

## **Bundle Performance, Finance & Information Governance Committee 1**

### **September 2023**

- 1 09:30 – PF23/108 Apologies  
*Jason Brannan – Nick Graham deputising*  
*Chris Stockport – Paolo Tardival deputising*  
*Russell Caldicott – Andrea Hughes deputising*  
*Angela Wood – Mandy Jones deputising*
- 2 09:31 – PF23/109 Declarations of Interest
- 3 09:32 – PF23/110 Draft minutes of the previous meeting held on 30.6.23 for approval  
*For approval*  
PF23.110 Minutes PFIGC 30.6.23 Public session v.02 draft
- 4 09:34 – PF23/111 Matters arising and table of actions  
PF23.111 Table of actions public session
- 5 09:45 – PF23/112 Notification of matters referred from other Board Committees on this or future agendas  
*Phil Meakin (noting 3.5.1 below)*
- 6 09:46 – PF23/113 Special Measures reports  
*Paolo Tardivel in attendance*  
*PF23/113/1 Special Measures update*  
*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 Portfolio Management Office (PMO), along with the plans being developed for the 2nd 90 day cycle.*  
*PF23/113/2 Special Measures Cycle 1 Close Down Arrangements*  
*Recommendation*  
*The Committee is asked to RECEIVE 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.*  
PF23.113.1 2023-09-01 – PFIG Special Measures Update FINAL  
PF23.113.2 2023-09-01 – PFIG Special Measures Cycle 1 Close Down Report FINAL
- 7 10:00 – PF23/114 Finance report month 3 and 4  
*Andrea Hughes in attendance*  
*Recommendation:*  
*The Committee is asked to receive and scrutinise this report.*  
PF23.114a Finance Report – M3 M4  
PF23.114b AppAi M03 v2 excl savings slide  
PF23.114c AppAii M03 2023-24 MR Report  
PF23.114d AppAiii PFIG Report M04  
PF23.114e AppAiv M04 2023-24 MR Report  
PF23.114f AppB Savings Summary Month 4v4\_PFIGv3  
PF23.114g AppCi Capital Report – Month 3-4  
PF23.114h AppCii Business Case Tracker pdf
- 8 10:20 – PF23/115 Special Measures : Financial Improvement action plan update  
*Andrea Hughes in attendance*  
*Recommendation*  
*The Committee is asked to receive and note the Action Plan as at 21 August 2023*  
PF23.115a Finance Special Measures Action Plan 21 August 2023  
PF23.115b Finance – Special Measures Action Plan – 21 August 2023
- 9 10:25 – PF23/116 People performance report  
*Nick Graham 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.*  
PF23.116a Workforce Performance Report v1  
PF23.116b Workforce Performance Report v1.0PDF  
*Dylan Roberts in attendance (via Teams)*  
*Recommendation*  
*The Performance, Finance and Information Governance Committee is asked to:*  
*Note the report and receive assurance on compliance with Data Protection and Freedom of Information Legislation.*

- PF23.117 Information Governance Annual Report 2022–23 Final V1
- 11 10:45 – PF23/118 All Wales Information Governance Toolkit Assessment  
*Dylan Roberts in attendance*  
*Recommendation*  
*The Performance, Finance and Information Governance Committee is asked to:*  
*Note the report and receive assurance on compliance with the Welsh Information Governance Toolkit Requirements.*  
PF23.118a Information Governance Toolkit Annual report 2022–23 Final V1  
PF23.118b Appendix 2 – IG Toolkit Action Plan
- 12 10:50 – Comfort break
- 13 11:00 – PF23/119 North Wales Medical School Estate Planning Update  
*Nick Lyons*  
*Recommendation*  
*It is recommended that the Committee:*  
*Considers the content and risks identified in the paper to determine if there are any further actions deemed necessary.*  
*Agrees the timeline and process of approval via PFIG as outlined in section 6.5*  
PF23.119 North Wales Medical School Estate Planning Update – v5 revision
- 14 11:10 – PF23/120 Integrated Performance report  
*Barbara Cummings Interim Performance Director 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 Executive colleagues to undertake.*  
PF23.120a Performance report  
PF23.120b Integrated Performance report for PFIG 01092023 v0.6
- 15 11:25 – PF23/121 Urgent and Emergency Care performance report  
*Adele Gittoes*  
*Recommendation*  
*The Committee is requested to note the current performance and the actions being taken to improve Urgent and Emergency Care within BCUHB.*  
PF23.121 UEC report v6
- 16 11:40 – PF23/122 Board Assurance Framework  
*Phil Meakin*  
*Recommendation*  
*PFIGC is asked to Note/Approve this paper as the final 22/23 iteration of the BAF. The November Board will receive 23/24 version which will reflect an updated format and the latest strategic priorities.*  
PF23.122a – BAF PFIG Sept  
PF23.122b BAF for Sept PFIG V2
- 17 11:45 – PF23/123 Corporate Risk Register – risks aligned to PFIGC  
*Phil Meakin*  
*Recommendation*  
*The Committee is asked to:*  
*Review and discuss the report.*  
PF23.123a Corporate Risk Register v3.0 (002)\_PFIGC  
PF23.123b Appendix 1 – Full Corporate Risk Register – PFIGC v2
- 18 11:50 – PF23/124 Agree Items for referral to Board / Other Committees  
*Committee Chair*
- 19 11:51 – PF23/125 Review of risks highlighted in the meeting for referral to Risk Management Group  
*Phil Meakin*
- 20 11:52 – PF23/126 Agree items for Chair's Assurance report  
*Committee Chair*
- 21 11:53 – PF23/127 Summary of private business to be reported in public  
*Recommendation*  
*The Committee is asked to note the report*  
PF23.127 Summary of items discussed in previous private PFIGC session
- 22 PF23/128 Date of next meeting Thursday 2.11.23
- 23 11:54 – Exclusion of the Press and Public



**DRAFT Minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 30.6.23 in the Boardroom, Ysbyty Gwynedd and via Teams**

<b>Present:</b> Gareth Williams Prof Mike Larvin Clare Budden	Independent Member / Committee Chair Independent Member (via Teams) Independent Member (via Teams)
<b>In Attendance:</b> Barbara Cummings Nick Graham Carol Johnstone Chris Lynes Nick Lyons Phil Meakin Arwel Hughes Justine Parry  Chris Stockport Rob Nolan Andrea Hughes Diane Davies  <b>Observing</b> David Jenkins Dave Harries Fflur Jones Nesta Collingridge	Interim Performance Director – part meeting (via Teams) Associate Director Workforce Planning and Performance (via Teams) Head of Information Governance (via Teams – items PF23/92/93) Deputy Executive Nurse Director Executive Medical Director Interim Board Secretary Head of Operational Estates (Item PF23/89.3) Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT) Executive Director of Transformation and Planning (via Teams) Finance Director – Commissioning and Strategy (via Teams) Interim Finance Director – Operational Finance Corporate Governance Manager – for minutes  Welsh Government Specialist Advisor Head of Internal Audit (via Teams) Audit Wales representative (via Teams) Head of Risk Management

Agenda Item Discussed	Action By
<b>PF23/77 Chair's welcome apologies for absence</b> <ul style="list-style-type: none"> <li>Jason Brannan for whom Nick Graham Associate Director Workforce Planning and Performance deputised</li> <li>Angela Woods for whom Chris Lynes Deputy Nurse Director deputised</li> </ul> <p>The Chair acknowledged the service provided to the organisation and the Committee by the Finance Director – Commissioning and Strategy and wished him well for the future in his new external role. He also thanked the outgoing Interim Executive Director of Finance for his contribution to BCUHB in a challenging period.</p>	

<p>The Chair reported that PFIG Committee meetings would be held face to face going forward however, a Teams invite would be available to members by exception, or for officers attending for one item if necessary.</p>	
<p><b>PF23/78 Declaration of Interests</b> None declared</p>	
<p><b>PF23/79 Draft Minutes of the previous meetings held on 12.5.23 for approval</b></p> <p>The Committee received the draft minutes of its meetings held on 23.2.23 and these were approved as a correct record subject to a typographical amendment to a member's title.</p>	
<p><b>PF23/80 Matters arising and table of actions</b></p> <p>There were no matters arising from the minutes.</p> <p>The table of actions was reviewed and updated. In respect of PF23/64 the Specialist Advisor commented that it was important to consider that whilst the Remuneration and Terms of Service Committee properly considered the employment and terms and conditions issues of agency and interim workers, it might also be appropriate for FPIGC to consider the implications on service performance of having high numbers of such employees.</p>	
<p><b>PF23/81 Notification of matters referred from other Board Committees on this or future agendas</b> No matters were reported.</p>	
<p><b>Developing strategies and plans</b></p>	
<p><b>PF23/82 Progress of Annual Plan</b></p> <p>The Executive Director of Transformation and Planning provided a verbal update, he advised that the draft BCU Annual Plan had been discussed with Board members the previous day and, following a number of agreed amendments, would be provided to Welsh Government (WG) later that day, meeting the submission deadline. The Interim Board Secretary advised the draft would be published with the next scheduled public Board meeting papers.</p> <p><b>The Committee resolved to</b> note that the draft annual plan had been delivered to WG by the submission deadline</p>	
<p><b>PF23/83 Interim Financial plan PF23/84 Finance reporting month 2</b></p> <p>The Committee considered these items in parallel.</p> <p><b>PF23/83.84.1</b> The Finance Director – Commissioning and Strategy drew attention to the reductions and increases to the 2023/24 financial plan outlined in the report which</p>	

would not increase the overall position for 2023/24, which remained £134.2m over spend. However these would result in an increase of £0.8m in the recurrent position, ie deficit of £202.8m.

**PF23/83.84.2** Committee members expressed concern regarding the confidence levels of delivering savings given the additional cost pressures which had emerged since March 2023 and that the majority of savings plans were at an early stage of maturity and not long term. Difficult decisions would undoubtedly be needed. The Committee also commended the savings risk approach taken and questioned to what extent shared work was undertaken with other Wales Health Boards, WG and also understanding plans in cross border NHS organisations.

**PF23/83.84.3** In response to a Committee question, the Finance Director – Commissioning and Strategy advised that it was reasonable to expect the organisation to deliver 1.5% to 2% savings however, BCU struggled to deliver recurrent savings. It was agreed that a briefing on those savings at greatest risk would be shared with members. It was noted that while likely energy savings were welcome, these needed to be seen in the context of the forecast deficit position (which across Wales' Health Boards would amount to the significant challenge of approximately £500-£800m planned deficit forecast). Discussion ensued which included potential for stricter grip and control measures being introduced. In regard to discussion of the cultural changes required to meet savings targets and drive improvements through transformation, those present acknowledged the additional challenges of special measures across the organisation. It was acknowledged that transformation required time and adequate resources to ensure they were solidly embedded however, this was needed to improve services for the communities they serve. The Associate Director Workforce Planning and Performance also emphasised the need to work with employees to move forward improvements together.

**PF23/83.84.4** In respect of pay challenges not met by WG, the Deputy Executive Nurse Director reflected that the temporary additional beds implemented to relieve discharge delays required additional staffing which had increased the use of agency staffing. However, she was pleased to report that the introduction of Wagestream had resulted in increased bank staffing availability.

**PF23/83.84.5** The Committee sought to understand how the Integrated Healthcare Communities were represented at the Committee and whether their budgets and savings targets were realistic. A discussion ensued which highlighted issues of the slow pace of transformation (especially in regard to workforce), accountability, ownership and responsibility. On a positive note, the Interim Director Finance – Operational Finance advised that there was potential to access savings and efficiency plans shared via the NHS' Financial Delivery Unit.

**PF23/83.84.5** The Head of Internal Audit reported that he would shortly be commencing, following discussion with the Accountable Officer, a rapid review in relation to an Internal Audit report on delivery of Health Board savings which had been assessed at 'no assurance'.

