concern, with this area seeing decline within the national footprint.

## **2.3 Urgent & Emergency Care Performance**

Patients experiencing waits over 4 hours in our Emergency Departments has remained consistent at c69.8% for the past three months and patients experiencing waits of over 12 hours remains at 2,804 and this is an area of escalation within the service, with the number of ambulance handover delays of an hour or more increasing and currently being reported at 1,864.

## **2.4 Our Planned Care Performance**

Our performance against the single cancer pathway (SCP) target remains fragile and was reported at 60.7% for August 2023 (Latest available position). Concerns remain regarding the position with dermatology and the forecast is that the overall position will worsen significantly by the end of October 2023.

There was a reduction of over 600 patients waiting over 8 weeks for a diagnostic test in September compared to the previous month. Diagnostic testing remains a challenge with prioritisation taking place to ensure care is delivered based on clinical criteria (urgent and urgent suspected cancer cohorts).

The number of patients experiencing waits over 14 weeks for therapy interventions has seen an increase of 500 more patients waiting in September at 2,102 compared to 1,552 in June.

The number of patients waiting over 52 weeks for a new outpatient appointment has continued to rise through the fiscal year and is now at 13,107 compared to 12,001 in May. However, this is in part explained by the focus placed upon longer waits, with continuous reduction in the number of patients waiting over 104 weeks, down to 8,546 in September 2023 compared to 13,922 in October 2022.

After increasing month on month since February, the total number of patients waiting over 36 weeks on a referral to treatment pathway has fallen for the first time in September.

The number of patients experiencing delays of over 100% of their clinical target date in Ophthalmology remains static around the 52% mark.

### **3. Summary**

The Health Board is facing many challenges for the 2023/24 financial year, the level of medical outliers driving increased use of agency and impacting upon capacity to service elective care, with increased use of temporary workforce driving potential quality and performance impacts.

The hospital also has key areas of challenge, centred upon;

- Maintaining CAMHS performance
- Achievement of cancer standards (Dermatology)
- Ambulance handover times and performance
- Patient flow (emergency departments and delays to discharge)

In addition, there are concerns over the waiting times for elective care recovery. However, outpatient waiting times for over 104 weeks have reduced and adult mental health assessment is an area performing well in relation to the 85% assessment criteria.

### **4. Appendix**

Appendix 1 – Integrated Performance Report – to September 2023

# Our Integrated Performance Report

Reporting Period to 30<sup>th</sup> September 2023

Presented to the

**Performance, Finance & Information Governance Committee**  
on 2<sup>nd</sup> November 2023



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## Our Quality, Safety, Effectiveness & Experience Performance

Top 5 Measures as  
escalated from IPEDG

## Our Access & Activity Performance

Top 5 Measures as  
escalated from IPEDG

## Our People & Organisational Development Performance

Top 5 Measures as  
escalated from IPEDG

## Our Financial Performance

Top 5 Measures as  
escalated from IPEDG

# About Our Integrated Performance Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced on behalf of the **Performance, Finance & Information Governance Committee** by the  
**Performance Intelligence & Assurance Directorate** in partnership with our **Quality & Patient Experience Directorate**

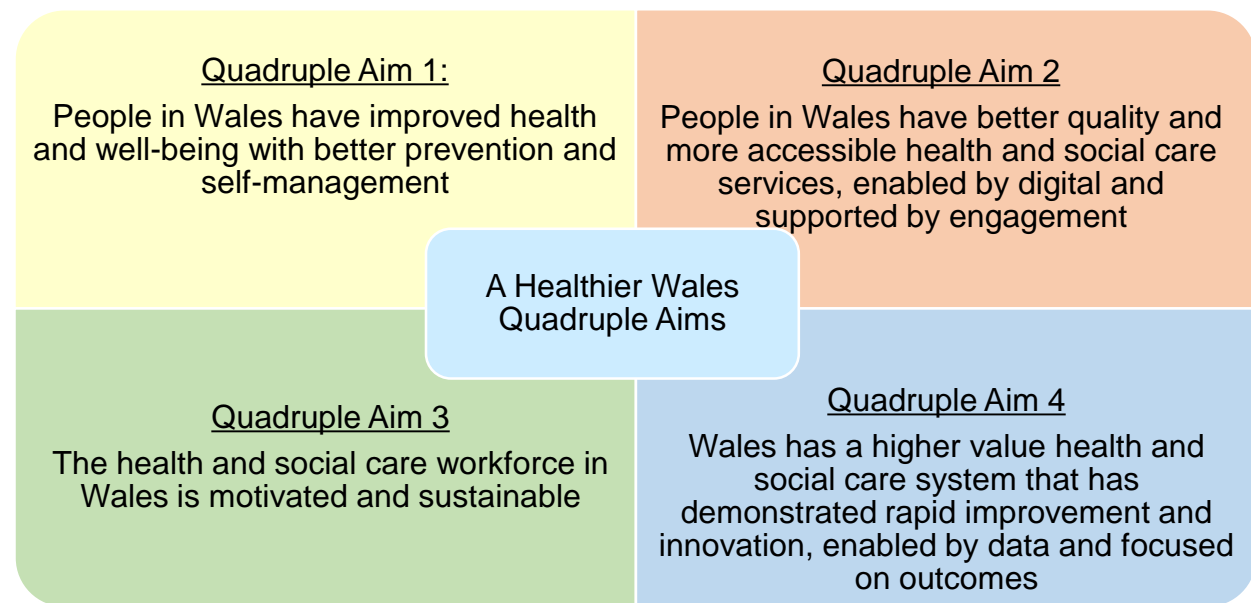




# NHS Wales Performance Framework 2023-24

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require Health Board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



## Our Integrated Performance Report

Our Quality, Safety, Effectiveness & Experience Performance

Our Access & Activity Performance

Our People & Organisational Development Performance

Our Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

The IPF is undergoing phased implementation across the Health Board with core integration by Q4 2023/24 and to run as business as usual from 1<sup>st</sup> April 2024.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure metrics and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.



# Red, Amber & Green (RAG) Rating System

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.

**Green**

**Green = On track**

A stable, sustained or improving position that is consistently on or above the **Welsh Government Target** for at least 3 or more consecutive months

**Amber**

**Amber = Early Warning or Off Track and in Exception – Short summary provided**

On or above **Welsh Government Target**, but a deteriorating position of 3 or more consecutive months or inconsistently above/on/below the **Welsh Government Target**

**Red**

**Red = Off Track and in Escalation**

Consistently below **Welsh Government Target** and below **BCU submitted improvement trajectories** – **Detailed Exception report provided**

## Exception

Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.

## Escalation

When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.

### Criteria of an exception

Any target failing an NHS Performance target, operational, or local target/trajectory

Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.

Any reportable commissioned metric where performance is not meeting national target

### Criteria for escalation

Any measure that fails a health submitted trajectory as part of the Ministers priorities.

Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)

Any significant failure of quality standard e.g. never event or failing accountability conditions.





# Introduction to Integrated Performance Report (IPR)

## What is an Integrated Performance Report (IPR)?

The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

## The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28<sup>th</sup> September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

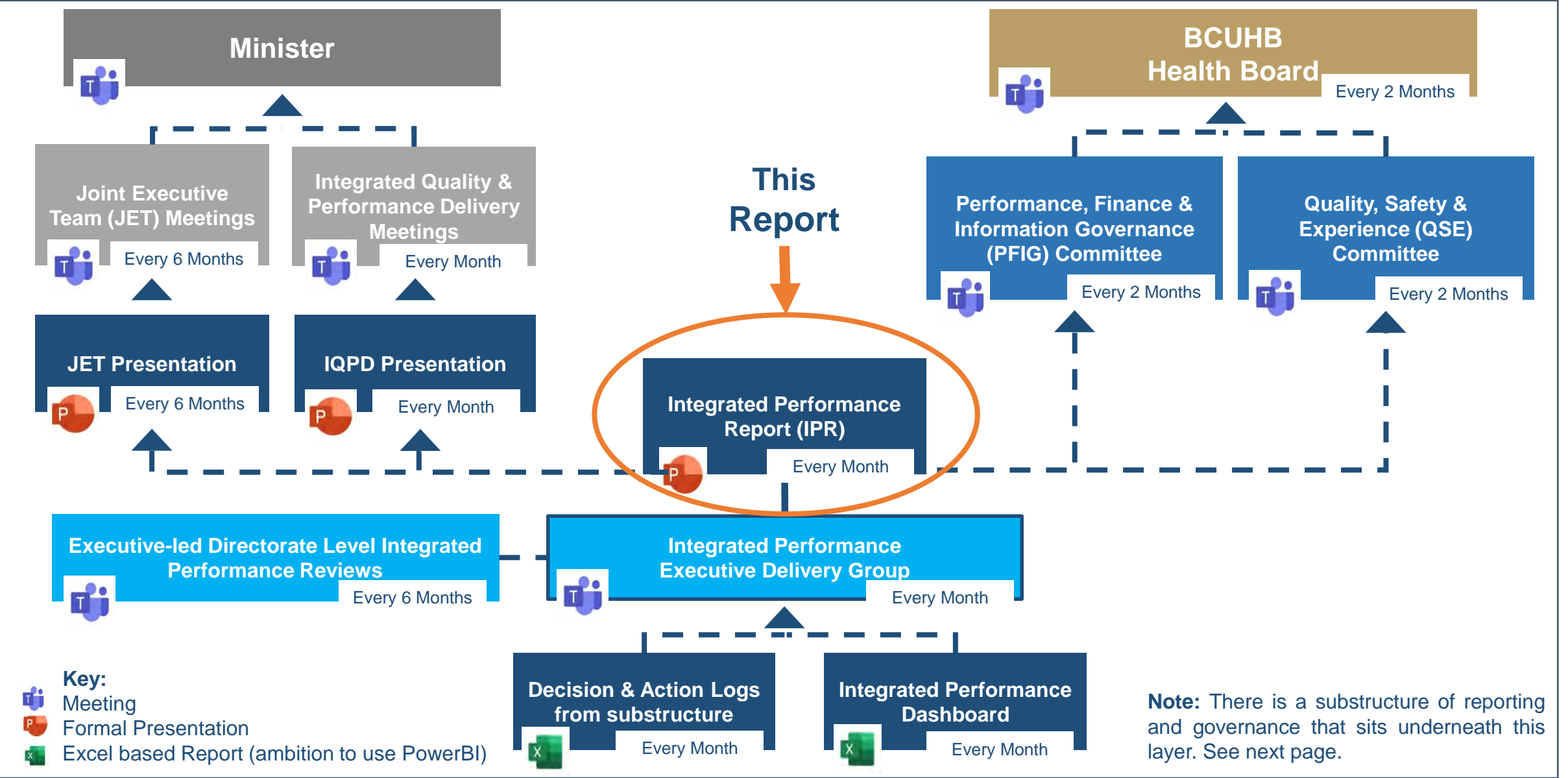
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28<sup>th</sup> September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

## Where does the IPR feature within the Performance Governance Structure

The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

# The Integrated Performance Reporting & Governance Superstructure

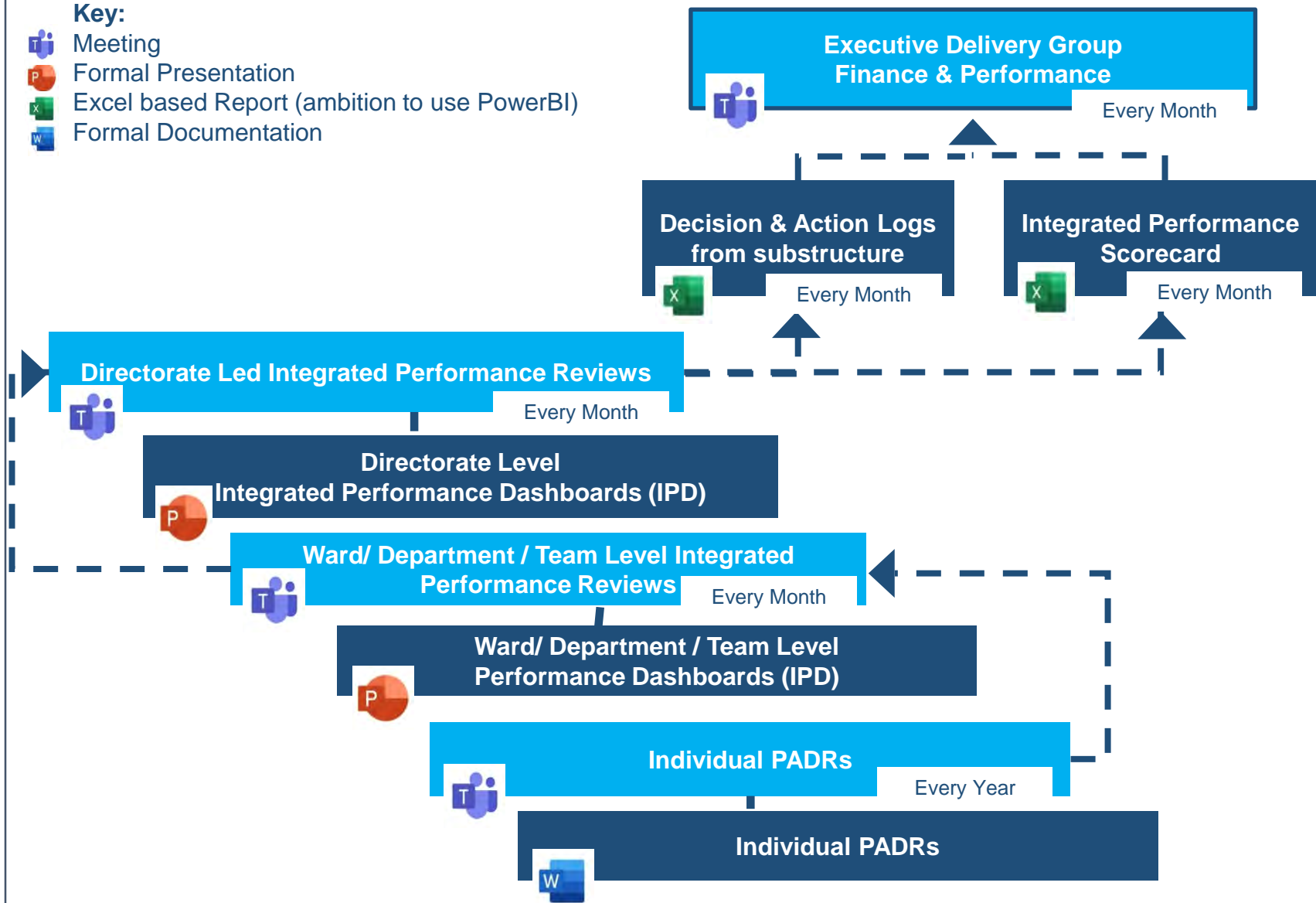


# The Integrated Performance Reporting & Governance Substructure

## Key:

-  Meeting
-  Formal Presentation
-  Excel based Report (ambition to use PowerBI)
-  Formal Documentation

**Note:** For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.



**Note:** There is a superstructure of reporting and governance that sits above this layer. See previous page.



# Performance Intelligence & Assurance Directorate Outputs

## Integrated Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD)(Welsh Government) and Joint Executive Team (JET).

## Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

## Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance Intelligence & Assurance Directorate (PI&AD)

## Deep Dive Reports



Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, i.e. to support escalation, de-escalation.

## Ad-hoc Reports



Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

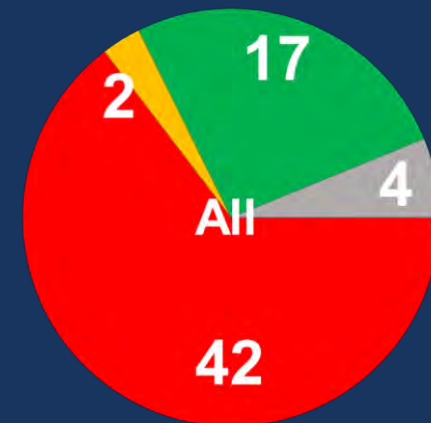


# Interpreting Results of Statistical Process Control (SPC) Charts

Variance			Assurance*				
Common cause. No significant change	Special cause for positive change or lower pressure due to Higher (H) or Lower (L) values	Special cause for negative change or higher pressure due to Higher (H) or Lower (L) values	Variance indicates inconsistent performance (not achieving, achieving or passing the target rate)	Variance indicates consistent positive (P) performance (achieving or surpassing the target on a regular and consistent basis)	Variance indicates consistent negative (N) performance (not achieving the target on a regular or consistent basis)		
How to interpret variance results			How to interpret assurance results				
<ul style="list-style-type: none"><li>Variance results show the trends in performance over time</li><li>Trends either show <b>special cause</b> variance or <b>common cause variance</b></li><li><b>Blue Icons</b> indicate <b>positive</b> special cause variance</li><li><b>Orange Icons</b> indicate <b>negative</b> special cause variance <b>requiring action</b></li><li><b>Grey Icons</b> indicate <b>no significant change</b></li></ul>			<ul style="list-style-type: none"><li>Assurance results demonstrate the likelihood of achieving a target and is based upon the trends over time</li><li><b>Blue Icons</b> indicate an expectation <b>to</b> consistently achieve the target</li><li><b>Orange Icons</b> indicate an expectation <b>not to</b> consistently achieve the target</li><li><b>Grey Icons</b> indicate an expectation for <b>inconsistent</b> performance, sometimes the target will be achieved and sometimes it will not be achieved.</li></ul>				

\* Assurance based upon observations of the data as presented in the SPC charts only.

# Our Integrated Performance Report



GIG  
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NHS  
WALES

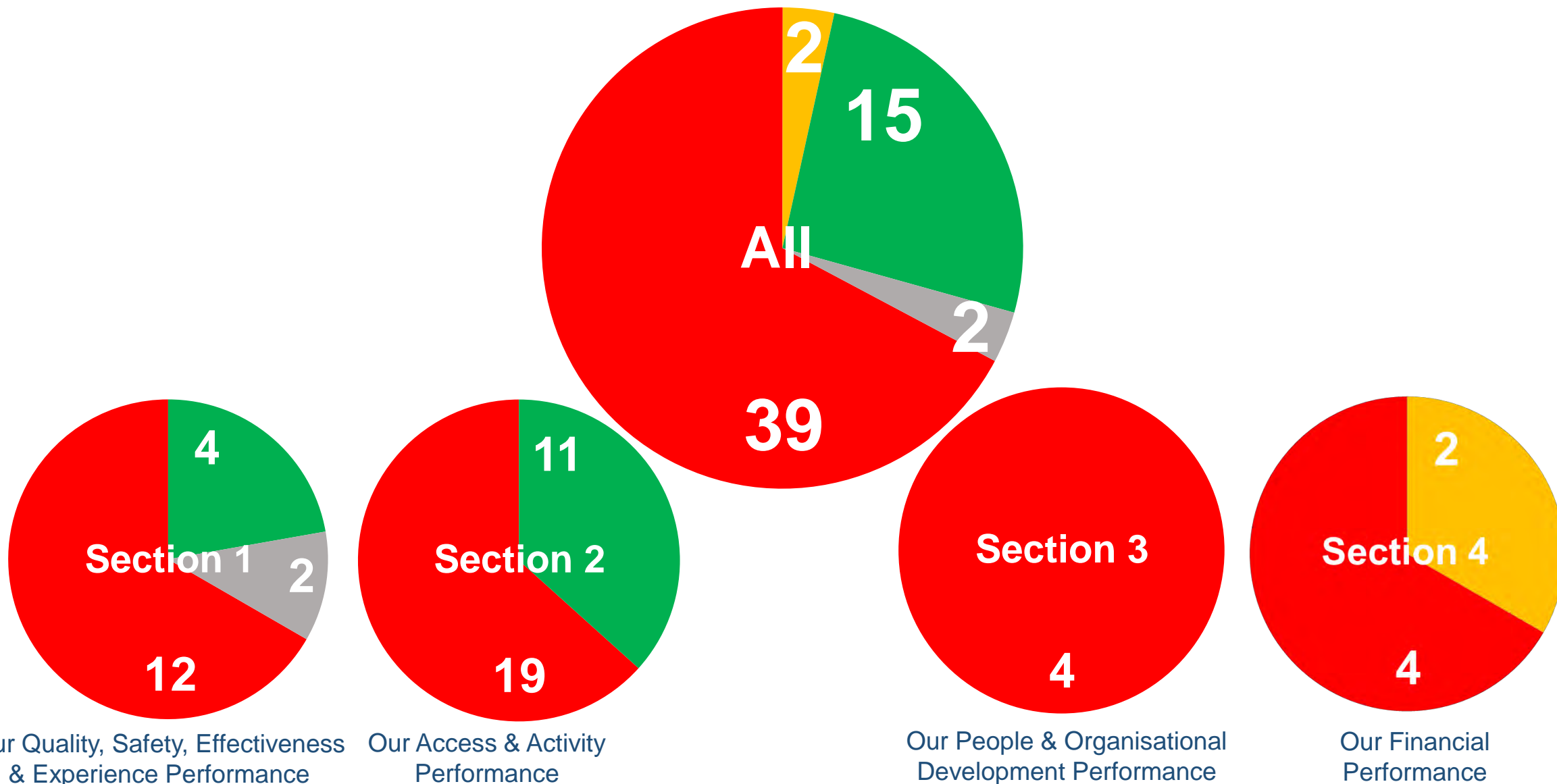
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced on behalf of the **Performance, Finance & Information Governance Committee** by the  
**Performance Intelligence & Assurance Directorate** in partnership with our **Quality & Patient Experience Directorate**





# Summary of Performance to Month 6



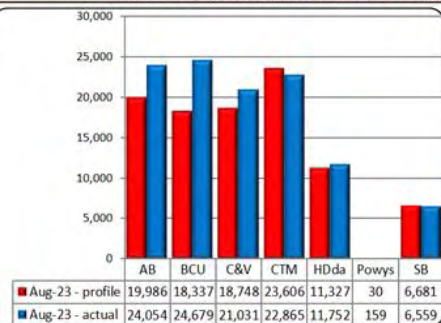




# NHS Wales Performance Dashboard- part 1

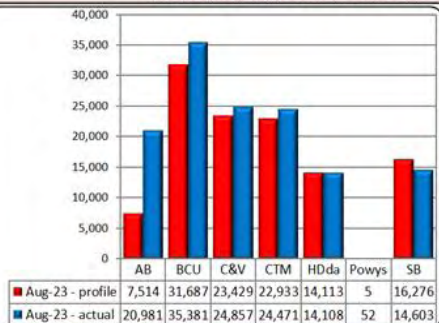
## PERFORMANCE DASHBOARD

### Number of patients waiting more than 36 weeks for a new outpatient appointment



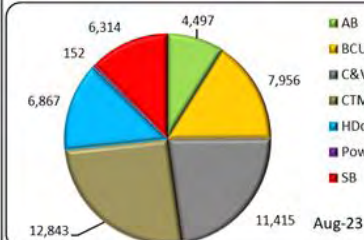
- In Aug-23, only CTM and SB achieved their trajectories for the number of patients waiting over 36 weeks for a new outpatient appointment.
- Only SB has seen a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of patients waiting over 36 weeks for a new outpatient appointment has increased in Aug-23 when compared to the previous month by 2,961 to 111,099, a 2.7% increase.
- Powys had the lowest number of patients waiting over 36 weeks for a new outpatient appointment in Aug-23 at 159, BCU had the highest number of waits at 24,679 (22.2% of the total).

### Number of patients waiting more than 52 weeks for referral to treatment



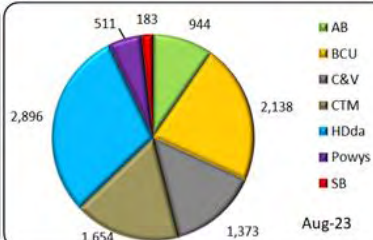
- In Aug-23, only HDda and SB achieved their trajectories for the number of patients waiting over 52 weeks for referral to treatment.
- C&V, CTM and SB all saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 52 week referral to treatment waits has increased in Aug-23 when compared to the previous month by 1,248 to 134,453, a 0.9% increase.
- Powys had the lowest number of patients waiting over 52 weeks for referral to treatment in Aug-23 at 52, BCU had the highest number of waits at 35,381 (26.3% of the total).

### Number of patients waiting more than 8 weeks for a specified diagnostic



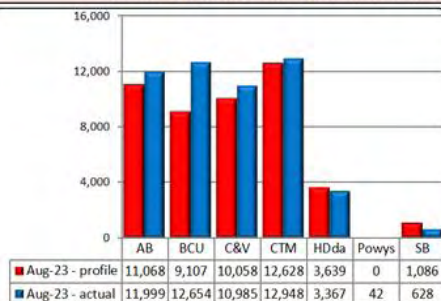
- In Aug-23 only CTM achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 8 weeks for a specified diagnostic.
- AB has not yet provided an 8 week diagnostic trajectory.
- Only CTM all saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics increased in Aug-23 when compared to the previous month by 3,489 to 50,044, a 7.5% increase.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Aug-23 at 152, CTM had the highest at 12,843 (25.7% of the total).

### Number of patients waiting more than 14 weeks for a specified therapy (including audiology)



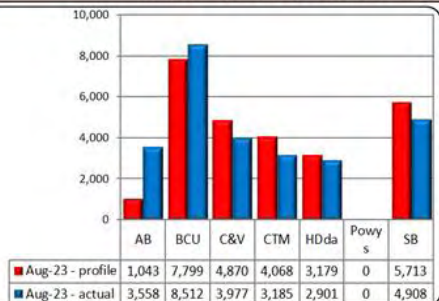
- In Aug-23 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM has not yet provided a 14 week therapy trajectory.
- No health board saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in Aug-23 when compared to the previous month by 1,381 to 9,699, a 16.6% increase.
- SB had the lowest number of over 14 week waits for specific therapies in Aug-23 at 183, HDda had the highest at 2,896 (29.9% of the total).

### Number of patients waiting more than 52 weeks for a new outpatient appointment



- Only HDda and SB achieved their trajectory for the number of patients waiting over 52 weeks for a new outpatient appointment in Aug-23.
- Only SB saw a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Aug-23 when compared to the previous month by 1,738 to 52,623, a 3.4% increase.
- Powys had the lowest number of over 52 week new outpatient waits at 42, CTM had the highest number of waits at 12,948 (24.6% of the total).

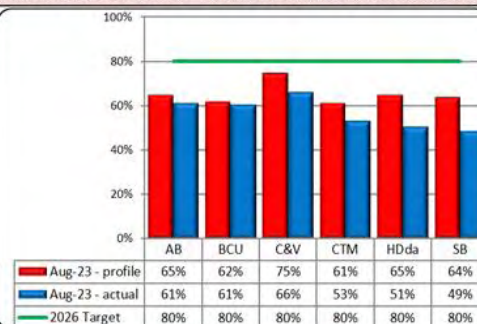
### Number of patients waiting more than 104 weeks for referral to treatment



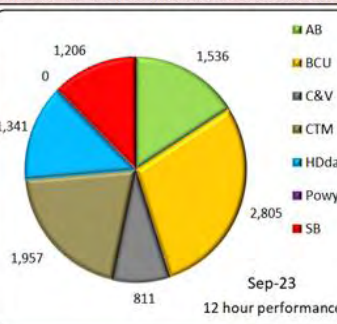
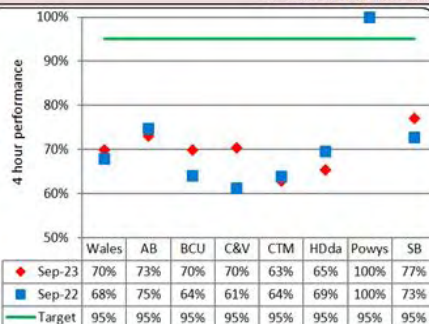
- In Aug-23, C&V, CTM, HDda, Powys and SB all achieved their trajectories for the number of patients waiting over 104 weeks for referral to treatment.
- All HBs, except AB, have seen a reduction in Aug-23 when compared to the previous month.
- At an all Wales level, the number of over 104 week referral to treatment waits has reduced in Aug-23 when compared to the previous month by 640 to 27,041, a 2.3% reduction.
- Powys have had no over 104 week referral to treatment waits since Feb-22, BCU had the highest number of waits at 8,512 (31.5% of the total).

### % of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route)

- In Aug-23, none of the HBs achieved their trajectory for the percentage of patients starting 1st definitive cancer treatment within 62 days.
- All HBs, except BCU and SB, saw an improvement in performance in Aug-23 when compared to the previous month.
- At all Wales level, the percentage of patients starting 1st definitive treatment within 62 days has seen an improvement in performance in Aug-23 when compared to the previous month of 0.7 percentage points to 57.3%.
- The best performing HB in Aug-23 was C&V with performance at 66.4%, SB had the lowest performance at 48.6%.



### 4 hour and 12 hour A&E waiting times in all major and minor emergency care facilities - from arrival until admission, transfer or discharge



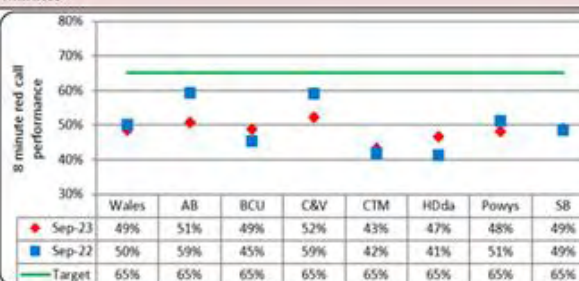
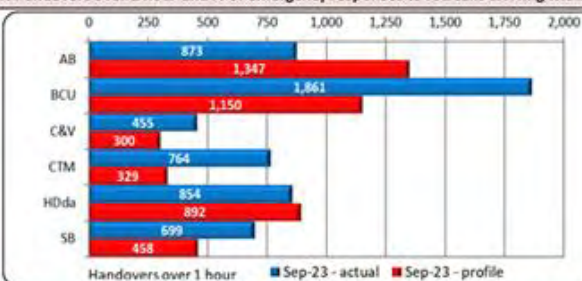
- In Sep-23 BCU, C&V, Powys and SB all achieved the target of an improvement compared to the same month in 2022-23, towards the national target of 95%, for the percentage of patients who spent less than 4 hours in A&E.
- All HBs, except AB, saw an improvement in performance in Sep-23 when compared to the previous month.
- At all Wales level, the percentage of patients who spent less than 4 hours in A&E has seen an improvement in performance in Sep-23 when compared to the previous month of 0.9 percentage points to 69.9%.
- The best performing HB in Sep-23, exc. Powys, was SB at 77%, CTM had the lowest performance at 62.8%.
- In Sep-23 only AB and Powys achieved the target of an improvement trajectory towards a national target of 0 by 31 March 2024 for the number of patients who spent more than 12 hours in A&E.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 811, BCU had the highest at 2,805 (29% of the total).



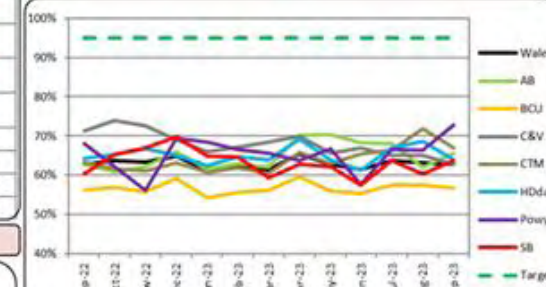
# NHS Wales Performance Dashboard – part 2

## Number of ambulance patient handovers over 1 hour and % of emergency responses to red calls arriving within 8 minutes

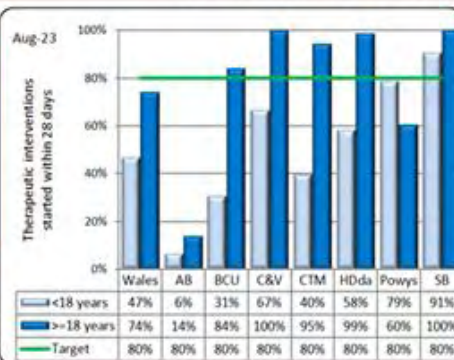
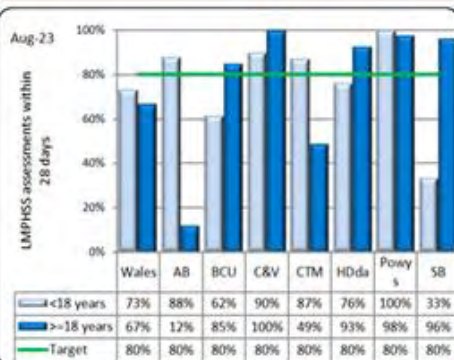
- In Sep-23, AB and HDda achieved their trajectory for the number of ambulance patient handovers over 1 hour.
- C&V had the lowest number of over 1 hour handovers in Sep-23 with 455 over 1 hour handovers, BCU had the highest at 1,861 (33.8% of the total).
- Over the last 12 months all HBs, except AB, saw an improvement trend in performance.
- In Sep-23, no HB achieved the 65% target for the percentage of emergency responses to red calls within 8 minutes.
- C&V were the best performing HB in Sep-23 with performance at 52.3%, CTM were the lowest with performance at 43.2%.
- Over the last 12 months all HBs have seen an improvement trend in performance. C&V, HDda and Powys saw an improvement in performance in Sep-23 when compared to the previous month.



## % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



## Mental Health Part 1 - % of LPMHSS assessments and therapeutic interventions within 28 days



### <18 years

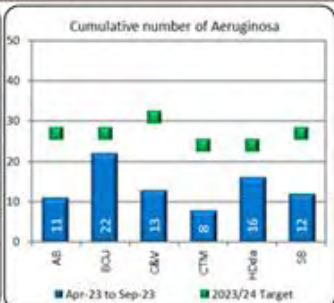
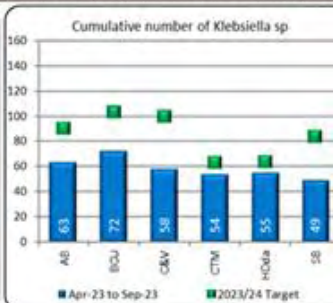
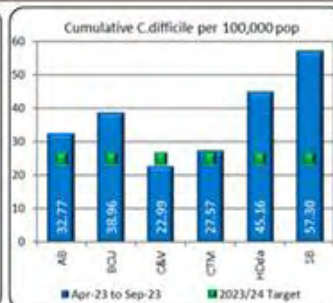
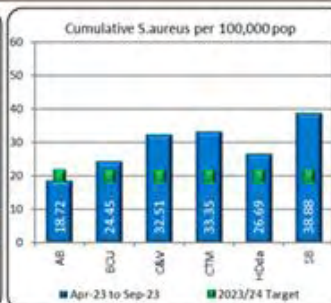
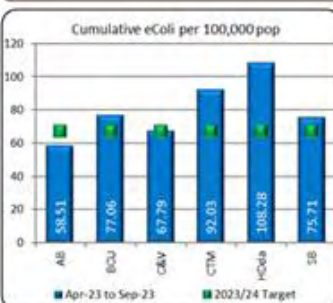
- In Aug-23 BCU, HDda and SB failed to achieve the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, SB had the lowest performance at 33.3%. Over the last 12 months, BCU, CTM, HDda and Powys saw an improvement trend in performance.
- In Aug-23 only SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was SB at 90.7%, AB had the lowest performance at 6.5%. Over the last 12 months, all HBs, except AB, saw an improvement trend in performance.

### >=18 years

- In Aug-23, all HBs, except AB and CTM, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was C&V at 100%, AB had the lowest performance at 11.9%. Over the last 12 months BCU and Powys both saw an improvement trend in performance.
- In Aug-23, only AB and Powys failed to achieve the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V and SB at 100%, AB had the lowest performance at 13.8%. Over the last 12 months, all HBs, except AB and C&V, saw an improvement trend in performance.
- Note: C&V currently have data quality issues with <18s therapeutic interventions so data has been rolled over from Mar-23. AB are still validating their data from Apr-23 due to moving to a new IT system so data may be revised in future months.

- In Sep-23 no HB achieved the 95% target for the percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- The best performing HB in Sep-23 was Powys with performance at 72.8%, BCU were the lowest performing HB with performance at 56.7%.
- In Sep-23, AB, Powys and SB all saw an improvement in performance compared to the previous month.
- Over the last 12 months, all HBs, except C&V and SB, saw an improvement trend in performance.