AH

<p><b>The Committee resolved to</b> note</p> <ul style="list-style-type: none"> <li>the updates to the 2023/24 financial plan</li> <li>the report and supported the proposed adjustments to the capital programme.</li> </ul>	
<p><b>PF23/85 Finance special measures action plan</b></p> <p><b>PF23/85.1</b> The Interim Finance Director – Operational Finance presented the Finance action plan which described five of the deliverables within the Health Board Special Measures Action Plan – 1st 90 Days, for Outcome 2: A clear, deliverable plan for 23/24.</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> <p><b>PF23/85.2</b> She drew attention to planning delays and explained the ‘Star Chamber’ approach being undertaken (which could include disinvestment discussion). She emphasised that the Finance Team required sustainable solutions going forward.</p> <p><b>PF23/85.3</b> The Interim Board Secretary was pleased to note the governance approach being undertaken and welcomed the inclusion of timescales whilst the Executive Medical Director emphasised the importance of ensuring the process was followed through.</p> <p><b>PF23/85.4</b> The Committee Chair, having previously introduced the Star Chamber approach in another organisation, shared learning in regard to the avoidance of conflicts of interest. It was noted that a Committee Member suggested that Bangor University’s Finance Academy might be supportive if approached for assistance.</p> <p><b>The Committee resolved to</b> note the Action Plan as at 15 June 2023.</p>	
<p><b>PF23/86 Future Divisional Finance and Performance deep dives - verbal</b></p> <p>The Director of Finance – Strategy and Commissioning advised that a schedule of Divisional reports would be incorporated to the Committee’s workplan which would need to tie in with accountability meetings.</p> <p><b>The Committee resolved to agree that</b></p> <ul style="list-style-type: none"> <li>The Committee Chair would issue a guidance note on the content of the reports to be provided</li> </ul>	GW

<ul style="list-style-type: none"> <li>• The Interim Board Secretary would liaise with the CEO to agree the prioritisation of IHC finance reports to be scheduled</li> </ul>	PM
<p><b>PF23/87 Performance report</b></p> <p><b>PF23/87.1</b> The Interim Performance Director joined the meeting to present this item. The Committee raised a number of issues and concerns which were addressed by the officers present.</p> <p><b>PF23/87.2</b> A Committee Member drew attention to the huge impact of caring for over 300 patients medically fit for discharge remaining in hospital beds and volunteered to discuss potential alternative solutions with housing associations outside the meeting. It was noted that BCU's Chair and CEO were meeting to discuss discharge blocks with Local Authorities the following week.</p> <p><b>PF23/87.3</b> Concern was raised with the percentage of staff absence attributed to mental health and the level of long term sickness absence. It was felt that comparative data with other Health Boards across Wales would be useful in future reports to understand whether BCU was an outlier. Officers also commented that the rapid review undertaken of the Office of the Board Secretary (OBS), due to be delivered shortly, might provide the opportunity to consolidate workforce performance reporting within the remit of one Committee going forward for greater clarity. The Interim Board Secretary advised the OBS Review would be shared with Committee Chairs on completion.</p> <p><b>PF23/87.4</b> In regard to concern with trolley waits within Emergency Departments, the Executive Medical Director reported that, whilst small improvements were being seen, staffing capacity was the main issue. It was also noted that significant staffing increase was required within the cardiac network. The Committee raised particular concern with increasing waiting times within Children and Adolescent Mental Health Services (CAMHS).</p> <p><b>PF23/87.5</b> The Committee reported that trajectories provided a useful balance of realism and ambition and welcomed their use in future performance reporting. It was pleased to note the expectation of significant reductions in waiting times in regard to diagnostics and encouraged by cancer service performance.</p> <p><b>The Committee resolved to</b> note the report and provided feedback on areas for improvement</p>	<p>BC</p> <p>PM</p>
<p><b>PF23/88 Shared Service Partnership performance assurance report</b></p> <p><b>PF23/88.1</b> The Committee discussed the report provided. It was concerned with the lengthy process relating to staff recruitment and it was noted, anecdotally, that these delays had resulted in appointable candidates turning down job offers because they had secured jobs in other health bodies in the interim. The Committee also wished to understand the counter-factual on which the SSP's claims of savings e.g, on procurement were based.</p>	

<p><b>PF23/88.2</b> Following discussion, it was agreed that the Interim Board Secretary would liaise with the Managing Director of the Shared Services Partnership to diarise a Board Briefing session on the functions and Key Performance Indicators agreed with BCU. In addition, the Committee requested that a Shared Services representative be nominated to attend the PFIG Committee to support future reports on a twice annual basis.</p> <p><b>PF23/88.3</b> The Head of Internal Audit raised concern with levels of engagement with turnaround management responses to draft reports within 15 days, which were currently reported at 61% against a target of 80%.</p> <p><b>The Committee resolved to</b> note the report and seek further clarity on the provision of services and performance indicators</p>	PM
<p><b>PF23/89 Capital &amp; Estates Business cases</b></p> <p><b>PF23/89.1 Contact Centre Caledfryn Offices Site Lease</b></p> <p>The Committee considered the item and supported the recommendation.</p> <p><b>It was resolved that the Committee</b> supported the recommendation to extend the lease of Caledfryn Site Offices, Smithfield Road, Denbigh, LL16 3RJ for a further 3 years until June 2026 noting that this would include a 6 month – 1 year break clause</p> <p><b>PF23/89.2 Adult Eating Disorder Service (SAEDS): Accommodation in East</b> The Committee considered the item and supported the recommendation.</p> <p><b>It was resolved that the Committee</b> supported the recommendation to</p> <ul style="list-style-type: none"> <li>• approve to hold the lease for accommodation for the Eating Disorder Service which is expanding in the east region</li> <li>• agree submission of the requirement to WG for the Capital funding required through the IFRS16 process</li> </ul> <p>In response to the Committee, the Interim Finance Director – Operational Finance clarified that items PF23/89.1&amp;2 would not require consideration by the Board having been agreed at PFIGC.</p> <p><b>PF23/89.3 Re-Fit programme which supports the Health Boards Decarbonisation Action Plan</b></p> <p>The Head of Operational Estates joined the meeting to present this item. The Committee Chair strongly supported the request to proceed to tender stage. In</p>	



<p>response to the Committee's concern with parity across BCU, the Head of Operational Estate advised that whilst Phases 1 and 2 were scheduled within West and Central there had been investment in the East two years previously through EFAB funding of solar panel installation. The Committee was pleased to note the strong emphasis on quality in the proposed tender evaluation process.</p> <p><b>It was resolved that the Committee</b> approved Phase 1 of the Re:fit programme and progress with a Mini-competition to choose a Service Partner which offers the best overall value for money to the Health Board.</p>	
<p><b>PF23/90 Special Measures Update</b></p> <p>The Committee was advised that the update was as provided to the recent Quality, Safety and Experience Committee and that future reports would be provided with appropriate deliverables per Committee. The timelines for optimal presentation to the Board's Committees were currently being worked through.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• noted the progress to date.</li> <li>• approved <ul style="list-style-type: none"> <li>• the deliverables associated to this Committee for the first 90 days cycle</li> <li>• the approach for Committee reporting going forward</li> </ul> </li> </ul>	
<p><b>PF23/91 Transformation and Improvement report</b></p> <p><b>PF23/91.1</b> Since escalation into Special Measures, the scope of the organisation's change portfolio had changed and an increasing proportion of the Transformation and Improvement resource (across the Portfolio Office, Innovation and Analytics and Value Based Care teams) had been re-focussed on supporting the overarching coordination, tracking and reporting of the Special Measures programme. A proposal on the deployment of the remaining elements of the team, most notably the Improvement and Pathways Teams, was being developed before being presented to the Health Board Leadership Team (HBLT). The milestones associated to this were being tracked under the Special Measures deliverable under Outcome 5 "A learning and self-improving organisation".</p> <p><b>PF23/91.2</b> The Committee was very supportive of the Executive Director of Planning and Transformation's approach of working closely with divisions to ensure that project management skills and techniques were embedded across the Health Board. However, the Chair requested that a list of projects which the team were currently working on be prepared as a member briefing which indicated headcount, deployment timescales and an indication of future plans for the employees engaged within the department.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• noted the report and approach</li> </ul>	CS

<p><b>PF23/92 Information Governance (IG) Quarter4 KPI report</b></p> <p><b>PF23/92.1</b> The Head of Information Governance presented the report highlighting that during the latest quarter Freedom of Information (FOI) compliance had decreased by 9% however, IG Mandatory Training Compliance had remained above the national target at 87%, being a continuing improvement. Access to Health records (THR) compliance remained an area of concern with a continued low compliance rate. In response to questions raised by the Committee, an update on actions to address this was noted and a suggestion to provide Independent Members with IG training at a future workshop session would be followed up by the Interim Board Secretary.</p> <p><b>PF23/92.2</b> The Executive Medical Director, in response to questions raised on FOI enquiries, suggested that a loop needed to be joined up to ensure reputational risk themes were highlighted and also shared with the Committee. He also requested that comparison with other Health Board's Caldicott reporting performance should feature in future reports. The Committee was pleased to understand that management engagement was being addressed.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>noted the report and Information Governance Group Chair report appendix.</li> </ul>	<p>PM</p> <p>JP</p> <p>JP</p>
<p><b>PF23/93 Annual review of Information Governance Strategy (IG1)</b></p> <p>In response to the Committee Chair, it was noted that the annual self assessment would be provided to the next meeting following slippage.</p> <p><b>It was resolved that the Committee</b> approved the revised Information Governance Strategy (IG1)</p>	
<p><b>GOVERNANCE and RISK</b></p> <p><b>PF23/94 Corporate Risk Register relating to Committee</b></p> <p><b>PF23/94.1</b> The Committee raised a number of queries relating to understanding BCU's risk process and accountabilities, and was pleased to understand that a further Board Workshop on Risk would be scheduled following the next Board meeting. This would also consider current risk demarcations and risk appetite.</p> <p><b>PF23/94.2</b> Comments were noted in regard to the need for Board discussion on planned care recovery, the need to refresh overdue mitigation updates and that performance risks should also be considered by the Committee which would be followed up at the Board workshop.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>Closing business</b></p>	

<p><b>PF23/95 Agree Items for referral to Board / Other Committees</b></p> <p>None were referred.</p>	
<p><b>PF23/96 Review of risks highlighted in the meeting for referral to Risk Management Group</b></p> <p>The risk of failing to deliver savings at the level envisaged and the need to clarify the Board's level of risk appetite. The latter would be considered at a future Board workshop.</p>	
<p><b>PF23/97 Agree items for Chair's Assurance Report.</b></p> <p>Risks and assurances to be highlighted would include</p> <ul style="list-style-type: none"> <li>• Concern with ED trolley waits caused by staffing capacity</li> <li>• CAMHS and Neuro development waiting list performance concerns</li> <li>• The potential financial forecast of £143m overspend was unacceptable</li> <li>• Concern with progress on savings – further details of those at greatest risk was being sought</li> </ul>	
<p><b>PF23/98 Summary of business considered in private session to be reported in Public</b></p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF23/99 Date of next meeting</b></p> <p>31.8.23 subject to the outcome of a review of the Board's Committee calendar [Post meeting note - amended to 1.9.23]</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 12.5.23 PFIGC</b>						
1	NG	<b>People performance report</b> <ul style="list-style-type: none"> <li>Committee requested that the report be enhanced with more comparative data across Wales going forward.</li> <li>In response to the Committee's concern with the high numbers of interim appointments, it was advised that greater detail on Interim and Agency usage was regularly reported to the Remuneration and Terms of Service Committee. The latest report would be shared with the Committee members for information</li> </ul>	August meeting	<ul style="list-style-type: none"> <li>NG Comparative data will be included in August submission</li> <li>IMs have access to Remuneration Committee papers for discussion in private session on 24.8.23</li> </ul>	Suggest action to close	
2	SW	<b>PF23/65.5</b> Performance report trajectories would be helpful within future reporting.	30.6.23 July 2023	Formal trajectories will be signed off as part of the 2023/24 plan, and then reporting will be against these trajectories. BC advises : Included in papers wef June 2023	Suggest action to be closed	

Actions from 30.6.23 PFIGC						
1	Russell Caldicott (Andrea Hughes)	<b>PF23/83 Interim Financial plan</b> <b>PF23/84 Finance reporting month 2</b> It was agreed that a briefing on those savings at greatest risk would be shared with members.	8.8.23	8.8.23 AH advises: Updated position on Savings will be provided as part of the Month 3 and Month 4 Finance Papers going to the next PFIG Committee.	Suggest action to be closed	
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)	18.9.23	
3	Phil Meakin	<b>PF23/86 Future Divisional Finance and Performance deep dives - verbal</b> Arrange the prioritisation of IHC finance reports to be scheduled	November 2023	24.7.23 Post meeting note : Committee Chair agreed that commencement of IHC reports to be provided from November meeting when EDOF also present.  Workplan updated accordingly	Suggest action to close	
4	Russell Caldicott (Barbara Cummings)	<b>PF23/87 Performance report</b> Concern was raised with the percentage of staff absence attributed to mental health and the level of long term sickness absence. It was felt that comparative data with other Health Boards across Wales would be useful in future reports to understand whether BCU was an outlier.	September 2023	Issue brought to attention of Interim Director of Workforce to allow inclusion in PFIG papers for August meeting.  24.8.23 NG (People Services) advises We are still trying to find a data source that allows us to compare as other organisations don't normally share that level of detail through standard external reports that we are currently aware of.	Consider closure	

				An overall comparator for sickness across Wales has been included in this month's report, however in view of the above, this is only a generic sickness absence position.		
5	Phil Meakin	<b>PF23/87 Performance report</b> The Interim Board Secretary advised the OBS Review would be shared with Committee Chairs on completion.	August 2023	PM advised this was shared with Independent Members on 3.8.23 via email	Suggest action to be closed	
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>		
7	Chris Stockport	<b>PF23/91 Transformation and Improvement report</b> Provide a list of projects which the team were currently working on as a member briefing which indicated headcount, deployment timescales and an indication of future plans for the employees engaged within the department.	August 2023	Paolo Tardivel to address at the meeting on return from annual leave		
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 included in information submitted	Suggest kept open until date agreed and confirmed.	

		Independent Members with IG training at a future workshop session		in the initial plans for a Briefing on 26 October		
9	Dylan Williams (Justine Parry)	<p><b>PF23/92 Information Governance (IG) Quarter4 KPI report</b></p> <p><b>PF23/92.2</b> The Executive Medical Director, in response to questions raised on FOI enquiries, suggested that a loop needed to be joined up to ensure reputational risk themes were highlighted and also shared with the Committee.</p> <p>He also requested that comparison with other Health Board's Caldicott reporting performance should feature in future reports.</p>	August 2023	<p>The Information Governance Team have included this into future KPI reports, commencing in Q1 report. This will include trends and risk themes requiring escalation or potential for have reputational damage.</p> <p>The IG team are looking at ways additional Caldicott reporting can be factored into the KPI report. Comparisons with other Health Boards is underway. Consideration should also be given as to whether there needs to be a Caldicott decision log, which the CG can record Data Protection/Confidentiality type decisions in and then send figures on to the IG team for inclusion.</p>	<p>Suggest close to</p> <p>Consider closure</p>	<div></div> <div></div> <div></div>

<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>	1 <sup>st</sup> September 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 Portfolio Management Office (PMO), along with the plans being developed for the 2 <sup>nd</sup> 90 day cycle.			
<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>	Not applicable			



<b>Regulatory and legal implications:</b>	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable
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 applicable
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 applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
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 applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <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**

---

This report presents an update on the Special Measures deliverables aligned to this Committee, building on the approach outlined in the previous update.

The report reviews the progress as the first 90 day cycle draws to a close, highlighting the areas of success along with the challenges that have emerged, and how this will be taken forward to the next 90 day cycle commencing in September.

This report is also complemented by a separate over-arching paper around the close down arrangements for cycle 1 for which PFIG has been agreed as having overall responsibility on behalf of the Board.

### **2) Background**

---

The background to the Health Board escalation into Special Measures and the resultant organisational response has been covered in previous committees. It has been agreed with the Office of the Board Secretary that a brief summary will be provided each month and the committee will then invite relevant colleagues to attend for any particular deep dives that they wish to undertake.

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

---

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.

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

---

The table provides details of the progress against deliverables and milestones, and is complemented by an independent 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. This process is maturing as we work through the cycles.

Overall, solid progress has been made in most areas. There are some areas of challenge emerging which will need to be addressed within the next 90 day cycle – mitigation plans are either in place or being finalised, aiming to course correct moving into cycle 2.

## 5) Recommendations

---

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 Portfolio Management Office (PMO), along with the plans being developed for the 2<sup>nd</sup> 90 day cycle.

**Table 1: PFIG Oversight Report – PFIG 01 September 2023**

<b>Outcome 1: A clear, deliverable plan for 2023/24</b>			
<b>Deliverable brief summary</b>	<b>Lead Executive</b>	<b>Delivery Confidence</b>	<b>Update</b>
<b>2.1 Annual Plan:</b> Produce a clear and deliverable Annual Plan for the organisation for the rest of 23/24, that delivers improvements in Ministerial priority areas	Chris Stockport		<b>Summary extracted from team updates</b> The Annual Plan was approved and submitted to Welsh Government. Informal feedback is that the plan has been well received and is stronger than previous years' submissions and compares well across Wales in terms of this year's submission.
			<b>PMO Assessment</b> All evidence submitted in line with agreed timescales providing assurance that each of the locally agreed steps for approval at executive and then Board level were delivered. This is accompanied by a copy of the plan and the Accountable Officer letter submitted on the 30 <sup>th</sup> June by the CEO.
<b>2.2 Financial Savings:</b> Commence delivery of an agreed efficiency savings plan that minimises the financial deficit	Russell Caldicott		<b>Summary extracted from team updates</b> A series of check and challenge meetings have been implemented with Divisions, supplemented by continued escalation to executive level regarding ownership at all levels. The full year savings plan now totals £26.1m, of which green schemes total £17.3m (with £12.7m recurring). A review has been initiated around temporary workforce controls (WLI/Agency) and there is an increasing focus on efficiency and productivity.
			<b>PMO Assessment</b> Milestones and assurance in this area reflect good practice in terms of clarity of focus and how they lead to desirable outcomes.

<p><b>2.3 Future Financial and Value Opportunities:</b> Commence an assessment of the potential financial opportunities for 2024/2025 and 2025/2026 and develop the contribution of value based healthcare</p>	Russell Caldicott		<p><b>Summary extracted from team updates</b> There is early indication of a small number of scheme opportunities for 2024/25 which have been identified as part of the work to finalise schemes for the current year. These are predominantly non-recurring at this stage.</p> <p><b>PMO Assessment</b> The narrative updates received indicate that it is unlikely this will now be fully delivered by the end of this cycle. Mitigation plans have been seen that will strengthen the position moving into cycle 2.</p>
<p><b>2.4 Local Plans:</b> Develop and commence deployment of Divisional/Integrated Health Community integrated plans that operationalise the priorities of the Annual Plan</p>	Chris Stockport		<p><b>Summary extracted from team updates</b> Current plan submissions have been reviewed at the Planning Oversight Group and the performance team are establishing accountability arrangements. Further work is required on local performance trajectories and any revisions to plans as a consequence of the financial position.</p> <p><b>PMO Assessment</b> First 2 milestones are complete. The third milestone has interdependencies with performance trajectories which may impact upon the milestone completion date.</p>
<p><b>2.5 Planning Review:</b> Support and enable a Review of planning</p>	Chris Stockport		<p><b>Summary extracted from team updates</b> The planning review has now commenced with fieldwork interviews underway. The process did commence later than originally intended and will therefore be delayed in reporting.</p> <p><b>PMO Assessment</b> Clearly agreed Terms of Reference seen and full assurance received that milestones complete.</p> <p>External reviewer is on site and actively engaging with a wide range of stakeholders. Whilst a draft report is planned during September the final report will not be received in the Health Board until October and therefore this will be scheduled into the cycle 2 plan.</p>

<p><b>2.6 Contract Procurement and Management Review:</b> Progress implementing priorities associated with the financial control environment e.g. contract management</p>	<p>Russell Caldicott</p>		<p><b>Summary extracted from team updates</b> Commencement of the work had been delayed whilst clarification was sought on the most appropriate route for commissioning this review. Discussions with WG have resulted in an agreed position that the Health Board will lead on the procurement for this particular review. The specification has been endorsed by WG and is being progressed via Internal Audit.</p> <p><b>PMO Assessment</b> Procurement conversations have resulted in delays outside of Health Board control. The impact of this is that the review will not conclude before the end of the first 90 days and will need to be scheduled for cycle 2.</p>
<p><b>2.7 Finance Team &amp; Capacity:</b> Progress actions to stabilise the finance team and develop capacity</p>	<p>Russell Caldicott</p>		<p><b>Summary extracted from team updates</b> Two key appointments made to senior Finance Director posts, the first on a permanent basis and a second appointment on a secondment from Welsh Government for 12 months.</p> <p>The proposals for further investment have undergone a revision and a further interim resourcing solution is being developed with the support of the Independent Advisor and the Director of Finance at Welsh Government. Further work is to be undertaken with regards to All-Wales benchmarking information.</p> <p><b>PMO Assessment</b> First milestone complete and assurance evidence provided to PMO. The proposals for milestone 2 have been revised (appropriately) in light of business requirements, resulting in a short delay in progressing.</p>

<b>2.8 Financial Control Environment Action Plan:</b> Progress the action of the financial control environment action plan	Russell Caldicott		<p><b>Summary extracted from team updates</b>  Initial deadline for agreement of Local schemes of delegation has been delayed until the end of August, however further progress has been made to establish a revised document that is tailored to areas. New check and challenge process has been trialled and accepted and is now embedded into regular monthly practice.  A Planned Care funding plan has been agreed.</p> <p><b>PMO Assessment</b>  A range of material received that demonstrates progress is on track and key milestones have been passed. Where delays have occurred these have been supported by appropriate mitigations, and the updates indicate that the revised deadline is likely to be achieved.</p>
---	-------------------	--	---

### Outcome 3: Stronger leadership and engagement

Deliverable brief summary	Lead Executive	Delivery Confidence	Update
<b>3.3 Interim Finance Director Recruitment:</b> Progress recruitment of interim Finance Director	Carol Shillabeer		<p><b>Summary extracted from team updates</b>  Completed, appointed candidate has commenced in post.</p> <p><b>PMO Assessment</b>  Updates submitted from the workforce team throughout the recruitment and appointment process and the post holder commenced on the 1<sup>st</sup> July.</p>
<b>3.7 Interims Review:</b> Support and enable the Review of Interims (report expected mid-June)	Jason Brannan		<p><b>Summary extracted from team updates</b>  The review has been formally received by the organisation and plans are underway for this review, along with others, to be submitted to Board committees along with a management response. This review is being triangulated with other reviews in order to ensure identification of any cross cutting themes.</p> <p><b>PMO Assessment</b>  Copy of final review received. Work is underway within the executive team regarding the themes covered and how they will now be factored into cycle 2.</p>

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

Deliverable brief summary	Lead Executive	Delivery Confidence	Update
<b>4.2 Planned Care:</b> Establish a revised Planned Care Programme that delivers early progress on access, outcomes and experience, whilst laying the foundations for longer term sustainability including GIRFT and other efficiency opportunities. Achieve a standard 99% of all over 156 week waits by end Q2 (booked not necessarily seen)	Carol Shillabeer		<b>Summary extracted from team updates</b> <ul style="list-style-type: none"> <li>- Plans are progressing well for the Programme Board meeting, with programme documentation being finalised</li> <li>- Key changes in clinical and operational leadership mobilised to address theatre utilisation issues in Abergele</li> <li>- All 156 week waiters now booked (with the exception of Orthodontics)</li> </ul>
			<b>PMO Assessment</b> Data seen demonstrating that 156 week waiters have now been booked (not including all Orthodontic long waiters). Plans being created regarding Orthodontics.
<b>4.3 Orthopaedics Business Case:</b> As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case for submission to Welsh Government	Chris Stockport		<b>Summary extracted from team updates</b> Strong progress has been made with clinical teams through collaboration and engagement, which has been well recognised by Welsh Government colleagues. The final draft of the business case has been submitted to the Programme Board for approval and will also be presented to the Capital Investment Group.
			<b>PMO Assessment</b> Feedback from Independent advisor which commends the executive leadership of the programme, along with IHC Director and Clinical Lead ownership. The professional discipline in Programme Board management has also been highlighted.



<b>4.9a Urgent and Emergency Care – 6 goals:</b> Revise and implement urgent and emergency care plans (6 goals)	Carol Shillabeer		<p><b>Summary extracted from team updates</b></p> <p>Key plans are progressing with Hospital teams for the elimination of 4hr ambulance delays. A multi-disciplinary workshop has been successfully held with clear outcomes agreed. There are some current risks to delivery as we head into peak demand season, which is coupled with an increased prevalence of Covid-19 in the community, which is impacting on emergency presentations. A lack of alignment evident between emergency care and planned care recovery plans which are now being addressed through the recently appointed Interim Executive Director of Operations.</p> <p><b>PMO Assessment</b></p> <p>Plans evident through narrative update to PMO.</p>
<b>4.9b Urgent and Emergency Care – 6 goals:</b> Commence planning for winter preparedness for urgent and emergency care with partners	Carol Shillabeer		<p><b>Summary extracted from team updates</b></p> <p>A table top winter resilience exercise has been completed with external agencies and the IHC's have submitted their winter resilience plans for review. The financial position of the Health Board is creating some risks and uncertainty around sustainability of improvements.</p> <p><b>PMO Assessment</b></p> <p>CEO level discussions around partnership working have occurred with Local Authorities. Narrative updates reflect actions towards the submission of a Draft Health Board Winter Resilience Plan progressing.</p>

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

Deliverable brief summary	Lead Executive	Delivery Confidence	Update
<b>5.4 Transformation &amp; Improvement Support:</b> Realign transformation and improvement support to enable greater focus on priority improvement areas	Chris Stockport		<b>Summary extracted from team updates</b> An iterative process has been undertaken, commencing with a series of consultation sessions with key senior leaders which resulted in a high level concept document. This was further developed into a full proposal which was agreed at SMRG and is now at the final stages of implementation.
			<b>PMO Assessment</b> Evidence submitted within agreed timelines, including high level concept document, the full proposal and the SMRG minutes confirming discussion.
<b>5.7 Intelligence Led Organisation</b> Develop proposal to raise the organisation's maturity in using data and intelligence to improve service planning and identification of emerging service issues	Dylan Roberts		<b>Summary extracted from team updates</b> Reporting criteria for Planned Care Demand & Capacity plans reviewed and agreed, and this has been augmented by the development of a governance framework for requesting changes. These provide key foundations as part of an emerging data strategy, and will be built upon with the development of work plans relating to GIRFT recommendations.
			<b>PMO Assessment</b> Clear set of rules provided which lay out the criteria for consistent reporting, supplemented by communications regarding the implementation. Confirmation that governance framework for second milestone is in place; awaiting submission of formal document once ratified.