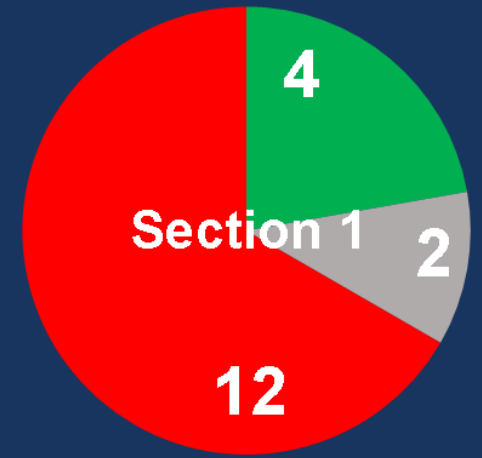
## Health Care Acquired Infections - HCAs (provisional data)



- For eColi, only AB are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, HDda had the highest rate of eColi at 108.28 per 100,000 population compared to AB who had the lowest rate at 58.51 per 100,000 population.
- For S.aureus, only AB is currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, SB had the highest rate of S.aureus at 38.88 per 100,000 population compared to AB who had the lowest rate at 18.72 per 100,000 population.
- For C.difficile, only C&V are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, SB had the highest rate of C.difficile at 57.30 per 100,000 population compared to C&V who had the lowest rate at 22.99 per 100,000 population.
- For Klebsiella, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, BCU had the highest number of cases of Klebsiella at 72 compared to SB who had the lowest number at 49.
- For Aeruginosa, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-23 to Sep-23 period, BCU had the highest number of cases of Aeruginosa at 22 compared to CTM who had the lowest number at 8.

# Section 1

## Our Quality, Safety, Effectiveness and Experience Performance



GIG  
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NHS  
WALES



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced on behalf of the **Performance, Finance & Information Governance Committee** by the  
**Performance Intelligence & Assurance Directorate** in partnership with our **Quality & Patient Experience Directorate**





# Our Quality: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Qtr	Position	Wales Rank	Rolling 12 month trend				
								Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24
QA1-001	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5%	5%	Q1 23/24	1.42%	2nd					
QA1-002	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Improve	Improve	Q2 23/24	82.96%	3rd					
QA1-003	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	95%	Q1 23/24	92.59%	2nd	New Measure - not enough data to chart				
QA1-004	QSE	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	90%	Q1 23/24	84.2%	5th	New Measure - not enough data to chart				
QA1-005	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	75%	Data Unavailable		New Measure - not enough data to chart					





# Our Quality: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA1-006	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Autumn Booster 2023: Age range to be confirmed	75%	75%	Sep-23	3.9%	6th	Seasonal measure - not yet enough data to chart											
QA1-007	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	90%	Jul-23	32.9%	1st	15.9%	23.5%	12.2%	20.6%	20.7%	19.4%	22.8%	14.8%	17.3%	32.9%		
QA1-008	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	90%	Jun-23	97.8%	2nd	98.6%	98.4%	94.1%	95.9%	98.1%	97.1%	96.1%	98.1%	97.8%			
QA1-009	QSE	Percentage of eligible new born babies who have a conclusive bloodspot screening result by day 17 of life	95%	95%	Aug-23	94.8%	3rd	96.6%	93.6%	95.9%	93.8%	96.2%	97.2%	94.2%	96.4%	95.8%	95.7%	94.8%	

DNA = Data Not Available



# Our Quality: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA4-040	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	Improve	Aug-23	20.2%	8th	98.4%	98.3%	98.2%	98.0%	97.8%	96.7%	96.0%	94.5%	75.0%	42.4%	2.2%	
QA4-041	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	90%	Aug-23	7.14%	8th							3.51%	5.11%	12.11%	3.00%	7.14%	
QA4-042	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	17%	17%	Aug-23	10.7%	6th	12.0%	11.5%	13.4%	12.6%	12.3%	13.3%	13.5%	12.3%	12.8%	12.5%	10.7%	
QA4-044	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	90%	Aug-23	84.2%	1st	93.3%	94.6%	91.8%	92.4%	97.9%	93.2%	93.6%	88.7%	89.2%	96.3%	84.2%	
QA4-045	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	90%	Aug-23	84.7%	4th	84.7%	83.8%	82.0%	83.8%	86.3%	85.1%	83.8%	85.0%	85.6%	84.7%	84.7%	

# Our Quality: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA4-046	QSE	Number of patient experience surveys completed and recorded on CIVICA	Improve	Improve	Data unavailable														
QA4-047	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	103	103	Sep-23	72	6th	89	101	116	126	133	144	6	16	32	43	59	72
QA4-048	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	27	25	Sep-23	22	6th	21	25	27	30	35	38	3	8	10	10	15	22
QA4-049	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	67	67	Sep-23	76.85	4th	76	75	73	71	72	72.79	N/A	65.51	71.28	72.74	72.92	76.85
QA4-050	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	20	20	Sep-23	24.10	2nd	30	27	27	28	25	27.16	N/A	22.12	25.09	23.39	23.06	24.1

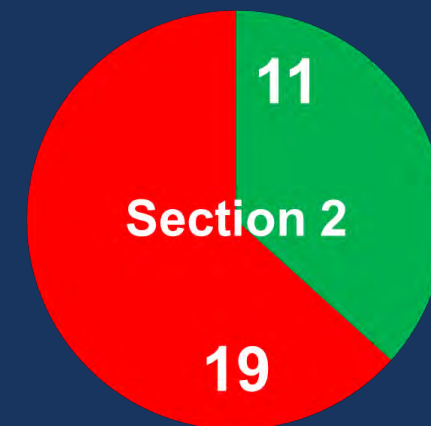


# Our Quality: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA4-051	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	25	25	Sep-23	38.28	4th	43	42	41	41	42	43.08	NA	41.69	39.92	39.56	36.29	38.28
QA4-052	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Reduce	Reduce	Sep-23	32.5%	4th	42.5%	33.0%	44.8%	42.1%	56.0%	36.4%	38.2%	35.3%	38.5%	35.8%	37.9%	32.5%
QA4-055	QSE	Number of National Reportable incidents that remain open 90 days or more	Reduce	Reduce	Sep-23	16	5th	45	41	38	39	36	37	35	33	34	24	18	16
LM-QSE1	QSE	New Never Events	0	0	Sep-23	0			1								1	1	

# Section 2

## Our Access & Activity Performance



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**Performance Intelligence & Assurance Directorate** in partnership with our **Quality & Patient Experience Directorate**







# Our Access & Activity: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA2-011	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	30%	30%	Sep-23	36.7%	6th	Not enough data to chart											
QA2-012	PFIG	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Reduce	Reduce	Aug-23	295	7th	311	328	202	263	301	341	246	298	349	353	295	
QA2-013	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase	Increase	Sep-23	1,238	1st	766	878	1799	1158	1055	1172	1027	1256	1312	1339	1538	1238
QA2-014	PFIG	Percentage of Local Primary mental health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	80%	Aug-23	60.29%	6th	38.5%	47.0%	52.3%	41.7%	57.9%	61.1%	80.2%	66.5%	53.0%	58.3%	60.3%	
QA2-015	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	80%	Aug-23	30.65%	6th	26.9%	20.8%	29.6%	17.3%	27.7%	35.1%	54.4%	41.1%	44.1%	44.2%	30.6%	



# Our Access & Activity: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 Month Trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA2-016	PFIG	Percentage of Local Primary mental health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	80%	Aug-23	85.27%	5th	72.2%	70.8%	71.8%	65.5%	74.4%	75.0%	70.4%	77.6%	80.0%	83.9%	85.3%	N/A
QA2-017	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80%	Aug-23	85.14%	5th	73.4%	76.3%	80.9%	72.5%	85.1%	84.8%	86.3%	82.7%	82.2%	84.9%	85.1%	N/A
QA2-018	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	65%	Aug-23	51.6%	4th	45.0%	44.8%	37.7%	53.2%	51.3%	44.3%	54.9%	56.5%	51.6%	54.1%	51.6%	
QA2-019	PFIG	Median emergency response time to amber calls	Reduce	Reduce	Aug-23	59.12%	3rd	92.37	88.1	211.57	38.2	46.6	112.38	67.48	52	66.37	72.48	59.12	
QA2-20	PFIG	Median time from arrival at an emergency department to triage by a clinician	Reduce	Reduce	Sep-23	20	3rd	27	26	32	22	24	30	26	25	24	24	21	20

# Our Access & Activity: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA2-021	PFIG	Median time from arrival at an emergency department to assessment by a senior clinical decision maker (minutes)	Reduce	Reduce	Sep-23	131	5th	142	135	155	93	190	137	140	137	134	147	145	131
QA4-047	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	Improve	Sep-23	69.8%	5th	63.2%	65.5%	60.6%	70.1%	72.4%	67.6%	66.5%	68.8%	70.4%	68.7%	69.0%	69.8%
QA4-048	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	0	Reduce	Sep-23	2,804	7th	3178	2802	3384	2302	2057	2865	2812	2994	2685	2838	2825	2804
QA4-049	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improve	Improve	Aug-23	60.7%	3rd	62.5%	62.5%	64.7%	59.8%	58.0%	66.2%	62.0%	60.0%	59.7%	61.3%	60.7%	60.7%
QA4-050	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	0	Sep-23	7,320	5th	8068	8034	9377	9330	8057	8119	8686	9099	9097	7875	7959	7320





# Our Access & Activity: Performance Dashboard



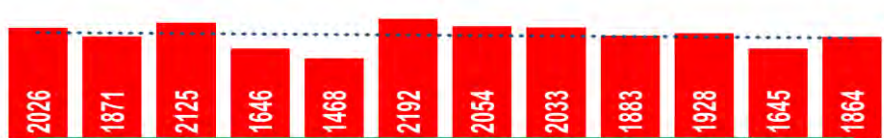


Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA2-026	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	95%	95%	Sep-23	97.10%	1st	82.3%	85.8%	89.1%	92.5%	94.4%	94.0%	95.8%	94.7%	97.1%	97.6%	97.8%	97.1%
QA2-027	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)	0	0	Sep-23	2,102	6th	5087	4271	3651	2985	2663	2192	179	170	155	165	2138	2102
QA2-028	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	0	Sep-23	13,107	6th	25907	24186	22068	18703	15726	12340	11736	1200	1216	12279	12885	13107
QA2-029	PFIG	Number of patients waiting more than 36 weeks for a new outpatient appointment	0	0	Sep-23	24,886	7th	37884	36197	34288	31754	27242	23083	23096	23658	24095	24417	25087	24886
QA2-030	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	0	0	Aug-23	81,728	7th	64927	66393	70080	75926	77334	80784	82887	86586	87278	80828	81728	84303

# Our Access & Activity: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA2-031	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	0	Sep-23	8,546	7th	13922	12947	12667	12012	11011	9772	9434	9191	8809	8796	8673	8546
QA2-032	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	0	0	Sep-23	36,079	7th	45397	44293	43410	41629	39191	36095	35565	35903	35596	35821	35936	36079
QA2-033	PFIG	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	80%	80%	Sep-23	100%	1st	50.0%	80.0%	#N/A	50.0%	100.0%	77.8%	33.3%	50.0%	60.0%	66.7%	33.3%	100.0%
QA2-034	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	80%	Sep-23	31.51%	4th	40%	37%	33%	31%	34%	38%	37%	38%	39%	41%	35%	32%
QA2-035	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	80%	Aug-23	92.11%	1st	94.4%	89.8%	93.8%	80.3%	89.9%	92.1%	91.9%	93.8%	96.2%	97.1%	92.1%	



# Our Access & Activity: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA4-043	PFIG	Number of Pathways of Care Delayed Discharges	Reduce	Reduce	Sep-23	352	8th												
QA4-053	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	95%	Sep-23	51.51%													
QA4-054	PFIG	Number of ambulance patient handovers over 1 hour	0	0	Sep-23	1,864	6th												
LM-PFIG07	PFIG	4 Hour Stroke Admission	NA	NA	Sep-23	38.82%													
LM-PFIG08	PFIG	Stroke Thrombectomy	NA	NA	Sep-23	2%													



# Section 3

## Our People & Organisational Development Performance

Section 3

4



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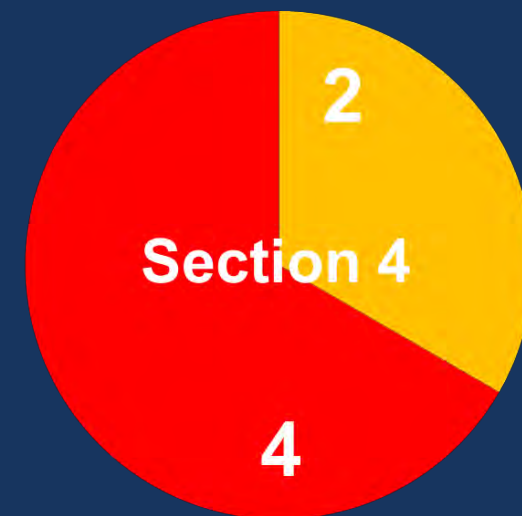
# Our People: Performance Dashboard

Ref	Cmt	Measure	WG Target	BCU Plan	Month	Position	Wales Rank	Rolling 12 month trend											
								O	N	D	J	F	M	A	M	J	J	A	S
QA3-036	PFIG	Percentage of sickness absence rate of staff	Reduce	Reduce	Sep-23	5.8%	6th	6.3%	6.2%	7.3%	6.3%	5.5%	6.0%	5.0%	5.4%	5.1%	5.5%	#N/A	5.8%
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Reduce	Reduce	Sep-23	2.7%	3rd							2.5%	1.7%	2.5%	2.3%	1.8%	2.7%
QA3-038	PFIG	Agency spend as a percentage of total pay bill	Reduce	Reduce	Sep-23	6.4%	10th	#N/A	#N/A	#N/A	#N/A	#N/A	4.8%	6.9%	7.6%	6.6%	6.9%	7.8%	6.4%
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	85%	Sep-23	76.2%	3rd	69.7%	71.0%				73.9%	74.4%	73.9%	75.2%	76.8%	76.6%	76.2%



# Section 4

## Our Financial Performance



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**Performance Intelligence & Assurance Directorate** in partnership with our **Quality & Patient Experience Directorate**





# Our Finance: Performance Dashboard

Ref	Cmt	Measure	End of FY Target	Sep-23	Shortfall	Year to Date Trend
LM-PFIG01	PFIG	Year to Date: Deficit v Plan			£23.7m	
LM-PFIG02	PFIG	In-month variance to plan			£3.3m	
LM-PFIG03	PFIG	Forecast Outturn	£134m		£134.1m	
LM-PFIG04	PFIG	Year to Date Savings Delivery	£12.6m	£10m	£2.6m	
LM-PFIG05	PFIG	Savings Delivery Forecast Outturn	£25.2	£19.02m	£4.9m	
LM-PFIG06	PFIG	In Year Capital Expenditure v Plan			£0.6m	



# Additional Information

# NHS Wales Performance Framework Measures 2023-24 for BCUHB as published on 18<sup>th</sup> October 2023 by Our Welsh Government Partners



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**Performance Intelligence & Assurance Directorate** in partnership with our Welsh Government colleagues



Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management							
Measure	Target	Current Data		Measure	Target	Current Data	
		Period	Value			Period	Value
% of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Q1 23/24	1.66% <span>●</span> <span>▲</span>	% uptake of the COVID-19 vaccination for those eligible - Spring Booster (Mar-23 to Jun-23)	75%	Jun-23	68.9% <span>●</span> <span>●</span>
% people referred to HB services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter improvement trend	Q1 23/24	63.9% <span>●</span> <span>▼</span>	% uptake of the COVID-19 vaccination for those eligible - Autumn Booster (Sep-23 to Mar-24)	75%	Sep-23	3.9% <span>●</span> <span>●</span>
% children up to date with vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster, 2nd MMR)	95%	Q1 23/24	91.4% <span>●</span> <span>▲</span>	% patients offered index colonoscopy within 4 wks of booking Specialist Screening Practitioner appt	90%	Jul-23	32.9% <span>●</span> <span>▲</span>
% of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Q1 & Q4 23/24)	90%	Q1 23/24	84.2% <span>●</span> <span>●</span>	% well babies entering new-born hearing screening programme who complete screening within 4 wks	90%	Jul-23	98.2% <span>●</span> <span>▲</span>
% uptake of the influenza vaccination amongst adults aged 65 years and over (Sep-23 to Mar-24)	75%	Sep-23	<span>●</span>	% of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	Aug-23	95.7% <span>●</span> <span>▲</span>

## Report as at: 17 Oct 23

Target delivered: ●

Target not delivered: ●

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Trend / target compliance not currently available: ●

Performance has improved over the last 12 mths: ↑

Performance has deteriorated over the last 12 mths: ↓

Performance has remained static over last 12 mths: →

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


Measure	Target	Current Data		Measure	Target	Current Data	
		Period	Value			Period	Value
% GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2022/23	91.5%  	Number patients spent 12 hrs or more in emergency care from arrival to admit, transfer or discharge	Imp trajectory towards 0 by Mar-24	Sep-23	2,805  
% primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)	Month on month inc 30% Sep-23, 100% Mar-24	Apr-23 to Sep-23	36.7%  	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Imp trajectory towards 80% by Mar-26	Aug-23	60.7%  
Num of patients referred from primary care (optometry & GP) into secondary care Ophthalmology services	Imp trajectory towards reduction by Mar-24	Aug-23	1,833  	Number of patients waiting more than 8 weeks for a specified diagnostic	Imp trajectory towards 0 by Mar-24	Aug-23	7,956  
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to same month prev year	Aug-23	1,542  	% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		96.7%  
% LPMHSS assessments within 28 days from referral	Under 18 years	Aug-23	61.5%  	Number of patients waiting more than 14 weeks for a specified therapy (inc. audiology)	Imp trajectory towards 0 by Mar-24		2,138  
	18 years and over		30.8%  	Number of patients waiting over 52 weeks for a new outpatient appointment	Imp trajectory towards 0	Aug-23	12,654  
% therapeutic interventions started within 28 days following LPMHSS assessment	Under 18 years		85.1%  	Number of patients waiting more than 36 weeks for a new outpatient appointment			24,679  
	18 years and over		84.3%  	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Imp trajectory towards 0	Sep-23	84,303  
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Sep-23	48.8%  	Number of patients waiting more than 104 weeks for referral to treatment	Imp trajectory towards 0	Aug-23	8,512  
Median emergency response time to amber calls	12 month improvement trend	Sep-23	01:18:34  	Number of patients waiting more than 52 weeks for referral to treatment			35,381  
Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend	Sep-23	20  	% of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Sep-23	100.0%  
Median time from arrival at an emergency department to assessment by a senior clinical decision maker			130  	% of children/young people waiting <26 weeks to start an ADHD/ASD neurodevelopment assessment		Aug-23	35.3%  
% of patients spend less than 4 hrs in emergency care from arrival until admit, transfer or discharge	Imp compared to same month prev year or 95%	Sep-23	69.9%  	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Aug-23	92.1%  

Report as at: 17 Oct 23

Target delivered: 


Target not delivered: 

Blank cell: no data currently available

Trend / target compliance not currently available: 

Performance has improved over the last 12 mths: 

Performance has deteriorated over the last 12 mths: 

Performance has remained static over last 12 mths: 

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable							
Measure	Target	Current Data		Measure	Target	Current Data	
		Period	Value			Period	Value
% of sickness absence rate of staff	12 month reduction trend	Jul-23	5.98%	Agency spend as a percentage of the total pay bill	12 month reduction trend	Jul-23	7.2%
Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Roll 12 mth reduction against 19/20 baseline	Jun-23	8.23%	% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months	85%	Jul-23	79.1%

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes							
Measure	Target	Current Data		Measure	Target	Current Data	
		Period	Value			Period	Value
% of episodes clinically coded within one reporting month post episode discharge end date	Maintain 95% or 12 month imp trend	Jun-23	49.1%	Cumulative number of laboratory confirmed bacteraemia cases:	Klebsiella sp	103	72
% of all classifications' coding errors corrected by the next monthly reporting submission following	90%	Aug-23	7.1%		Aeruginosa	27	22
% of calls ended following WAST telephone assessment (Hear and Treat)	17%	Aug-23	10.7%	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population:	E-coli	67.00	77.06
Number of Pathways of Care delayed discharges	12 month reduction trend	Sep-23	354		S.aureus bacteraemias (MRSA and MSSA)	20.00	24.45
% HB residents who have a valid care & treatment plan	Under 18 years	Aug-23	96.9%		C.difficile	25.00	38.96
	18 years and over		84.7%	% R1 ophthalmology appointments attended within target date or within 25% beyond of clinical target date	95%	Sep-23	56.7%
Number of patient experience surveys completed and recorded on CIVICA	Month on month improvement	new measure - data will be inc. in the next few months		Number of ambulance handovers over 1 hour	Imp trajectory towards 0 by Mar-24	Sep-23	1,861
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction compared to same month 22/23	Sep-23	32.5%	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend	Sep-23	16

## Report as at: 17 Oct 23

Target delivered:

Target not delivered:

Blank cell: no data currently available

Trend / target compliance not currently available:

Performance has improved over the last 12 mths:

Performance has deteriorated over the last 12 mths:

Performance has remained static over last 12 mths:

# Our Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



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# Appendix

This report has been produced on behalf of the **Performance, Finance & Information Governance Committee** by the **Performance Intelligence & Assurance Directorate** in partnership with:

- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- People & Organisational Development Directorate (POD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Risk Management Department
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS

<b>Teitl adroddiad:</b> <i>Report title:</i>	Information Governance Quarter 1 2023/24 Key Performance Indicators (KPI) Report.		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	2nd November 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information.</p> <p>This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, and requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice. This quarter Freedom of Information Compliance has decreased by 12% and the IG Mandatory Training Compliance has remained above the national target at 87%, which is a continued increase. Some areas to be noted for concern are Access to Health record compliance where it has remained low.</p>		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>RECEIVE ASSURANCE</b> on compliance with the Data Protection and Freedom of Information Legislation.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dylan Roberts - Chief Digital and Information Officer		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Carol Johnson – Head of Information Governance		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi For Noting <input type="checkbox"/>	I Benderfynu arno For Decision <input type="checkbox"/>	Am sicrwydd For Assurance <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b>	Arwyddoc aol Significant <input type="checkbox"/>	Derbyniol Acceptable <input checked="" type="checkbox"/>	Rhannol Partial <input type="checkbox"/>
			Dim Sicrwydd No Assurance <input type="checkbox"/>

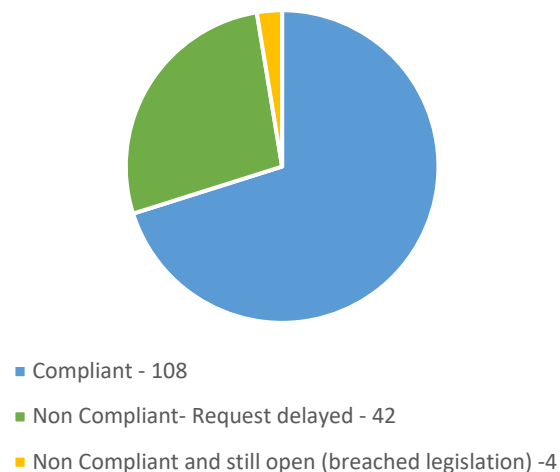
<b>Assurance level:</b>	<input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	<ul style="list-style-type: none"> <li>· Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016;</li> <li>· Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation;</li> <li>· Improve overall compliance with Freedom of Information and Subject Access request response times in line with legislative requirements by supporting governance leads, and raising awareness and improving overall availability and publication of information to enable improved transparency to the public;</li> <li>· Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working;</li> <li>· Maintain IG Training Compliance from 82% to the national target of 85% to raise staff understanding and awareness;</li> <li>· Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register;</li> <li>· Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;</li> </ul>			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	Data Protection Act and Freedom of Information Act			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	N/A			

<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	N/A				
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information. There are currently six Information Governance risks being managed and monitored by the Information Governance Group. The below three Tier 2 risks also have oversight by the Chief Digital and Information Officer.				
	Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement
	Mapping of Data Flows	9	9	6	Unchanged
	Failure to develop and make improvements to the Information Asset Register	9	9	4	Unchanged
Management of Corporate Records	9	9	6	Unchanged	
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.				
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	N/A				
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>					
<p>Cysylltiadau â risgiau BAF:</p>	<ul style="list-style-type: none"><li>BAF 2.5 – There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate</li></ul>				

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change.</p> <ul style="list-style-type: none"> <li>• BAF 2.6 – There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber-attacks.</li> <li>• CRR21-11 – Potential Exposure to Ransomware and Zero-day Cyber Risk Attacks</li> <li>• CRR22-32 (old CRR20-06) – Retention and Storage of Patient Records</li> <li>• CRR22-33 – Lack of access to clinical and other patient data</li> <li>• CRR23-46 - There is a risk that patient information is recorded against different hospital numbers.</li> </ul>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b></p> <p><b>Next Steps:</b></p> <ol style="list-style-type: none"> <li>1. Data Protection Impact Assessment's to be published on the Internet</li> <li>2. FOI/SAR system to be completed in quarter 2, teams to then implement use in departments early quarter 3.</li> </ol>	
<p><b>List of Appendices:</b></p> <p>Appendix 1 – Information Governance Quarter 1 2023/24 Key Performance Indicators (KPI) Report.</p>	

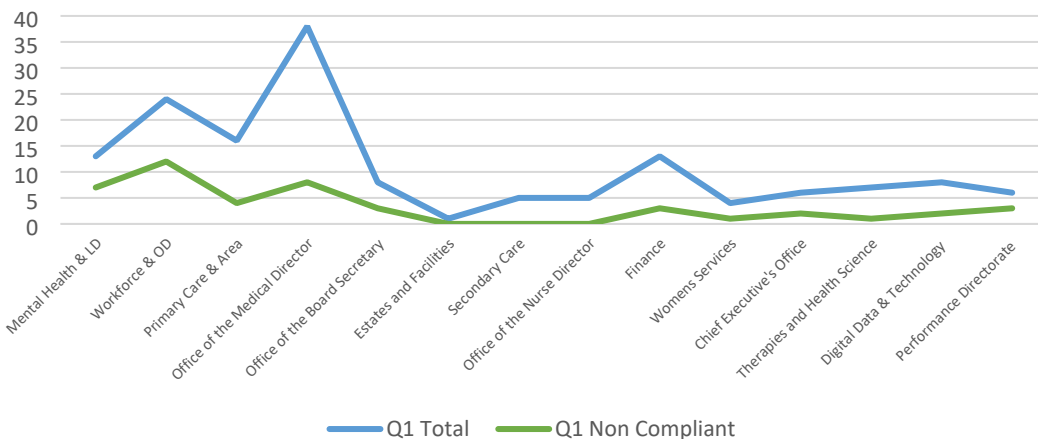
## Appendix 1 - Key Performance Indicators: Quarter 1 – April to June 2023

**FOI Compliance Q1**  
Compliant 70% Non Compliant 30%



\*Decrease in compliance by 12% due to ongoing complex requests being received into the Health Board.

**Number of requests and their non-compliance**

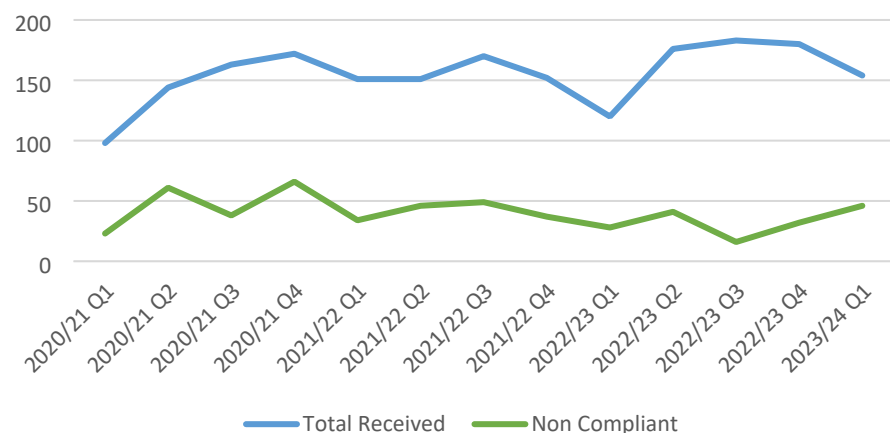


**FOI Exemption and Internal Reviews**

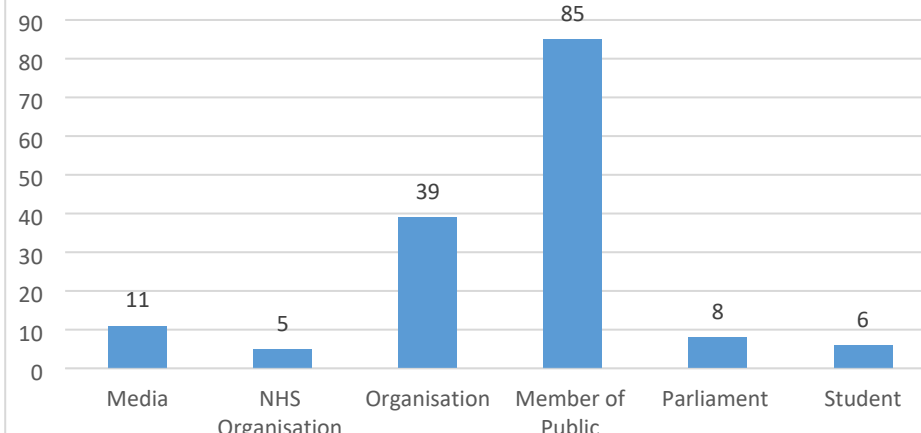
Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	17	3	2 x Upheld 1 x Partially Upheld
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	9	0	N/A
Section 22 – Intended for future publication	Absolute – No Public Interest Test Required	2	0	N/A
Section 31 - Law Enforcement	Public Interest Test applied	6	0	N/A
Section 36 - Prejudice to effective conduct of public affairs.	Public Interest Test applied	1	1	1 x Upheld
Section 40 - Personal Information	Absolute – No Public Interest Test Required	4	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	5	0	N/A
No Exemption applied	N/A	110	2	2 x Upheld
<b>Total</b>		<b>154</b>	<b>6</b>	<b>N/A</b>



Previous FOI Quarterly Compliance



FOI received by Requestor Q1



### FOI: Reasons for delays/breaches

- 26 Delays in obtaining/receiving information from Freedom of Information Leads.
- 7 Late Formulation from response from Information Governance Team due to formulating complex exemptions.
- 12 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.
- 1 Late receipt of request into IG team

### The divisions with the highest amount of delays

- 12 for Workforce and Organisational Development.
- 8 for Office of the Medical Director.
- 7 Mental Health & Learning Disabilities.

### Trends in FOI Subject

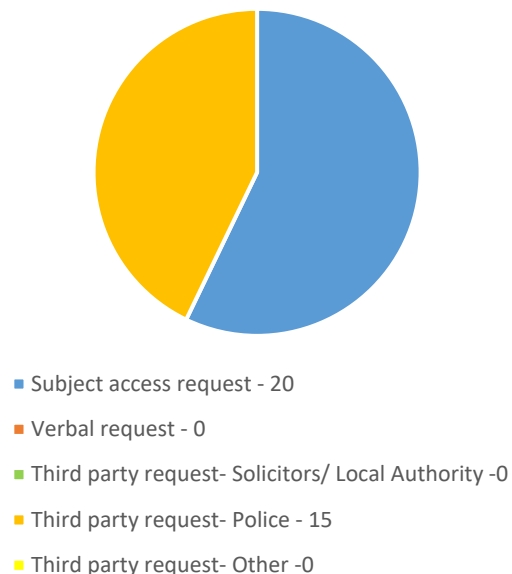
- 10 requests for Health Board Financial/Board reports eg. Ernst Young, Kings Fund and Lighfoot Solutions.
- 5 requests concerning ADHD waiting times
- 11 requests in regards to Staffing levels within the Health Board

### 2023/24 Plans

- Work is continuing to procure a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records. We are currently working with the system provider and undergoing User Acceptance Training (UAT) with an aim to handover the system in September 2023.
- The Information Governance Team will hold a FOI workshop for FOI leads across the organisation to improve knowledge of the Act and the FOI internal process to improve compliance further. This will be arranged once we have a go live date for the new FOI/SAR system.
- The IG team is also trying to encourage other departments to publish more information on our Internet pages with an aim to reduce the number of FOI's being received. This is following a review of requests to identify the high level of trends for certain types of information.

## Data Protection Subject Access Requests (SAR) for non-clinical information Q1

Compliant: 97% Non Compliant: 3%



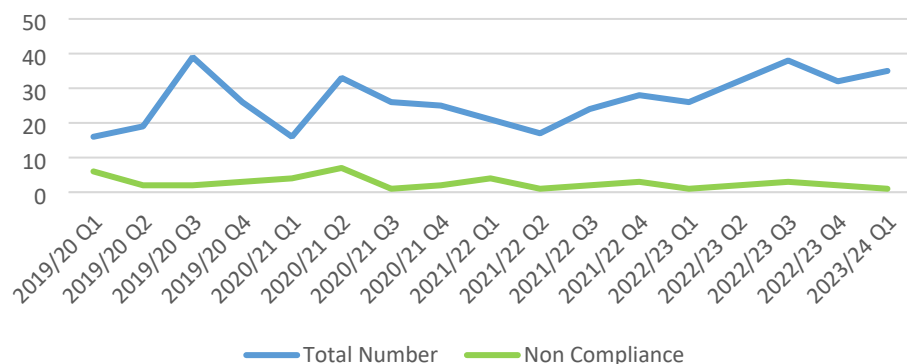
## SAR: Reason for breaches Q1

During Quarter 1, we were 97% compliant, which is a slight increase from 94% in Quarter 4 of 2022/23. 1 request breached the legislative deadline, this was due to the request being received late into the Information Governance team from another department.

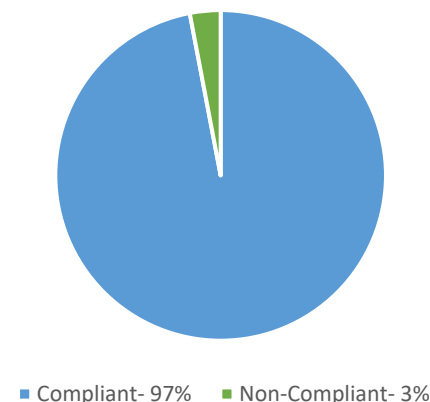
## 2023/24 Plans

Work is continuing to implement and test a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records and time extensions will continue to be applied to complex requests to enable us more time in line with legislation to meet the requirements of the request. We will also raise awareness across the organisation in regards to the importance of sending SAR's into the IG Team if received into their departments.