<b>Teitl adroddiad:</b> <i>Report title:</i>	Special Measures Cycle 1 Close Down Arrangements			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	1 <sup>st</sup> September 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the first cycle of Special Measures, providing an overview on the overall progress and the close down arrangements. The report highlights what has worked well, the challenges that have emerged and the developing plan for cycle 2 for Board approval during September.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>RECEIVE ASSURANCE</b> 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.			
<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 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> <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 Cycle 1 Close Down Arrangements**

### **1) Introduction**

---

This report presents an update on the first Special Measures 90 day cycle.

The report provides a collated view of progress across each of the 5 outcomes, outlining the key areas of focus and the supporting arrangements that have been in place throughout the first cycle.

This includes the steps that have been undertaken as part of the close down of this first 90 day cycle within the *stabilisation phase*, what we have learned, and how the plan is transitioning into the 2<sup>nd</sup> cycle, incrementally building the right foundations for future success.

This report is also supported by a separate paper which provides an individual update against those deliverables mapped to PFIG.

### **2) Background**

---








The background to the Health Board escalation into Special Measures and the resultant organisational response has been covered in previous committees. Each Board sub-committee receives updates against the deliverables mapped to that committee's business, and additionally PFIG has been designated as the committee with over-arching responsibility on behalf of the Board.

### **3) Progress made during cycle 1**









---

Progress has been made across all outcome areas during this first cycle and the detail of that work has been shared with the relevant sub committees. The following provides a summary overview of progress along with headlines.











There are 41 deliverable areas in cycle 1, grouped under the five outcomes. Nested underneath the 41 deliverables there are a total of 162 trackable milestones. Of these, as of 11 August 2023, 45 had been successfully completed, 69 were progressing towards completion as expected, and 48 were overdue.

Outcome 1: A well-functioning Board		
		* Milestones:
1.1 Strengthen Board governance and effectiveness		3 of 3 completed
1.2 IM recruitment		1 of 1 completed
1.3 Board inductions		1 of 2 completed, 1 of 2 on track
1.4 Board development		1 of 3 completed, 1 of 3 on track,
1.5 Board committees		3 of 4 completed, 1 of 4 on track
1.6 Risk		1 of 2 completed, 1 of 2 overdue
1.7 Permanent Board recruitment		3 of 5 completed, 2 of 5 on track












\* Colour coding relates to the overall confidence that the expectations for **cycle 1** will be completed by the end of cycle 1

Outcome 2: A clear, deliverable Plan		
		* Milestones:
2.1 Annual Plan		3 of 3 completed
2.2 Financial Savings		1 of 5 completed, 2 of 5 on track,
2.3 Future Financial and Value Opportunities		2 of 2 on track
2.4 Local plans		2 of 4 completed, 1 of 4 on track,
2.5 Planning Review		1 of 2 completed, 1 of 1 on track
2.6 Contract procurement and management Review		2 of 3 on track, 1 of 3 overdue
2.7 Finance Team & Capacity		1 of 3 completed, 1 of 3 on track,
2.8 Financial Control Environment Action Plan		2 of 6 completed, 1 of 6 on track,

\* Colour coding relates to the overall confidence that the expectations for **cycle 1** will be completed by the end of cycle 1

Outcome 3: Stronger leadership and engagement		
		* Milestones:
3.1 Exec Portfolios Review		1 of 3 on track, 2 of 2 overdue
3.2 Operating Model stocktake		2 of 3 completed, 1 of 3 on track
3.3 Interim Finance Director recruitment		2 of 2 completed
3.4 Senior HR Cases		1 of 2 on track, 1 of 2 overdue
3.5 Exec Team development programme		2 of 4 completed, 1 of 4 on track, 1 of 4 overdue
3.6 Senior Leadership development programme		2 of 4 completed, 1 of 4 on track, 1 of 4 overdue
3.7 Interims Review		1 of 3 completed, 1 of 3 on track, 1 of 3 overdue
3.8 Clinical Engagement		2 of 4 completed, 1 of 4 on track, 1 of 4 overdue
3.9 Priority community groups engagement		3 of 8 on track, 5 of 8 overdue
3.10 Address the fragmented care record concerns		2 of 4 on track, 2 of 4 overdue

\* Colour coding relates to the overall confidence that the expectations for **cycle 1** will be completed by the end of cycle 1

Outcome 4: Improved access, outcomes and experience for citizens		
		* Milestones:
4.1 Patient Safety Review		1 of 3 on track, 2 of 3 overdue
4.2 Planned Care		2 of 4 completed, 1 of 4 on track,
4.3 Orthopaedics Business Case		1 of 2 on track, 1 of 2 overdue
4.4 Vascular Review		1 of 3 completed, 1 of 3 on track,
4.5a Service improvements - Vascular		2 of 4 on track, 2 of 4 overdue
4.5b Service improvements - Urology		1 of 4 completed, 1 of 4 on track,
4.5c Service improvements - Ophthalmology		3 of 4 on track, 1 of 4 overdue
4.5d Service improvements - Oncology		1 of 3 completed, 2 of 3 on track
4.5e Service improvements - Dermatology		2 of 3 on track, 1 of 3 overdue
4.5f Service improvements – Plastics		1 of 3 on track, 2 of 3 overdue
4.6 MH Stocktake Review		4 of 4 completed

4.7 MH Inpatients Safety Review	1 of 2 on track, 1 of 2 overdue
4.8a CAMHS action plan	1 of 3 on track, 2 of 3 overdue
4.8b Neurodiversity action plan	2 of 3 on track, 1 of 3 overdue
4.9a Urgent and Emergency Care - 6 goals	3 of 5 on track, 2 of 5 overdue
4.9b Urgent and Emergency Care – winter planning	1 of 4 completed, 1 of 4 on track,

\* Colour coding relates to the overall confidence that the expectations for **cycle 1** will be completed by the end of cycle 1

Outcome 5: A learning and self-improving organisation	
	* Milestones:
5.1 Develop a Learning Organisation Framework	2 of 3 completed, 1 of 3 on track
5.2 Learning from incidents	1 of 4 completed, 1 of 4 on track,
5.3 Clinical Governance Review	1 of 1 overdue
5.4 Transformation & Improvement support	2 of 3 completed, 1 of 3 on track
5.5 Healthcare Public Health programme	1 of 3 completed, 1 of 3 on track,
5.6 Special Measures assurance approach	4 of 4 completed
5.7 Intelligence led organisation	1 of 5 completed, 3 of 5 on track,

\* Colour coding relates to the overall confidence that the expectations for **cycle 1** will be completed by the end of cycle 1

## 4) Close Down Arrangements for Cycle 1

A series of steps have been taken and are underway regarding the close down of the first cycle, incorporating assurance checks and executive led reflections, triangulated with independent and external feedback. This includes

- Cycle 1 assessment session with Board Members, Welsh Government colleagues, NHS Executive colleagues and Independent Advisors (9<sup>th</sup> August)
- Executive session to assess progress and work to roll forward (14<sup>th</sup> August)
- Further executive session regarding themes from the reviews (23<sup>rd</sup> August)
- Further executive sessions to finalise plans (30<sup>th</sup> August/6<sup>th</sup> September)

## 5) Learning from Cycle 1

The overall internal assessment of the first cycle is that good progress has been made across all areas. The pace required within a discrete 90 day cycle period is demanding and leaves little margin for course-correction when unforeseen delays occur or when in-cycle adaptation is required to better meet the emerging needs of the Health Board. Despite this, our reflections are that the 90 day cycle approach has worked well for the needs of the stabilisation phase in providing impetus and focus. We will continue to reflect upon the balance of this as we move further towards sustainability as to whether different length reporting cycles better fit our need at that time. This will also align with further developments to our annual planning cycle to maximise synergy.

Unavoidable delays in a number of independent review areas have impacted upon the completion of a number of milestones within cycle 1. There are mitigation plans in place to resolve delays as we move through cycles 2 and 3.

A number of milestones in cycle 1 were 'process' in nature and this relates to the large amount of 'discovery' work required at the beginning of improvement work. During cycle 2, and further into cycle 3, milestones will increasingly reflect delivery of improved 'outcomes' as we move along a 'discovery', to 'design', to 'delivery' pathway.

It is evident that our outcome based approach has gained traction and has enabled us to describe a picture with our teams of where we want to get to. This has resonated across the organisation.

## 6) Emergent approach to cycle 2

---

As we transition into the second 90 day cycle within the stabilisation phase, a collective stock take has been undertaken in order to apply the learning gained so far.

Many of the deliverables reported against in cycle 1 have further actions scheduled into cycle 2 and beyond, progressing along the 'discovery, design, delivery' pathway and resulting in improved outcomes.

Independent reviews have begun to conclude and report, and the Executive Team has given considerable thought to how to maximise the benefit of these, supported by discussions with Independent Members, Independent Advisors, and stakeholders. Whilst we will track that individual recommendations have been specifically addressed, our proposed approach builds upon drawing out the themes from the reviews. We anticipate themes are likely to be cross-cutting; taking a thematic analysis approach firstly allows us to reduce the risk of duplication and dilution of effort and secondly, encourages us to understand and address the root causes of review findings. Both of these opportunities increase the likelihood of broad and sustainable improvement.

An initial thematic analysis is currently underway to inform the commencement of cycle 2. However these will be iterative as review findings are received.

## 7) Recommendations

---

The Committee is asked to **RECEIVE 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.



<b>Teitl adroddiad:</b>	<b>2023-24 Month 3 &amp; 4 PFIGC 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>	Friday, 01 September 2023
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	The purpose of this report is to provide a briefing on the financial performance of the Health Board for the year to date position as at end of Month 3 and Month 4 of 2023/24.
<b>Executive Summary:</b>	<p>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.</p> <p><b><u>Month 3</u></b></p> <p><b><u>In Year and Forecast Outturn position</u></b></p> <p>The Month 3 in-month position is reporting a deficit of £16.6m, which is £5.4m higher than the profiled financial deficit for Month 3 and an increase of £2.5m from previous month's position. The year-to-date position as at the end of June is reporting a deficit of £42.9m, this represents a £9.3m adverse variance compared to 3/12<sup>ths</sup> of the £134.1m core planned deficit.</p> <p>The £9.3m year to date deficit above plan relates to £3m non delivery of savings, £4m pay pressures, £1m Primary Care Drugs, £0.7m Mental Health Out of Area Placements and £0.6m other.</p> <p>At this early stage, the year-end forecast position is to deliver a deficit of £134.1m, which is in line with the initial financial plan for the year. However, Welsh Government (WG) and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.</p> <p><b><u>Savings</u></b></p> <p>To meet the Health Board's Financial Plan for 2023/24, savings of £25.2m must be delivered. The total full year savings target is £30.9m, which includes an additional stretch target which if achieved would provide an additional £5.7m to mitigate additional cost pressures.</p> <p>The Full Year Savings Plan (FY Plan) now totals £21.5m, up £3.4m on Month 2. This includes Pipeline and Red schemes. The strong push to submit individual savings scheme documentation has also delivered an increase in the value of Green schemes. The full year Plan value of Green schemes totals £12.4m. This represents an increase of £6.6m on Month 2. The proportion of recurring savings has increased, which now totals £11.5m. The total value of Red schemes stands at £5.2m. Of this, circa. £4.4m relates to schemes for which documentation has been submitted, reviewed and challenged. A further £3.9m of</p>

	<p>opportunities in the updated Savings Plans is currently rated as 'Pipeline 23-24'.</p> <p><b><u>Month 4</u></b></p> <p><b><u>In Year and Forecast Outturn position</u></b></p> <p>The Month 4 in-month position is reporting a deficit of £16.7m, which is £5.6m higher than the profiled financial deficit for Month 4 and an increase of £0.2m from previous month's position. The year-to-date position as at the end of July is reporting a deficit of £59.6m, this represents a £14.9m adverse variance compared to 4/12<sup>ths</sup> of the £134.1m core planned deficit.</p> <p>The in-year additional pressures above plan are currently being reported as non-recurring, as actions are being taken to cease the deteriorating run rate and recover the position on a recurrent basis.</p> <p>The forecast outturn is the £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first four months of the financial year will need to be recovered over the remainder of the financial year.</p> <p><b><u>Savings</u></b></p> <p>To meet the Health Board's Financial Plan of £134.1m deficit for 2023/24, cash releasing and recurring savings of £25.2m must be delivered. 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.</p> <p>As at Month 4, the full year savings plan (FY Plan) totals £26.1m, up £4.6m on last month. This includes Pipeline and Red schemes. The FY Plan value of green schemes totals £17.3m, which represents an increase of £5.0m on the previous month.</p> <p>The full year plan value of Red Schemes totals £5.1m and the full year plan value of further pipeline opportunities totals £3.7m.</p> <p>Integrated Health Communities (IHCs) and Services have been asked to ensure that the existing Pipeline and Red schemes are converted to Green by the end of August.</p> <p><b><u>Capital Programme</u></b></p> <p>Appendix C provides details 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).</p>
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Committee is asked to receive and scrutinise this report.</p>

<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russell Caldicott, Interim Executive Director of Finance,			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Michelle Jones, Head of Financial Reporting			
<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 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> <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>
<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>		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 as per the financial plan.		
<b>Goblygiadau rheoleiddio a lleol:</b>  <i>Regulatory and legal implications:</i>		The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.		
<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>		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 WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>		Naddo    N		

<b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.
<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>There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3.</p> <p>Current risks and mitigations are shown in Appendix A, Slide 12.</p> <p>From a capital prospective, 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.</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>	Not applicable.
<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>	Not applicable
<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>	Not applicable
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)</p>	<p><b>Appendix A &amp; B</b> <b>BAF risks</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 (£134.2m 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</p>

	<p>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</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>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b>  <b>Implementation of recommendations</b></p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>Ai - 23/24 PFIG Finance Report – Month 3  Aii – 23/24 WG Monitoring Return Report – Month 3  Aiii - 23/24 PFIG Finance Report - Month 4  Aiv - 23/24 WG Monitoring Return Report – Month 4  B – 23/24 Savings Report  C - 23/24 Capital Report - Month 3-4</p>	

# Finance Report

## JUNE 2023 – M03

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



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board




# Executive Summary

<div><u>Objective</u></div> <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>	
<div><u>Positives &amp; Key Assurances</u></div> <ul style="list-style-type: none"><li>➤ Full Year Savings Plan (FY Plan) now totals £21.5m, up £3.4m on Month 2. This includes Pipeline and Red schemes.</li><li>➤ The strong push to submit individual savings scheme documentation has also delivered an increase in the value of Green schemes. The full year Plan value of Green schemes totals £12.4m. This represents an increase of £6.6m on Month 2. The proportion of recurring savings has increased, which now totals £11.5m.</li><li>➤ Approved Capital Resource Limit (CRL) for 2023/24 is £19.294m.</li></ul>	<div><u>Issues &amp; Actions</u></div> <ul style="list-style-type: none"><li>➤ Current month position is reporting a deficit of £16.6m, which is £5.4m higher than the profiled financial deficit for Month 3 and an increase of £2.5m from Month 2 position.</li><li>➤ Year to date position as at the end of June is reporting a deficit of £42.9m, this represents a £9.3m adverse variance compared to 3/12<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 initial quarter of the financial year needs 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><li>➤ To meet the Health Board’s Financial Plan for 2023/24, savings of £25.2m must be delivered. The total full year savings target is £30.9m, which includes an additional stretch target which if achieved would provide £5.7m towards additional cost pressures.</li></ul>
<div><u>Key Messages</u></div> <ul style="list-style-type: none"><li>➤ June position is reporting an in-month deficit of £16.6m, which is £5.4m higher than the profiled financial plan for Month 3 and an increase of £2.5m from Month 2 position. Year to date position as at the end of June is reporting a deficit of £42.9m, this represents a £9.3m adverse variance compared to 3/12<sup>th</sup> of the £134.1m core plan deficit. The £9.3m year to date deficit above plan relates to £3m non delivery of savings, £4m pay pressures, £1m Primary Care Dugs, £0.7m MH Out of Area Placements and £0.6m other.</li><li>➤ WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.</li><li>➤ Integrated Health Communities (IHC’s) and Services were required to submit improved savings deficit plans by 30<sup>th</sup> June 2023, which all were received apart from Diagnostics. Womens, Cancer and MHLTD have identified plans for their full target, but the remaining divisions need to submit action plans to close the remaining shortfall. The need for these action plans has been escalated.</li></ul>	



# Summary of Key Numbers

<div>Month 3 Position</div> <div>In Month £186.5m against plan of £181.1m. <b>£5.4m adverse position, actual deficit £16.6m versus planned deficit of £11.2m</b></div> <div>YTD: £521.2m against plan of £511.9m <b>£9.3m adverse position, actual deficit £42.9m versus planned deficit of £33.5m</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 3</div> <table><tr><td>West IHC</td><td>£4.2m adverse</td></tr><tr><td>Central IHC</td><td>£5.1m adverse</td></tr><tr><td>East IHC</td><td>£2.9m adverse</td></tr><tr><td>Womens</td><td>£0.1m favourable</td></tr><tr><td>MH &amp; LD</td><td>£1m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£0m favourable</td></tr><tr><td>ICD Primary Care</td><td>£0.2m adverse</td></tr><tr><td>ICD Regional Services</td><td>£0.5m adverse</td></tr><tr><td>Support Functions</td><td>£1.1m favourable</td></tr><tr><td>Other Budgets</td><td>£3.4m favourable</td></tr></table>	West IHC	£4.2m adverse	Central IHC	£5.1m adverse	East IHC	£2.9m adverse	Womens	£0.1m favourable	MH & LD	£1m adverse	Commissioning Contracts	£0m favourable	ICD Primary Care	£0.2m adverse	ICD Regional Services	£0.5m adverse	Support Functions	£1.1m favourable	Other Budgets	£3.4m favourable
West IHC	£4.2m adverse																					
Central IHC	£5.1m adverse																					
East IHC	£2.9m adverse																					
Womens	£0.1m favourable																					
MH & LD	£1m adverse																					
Commissioning Contracts	£0m favourable																					
ICD Primary Care	£0.2m adverse																					
ICD Regional Services	£0.5m adverse																					
Support Functions	£1.1m favourable																					
Other Budgets	£3.4m favourable																					
<div>Savings</div> <div>In-month: £2.5m against target of £2.1m <b>£0.4m favourable</b></div> <div>YTD: £3.2m against target of £6.3m <b>£3.1m adverse</b></div>	<div>Savings Forecast</div> <div>£12.4m against target of £25.2m</div> <div><b>£12.8m adverse worst case if no further savings delivered beyond current green schemes</b></div>	<div>COVID-19 Impact</div> <div>£3.1m cost YTD</div> <div>£16.6m forecast cost. Funded by Welsh Government <b>£NIL impact</b></div>																				
<div>Year to Date Income</div> <div>£37.3m against budget of £36.3m</div> <div><b>£1.0m Favourable</b></div>	<div>Year to Date Pay</div> <div>£269.1m against budget of £254.3m</div> <div><b>£14.8m Adverse</b></div>	<div>Year to Date Non-Pay</div> <div>£289.5m against budget of £294.0m (including planned deficit of £33.5m)</div> <div><b>£4.5m Favourable</b></div> <div></div>																				





# Revenue Position

- 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 which is a consequence of our cost pressures, decision-making processes, and delivery inefficiencies.
  - 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-investments.
- To deliver and improve on the £134.1m initial plan requires a number of actions to be taken, which were agreed in the budget, which are not yet fully implemented. Key actions are included below:
  - Cross-cutting theme plans, prioritisation of other improvement projects, review of development/investment expenditure, and review of COVID related expenditure formerly funded by WG but now unfunded.
  - Report on available benchmarking to the organisation and the Board and develop active use of benchmarking to support improvement.
  - Further refine local divisional integrated plans and develop and implement an updated performance and accountability framework.
- Further detail and the timescales for these actions is set out in the section of the special measures plan relating to improving the current year deficit. These actions have been further escalated at Executive Team and Health Board Leadership Team meetings.

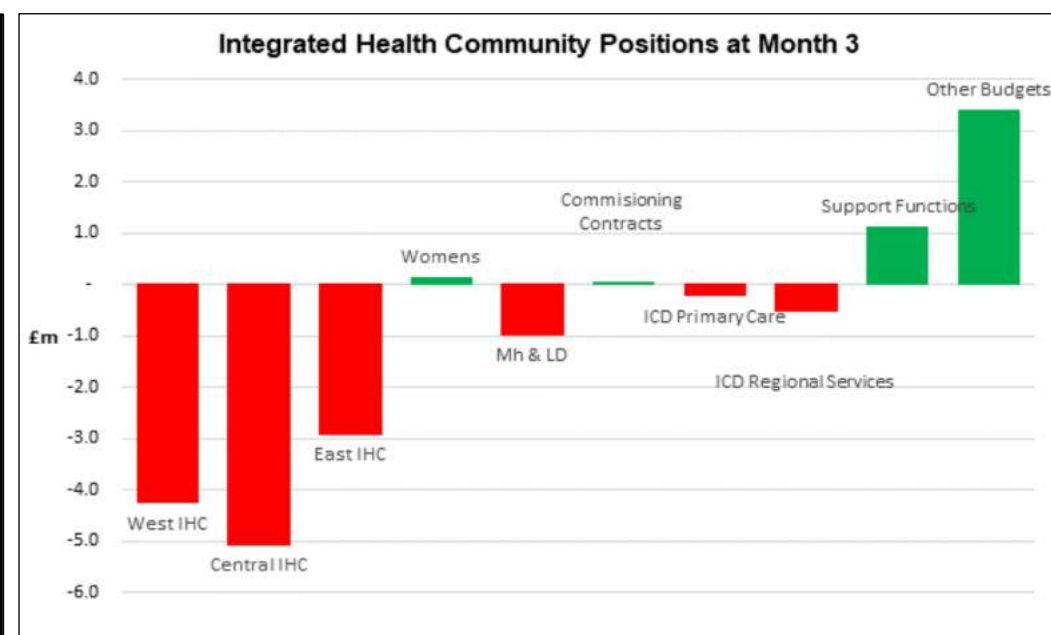
	Actual	Actual	Actual	2023/24 Cumulative against Plan				Forecast
	M1	M2	M3	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	%	Expenditure
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(478.4)	(478.4)	0.0	0.0%	(1,901.1)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(36.3)	(37.3)	-1.0	2.8%	(150.4)
Health Board Pay Expenditure	81.1	85.3	102.7	254.3	269.1	14.8	5.8%	1,029.9
Non-Pay Expenditure	92.0	100.5	97.0	260.4	289.5	29.1	11.2%	1,155.7
Planned Deficit				33.5	0.0	-33.5	(99.9)%	0.0
<b>Total Deficit / (Surplus)</b>	<b>12.2</b>	<b>14.1</b>	<b>16.6</b>	<b>33.5</b>	<b>42.9</b>	<b>9.4</b>		<b>134.1</b>

- In-month position is reporting a deficit of £16.6m, which is £5.4m higher than the profiled financial deficit for Month 3 and an increase of £2.5m from previous month's position. Year to date position as at the end of June is reporting a deficit of £42.9m, this represents a £9.3m adverse variance compared to 3/12<sup>th</sup> of the £134.1m core planned deficit.
- The £9.3m year to date deficit above plan relates to £3m non delivery of savings, £4m pay pressures, £1m Primary Care Dugs, £0.7m MH Out of Area Placements and £0.6m other.
- As per below graph, the assumption is that the financial position will return to the planned monthly deficit from Month 4 and the £9.4m will be recovered equally over the remaining months.



# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget	Actual	Variance to Plan	% Variance to Plan	Budget	Actual	Variance to Plan	% Variance to Plan	
	£000	£000	£000	£000	£000	£000	£000	£000	
WG RESOURCE ALLOCATION	(169,880)	(169,880)	0	0%	(478,379)	(478,379)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	160	98	62	-39%	(825)	283	(1,108)	-134%	(2,307)
West Area	16,817	17,714	(898)	-5%	47,437	48,206	(769)	-2%	(3,366)
Ysbyty Gwynedd	11,416	12,698	(1,282)	-11%	32,013	34,222	(2,209)	-7%	(8,092)
Facilities	1,419	1,477	(58)	-4%	3,552	3,715	(163)	-5%	(1,051)
Total West	29,811	31,987	(2,176)	-7%	82,177	86,427	(4,249)	-5%	(14,816)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	(475)	132	(607)	-128%	(1,690)	320	(2,010)	-119%	(9,021)
Central Area	22,556	22,962	(406)	-2%	61,894	62,133	(239)	0%	(300)
Ysbyty Glan Clwyd	14,652	15,902	(1,250)	-9%	40,656	43,437	(2,781)	-7%	(7,142)
Facilities	1,702	1,723	(21)	-1%	4,295	4,325	(30)	-1%	(167)
Total Central	38,436	40,720	(2,283)	-6%	105,154	110,215	(5,060)	-5%	(16,630)
EAST INTEGRATED HEALTH COMMUNITY									
Management	202	85	117	-58%	81	276	(195)	242%	(765)
East Area	24,680	25,298	(618)	-3%	69,224	70,101	(877)	-1%	(950)
Ysbyty Wrexham Maelor	12,173	13,057	(884)	-7%	33,613	35,119	(1,506)	-4%	(6,473)
Facilities	1,439	1,592	(154)	-11%	3,706	4,042	(336)	-9%	(1,341)
Total East	38,494	40,033	(1,539)	-4%	106,624	109,537	(2,913)	-3%	(9,530)
Total Midwifery and Women's Services	4,348	4,409	(61)	-1%	11,878	11,750	128	1%	(5)
Total Mental Health and LDS	15,834	15,828	6	0%	42,015	42,982	(968)	-2%	0
Total Commissioning Contracts	22,220	22,102	118	1%	67,162	67,154	8	0%	8
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	1,027	1,027	(0)	0%	2,666	2,569	97	4%	97
Dental North Wales	2,608	2,495	113	4%	7,824	7,826	(2)	0%	(200)
Community Dental Services	528	574	(46)	-9%	1,343	1,541	(199)	-15%	(796)
Other Primary Care	1,531	1,622	(91)	-6%	4,584	4,693	(108)	-2%	(265)
Total Integrated Clinical Delivery Primary care	5,694	5,718	(24)	0%	16,417	16,630	(213)	-1%	(1,164)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(1,856)	4	0%	(5,556)	(5,557)	1	0%	4
Diagnostic and Specialist Clinical Support	7,118	7,561	(443)	-6%	19,756	20,754	(998)	-5%	(3,142)
Cancer Services	5,708	5,538	170	3%	15,547	15,094	453	3%	12
ICD Regional Services Management	10	0	10	100%	10	0	10	100%	41
Total Integrated Clinical Delivery	10,984	11,243	(259)	-2%	29,757	30,290	(534)	-2%	(3,086)
Total Service Support Functions	14,695	14,856	(161)	-1%	40,747	39,651	1,096	3%	(4,300)
Total Other Budgets	542	(428)	970	179%	9,983	6,610	3,373	34%	49,522
Total	11,178	16,586	(5,408)	-48%	33,533	42,865	(9,332)	-28%	(9)



- The £9.3m year to date deficit above plan relates to £3.0m non delivery of savings, £4.0m Pay pressures, £1.0m Primary Care Drugs, £0.7m MH Out of Area placements and £0.6m other.
- Key impacts affecting divisional positions include additional pay costs. Variable pay costs, particularly Agency costs continues to increase, representing 6.6% of total pay and an increase of £0.3m from May. Month 3 agency expenditure is £0.9m higher than monthly average in 2022/23.
- Non Pay pressures continue within CHC and Out of Area placements due to more complex packages driving an increase in costs. In addition, Prescribing costs, non pay inflationary costs and non delivery of savings is also contributing to the non pay pressure.