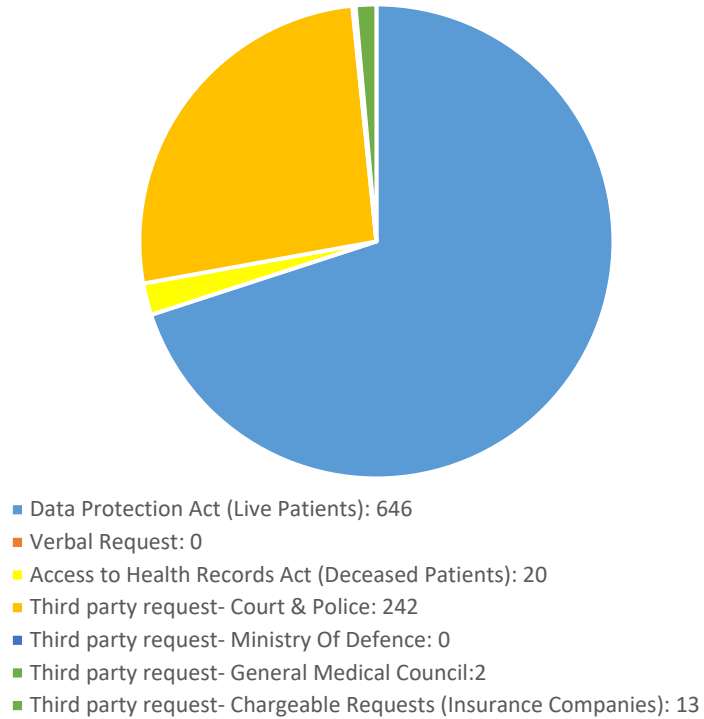
## Previous DPA Quarterly Compliance



## Data Protection Subject Access Requests (SAR) for non-clinical information Q1

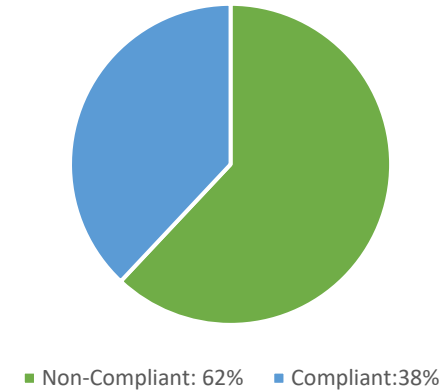


Access to Health Records (ATHR) Requests by type Q1



ATHR Subject Access Requests under DPA Legislation Q1

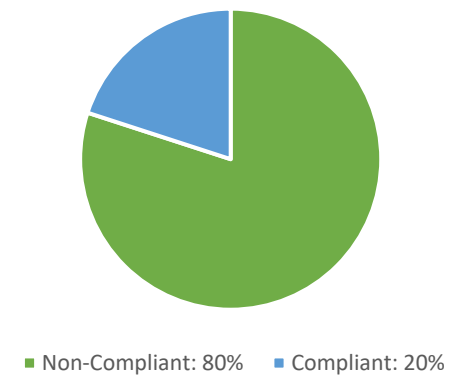
Total recieved-894 Non-Compliant- 552



\*Decrease in compliance by 6%

Requests for Patient Information Deceased reuests (ATHR Act) Compliance Q1

Total Received: 20 Non Compliant: 16



Previous ATHR Quarterly Compliance



### **ATHR: Reason for delays**

During Quarter 1, our compliance has decreased slightly by 6%. We are continuing to focus on clearing the backlog which has meant an adaption in the way we are working, concentrating our attention on requests outstanding the longest, from the highest day down. We have also had low level of staffing due to sickness. The following actions were implemented in quarter 1 to increase the compliance further which will show an increase in compliance in quarter 2 of 2023/24:

- All staff to return to office working.
- Business Manager will be on site in Llandudno for a minimum of 2 days per week.
- Patient Records Compliance & Assurance Manager to provide weekly reports on all “in progress” and “waiting internal” requests. To the Assistant Director of Patient Records.
- Additional Teams within Patient Records will assist ATHR service when have capacity, including 3 newly recruited Assurance and Compliance Data Quality Staff.
- New scanners have been purchased for Llandudno and Wrexham, which have been trailed and proven to be more efficient and provide better data quality. Additional resource will be allocated to assist with complaints and rectifications (pulling all the info together and drafting a response). This will ensure that complaints are dealt with in a timely manner.
- Support of COVID Vaccination Centre staff who have been temporarily redeployed to us for July-Aug who we have allocated to help with scanning of paper records.

### **Co-mingled Information**

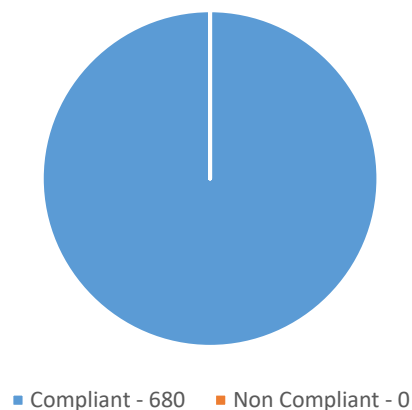
4 documents were located in the incorrect patient records during Quarter 1, which is a decrease from 14 in Quarter 4. All these incidents are recorded on Datix and investigated accordingly. All information has been refilled into the correct patient record.

### **Complaints and lessons learnt ATHR**

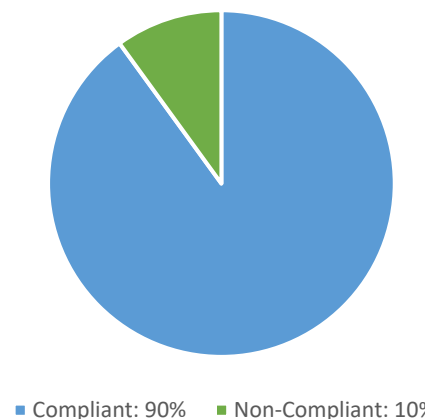
During Quarter 1 there has been 10 concerns logged in the ATHR Service. All the concerns received have been regarding the length of time SARs are taking to process. All have been fully investigated and responded to.

## HMP Berwyn and Managed Practices Requests for Information

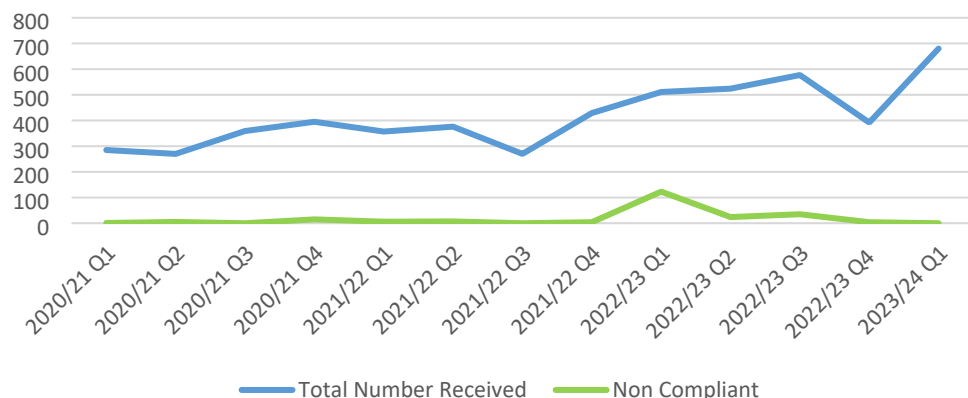
**GP Practices Compliance Q1**  
Compliant- 680 Non-compliant- 0



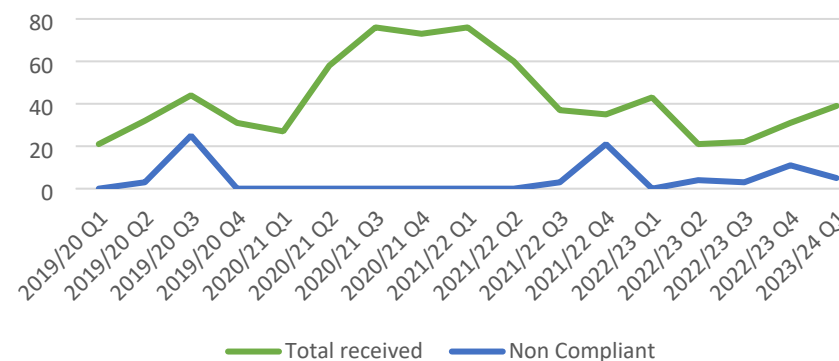
**HMP Berwyn Compliance Q1**  
Total Received - 39 Non-compliant-4



**GP Managed Practices ATHR Quarterly Compliance**



**Previous HMP Berwyn ATHR Quarterly Compliance**

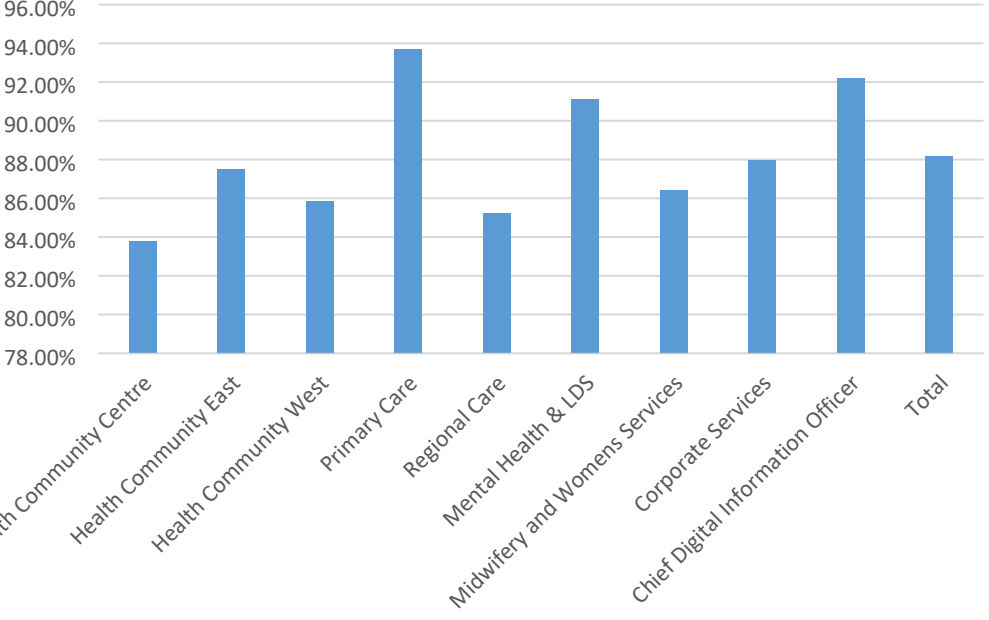


Please note only 12 of the 13 GP Managed practices have submitted their figures for this quarter. We will work with the outstanding GP Practice in quarter 2 to ensure figures are supplied in time with submission.

## Incidents and Complaints Quarter 1 2023/24

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External) <b>Incidents and Complaints Received Quarter 1</b>	Data Loss	1	0	0
	Email	10	0	0
	External Mail	19	0	2
	Inappropriate Access	0	0	1
	Records	25	2	1
	Prescription Error-Incorrect Patient Details	3	0	0
Confidentiality Breach (Internal)	Data Loss	4	0	0
	Email	4	0	0
	Internal Mail	5	0	0
	Records	11	0	0
	Other	2	0	0
Information Management & Technical Security	Hardware	5	0	0
	ID Badge Loss	5	0	0
	Records	11	0	0
	Other	2	0	0
	Inappropriate Access	7	0	0
Non Compliance	IG15 Safe storage & transport of Personal Data	28	0	0
	IG14 IM&T Security procedure	6	0	0
<b>Total</b>		<b>148</b>	<b>2</b>	<b>4</b>

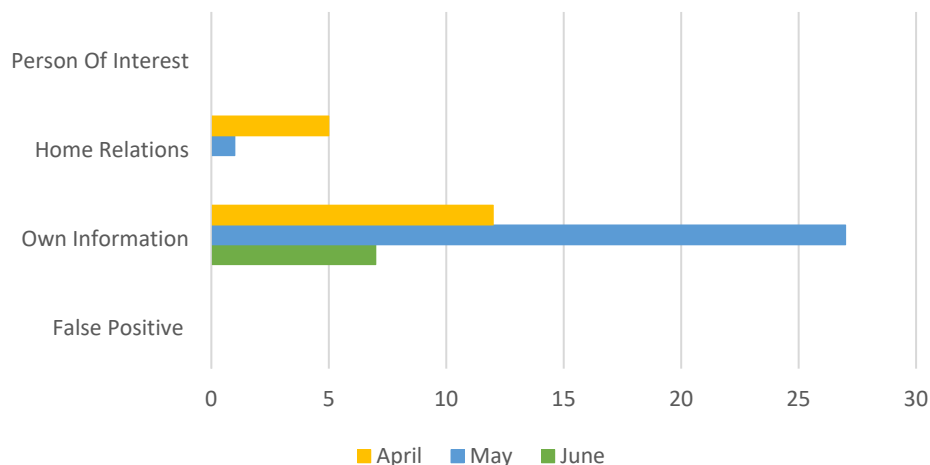
\*Increase from 118 in quarter 4, this is due to the number of reports relating to data breaches involving Patient Records being reported. This is a combination of, information being left in public place, misfiling, and inappropriate storage of records.

<p>IG Mandatory Training Compliance by Area 88%</p> 	
<p>IG Mandatory Training</p>	
<p>We have continued with our virtual mandatory training sessions with 7 We have continued with our virtual mandatory training sessions with 11 sessions taking place in Quarter 1 with 86 staff attending. 687 staff have completed their training via E-Learning this quarter.</p> <p>The overall compliance of mandatory information governance training across BCUHB has increased further above the national target to 88% for this quarter. We will continue to report 2023/24 to maintain this figure, with</p>	<p>weekly newsletter within department.</p> <p>with relevant Standard Operating Procedures.</p> <p>office door changed. Reminded to be vigilant when entering codes.</p> <p><b>Legal Claims</b></p> <p>there were 0 legal claims received in Quarter 1 of 2023/24.</p> <p>case from 7 in quarter 4. 3 x complaints are being investigated and are ongoing</p> <p>sensitive information and staff names (Closed). Recommendations made are:</p> <p>of the potential risks to the rights and freedoms of the staff members affected</p> <p>personal data they have access to as part of their employment. Furthermore,</p> <p>information.</p> <p>with other prisoners.(Ongoing)</p>
<p>Complaints received from the ICO</p>	
<p>During reviews in line with the new national E-learning package:</p> <ul style="list-style-type: none"> <li>6 x delay in ATHR requests</li> <li>1 x alleged missing information from SAR and falsification of records.</li> </ul> <p>All complaints have been investigated, 2 remain open and ongoing with the ICO, and 5 are closed with minimal action required.</p>	



Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of September 2022	Year To Date Variance
T410	849,448 (decrease from 883,890 last year for CIP)	157,602	Underspend 64,815 (not accurate reflection, please see below comments)
<p><i>Please note that the reason for the underpend this quarter is due to:</i></p> <ol style="list-style-type: none"> <li><i>1) Staff turnover and time to recruit to vacancies (all posts now filled);</i></li> <li><i>2) Continued agile / home working thus reducing travel costs;</i></li> <li><i>3) £62,499 still showing in General Reserves which requires transfer to L017 for DDaT Business Management budget to fund posts.</i></li> </ol> <p>More business as usual activity is being undertaken including onsite compliance audits / due diligence checks / training delivery which will start to increase the travel costs.</p>			

Q1 NIIAS Notifications by type



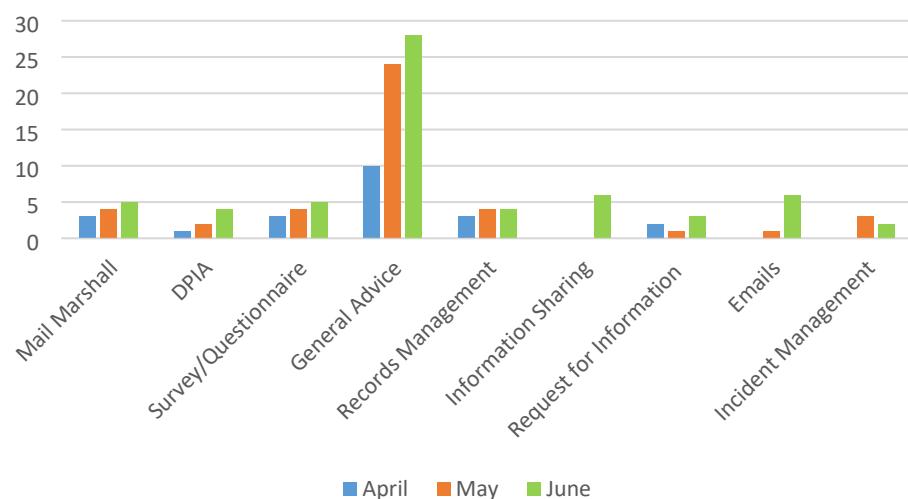
### NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 1 of 2023/24 the number of NIIAS notifications received has decreased slightly to 60 from 69 in Quarter 4. The trend analysis planned for quarter 1 has been deferred to quarter 2 to incorporate a review of the escalation process with Workforce & OD.

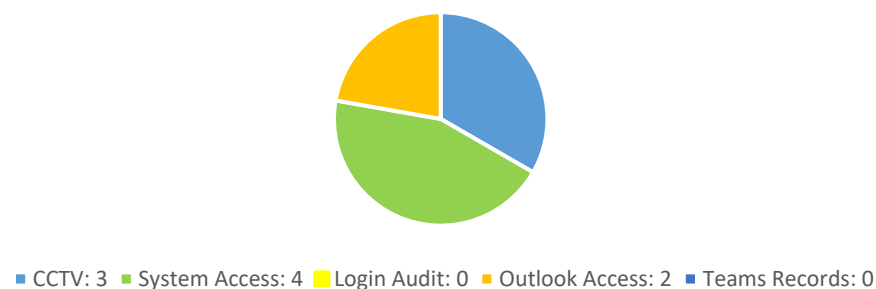
### Service Desk – Information Governance Portal

During Quarter 1 the number of calls received into the Information Governance Service Desk have increased to 131 from 107 in Quarter 4. We continue to look at trends received into the team and publish guidance on our intranet pages based on the trends identified through service desk.

IG Survey Desk Queries Q1  
Total 131

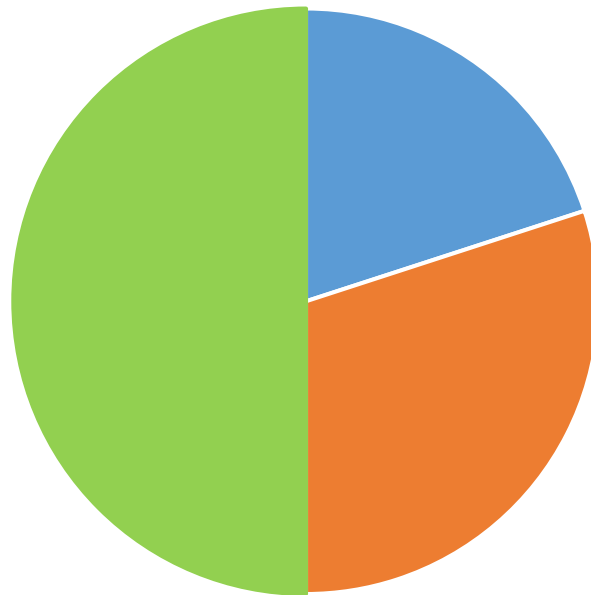


IG10- Process for requesting, approval and review of information systems accessed by an employee  
Total: 9



## Caldicott Guardian Decisions/Authorisations on behalf of the Board

Total: 10



- Intra NHS Information Sharing Agreement - 2
- Data Processing Contract - 3
- Audits - 5

### Asset Register

During Quarter 1, 1 new system added onto the Information Asset Register: Early Pregnancy Unit (EPU) & associated software (5.1) - The system is used for the analysis of patient samples in order to produce pathology results.