Description	£m
Allocations Received	1,840.8
<b>Total Allocations Received</b>	<b>1,840.8</b>
Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation - Impairment	2.6
COVID-19	15.8
Removal of IFRS-16 Leases (Revenue)	- 4.2
Real Living Wage (Care Homes)	3.0
Substance Misuse	6.0
Clinical Excellence Awards	0.5
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
SDEC	1.6
Dispensing Fees increasing	1.5
Service Improvement Fund	4.5
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
A4C Recovery payment (one off non consolidated)	17.5
Repayment of the AME funding	- 4.1
TGS Cohort Doctors	1.0
Other	1.4
<b>Total Allocations Anticipated</b>	<b>60.3</b>
	£m
Total Allocations Received	1,840.8
Total Allocations Anticipated	60.3
<b>Total Welsh Government Income</b>	<b>1,901.1</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 £1,901.1m. £478.4m has been phased in to date, which is £3.1m more than 3/12<sup>th</sup> of the RRL (£475.3m). This is a net value of numerous items including the Recovery payments, less the return of the AME, etc.
- Confirmed allocations to date is £1,840.8m, with further anticipated allocations in year of £60.3m. This includes anticipated allocation of £16.6m for COVID-19, with £3.1m of COVID-19 income profiled into the cumulative position.
- The anticipated income has been reduced this month for the EASC and WHSCC pay award, which were already included in the allocation tables.
- The WG allocation received also 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).
- 2023/24 is the final year of the £42m Strategic Support Funding 3 year agreement.

COVID -19 Funding	£m
<b>Total 23/24 COVID-19 Forecast Expenditure</b>	<b>16.6</b>
Received	0.9
Anticipated	15.7





# Expenditure – Pay & Non-Pay

Pay Costs	2022-23			2023-24			Cumulative			Full Year Forecast Expenditure
	M10	M11	M12	Actual M01	Actual M02	Actual M03	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	12.0	11.9	21.4	11.7	12.4	14.9	36.9	39.1	(2.2)	149.9
Medical & Dental	18.6	18.6	31.1	18.8	20.0	24.1	53.4	62.8	(9.4)	241.2
Nursing & Midwifery Registered	24.5	24.9	43.1	24.6	25.8	31.1	79.5	81.5	(2.0)	312.0
Additional Clinical Services	11.8	12.2	22.0	12.0	12.5	15.0	38.9	10.6	28.2	40.8
Add Prof Scientific & Technical	3.1	3.1	6.1	3.2	3.4	4.1	11.4	39.5	(28.1)	150.8
Allied Health Professionals	5.4	5.4	10.0	5.6	5.8	6.9	16.6	18.3	(1.8)	69.8
Healthcare Scientists	1.3	1.3	2.2	1.3	1.4	1.7	4.5	4.4	0.1	16.6
Estates & Ancillary	3.8	3.9	6.7	3.8	4.0	4.8	12.9	12.6	0.4	48.0
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.0	0.9
<b>Health Board Total</b>	<b>80.8</b>	<b>81.5</b>	<b>142.6</b>	<b>81.1</b>	<b>85.3</b>	<b>102.7</b>	<b>254.3</b>	<b>269.1</b>	<b>(14.8)</b>	<b>1,029.9</b>
Other Services (Incl. Primary Care)	2.6	2.9	3.1	2.1	2.8	3.2	6.3	8.1	(1.8)	32.4
<b>Total Pay</b>	<b>83.4</b>	<b>84.4</b>	<b>145.7</b>	<b>83.2</b>	<b>88.1</b>	<b>105.9</b>	<b>260.6</b>	<b>277.1</b>	<b>(16.5)</b>	<b>1,062.3</b>

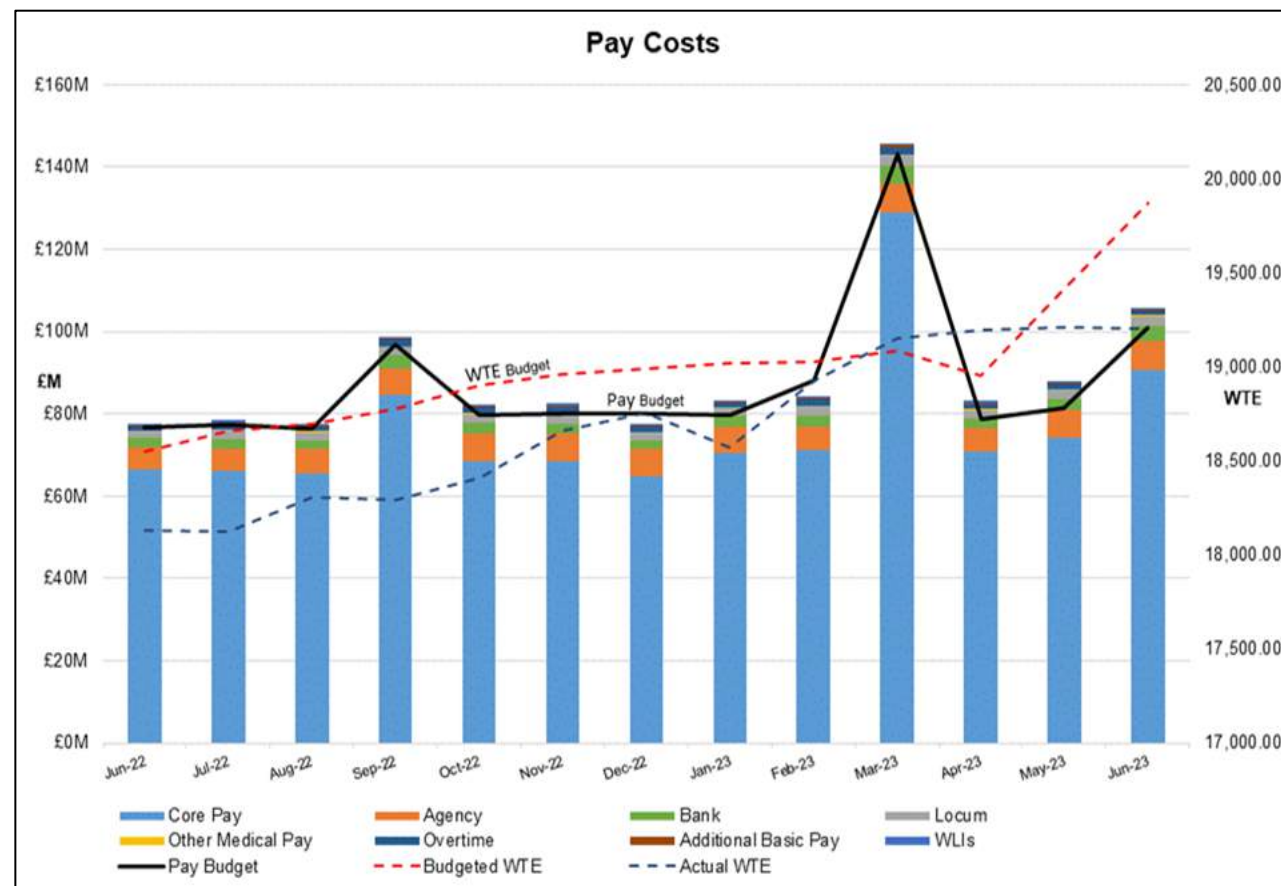
Non-Pay Costs	2022-23				2023-24			Cumulative			Full Year Forecast Expenditure
	M9	M10	M11	M12	Actual M1	Actual M2	Actual M3	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractors	18.9	19.7	19.0	17.6	18.6	18.2	18.9	55.8	55.8	0.1	223.1
Primary Care Drugs	10.2	10.4	10.3	11.8	9.3	10.4	11.4	31.8	31.1	0.8	126.0
Secondary Care Drugs	7.1	7.4	7.5	5.7	6.5	7.6	7.9	22.1	22.0	0.1	93.2
Clinical Supplies	6.7	6.0	6.0	7.3	6.4	7.1	7.5	19.7	21.0	(1.3)	80.4
General Supplies	6.1	2.9	4.8	6.8	3.6	3.6	4.0	11.2	11.3	(0.1)	43.2
HC Services Provided by Other NHS	27.9	27.2	31.1	26.1	26.2	28.1	27.6	81.9	81.9	(0.0)	326.1
Continuing Care and FNC	8.9	7.0	6.9	10.3	10.1	10.2	10.0	29.2	30.3	(1.1)	123.8
Other	9.0	10.2	9.8	10.2	8.7	10.7	5.8	31.3	25.2	6.1	96.3
<b>Non-pay costs</b>	<b>94.7</b>	<b>90.7</b>	<b>95.4</b>	<b>95.8</b>	<b>89.5</b>	<b>95.9</b>	<b>93.1</b>	<b>283.1</b>	<b>278.5</b>	<b>4.5</b>	<b>1,112.1</b>
AME/DEL Depreciation	3.1	3.1	3.1	8.4	2.5	4.5	3.9	10.9	10.9	0.0	43.6
<b>Total non-pay</b>	<b>97.8</b>	<b>93.8</b>	<b>98.5</b>	<b>104.2</b>	<b>92.0</b>	<b>100.4</b>	<b>97.0</b>	<b>294.0</b>	<b>289.4</b>	<b>4.5</b>	<b>1,155.7</b>

- **Provided Services Pay:** Expenditure has increased by £17.4m (16.9%) compared to Month 2, which mostly relates to the £17.5m A4C Non-consolidated NHS recovery payment paid in June.
- The forecast expenditure excludes the additional 5% 2023/24 Pay Award impact. WG has committed to fully fund pay rises during the year. The value of these is to be calculated, but this should not have a material impact on the overall forecast outturn position, although there is a risk that the actual cost increase will be greater than the funding.
- **Non-Pay Expenditure (excluding Capital Charges):** June expenditure is £93.1m, a reduction of £2.8m from Month 2. (Further detail on Non-Pay costs included on Slide 10)



# Expenditure – Pay

	2022-23						2023-24		
	Oct 23	Nov 23	Dec 23	Jan 23	Feb 23	Mar 23	Apr 24	May 24	Jun 24
Budgeted WTE	18,902.02	18,957.41	18,993.39	19,017.48	19,027.43	19,082.13	18,951.78	19,414.97	19,417.57
Actual WTE	18,410.69	18,659.66	18,754.90	18,575.59	18,927.03	19,150.56	19,193.32	19,210.82	19,205.94