**23** Record types have been submitted during Quarter 1 the majority being CAS Cards for Accident & Emergency.

### Information Asset Register Development

Work has continued with the Information Asset Register supplier to develop a bespoke solution, we are still in the design stages and have begun testing the product and the completion is anticipated for October 2023. A further update report is being presented by the Project Lead in addition to the Information Governance Group in August 2023.

### Compliance Audits

During Quarter 1, no compliance audits were undertaken, however a further pilot was undertaken within Ysbyty Eryri on the new self assessment process. A further report of assurance will be presented to the Information Governance Group in August 2023. During quarter 2 we will be re-visiting the question set used based on the feedback given from the Pilot and ourselves when scoring the assessments, once the question set has been agreed we will aim to roll out the self assessment process across the organisation.

### Data Protection Impact Assessments (DPIAs)

During Quarter 1, 10 DPIA's have been approved which is a decrease on the 11 approved in Quarter 4.

A further 12 DPIA's have been received during Quarter 1 which are currently ongoing through assurance processes and will be approved once due diligence has been completed:

- 9 – under review;
- 2 – awaiting approval;
- 1- National.





<b>Teitl adroddiad:</b> <i>Report title:</i>	Transformation and Improvement Resource Allocation Update			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	2 <sup>nd</sup> November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the re-allocation of Transformation and Improvement resource under the Special Measures deliverable (5.4)			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked <b>TO NOTE</b> the approach and latest update in the work re-allocation for the Transformation and Improvement team.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Paolo Tardivel, Director Transformation and Improvement			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	To support Special Measures			

<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not applicable
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Not applicable
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> <i>(or links to the Corporate Risk Register)</i>	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> Gweithredu argymhellion <b>Next Steps:</b> Implementation of recommendations	

## Transformation and Improvement Resource Allocation Update

### 1) Introduction

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This report follows on from a previous PFIG members briefing in response to an action from the August 2023 PFIG meeting and relates to the Special Measures deliverable below:

5.4

**Transformation & Improvement support:** Realign transformation and improvement support to enable greater focus on priority improvement areas

### 2) Background

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The aim of the Transformation and Improvement function has always been to support and enable the organisation to transform and improve itself. It is the only way to deliver sustainable transformation and improvement, having it developed, led and ultimately owned locally, being enabled and supported by the requisite skills, tools and resource.

Over the first 12 to 18 months of the team being set up, recruited and mobilised, there has been a lot of learning of what has worked well and not so well and all of this learning has been channelled into a refreshed model for allocating resource. This forms the basis of the Special Measures deliverable shown above.

### 3) How the team is structured

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There are three main categories of resource within the Transformation and Improvement team:

- 1) **Portfolio Office** – Supporting the management of the organisation's change portfolio and its benefits realisation aligned to Value Based Care principles.
- 2) **Improvement Team** – Enabling the organisation to improve itself, through Continuous Improvement (training, coaching, guidance of people in the wider organisation to "give improvement a go") and Service Improvement (Improvement Managers allocated to work on specific initiatives across the organisation's key programmes of work)
- 3) **Pathways Team** – Looking across the entire end to end patient journey from prevention, through to first presentation to primary care, referral to secondary care and then managing recovery and staying well in the community.



#### 4) Refreshed model being implemented

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Under the Special Measures deliverable 5.4 referred to above, these three groups of resource are being used to support the following areas:

- 1) The **Portfolio Office** has been tasked with supporting the Special Measures work, in effect the organisation's priority change portfolio.
- 2) The **Improvement Team** is being re-allocated across the 5 main Health Communities: IHC West, IHC Central, IHC East, MHL D and Midwifery & Womens and Pan BCU programmes e.g. Planned Care and Urgent and Emergency Care
- 3) The **Pathways Team** is being re-allocated across the main Pan BCU Clinical Networks e.g. Orthopaedics, Urology, etc.

Both the Improvement and Pathways teams will continue to be line managed out of Transformation and Improvement and business partnered into the relevant areas. This will maintain a central professional community approach that enables peer support and development, as well as a single point for managing strategy, standards and consistent application of best practice.

The intention behind the approach is to ensure that the Health Communities, Pan BCU Clinical Networks and Programmes have a greater control over how the resource is allocated to deliver against the full breadth of organisational priorities. This is critical in ensuring that transformation and improvement support is provided as close to the point of delivery as possible.

#### 5) Governance and Assurance

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The Executive led Transformation Delivery group will be used to monitor how the resource is being used, the value they are delivering and to ensure that synergies across Health Communities, Pan BCU Clinical Networks and Programmes are realised. Health Communities and Clinical Networks will report through the Performance Delivery Group on progress against committed trajectories. The Performance Finance and Information Governance (PFIG) Board Committee will maintain oversight on both of these aspects.

#### 6) Current resource allocation

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The Transformation and Improvement team currently have 36 WTE in post (see Appendix 1 for the breakdown) against a budgeted headcount of 54 WTE. The differential is made up of secondments out of the team and vacancies (that are not being actively pursued given the current financial climate).

As mentioned above, the Improvement and Pathways teams' work is currently being reviewed and where necessary re-allocated in conjunction with the Interim Executive Director for Operations and

Executive Director of MHLD and their teams. Whilst this transitional phase is on-going, both the current and (where known) new work areas have been listed below.

#### **Current work areas (to be transitioned to new work areas)**

Team	Work Areas
<b>Improvement</b>	Continuous Improvement training, Immedicare, safe care collaborative, SDEC, Pharmacy efficiencies, Theatre utilisation and WHO checklist, vascular, Acute Assessment Unit, Frailty, Board rounds, CAMHS, POAC, Sexual health services, Urology, CYP, Ophthalmology, Dementia, Neuro services, Cancer
<b>Pathways</b>	Heart failure, Gynae Cancer, Breast Cancer, Dementia, Urology, Orthopaedics

#### **New work areas (agreed to date, more to be added once confirmed)**

Team	Work Areas
<b>Improvement</b>	UEC community frailty, Dermatology, Vascular, YGC EQ, MHLD
<b>Pathways</b>	Respiratory (once Heart failure complete), Dermatology, Dementia

## **7) Recommendations**

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The Committee is asked **TO NOTE** the approach and latest update in the work re-allocation for the Transformation and Improvement team.

## Appendix 1: Transformation and Improvement headcount breakdown

Team	In Post	Remit
<b>Portfolio Office</b>	8 WTE	Central Special Measures coordination, reporting, assurance, benefits tracking
<b>Improvement</b>	12 WTE	1) Continuous Improvement training, coaching, guidance and support, 2) Support of key organisational improvement priorities
<b>Pathways</b>	10 WTE	End to end pathway development
<b>Other</b>	6 WTE	Roles covering Director T&I, PA, Comms and Engagement manager, Orthopaedics Business Case Programme Director, Decarbonisation Programme Manager, Business manager
<b>Total</b>	36 WTE	

**NOTE:** Not all of the 36 WTE are 'allocatable' to work as they include the leadership and support roles and also BCU lead roles on Value Based Care and Innovation.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Board Assurance Framework			
<b>Adrodd i:</b> <i>Report to:</i>	Performance Finance Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 02 November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	As per the 23/24 Annual Plan Organisational Deliverables proposed risk descriptions have been provided and also the relationship with the proposed corporate risk register and Tier 1 risks.			
<b>Argymhellion:</b> <i>Recommendations:</i>	<ol style="list-style-type: none"> <li>1. PFIG is provided with <b>assurance</b> that the monitoring of risks in relation to delivering on the Annual Plan, Board Assurance Framework (BAF) and collaboration with the corporate risk team, performance team and planning team is underway (Appendix 2).</li> <li>2. The <b>Digital</b> risk is provided for <b>approval</b> and the template for consideration and feedback to the Head of Risk Management prior to presentation at Board (Appendix 1).</li> </ol>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Phil Meakin, Acting Board Secretary			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge, Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input checked="" type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>



Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: N/A

*Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A*

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Appendix 2 -BAF highlights the link between Tier 1 risks and CRR.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>N/A</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>N/A</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>CRR and BAF paper prepared for committee</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p>	<p>QSE 27/10/23 had a discussion around combining the BAF and CRR reporting and also reporting risks by exception.</p>



<b>Feedback, response, and follow up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF paper which further links Tier 1 and CRR.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	
<b>Camau Nesaf:</b>  <b>Next Steps:</b> Submission for further discussion at Committees and ongoing feedback to Head of Risk for further refinement. Hold 1-1s for all corporate and BAF risks and further develop controls, action plans etc. Corporate Team to monitor and escalate any new BAF risks to Executives for review.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> Appendix 1-BAF Risk reports Digital Appendix 2 – Overview of possible BAF Risks & Progress	

## Introduction/Background

1. The purpose of the Board Assurance Framework (BAF) is to inform and assure the Board with controls and action plans for identified high-extreme risks that relate to any possibilities of not delivering on the Annual Strategic Priorities of the Health Board.

The corporate risk team will work closely with the Executive Director Transformation and Strategic Planning and Director of Transformation & Improvement to ensure progress on the Annual Strategic Priorities and monitoring of any risks.

Following the 22/23 archive of the BAF and previous strategic priorities. The 23/24 Annual plan has been reviewed in order to develop possible descriptions for BAF risks. Not all the descriptions below will be a high risk. Only those which are thought to be high risk will be further developed to ensure they have controls and action plans in place for close monitoring by the Board.

All leads in relation the Annual Plan strategic priority deliverables have been contacted to further understand the risks they face in not achieving their priorities.

An overview of possible BAF descriptions has been provided and the relationship with corporate risks and Tier 1 (high to extreme operational) risks has been outlined. Where risks emerge leads will be asked to provide Committees and Board with an update on their risk score. Where risks are deemed to be high or extreme a risk template will be completed which outlines controls/mitigations, trend in monitoring risk score.

High risks have been identified by the leads of the following strategic priorities and controls and action plans are in the process of being developed:

SP1-Prevention and Health Protection (PPPH)

SP2-Primary Care (committee TBD)

**SP3-Planned Care (PFIG)**

**SP4-Unscheduled Care (PFIG)**

SP5-Cancer (committee TBD)

SP9-Women's (committee TBD)

SP18-Quality Innovation and Improvement (QSE)

Completed

**SP13-Digital (PPPH (PFIG))- Score 20-Attached Appendix 1**

SP16- Board Leadership & Governance-Score 16 (AC)

Executives will be asked to review their individual BAF risk reports prior to submission to Committee and the Board. Overall accountable Executives has been adopted from the Annual Plan however the overall committee for risks are to be agreed but a proposal outlined below (Appendix 2)

## 2. Body of report

Appendix 2 outlines each strategic priority, provides a standardised description in relation to the possible non-deliverable of the priority. It further highlights the possible rational for progressing the risk as high if a corporate risk has been identified and also Tier 1 (high-extreme operational) risks. This may also further highlight gaps where Executives may be aware of high risks but services have not documented any Tier 1 risks on the risk register.

## Appendix 1-BAF Risk Reports Digital for approval

### Next steps



1. Ongoing monitoring of risks in relation to the Annual Plan Strategic Deliverables.
2. Risk scores for all to be monitored and Board to be provided with updated scores in relation to each as well as a risk report where high risks have been identified.

## Appendix 1-BAF Risk Reports

BAF SP13	<b>Executive:</b> Director of Digital (Chief Digital Information Officer (CDIO))		<b>Date Opened:</b> July 2022			
	<b>Committee:</b> Performance, Finance and Information Governance Committee (Will revert to Partnerships, People and Population Health Committee or equivalent once the meetings recommence)		<b>Date Last Reviewed:</b> October 2023			
	<b>Strategic Priority:</b> P13 Digital, Data & Technology	<b>Link to CRR:</b> Availability and Integrity of Patient Information <b>Link to Tier 1's:</b> 2819, 3659, 4595, 4603, 4766	<b>Last Reviewed by Committee:</b> 02 Nov 2023			
			<b>Target Risk Date:</b> May 2024			
There is a risk of failing to meet the digital strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.						
<b>Mitigations/Controls in place</b>		<b>Gaps in Controls</b>		<b>Current Risk Score</b>		
<i>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the magnitude/severity of its potential impact were it to be realised.</i>  1. Minimal controls in place with the introduction of rigour and governance to the commissioning of new Digital, Data and Technology project requests through a Project and Portfolio Management function that will ensure prioritisation, impact assessment in terms of deliverability, best use of technology, interoperability, longevity and value for money. This includes insisting that for all new projects the business change element and service design aspect up front which includes the users is built in. 2. Where possible the Health Board will bring in the necessary expertise from external service providers that the Health Board do not currently possess. 3. To set the expectations with the Health Board and Welsh Government on the inability to effectively architect and deliver Digital, Data and Technology projects and realise benefits in line with the strategy of the Health Board.		1. Funding currently not secured to implement the new operating model. 2. Unable to deliver new models of care with local and national strategies. 3. No clear technology plan, future blueprints or architectural considerations with due regards for the whole. 4. No single integrated digital health care record to address the fragmented care record concerns to deliver the special measures framework requirements. 5. Unable to replace or decommission obsolete systems due to no funding to manage replacement or consider new ways of working. 6, Significant gaps in workforce in specific patient records and IT areas, which is resulting in		Impact	Likelihood	Score
				4	5	20
				Movement since last Qtr:  Increased likelihood from 4 to 5 since August 2023.  NB. The tolerate score for this risk is 16 which is a high level of tolerance for the risk due to an inability to fund necessary resources.		

			decreased support for the Health Board which will impact on patient care.	
<b>Actions and Due Date</b>				
Costed proposals (£1.7m recurrent) and plans have been produced, validated and presented to Partnerships, People and Population Health Committee and Board for the implementation of a new operating model for Digital, Data and Technology which requires new capabilities and capacity to effectively deliver. This includes new functions for: Intelligence and Insight, Digital Project Management Office, Architecture Software engineering, service design and clinical change. These proposals were dependent on funding £500K of which was provided by the Health Board with due regards to other priorities for investment.				April 2023
Alternative plans to be developed within the current funding constraints that will have a small but positive impact over time.				April 2024
Commission external service providers to fill the gaps in capabilities and skills to support the delivery of objectives and special measures requirements.				April 2024
<b>Lines of Defence</b>				<b>Overall Assessment</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>Next steps:</b>	
1. Digital, Data and Technology Objectives and Operating Plan reviewed quarterly by Digital Senior Leadership Team.	1. Regular Assurance Reporting to Partnerships, People and Population Health Committee and Executive Management Team in its absence.	1. Benchmarking the service against external assessments, e.g. Gartner Group IT Score. 2. National Cyber Security Centre. 3. Cyber Essentials+ 4. Information Governance Toolkit. 5. Access to external service providers to support in critical areas. 6. Government Digital Service Digital, Data and Technology roles and possibly SFIA assessments.	The Board previously agreed a high risk tolerance score of 16, which may need to be reviewed.  Risk has increased in likelihood due to significant financial pressures and Health Board.	

## Appendix 2-Outline of BAF risks and progress

Appendix 2 Outline of Data Risks and Progress					
BAF Risk	Strategic Priority P1 Prevention and Health Protection				
	BAF Risk	SP01	Description	Progress	Overall BAF Risk Lead
			There is a risk of failing to effectively implement the prevention and health promotion initiatives across priority areas such as healthy weight, smoking cessation, early years, vulnerable groups, community health, immunisation, and health protection services may lead to poor health outcomes, increased demand on treatment services, and widening health inequalities across the population.	Risk report completed, for sign off with Executive.	Executive Director of Public Health
Other Linked Risks	Corporate Risk	Population Health /Community Care Provision			Overall Accountable Committee
	Tier 1 Operational Risks	4200	Residents in North Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promo		PPPH (QSE)
		4201	Lack of Specialist Weight Management Services (Children and Adults)		
		1642	Smoking Cessation		
BAF Risk	Strategic Priority P2 Primary Care				
	BAF Risk	SP02	Description	Progress	Overall BAF Risk Lead
			There is a risk of failing to make progress in transforming and integrating primary and community services may impact on the ability to shift care closer to home and out of hospital settings.	Lead contacted- Karen Higgins, High Risk identified. Controls to be drafted and scored determined. Meeting scheduled 06/11/23.	Executive Director Integrated Clinical Services
Other Linked Risks	Corporate Risk	Community Care Provision / Staffing			Overall Accountable Committee
	Tier 1 Operational Risks	Not on datix	Pharmacy clinic space-lack of impacting on service delivery by pharmacies		PFIG

		Not on datix	Sustainability of staffing in primary care			
BAF Risk	Strategic Priority P3 Planned Care					
	BAF Risk	SP03	Description		Progress	Overall BAF Risk Lead
			There is a risk of failing to establish and deliver a comprehensive Planned Care Strategic Plan and Programme could impede our ability to sustainably address backlogs and drive improvements in planned care.			
Other Linked Risks	Corporate Risk	Planned Care				Overall Accountable Committee
	Tier 1 Operational Risks	2512	Delivery of Planned Care		PFIG	
		1161	Failure to deliver timely access for patients to all Elective Planned Care Specialties.			
		4948	Risk to delay of patients requiring orthopaedic surgery at YGC			
		4714	Risk of avoidable harm due to the protracted length of time patients are waiting to be seen or treated			
		4863	Loss of beds due to the number of Medically fit for discharge patients (MFFD) across BCUHB.			
		4411	Waiting List Backlog Physiotherapy Centre Area			
BAF Risk	Strategic Priority P4 Urgent and Emergency Care					
	BAF Risk	SP04	Description		Progress	Overall BAF Risk Lead
			There is a risk of failing to establish and deliver comprehensive Unscheduled Care Strategic Plan and Programme could impede our ability to respond to urgent and clinical care needs of the population and drive improvements in emergency care.			

Other Linked Risks	Corporate Risk	Urgent and Emergency Care			Overall Accountable Committee	
	Tier 1 Operational Risks	3873	Inability to deliver safe, timely and effective care - Wrexham Emergency Department.			PFIG
		4486	Delays with time critical transfers from the ED to specialist services			
		4490	Temporary Suspension of Home Birth Service due to WAST provision			
		4583	Risk of Emergency Department becoming unsafe due to the Ambulance Release Protocol			
		4864	Flow out from the Emergency Units resulting in length of stay in EU being > 12 hours.			
		4866	Inability to manage ambulance demand in a safe timely fashion.			
		4867	Inability to deliver safe timely care in Emergency Units			
		4260	Stage 1 Validation: Patient Deterioration Statements			
BAF Risk	Strategic Priority P5 Cancer					
	BAF Risk	SP05	Description	Progress	Overall BAF Risk Lead	
			There is a risk of failing to effectively strengthen the Board arrangements following special measures and implement critical governance, accountability, planning, and performance improvements.	High score identified, report drafted but needs further refinement prior to sending to Executive for sign off.	Executive Director Integrated Clinical Services	
Other Linked Risks	Corporate Risk	Specialist Medicine /Timely Diagnosis			Overall Accountable Committee	
	Tier 1 Operational Risks	4935	Risk of service failure due to endoscopy unit patient trolleys being condemned and no longer fit for purpose			PFIG
		4843	Risk of compromise to patient care, safety and quality due to environmental and capacity issues at Shooting Star Unit.			
		2758	Failure to implement new NICE approved treatments due to reduced staffing levels within pharmacy team			
		4643	Risk of delayed access to dermatology expertise for the population in the West			

		4432	Oncology workforce will be unable to deliver service due to reduce workforce which will impact patients care and treatment			
BAF Risk	Strategic Priority P6 Mental Health					
	BAF Risk	SP06	Description		Progress	Overall BAF Risk Lead
			There is a risk of failing to progress and deliver on the priorities within the North Wales Mental Health Strategy could impede our ability to provide high quality and timely mental health services.		Leads identified a low-risk score. To be agreed by the Executive.	Executive Director of Public Health
Other Linked Risks	Corporate Risk	Some MH links to Staffing/Estates		PPPH & QSE		
	Tier 1 Operational Risks	4843	Risk of compromise to patient care, safety and quality due to environmental and capacity issues at Shooting Star Unit.			
		4251	Non-compliance of North Wales Adolescent Service Bedroom Fire Doors			
		Not on datix	MH Leadership Team sustainability			
		3929	There is a risk to patient safety within MHLD inpatient units presented by access to low height and other ligature anchor points			
BAF Risk	Strategic Priority P7 Substance Misuse					
	BAF Risk	SP07	Description		Progress	Overall BAF Risk Lead
			There is a risk of failing to deliver on actions in relation to implementing the Welsh Government's Substance Misuse Delivery Plan, reducing blood borne viruses, supporting people with co-occurring needs, and developing a community substance misuse hub.		Leads identified a low-risk score. To be agreed by the Executive.	Executive Director of Public Health
Other Linked Risks	Corporate Risk		None			Overall Accountable Committee
	Tier 1 Operational Risks		None			





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

BAF Risk	Strategic Priority P8 Learning Disability				
	BAF Risk	SP08	Description	Progress  Leads identified a low-risk score. To be agreed by the Executive.	Overall BAF Risk Lead
			There is a risk of failing to deliver on actions in relation to implementing the Learning Disability strategy, improving inpatient care units, and enhancing community services.		Executive Director of Public Health
Other Linked Risks	Corporate Risk		None		Overall Accountable Committee
	Tier 1 Operational Risks		None	PPPH & QSE	
BAF Risk	Strategic Priority P9 Women's Services				
	BAF Risk	SP09	Description	Progress  Lead contacted- Fiona Giraud, Draft completed, being quality reviewed before being sent to Executive for sign off.	Overall BAF Risk Lead
			There is a risk of failing to effectively implement critical actions to improve maternity, neonatal, and women's health services and outcomes.		Executive Director Integrated Clinical Services
	Corporate Risk	Staffing / Urgent and Emergency Care			Overall Accountable Committee
	Tier 1 Operational Risks	4773	Compliance with Birth Rate Plus		PPPH (PFIG)
4490		Temporary Suspension of Home Birth Service due to WAST provision			
BAF Risk	Strategic Priority P10 Childrens Services				
	BAF Risk	SP10	Description	Progress	Overall BAF Risk Lead

			There is a risk of failing to deliver on the priorities within neurodiversity and Child and Adolescent Mental Health Services (CAMHS)	Lead contacted	Executive Director Integrated Clinical Services
Other Linked Risks	Corporate Risk		None		Overall Accountable Committee
	Tier 1 Operational Risks		None		PFIG
BAF Risk	Strategic Priority P11 Wider Delivery				
	BAF Risk	SP11	<b>Description</b>	<b>Progress</b>	Overall BAF Risk Lead
			There is a risk of failing to deliver on the priorities within the Special Measures Response Plan and address critical service issues in a timely manner could jeopardise our ability to sustainably exit special measures.	Lead contacted- Paolo and Dylan Roberts, Controls to be drafted and scored determined.	Executive Director of Transformation and Strategic Planning
Other Linked Risks	Corporate Risk	Leadership/Special Measures			Overall Accountable Committee
	Tier 1 Operational Risks	4480	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns		AC
BAF Risk	Strategic Priority P12 Workforce				
	BAF Risk	SP12	<b>Description</b>	<b>Progress</b>	Overall BAF Risk Lead
			There is a risk of failing to effectively address workforce priorities such as international recruitment, staff development, impeding service delivery and staff wellbeing.	Lead contacted- Steven Gregg-Rowbry & Nick	Deputy Director of Workforce

	Corporate Risk	Staff safety and Wellbeing & Staffing		Graham, scored to be determined.	Overall Accountable Committee
	Tier 1 Operational Risks		14 Tier 1 risks mainly relate to particular staffing groups.		PPPH (PFIG)
BAF Risk	Strategic Priority P13 Digital, Data & Technology				
	BAF Risk	SP13	Description	Progress	Overall BAF Risk Lead
			There is a risk of failing to meet the digital strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.	High risk has increased from 16 to 20 in Oct 23 and risk report attached. This risk was opened in 2022 and remains the same but has been reviewed in relation to the 23/24 Annual plan and updated with further actions and controls.	Chief Digital and Information Officer
Other Linked Risks	Corporate Risk	Availability and Integrity of Patient Information		This risk was opened in 2022 and remains the same but has been reviewed in relation to the 23/24 Annual plan and updated with further actions and controls.	Overall Accountable Committee
	Tier 1 Operational Risks	2819	Informatics - Patient Records pan BCUHB		PFIG
		4595	Retention and Storage of Patient Records		
		4603	Risk of Lack of access to clinical and other patient data		
		4766	Duplicate Hospital Numbers		
		4576	Risk of inability to provide general X-Ray services using Computed Radiography (CR)		
		4420	Non-compliance with the subject access rights of an individual under the Data Protection Act		
4604	Risk of poor clinical recording of patient information				
BAF Risk	Strategic Priority P14 Estates & Capital				
	BAF Risk	SP14	Description	Progress	Overall BAF Risk Lead

			There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services.	Leads contacted, likely high risk	Executive Director of Finance
Other Linked Risks	Corporate Risk	Suitability and Safety of Sites / Financial Sustainability			Overall Accountable Committee
	Tier 1 Operational Risks		12 Tier 1 risks mainly relate to safety of sites		PFIG
BAF Risk	Strategic Priority P15 Partnerships				
	BAF Risk	SP15	<b>Description</b> There is a risk of failing to effectively implement regional priorities, responding to Welsh Government integration and collaboration initiatives, and collaborating with Public Services Boards.	<b>Progress</b> IHC Directors contacted, currently reviewing risk score collaboratively	Overall BAF Risk Lead Executive Director Integrated Clinical Services
Other Linked Risks	Corporate Risk	Some links to Population Health/ Community Provision			Overall Accountable Committee
	Tier 1 Operational Risks		None		AC
BAF Risk	Strategic Priority P16 Board Leadership & Governance				
	BAF Risk	SP16	<b>Description</b> There is a risk of failing to effectively strengthen the Board arrangements following special measures and implement critical governance, accountability, planning, and performance improvements.	<b>Progress</b> Lead Phil Meakin, scored determined as 16 and paper	Overall BAF Risk Lead Board Secretary



Other Linked Risks	Corporate Risk	Leadership/Special Measures		attached. Proposed to be de-escalated as IMs are recruited as this would reduce the score to 12 and no longer be a high or extreme risk of delivery.	Overall Accountable Committee
	Tier 1 Operational Risks	4480	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns		AC
BAF Risk	Strategic Priority P17 Organisational Development				
	BAF Risk	SP17	Description	Progress	Overall BAF Risk Lead
			There is a risk is failing to implement critical workforce and organisational development actions from the Special Measures plan to move from stabilisation to sustainability.		Deputy Director of Workforce
Other Linked Risks	Corporate Risk	Leadership/Special Measures			Lead Nick Graham and Jason Brennan contacted
	Tier 1 Operational Risks	4480	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	PFIG (PPPH)	
BAF Risk	Strategic Priority P18 Quality, Innovation & Improvement				
	BAF Risk	SP18	Description	Progress	Overall BAF Risk Lead
			There is a risk of failing to effectively strengthen governance arrangements following special measures and implement clinical governance, embed learning and improve governance around incidents.		Executive Director of Transformation and Strategic Planning
Other Linked	Corporate Risk	Failure to Learn			Discussed with Matt Joyce, likely high risk, risk report drafted for quality checking prior to Exec sign off.
	Tier 1	3025	Failure to learn from mortality reviews	QSE	

	Operational Risks	4519	Mortality Review Risks to include Datix Module		
		4520	Mortality staffing and level 1 reviews		
		Not on datix	Learning from incidents, internal & external recommendations, safety alerts etc		
		3795	Complaints timeliness to completion		
		3759	Achieving Deadlines - Meeting Complaint Compliance		
BAF Risk	Strategic Priority P19 Social & Civic leadership and responsibility				
	BAF Risk	SP19	Description	Progress  Leads identified a low-risk score. To be agreed by the Executive.	Overall BAF Risk Lead
			There is a risk of failing to deliver on actions relating to improving organisational impact on the Foundational Economy, progressing equality, diversity and inclusion objectives, strengthening the Welsh language and culture within the organisation.		Deputy Director of Workforce & Executive Director of Public Health
Other Linked Risks	Corporate Risk		Some links to Population Health / Financial Sustainability		Overall Accountable Committee
	Tier 1 Operational Risks		None	QSE	



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance & Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 02 November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update from the Risk Management Group (RMG) meeting on the 3<sup>rd</sup> October 2023 and present the Corporate Risk Register (CRR).</p> <p>Following the approval of the Risk Management Framework at Board, PFIG are presented with a consolidated view of all high-extreme operational risks and 16 new strategic risks for consideration which would form a revised Corporate Risk Register. This continues to be in draft and will be further reviewed through 1-1s with Executives.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> <li>1. receive assurances from RMG</li> </ol> <p>The Committee is asked to consider:</p> <ol style="list-style-type: none"> <li>2. the new approach of consolidating all high-extreme operational risks to thematically formulate strategic corporate risks and if the correct strategic corporate risks have been captured.</li> <li>3. provide any feedback to the Head of Risk Management for further refinement prior to Board.</li> <li>4. review the overall accountable committee for the newly proposed strategic risk.</li> <li>5. Provide any feedback on gap analysis on any expected operational risks which have not been captured by services.</li> </ol>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Phil Meakin, Acting Board Secretary			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>





<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:N/A</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A</i></b></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>Detailed in the second paper BAF report and how the CRR aligns to the revised BAF</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p>	<p>N/A</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></b></p>	<p>N/A</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>See Board Assurance Framework paper which highlights the relation.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>QSE 27/10/23 had a discussion around combining the BAF and CRR reporting and also reporting risks by exception.</p>



<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	1 high risk has been removed from the appendix which is confidential
<b>Camau Nesaf:</b>  <b>Next Steps:</b> Feedback to the Head of Risk Management for further refinement of the Corporate Risk Register Updated positions will be provided to Committees.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> Appendix 1 – Corporate Risk Register Report	

## **1.0 Risk Management Group Meeting Summary**

### **2.0 Proposed Revised Corporate Risk Register**

#### **1.0 RMG update**

**1.1** The Risk Management Group (RMG) met on the 3<sup>rd</sup> October

**1.2** During the Risk Management Group meeting on the 3<sup>rd</sup> October 2023 a deep dive was undertaken for the following Estates risks:

- Asbestos Management and Control.
- Contractor Management and Control.
- Legionella Management and Control.
- Non-Compliance of Fire Safety Systems.

During the presentation of the four deep dives into the Estate risks, Estates noted a lack of maturity around the relationship between sites and Estates, and blurred lines between the accountability of some of the risks. This was taken as an action to be raised in the Executive Team meeting for further discussion.

**1.3** The following risks have been approved by the relevant Executive Directors for de-escalation/closure, and were presented to the Risk Management Group on the 3<sup>rd</sup> October for discussion and de-escalation:

- CRR23-49 – Risk of the cost of planned care recovery exceeding the £27.1m funding from WG which is included in the budget
  - CRR23-50 Financial outturn for 2022/23
- Five other risks which were de-escalated were presented QSE

**1.4** The following risks were escalated and approved onto the Health Board's risk register and following Executive approval and presentation at the Risk Management Group.

- Vaccination Programme - Inability to increase delivery (Covid 19 programme) capacity by 400% within 7 days due to access to additional resources.
- Asylum Seeker Support.

**1.5** Work remains ongoing with the People Services team with planned development of the following high risks:

- Financial governance related to staffing.

**1.6** RMG received Risk Register Reports

- Capital and Estates, assurances received.
- Finance, assurances received.

- Partnership, Engagement & Communications, no risk register is maintained by the department, the action for the Corporate risk team to provide the department with risk training and support the development of a risk register was noted.
- The Digital risk register report noted Tier 2-3 risks needed to be reviewed in line with procedures. Assurances were provided that actions would be taken to ensure the register is regularly reviewed.

### 1.7 Key highlights from the RMG Annual Report have been detailed:

Reporting of Tier 1 high priority risks has increased with more risks being escalated to the Corporate Risk Register. However, Tier 2 and 3 risks have decreased over the past two years.

Timely review rates for Tier 1 risks have improved significantly, with 100% being reviewed on time. However, over half of Tier 2 and 3 risks are still not being reviewed by their target date.

A high number of Tier 1 risks are shown as "being developed" which implies delays in formally escalating and managing high priority risks.

Risk closure rates have improved for Tier 2 and 3 risks, indicating enhanced mitigation.

The majority of risks related to patient care, estates, service delivery, finance and informatics. Resource constraints being noted as a common theme.

Risk management training numbers have reduced, although plans are in place to improve e-learning package and training compliance.

Good progress has been made completing actions from the risk management improvement plan.

RMG meeting frequency and membership attendance declined last year, this is being closely monitored as a result. Assurance reports to RMG have been inconsistent and this is also being monitored closely through the agenda and COB.

**1.8** RMG received a Q1 Risk Management Performance and Assurance Report from the Corporate Risk Team. The report analysed risk reporting volumes, risk severity mix, monitoring practices, and mitigation progress across BCUHB's risk register. It evaluated performance against the 2022 risk management strategy key performance indicators. In summary, the analysis showed an increase in reporting of high priority Tier 1 risks, variable compliance with risk review timelines, and good progress on risk closure rates. 50% of lower priority risks- Tier 2 and 3 risks were not being reviewed by their target date.

Key areas for focus were noted as reducing delays in formally escalating and managing Tier 1 high priority risks - a high volume were shown as "being developed". Enhancing risk management training and compliance monitoring. Strengthening governance through more consistent RMG meetings, membership attendance, and standing agenda items.

Increasing regular risk management performance reporting across the Health Board.

Continued focus on risk identification, prioritisation and mitigation, especially for corporate risks related to patient care, workforce, finance etc.

Embedding risk management through all levels of the organisation via training, support, and continuous improvement.

## **2.0 Corporate Risk Register Report**

**2.1** Following the approval of the Risk Management Framework, the corporate risk register has been reviewed in order to develop strategic risks.

According to our previous Risk Management Strategy all Tier 1 risks were to be reflected on the corporate risk register. This procedure has now been modified and Tier 1 risks (15-25) can now be locally owned and a consolidated approach can provided the Board with a strategic view. There are currently 123 Tier 1 risks in total which have been analysed and thematically grouped.

A list below of 16 themes and potentially 16 corporate risks have developed from the analysis and a proposed description of the strategic risk has been outlined. Tier 1 risks titles have also been detailed as well as the accountable Executive for the operational risk providing the rationale for the strategic risk.

A committee has been proposed as the accountable meeting to oversee the risk as well as an overarching accountable Executive/Director for the strategic risk.

N.B. some of the Tier 1 risks noted below are 'problems' (e.g. inadequate staffing) and the titles will need reviewing however a risk have been further articulated in the body of the operational risk. The corporate risk team will be addressing this through a more robust quality assurance process outline in RM02, Risk Management Procedures, prior to escalation to Executives going forward.

Through reviewing this bird's eye view of all high-extreme risks, gaps may be apparent. Any noted gaps in Tier 1 risks can be escalated to the Corporate Risk Team to support the progression with a service representative.

**2.2** A proposed CRR (Appendix 1) highlights the rationale of the corporate risk through the Tier 1 (high-extreme operational) risk titles.

1. Proposed title.
2. Proposed description.
3. Proposed overall accountable Executive.
4. Proposed overall accountable Committee.

These items will be further worked through with the Executive as the accountable lead for the risk.

**See Appendix 1 below**

**Next steps**

1. Descriptions and the allocation of the accountable Committee on the risk to be agreed prior to Board approval.
2. Feedback to Head of Risk for further refinement in preparation for approval at Board.
3. Corporate Team to hold 1-1s for all corporate and BAF risks and further develop controls, action plans etc.
4. Corporate Team to monitor and escalate any new Tier 1s to Executives for further information and consolidation with the CRR as per RM02.