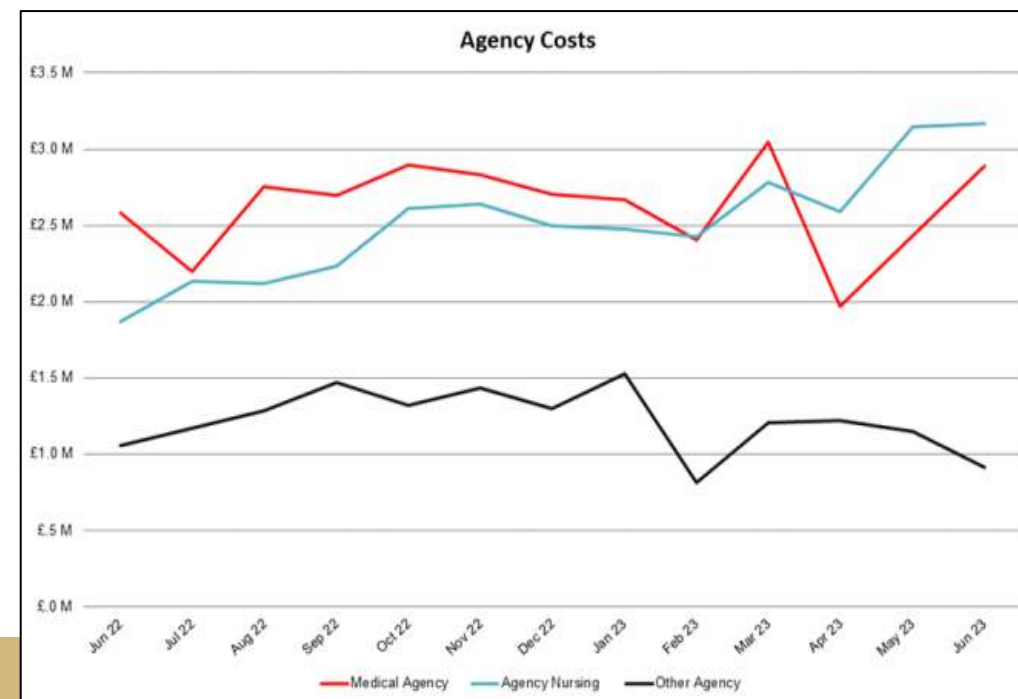
- Actual worked in June is 19,205.94wte, a reduction of 4.88wte from May. Actual WTE includes actual hours worked in the month including overtime, but excluding long term unpaid sickness and unpaid maternity leave.
- Variable Pay has increased by £1.4m from May and is £2.1m higher than the 2022/23 monthly average. Month 3 Variable Pay increases includes Agency £0.3m and Bank £0.9m, however £0.5m of the increase in Bank relates to the A4C Non Consolidated NHS Recovery payment.
- 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	2022-23			2022-23 Monthly Average Spend	2023-24			Total
	M10	M11	M12		M1	M2	M3	
	£m	£m	£m		£m	£m	£m	
Agency	6.7	5.6	7.0	6.1	5.8	6.7	7.0	19.5
Overtime	0.9	1.5	1.7	1.4	1.1	1.2	1.1	3.4
Locum	2.1	2.3	2.6	2.2	2.2	2.4	2.6	7.1
WLI's	0.4	0.5	0.5	0.4	0.4	0.4	0.5	1.4
Bank	2.5	2.8	4.4	2.6	2.3	2.7	3.6	8.6
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.2
Additional Hours	0.3	0.1	0.4	0.3	0.4	0.4	0.3	1.1
<b>Total</b>	<b>13.0</b>	<b>13.1</b>	<b>16.7</b>	<b>13.1</b>	<b>12.4</b>	<b>13.8</b>	<b>15.2</b>	<b>41.4</b>

# Pay Costs – Agency

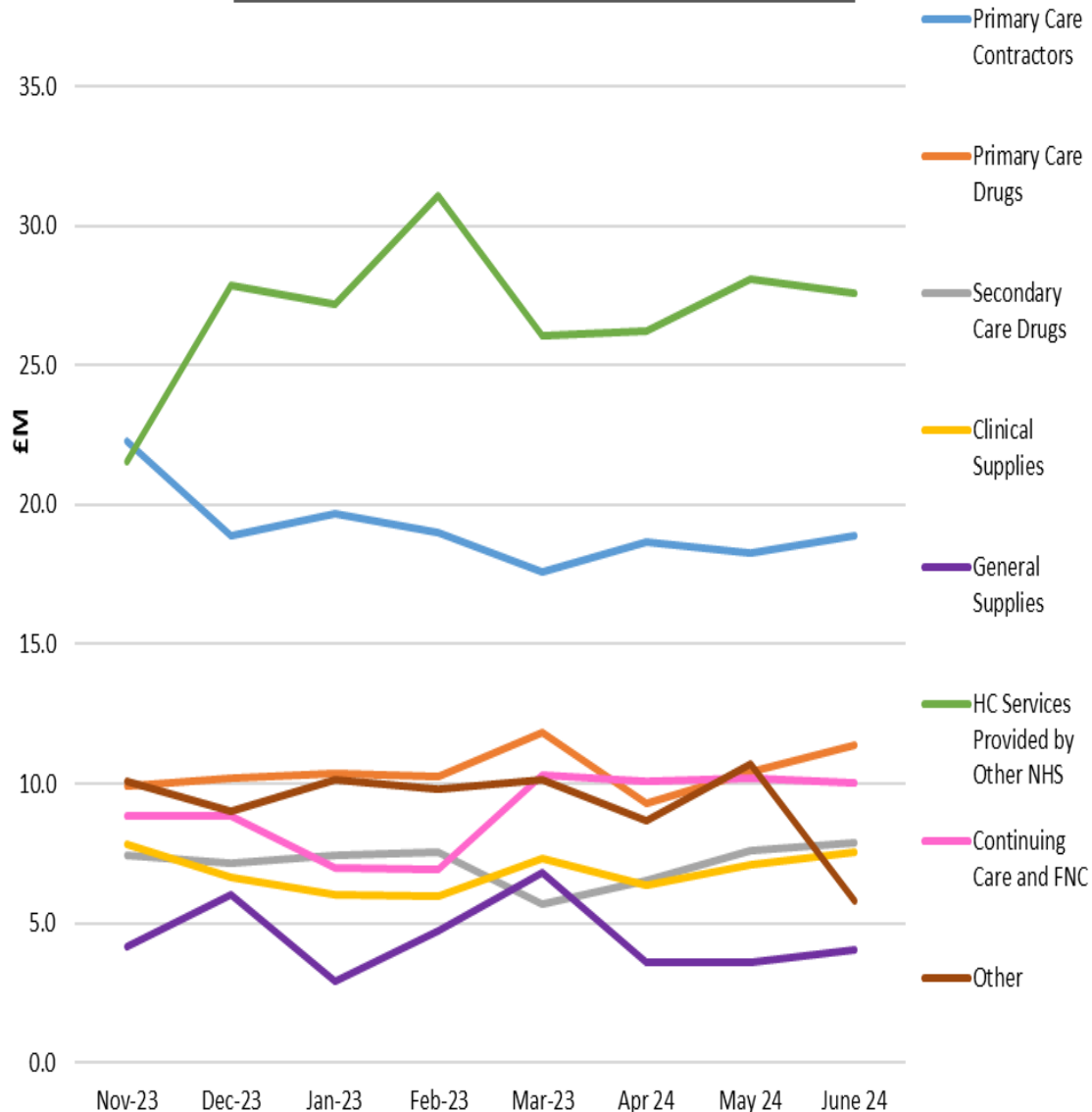
- Agency expenditure for June was £7.0m, representing 6.6% of total pay, an increase of £0.3m from May. Monthly average for Agency costs in 2022/23 was £6.1m. Agency expenditure annual forecast has reduced by £6.2m, from £86.2m in Month 2 down to £80.0m in Month 3. Two new innovations have been recently introduced, Wage stream and auto cascade, the impact of these will need to be monitored and assessed over future months.
- Medical Agency costs have increased by £0.5m to an in-month spend of £2.9m. Average monthly medical agency expenditure for 2022/23 was £2.5m. Main areas of Medical Agency spend are East Integrated Health Community (£1.0m), Central IHC (£0.6m), West IHC (£0.6m) and Mental Health (£0.5m) accounting for 92.0% of the month's spend, which is primarily used to cover vacancies.
- Nurse agency costs totalled £3.2m for the month, an increase of £0.1m from May. Agency Nursing continues to support the sustained pressures arising from unscheduled care, provide cover for the large number of vacancies and 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 (£1.0m in month), Ysbyty Wrexham Maelor (£0.8m), Ysbyty Gwynedd (£0.6m) and Mental Health (£0.3m), which together account for 84.6% of these costs in June.
- Other agency costs totalled £0.9m in June, a reduction of £0.2m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin and Clerical (£0.4m).

	22-23 Actual				23-24 Actual			Total Full Year Actual	Total Year to Date
	Jan-23	Feb-23	Mar-23		Apr-23	May-23	Jun-23		
West Area	112	211	155		148	281	202	2,136	630
Central Area	561	154	638		416	527	483	5,092	1,427
East Area	814	893	733		676	879	1069	9,425	2,624
Ysbyty Gwynedd	809	844	1023		884	1024	1057	8,644	2,964
Ysbyty Glan Clwyd	1552	1066	1807		1323	1757	1677	16,648	4,757
Ysbyty Maelor Wrexham	1105	1029	1041		851	922	1038	11,700	2,810
Mental Health & LDS	740	665	827		629	602	729	7,593	1,959
Womens	245	265	314		226	130	126	2,704	481
Other	731	515	1021		619	600	592	8,797	1,811
<b>Total Agency</b>	<b>6,669</b>	<b>5,642</b>	<b>7,559</b>		<b>5,771</b>	<b>6,721</b>	<b>6,972</b>	<b>72,740</b>	<b>19,464</b>



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



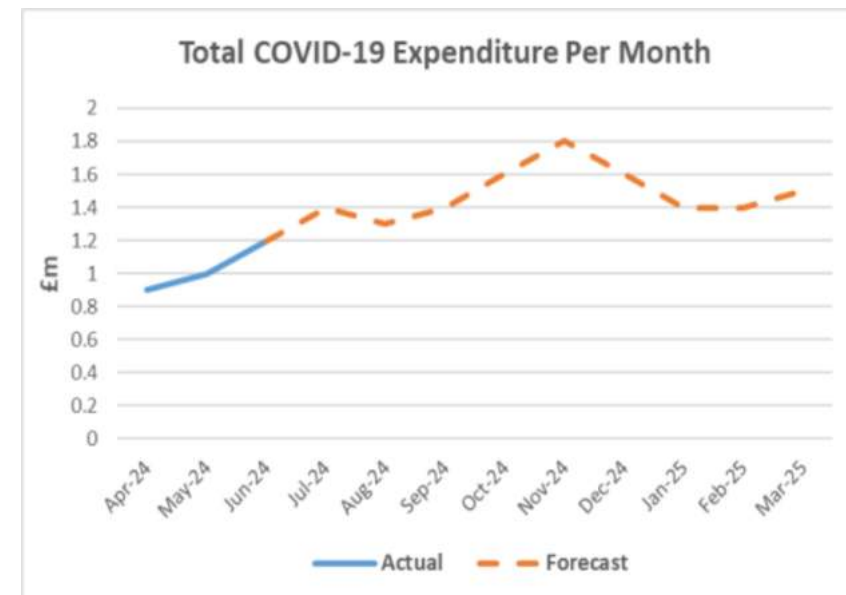
- **Primary Care Contractor:** Expenditure is £0.7m (3.5%) higher than May. Pressures remain within General Medical Services (GMS) arising from Managed Practices increased locum costs, nursing and pharmacy dispensing cost of drugs and fees. Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, but no additional funding has yet been received for 2023/24.
- **Primary Care Drugs:** Expenditure has increased by £1.0m (8.8%) from May. The increase in the Month 3 prescribing position is due to an adjustment of £0.8m for under accrued costs in April, together with an increase in the 3-month rolling average cost per prescribing day which is used to calculate the monthly accrual. Also, significant pressures remain due to a high number of common products included on the No Cheaper Stock Obtainable (NCSO) List.
- **Secondary Care Drugs:** Month 3 expenditure is £7.9m, an increase of £0.3m (3.2%) from previous month and annual forecast has increased by £3.5m. There is a general increase across all specialties, however £1.6m of the increase in Secondary Care Drugs is reported within Oncology and Hematology Drugs. Cancer drugs costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines.
- **Healthcare Services provided by Other NHS Bodies:** Month 3 expenditure is £0.5m (1.7%) less than previous month, however annual forecast has increased by £1.2m which predominately relates to Mental Health Out of Area Placements. This continues to be an area of high concern and increase in complexity of packages leading to higher costs.
- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure in June is £10.0m, a reduction of £0.2m (2.2%) from previous month. Annual forecast has increased by £6.2m due to the impact of CHC fees inflation. Despite an in-month reduction in expenditure, pressures remain within CHC & FNC, with an increase of 14 Packages of Care (PoC) in the Integrated Health Communities (IHC's).
- **Other:** Expenditure is £4.9m less than previous month, which is due to the full return of the AME funding from 22/23 being anticipated at Month 3.



# Impact of COVID-19

- Total year to date COVID expenditure for WG funded programmes is £3.1m and full year forecast spend is £16.6m. This includes the transition of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE, Long Covid and Nosocomial. This is funded by £16.6m of Welsh Government (WG) funding.
- All COVID programmes expenditure plans are still to be finalised and work is ongoing to firm up all COVID forecast costs.
- Mass Vaccination costs are forecast to remain within funding but there is a potential for additional spend in relation to Primary Care Support of £0.3m which is not currently in the position. Mass Vaccination guidance is still pending with regards to timescales of the Autumn booster delivery. Further discussions will take place with the policy lead.
- Elements of the Health Protection Plans are still under discussion with £1.1m to be firmed up and discussed with Policy Leads.
- As per the Financial Plan, additional funding of £13.348m has been allocated to Divisions for COVID costs outside of Welsh Government COVID funding.