## Appendix 1-CRR Titles, Descriptions, and Underlying Operational Risks

1	Financial Sustainability			Committee
Strategic	There is a risk to the <b>financial sustainability</b> and performance of the Health Board. This could be driven by a failure to deliver £38.7m in planned <b>savings</b> and <b>disinvestment</b> , coupled with potential non-funding of the £134.2m forecast deficit by Welsh Government. This could be caused by the lack of fully formed savings plans, workforce and healthcare spending commitments limiting flexibility, and limited income generation opportunities. The impact could further deteriorate the deficit position, potentially impacting on service delivery if savings aren't achieved, rejection of the financial plan by Welsh Government, and significant reputational damage.			PFIG
Operational Risks Consolidated	4861	Risk of failure to achieve the initial financial plan for 2023/24 (£134.2m deficit), because of failure to achieve the level of	Executive Director of Finance	Overall Risk Lead
	4862	WG cash funding for 2023/24		Executive Director of Finance
	4859	Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget		
	4860	Financial outturn for 2022/23		
2	Suitability and Safety of Sites			Committee
Strategic	There is a risk that the poor condition, suitability and safety of the <b>estates</b> and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and <b>unsuitable buildings, backlog maintenance</b> issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.			PFIG
Operational Risks Consolidated	4843	Risk of compromise to patient care, safety and quality due to environmental and capacity issues at Shooting Star Unit.	Executive Director of Nursing and Midwifery	Overall Risk Lead
	4959	Radiopharmacy Production Unit	Executive Medical Director	Executive Director of Finance (Director of Estates)
	4835	Risk of service failure due to poor/aging ventilation systems in the endoscopy unit	Executive Director of Finance	
	1672	Residential Accommodation - Public/Private Sector Partner Procurement		
	3600	Lack of capacity to deliver clinical care across NWMCS due to lack of suitable accommodation	Executive Director of Therapies & Healthcare Sciences	
	4838	YGC FLOOD Risk of damage to equipment, infrastructure, injury to staff/patients and increased waiting lists		



	3019	Asbestos Management and Control	Executive Director of Finance	
	3020	Contractor Management and Control		
	3023	Legionella Management and Control.		
	3024	Non-Compliance of Fire Safety Systems		
	2724	Fire Safety and Infrastructure Non-compliance - Ysbyty Gwynedd		
	4251	Non-compliance of North Wales Adolescent Service Bedroom Fire Doors	Director of Mental Health and Learning Disabilities	
3	Availability and Integrity of Patient Information			Committee
Strategic	There is a risk of compromised patient safety and substandard care due to lack of access to complete, accurate and timely patient information. This could be caused by fragmented systems and data repositories, incomplete or poor-quality record keeping, inadequate storage and archiving, incompatible systems, and lack of integrated electronic records. The impacts may include patient harm, inability to make fully informed clinical decisions, delays to treatment, unnecessary duplicate testing, non-compliance with legislation, and reputational damage. This presents risks to patient care quality, safety and experience, legislative duties, information security, productivity and value for money.			PPPH (PFIG)
Operational Risks Consolidated	2819	Informatics - Patient Records pan BCUHB	Chief Digital and Information Officer	Overall Risk Lead
	4595	Retention and Storage of Patient Records		Executive Director of Finance (Chief Digital and Information Officer)
	4603	Risk of Lack of access to clinical and other patient data		
	4766	Duplicate Hospital Numbers		
	4576	Risk of inability to provide general X-Ray services using Computed Radiography (CR)	Executive Director of Therapies & Healthcare Sciences	
	4420	Non-compliance with the subject access rights of an individual under the Data Protection Act	Executive Medical Director	
4604	Risk of poor clinical recording of patient information			
4	Failure to Embed Learning			Committee

Strategic	There is a risk that the Health Board could fail to meet requirements for <b>timely review and learning</b> from <b>mortality cases</b> , inspections, <b>incidents</b> and <b>complaints</b> . This could be caused by insufficient resources, lack of unified processes, outdated IT systems, duplication of effort, and overreliance on single personnel. The impacts may include missed opportunities for improvement, lack of family/carers engagement, potential patient harm events going undetected, non-compliance with national mortality review framework, and reputational damage.			QSE
Operational Risks Consolidated	3025	Failure to learn from mortality reviews	Executive Medical Director	Overall Risk Lead
	4519	Mortality Review Risks to include Datix Module		Executive Director of Nursing and Midwifery
	4520	Mortality staffing and level 1 reviews		
	Not on datix	Learning from incidents, internal & external recommendations, safety alerts etc	Executive Director of Nursing and Midwifery	
	3795	Complaints timeliness to completion	Executive Director of Nursing and Midwifery	
	3759	Achieving Deadlines - Meeting Complaint Compliance		
5	Patient Safety			Committee
Strategic	There is a risk to patient safety, in particular harm as a result of slips, trips and <b>falls</b> within Secondary Care acute sites. This may be caused by patients acuity/clinical condition/frailty alongside contributory factors such as <b>reduced staffing</b> , segregated areas and <b>premises</b> which do not allow for ease of oversight, access to <b>manual handling training</b> or delays in risk assessment completion or reduced observation. Could lead result in poorer patient health outcomes, extended hospital stay, regulatory compliance and litigation and associated financial impact.			QSE
Operational Risks Consolidated	4748	Compliance of Women’s Services Clinical staff compliant with Manual Handling training has fallen below an acceptable level.	Executive Director of Nursing and Midwifery	Overall Risk Lead
	3869	Increased risk of falls in Emergency Care		Executive Director of Nursing and Midwifery
	3893	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients	Executive Director of Workforce and Organisational Development	
	4562	FALLS - Compliance with HSE improvement notice for fall and manual handling risk assessment	Executive Director of Nursing and Midwifery	
6	Safeguarding			Committee

Strategic	There is a risk that BCU may fail in its statutory duties to protect <b>vulnerable</b> groups from harm. This could be caused by gaps in <b>safeguarding governance</b> , insufficient workforce training and engagement, complexity of legal frameworks, and lack of resources to manage growing demand. The impact may be harm to at-risk adults, children or young persons, victims of violence/abuse, patients unlawfully detained, financial penalties, reputational damage and non-compliance with Social Services, Wellbeing (Wales) Act 2014 and the Health Board's reputation.			QSE
Operational Risks	3766	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014	Executive Director of Nursing and Midwifery	Overall Risk Lead
	2548	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.		Executive Director of Nursing and Midwifery
7	Staffing			Committee
Strategic	There is a risk that BCU <b>staffing</b> shortfalls across multiple professional groups and specialties could severely <b>impact service delivery</b> and patient <b>care</b> . This is driven by shortages in several staffing groups, recruitment and retention challenges, high workload and poor staff wellbeing. The impact could include increased waiting times, delayed treatment, reduced service access, risks to patient safety, lower quality of care, higher spend on agency staff, increased staff and patient complaints, regulatory non-compliance and significant reputational damage.			PPPH (PFIG)
Operational Risks Consolidated	3766	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014	Executive Director of Nursing and Midwifery	Overall Risk Lead
	4431	Potential increase in mortality rates due to insufficient staff to provide the acute Heart Failure pathway for patients		Deputy Director of Workforce
	4773	Compliance with Birth Rate Plus		
	4432	Oncology workforce will be unable to deliver service due to reduce workforce which will impact patients care and treatment	Executive Medical Director	
	3947	There is a risk in relation to the recruitment and supply of senior doctors.	Director of Mental Health and Learning Disabilities	
	4726	Critical Care Consultant Establishment is Inadequate	Executive Medical Director	
	4939	Risk to Patient Care under Hepatology	Executive Medical Director	
	2758	Failure to implement new NICE approved treatments due to reduced staffing levels within pharmacy team	Executive Director of Therapies & Healthcare Sciences	
	4564	Risk of failure to support BCU wide Radiology Informatics Systems and key deliverables		

	4669	SLT acute care		
	4285	Failure to meet patient care due to SLT staffing vacancy rate		
	4671	SLT Stroke Care		
8	Staff safety and Wellbeing			Committee
Strategic	There is a risk to staff wellbeing and safety such as potential injuries to staff, high workload, general staff shortages, acuity of patients increasing overtime, current organisational culture, perceived slow recruitment, frequent line management changes and low compliance with one to ones, supervision and staff development. The impact could be absence from work, an associated impact on service delivery, increased sickness, staff burnout, poor morale, recruitment or retention difficulties, higher staff turnover, increased reliance on agency use and subsequently a financial impact.			PPPH (PFIG)
Operational Risks	4771	Risk of muscular skeletal injuries to portering staff from excessive handling of patient records to and from patient records	Executive Director of Workforce and Organisational Development	Overall Risk Lead
	2070	Risk of compromise to staff welfare across the West IHC		Deputy Director of Workforce
9	Population Health			Committee
Strategic	There is a risk the Health Board fails to adequately allocate resources, including transformation capacity, to improve health outcomes for the population and reduce inequalities. This could be caused by the financial and resource constraints of the Health Board as well as the socioeconomic factors like poverty, lack of investment in proactive education and prevention strategies, and limited access to necessary services such as specialist weight clinics. The impact could be continued high rates of chronic illnesses like diabetes, cardiovascular disease and cancer as well as preventable morbidity and mortality rates and future increased demand on services.			PPPH (QSE)
Operational Risks Consolidated	4200	Residents in north Wales are unable to achieve a healthy weight due to multifactorial and complex system wide factors that promo	Executive Director of Public Health	Overall Risk Lead
	4201	Lack of Specialist Weight Management Services (Children and Adults)	Executive Director of Public Health	Executive Director of Public Health
	1642	Smoking Cessation	Executive Director of Public Health	
10	Community Care Provision			Committee

Strategic	<p>There is a risk of fragility across health and social care community provision in North Wales. This is caused by internal staffing resources to support children <b>CHC package reviews</b>, SLT staff <b>provision</b> to support <b>schools</b>, staff deployment to covid and <b>screening</b> services for <b>asylum seekers</b>, <b>primary care</b> provision to support discharge general independent sector fragility and particularly external support from independent services such as <b>pharmacy</b> and domiciliary <b>care packages</b>. The impacts may include extended hospital stays, delayed discharges, avoidable admissions, gaps in care, substandard packages, regulatory breaches, and deteriorating population health outcomes. This presents risks to patient flow, performance, care standards, partnerships, value for money, and the sustainability of community models.</p>			QSE or PPPH
Operational Risks Consolidated	4738	Limited access to GA Paediatric Dentistry	Director of Primary and Community Care	Overall Risk Lead
	4598	Risk to sustainable provision of Children's Continuing Care Packages (West)	Executive Director of Nursing and Midwifery	Executive Director of Operations (Director of Primary Care)
	3263	Lack of available domiciliary care provision	Executive Director of Nursing and Midwifery	
	4688	The independent sector response to admission avoidance and timely discharge will not be robust enough to ensure optimal flow	Executive Director Transformation, Strategic Planning, And Commissioning	
	Not on datix	Pharmacy clinic space-lack of impacting on service delivery by pharmacies	Director of Primary Care	
	4684	Insufficient grip and control on the contracting and commissioning of care packages for people eligible for Continuing Health Ca	Executive Director Transformation, Strategic Planning, And Commissioning	
	4696	Asylum Seeker Support for the Flint Area	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	
	4666	SLT Staffing Special Schools	Executive Director of Therapies & Healthcare Sciences	
	4960	SLT in mainstream schools	Executive Director of Therapies & Healthcare Sciences	

	4337	Inability to increase delivery capacity by 400% within 7 days due to access to additional resources	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	
11	Urgent and Emergency Care			Committee
Strategic	There is a risk of mortality in relation to <b>critically ill</b> patients being seen in a <b>timely</b> manner through unscheduled <b>care</b> routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and EDs and UTCs being at capacity. This could impact on pressures for other services, reputation and litigation implications.			PFIG
Operational Risks Consolidated	3873	Inability to deliver safe, timely and effective care - Wrexham Emergency Department.	Executive Director of Nursing and Midwifery	Overall Risk Lead
	4486	Delays with time critical transfers from the ED to specialist services	Executive Director Transformation, Strategic Planning, And Commissioning	Executive Director of Operations (Director of Unscheduled & Emergency Care)
	4490	Temporary Suspension of Home Birth Service due to WAST provision	Executive Director of Nursing and Midwifery	
	4583	Risk of Emergency Department becoming unsafe due to the Ambulance Release Protocol	Executive Director of Nursing and Midwifery	
	4864	Flow out from the Emergency Units resulting in length of stay in EU being > 12 hours.	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	
	4866	Inability to manage ambulance demand in a safe timely fashion.		
	4867	Inability to deliver safe timely care in Emergency Units		
	4260	Stage 1 Validation: Patient Deterioration Statements		
12	Planned Care			Committee
Strategic	There is a risk that patients could experience <b>long waits</b> and <b>delays for planned</b> care services, resulting in failure to meet national access targets. This could be caused by insufficient capacity, staffing shortages, increasing demand, and backlogs exacerbated by COVID. The impact would be worsening patient outcomes and experiences, increased complaints, financial penalties for target breaches, and reputational damage.			PFIG



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Operational Risks Consolidated	2512	Delivery of Planned Care	Executive Director of Nursing and Midwifery	Overall Risk Lead
	1161	Failure to deliver timely access for patients to all Elective Planned Care Specialties.	Executive Director of Nursing and Midwifery	Executive Director of Operations (Director of Planned Care)
	4948	Risk to delay of patients requiring orthopaedic surgery at YGC	Executive Medical Director	
	4714	Risk of avoidable harm due to the protracted length of time patients are waiting to be seen or treated	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	
	4863	Loss of beds due to the number of Medically fit for discharge patients (MFFD) across BCUHB.	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	
	4411	Waiting List Backlog Physiotherapy Centre Area	Executive Director of Therapies & Healthcare Sciences	
13	Areas of Clinical Concern			Committee
Strategic	There is a risk of service failure and patient harm across multiple <b>specialist medicine services</b> . This could be caused by <b>severe staffing shortages</b> , lack of capacity, <b>unsustainable demand</b> , estates and equipment deficits, and delays in care. The impacts may include irreversible sight loss for ophthalmology patients, delayed diagnosis and treatment of skin cancers for dermatology patients, worsening patient outcomes and experiences, increased complaints, and reputational damage. This impacts patient safety, public health outcomes, healthcare access targets, staff wellbeing, and the financial sustainability of specialist medicine services.			QSE
Operational Risks Consolidated	Ophthalmology			Overall Risk Lead
	2498	Risk that the Ophthalmology Service within the West IHC is unable to deliver safe, effective and timely care	Executive Director of Nursing and Midwifery	Executive Medical Director or Executive Director of Operations
	4693	Age related Macular Degeneration (AMD) and Intra Vitreal Injection Service (IVT)	Deputy Chief Executive Officer/Executive Director Of Integrated Clinical Services	
	4694	Risk of Irreversible Sight-Loss from Delayed Care for “New” and “Follow-Up” Glaucoma Patients	Deputy Chief Executive Officer/Executive	



			Director Of Integrated Clinical Services	
		<b>Dermatology</b>		
	4643	Risk of delayed access to dermatology expertise for the population in the West	Executive Medical Director	
	4199	Dermatology - Unsustainable Service		
14		Timely Diagnostics		Committee
Strategic		There is a risk of delay in diagnostics, service failure, poor performance or disruption to <b>radiology</b> and <b>pathology</b> services across. This could be caused by shortages of specialist staff, aging or inadequate IT systems and infrastructure, and insufficient governance structures. The impacts may include delays in diagnosis, treatment and discharge, increased outsourcing costs, patient harm events, preventable deaths, regulatory non-compliance, and significant reputational damage.		QSE
Operational Risks Consolidated	4521	Risk of non-compliance and regulatory breaches due to no governance support team	Executive Director of Therapies & Healthcare Sciences	Overall Risk Lead
	4842	Risk of failure to report on radiology examinations due to not having adequate workstations leading to late reporting of images		
	4925	Diagnostic Reporting Service - Clinical Workstations and Technology		Executive Director of Therapies & Healthcare Sciences
	4184	Results Management pan BCU	Executive Medical Director	
	4625	Pathology Laboratory Information Management System LIMS2 (formerly LINC)	Executive Director of Therapies & Healthcare Sciences	
15		Harm from the Medical Devices/Equipment		Committee
Strategic		There is a risk of harm and infection from aging, <b>unsuitable</b> or unreliable <b>medical equipment</b> and devices. This could be caused by equipment breakdowns, <b>lack of replacement funding</b> , ineffective cleaning and <b>decontamination</b> , insufficient <b>staff training</b> , improper use and poor traceability. The impacts may include inability to deliver essential services, delays in diagnostic and treatment leading to incidents and poor patient outcomes, increased costs and reputational damage.		QSE
Operational Risks Consolidated	4552	Risk to staff and patient safety due to failing mobile shelving unit and contamination of sterile equipment	Executive Director of Nursing and Midwifery	Overall Risk Lead
	4363	Risk of loss of traceability of medical devices reprocessed in SSDs Pan BCUIHB due to existing electronic system is unsupported.		Executive Director of Therapies & Healthcare Sciences
	4935	Risk of service failure due to endoscopy unit patient trolleys being condemned and no longer fit for purpose		

	3820	Risk of service failure and harm to patients due to poor decontamination unit infrastructure		
	4553	Failure to deliver surgical intervention due to aging/obsolete equipment		
	1087	There is a risk to patient safety if staff are not trained and competent in the use of high risk medical devices		
	4879	Risk of device failure, infection and loss of traceability due to use of re-usable screws,pins,plates and k-wires	Executive Medical Director	
	4775	Lack of Cystoscopy Stacker Equipment	Executive Medical Director	
	4946	There is a risk that ultrasound may not be able to provide Womens gynae scans	Executive Director of Therapies & Healthcare Sciences	
16	Leadership/Special Measures			Committee
Strategic	There is a risk that a lack of robust and consistent leadership could contribute to safety and quality across the Health Board. This could be caused by inadequate governance arrangement across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.			AC
Operational Risks Consolidated	4480	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	Executive Director of Workforce and Organisational Development	Overall Risk Lead
	3969	Declaration of Interests and Gifts and Hospitality	Board Secretary	Deputy Director of Workforce



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Summary of business considered in private session to be reported in public</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 02 November 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Finance, Performance and Information Governance Committee considered the following matters in private session at the 1.9.23 meeting</p> <ul style="list-style-type: none"> <li>• approved the novation of a dental contract providing orthodontal services</li> <li>• agreed to support the Executive Team's preferred option in addressing contingency actions due to a delay in the Radiology Informatics System Procurement programme</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russell Caldicott Interim Executive Director Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Diane Davies Corporate Governance Manager			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/>  <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>  <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>  <small>No confidence / evidence in delivery</small>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>				
<b>Goblygiadau rheoleiddio a lleol:</b>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private			

<b>Regulatory and legal implications:</b>	session to the next meeting of the Board in public session. This principle is also applied to Committee meetings
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential Committee (where relevant)</i>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b> Advised in private session reports where appropriate	
<b>Rhestr o Atodiadau:</b> Dim <b>List of Appendices:</b> None	