	Year to Date Expenditure £m	Forecast at Month 3 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.4	3.4
COVID-19 Vaccination (Immunisation) Programme	2.3	9.4
Nosocomial, PPE, Long COVID & Other	0.4	3.8
<b>Total COVID-19 Expenditure</b>	<b>3.1</b>	<b>16.6</b>
Welsh Gov COVID-19 Income	3.1	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 (Gap plus Red plus pipeline).	£12.8m	Medium
2	Assumed Disinvestment - QIA reviews result in some limitations to planned dis-investments.	£2.0m	Medium
3	Failure to mitigate the run rate above plan (operational pressures).	£36.0m	High
4	Costs of addressing special measures status are incurred and not funded by WG, e.g. ligature costs.	£1.0m	Medium
5	Inability to deliver Mitigating actions relating to GMS/energy/GDS costs in the position.	£4.0m	Medium
6	Emergency pressures above plan (including winter)	£12.0m	High
7	Potential additional excess costs above plan e.g. energy and inflation.	£10.0m	Medium
	<b>Total Quantifiable Risks</b>	<b>£77.8m</b>	
	<b>Other non-quantified risks</b>		
	New legislative requirements around hospital waste	TBC	High
	Risk of Pressures on the New Treatment Fund	TBC	Medium
	Further critical planned care improvement cannot be delivered within the £27m funding	TBC	Medium
	Limited ability to deliver the clinical strategy and revised patient pathways within available resources	TBC	Medium
	OPPORTUNITIES	£m	Level
1	Reduce / Review current investments	TBC	Low
2	Achievement of greater savings through the plan and approach outlined in the financial plan	TBC	Low
3	Seek to deliver a greater level of non-recurring underspends	TBC	Medium
	<b>Total Opportunities</b>	<b>TBC</b>	
	<b>NET RISK</b>	<b>TBC</b>	

- There is a need to review the risk scoring of the Planned Care Recovery Cost exceeding the £27.1m funded from Welsh Government (Ref CRR23-49) and the risk of failure to remain within the £134.1m overspend (Ref CRR23-51).
- The Health Board is expecting WG to be in a position to provide strategic cash support for the resource deficit of £134.1m. (Ref CRR23-52).



# Capital

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
	<b>Gross expenditure</b>						
	<b>All Wales Capital Programme: Schemes:</b>						
1	Wrexham Redevelopment	34	24	(10)	0	675	675
2	Imaging	(6)	13	19	0	0	0
3	Nuclear Medicine	129	176	47	373	340	(33)
4	Linacs	0	0	0	0	0	0
5	Ablett Unit	562	528	(34)	1,688	2,073	385
6	ambulance	0	0	0	71	71	0
7	Orthopaedic Hub	0	0	0	839	839	0
8	Conwy Llandudno Centre	0	0	0	600	504	(96)
9	EFAB-Infrastructure	41	22	(19)	2,248	2,190	(58)
10	EFAB-Decarbonisation	0	0	0	360	361	1
11	EFAB-Fire	171	0	(171)	1,716	1,716	0
12	Enlli Ward	0	0	0	0	130	130
13	Mortuary	0	0	0	0	211	211
	<b>Sub Total</b>	<b>931</b>	<b>763</b>	<b>(168)</b>	<b>7,895</b>	<b>9,110</b>	<b>1,215</b>
	<b>Discretionary:</b>						
43	I.T.	629	110	(519)	2,262	2,262	0
44	Equipment	142	245	103	2,306	2,191	(115)
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	415	1,603	1,188	6,831	5,731	(1,100)
47	Other	0	0	0	0	0	0
	<b>Sub Total</b>	<b>1,186</b>	<b>1,958</b>	<b>772</b>	<b>11,399</b>	<b>10,184</b>	<b>(1,215)</b>
	<b>Other Schemes (Including IFRS 16 Leases):</b>						
49	Donated	0	0	0	542	542	0
50	Internally Generated	0	0	0	0	0	0
51	IFRS16	0	0	0	0	0	0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>542</b>	<b>542</b>	<b>0</b>
	<b>Total Expenditure</b>	<b>2,117</b>	<b>2,721</b>	<b>604</b>	<b>19,836</b>	<b>19,836</b>	<b>0</b>
	<b>Donations:</b>						
77	Donated	0	0	0	542	542	0
78	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>542</b>	<b>542</b>	<b>0</b>
91	<b>Technical Adjustments</b>			<b>0</b>			<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>2,117</b>	<b>2,721</b>	<b>604</b>	<b>19,294</b>	<b>19,294</b>	<b>0</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(16,573)</b>			<b>0</b>	

- The approved Capital Resource Limit (CRL) for 2023/24 is £19.294m. Year to date expenditure is £2.7m against a year to date plan of £2.1m.
- The 23/24 Forecast Capital Bid for IFRS 16 Leases, including those approved by PFIG, is due to be submitted to WG on the 31 July.



# Balance Sheet

	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Jun-23 £'m	Forecast Closing Balance End of Mar-24 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	706.9	698.8	691.1
Intangible assets	1.5	1.4	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	787.3	779.1	771.6
<b>Current Assets</b>			
Inventories	20.3	20.6	20.3
Trade and other receivables	77.4	76.3	92.4
Cash and cash equivalents	2.9	4.8	-131.2
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	100.6	101.7	-18.5
<b>TOTAL ASSETS</b>	887.9	880.8	753.1
<b>Current Liabilities</b>			
Trade and other payables	237.9	196.9	218.2
Provisions	34.3	49.4	49.3
Current Liabilities sub total	272.2	246.3	267.5
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	615.8	634.5	485.5
<b>Non-Current Liabilities</b>			
Trade and other payables	28.7	28.7	28.7
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	105.4	105.4	105.4
<b>TOTAL ASSETS EMPLOYED</b>	510.4	529.2	380.2
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	306.2	325.0	167.9
Revaluation Reserve	204.2	204.2	212.2
<b>Total Taxpayers' Equity</b>	510.4	529.2	380.2

## Cash Flow Forecast

- The closing cash balance as at 30<sup>th</sup> June 2023 was £4.814m, which included £3.493m cash held for revenue expenditure and £1.321m for capital projects.
- The Health Board is currently forecasting a closing cash shortfall for 2023-24 of £131.220m consisting of £132.620m revenue cash shortfall (although to maintain the same opening cash balance £134.1m would be requested as strategic cash assistance) offset by an £1.400m capital cash balance. The significant revenue cash shortfall presents a material risk to the organisation until strategic cash support is confirmed.





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

Month 3 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 £5.4m higher than the profiled financial deficit for Month 3 and an increase of £2.5m from previous month's position. The year-

# 1. FINANCIAL POSITION



to-date position as at the end of June is reporting a deficit of £42.9m, this represents a £9.3m adverse variance compared to 3/12<sup>ths</sup> of the £134.1m core planned deficit.

- The key reasons for the in-month overspend above plan of £5.4m is due to a range of cost pressures Pay pressures of £4.0m, Primary Care Drugs £1.0m and MH Out of Area placements (Health care provided by other NHS bodies) £0.7m, offset by a reduction in Secondary Care Drugs of £0.3m.
- The £9.3m year to date deficit above plan relates to £3m non delivery of saving, £4m of pay, £1m of drugs, £0.7m MH out of area and £0.6m other.
- The in year additional pressures above plan are currently being reported as non recurring, this will be reviewed in future months.

## 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 initial quarter of the financial year needs to be recovered in 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 £183.1m for June, an increase of £11.4m (6.2%) from May. The Revenue Resource Limit (RRL) is £169.9m, an increase of £10.1m (5.9%) from May. Further details are included in Section 7 (Table E).

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

- Expenditure totals £199.7m for June, an increase of £13.9m (6.9%) from May. This compares to a monthly average of £178.6m in 2022/23.
- The areas of significant increase in spend compared to May are Provided Services Pay (£17.4m), Primary Care Drugs & Appliances (£1.0m), Primary Care Contractor (£0.7m) and

# 1. FINANCIAL POSITION



Secondary Care Drugs (£0.3m). Offsetting these are reductions in Losses, Special Payments and Irrecoverable Debts (£4.3m), DEL Depreciation\Accelerated Depreciation\Impairments (£0.7m), Healthcare Services Provided by Other NHS Bodies (£0.5m) and Continuing Care and Funded Nursing Care (£0.2m). Further detail on key movements in spend is provided in the below table.

- Expenditure of £1.2m is directly related to COVID-19 in June, an increase of £0.2m from May.

<b>Income</b>	<ul style="list-style-type: none"> <li>• Total income increased compared to previous forecast by £16.8m This corresponds to a number of forecast increases below.</li> </ul>
<b>Primary care Contractor</b>	<ul style="list-style-type: none"> <li>• June expenditure is £0.7m (3.5%) higher than May and annual forecast has also increased by £0.6m.</li> <li>• Pressures remain within General Medical Services (GMS) arising from Managed Practices increased locum costs, nursing and pharmacy dispensing cost of drugs and fees. Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, but no additional funding has yet been received for 2023/24. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.</li> <li>• General Dental Services (GDS) is reporting an adverse variance against the £7.6m patient charge target due to activity levels remaining below pre-COVID levels. Current WG PCR income target is unrealistic and set at pre-Covid levels thereby causing YTD pressures, but this is being mitigated by dental contract handbacks.</li> </ul>
<b>Primary care – Drugs &amp; Appliances</b>	<ul style="list-style-type: none"> <li>• Month 3 expenditure is £1.0m (8.8%) higher than the previous month £0.7m higher than forecast for the month. The increase in the Month 3 prescribing position is due to an adjustment of £0.8m for April under accrued costs, together with an increase in the 3-month rolling average cost per prescribing day which is used to calculate the monthly accrual.</li> <li>• Also, significant pressures remain due to a high number of common products included on the No Cheaper Stock Obtainable (NCSO) List.</li> <li>• June estimate is based on 21 prescribing days compared to 21.5 in May.</li> <li>• Following receipt of April prescribing data, the Average Cost per Prescribing Day has increased by +9.6%, April was £0.570m compared to £0.520m for March. The 3-month Average Cost per Prescribing Day in April has also increased by +2.8%.</li> <li>• The Average Cost per Item prescribed increased in April to £7.55 per item compared to £7.52 per item for March.</li> <li>• The overall number of Items Prescribed per Prescribing Day has increased by +9.2%; April had 75,533 items prescribed compared to 69,195 in March.</li> </ul>



# 1. FINANCIAL POSITION



	<ul style="list-style-type: none"> <li>The 3-month Average Items Prescribed per Prescribing Day has increased from 69,411 to 71,371 (+2.8%).</li> </ul>
<b>Provided Services – Pay</b>	<ul style="list-style-type: none"> <li>Provided Services Pay expenditure has increased by £17.4m (16.9%) from Month 2 expenditure and is £18.0m higher than forecast for the month. Annual Forecast has also increased by £18.3m.</li> <li>Most of these increases relate to the £17.5m A4C non-consolidated NHS recovery payment paid in June.</li> </ul>
<b>Provider Services Non-Pay</b>	<ul style="list-style-type: none"> <li>June expenditure is £18.4m and is in line with previous month spend, however Month 3 expenditure is £1.8m higher than forecast for the month, which is mainly due to shortfall in savings against planned delivery.</li> <li>Energy forecast has increased by £0.9m, however total annual forecast has decreased by £11.7m, which circa £8.9m relates to the mitigating actions still to be finalised, and the balance is partly funding the CHC increase.</li> </ul>
<b>Secondary care Drugs</b>	<ul style="list-style-type: none"> <li>Month 3 expenditure is £7.9m, an increase of £0.3m (3.2%) from previous month. Annual forecast has increased by £3.5m. There is a general increase across all specialties, however £1.6m of the increase in Secondary Care Drugs is reported within Oncology and Haematology Drugs. Cancer drugs costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines.</li> </ul>
<b>Healthcare Services provided by other NHS Bodies</b>	<ul style="list-style-type: none"> <li>Month 3 expenditure is £0.5m (1.7%) less than previous month and is £0.5m higher than forecast for the month. The £1.2m forecast increase predominately relates to Mental Health Out of Area Placements which continues to be an area of high concern and increase in complexity of packages leading to higher costs.</li> </ul>
<b>Continuing Health care (CHC) and Funded Nursing care (FNC)</b>	<ul style="list-style-type: none"> <li>Expenditure in June is £10.0m, a reduction of £0.2m (2.2%) from previous month and is £0.4m higher than forecast for the month. Annual forecast has increased by £6.2m due to CHC fees inflation approval by the HB.</li> <li>Despite an in-month reduction in expenditure, pressures remain within CHC &amp; FNC, with an increase of 14 Packages of Care (PoC) in the Integrated Health Communities (IHC's).</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>June expenditure is in line with previous month. Month 3 expenditure is £1.0m less than forecast for the month, however annual forecast has</li> </ul>



# 1. FINANCIAL POSITION



	increased by £1.4m due to additional commissioning including Endoscopy insourcing.
<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 higher than 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 £4.3m less than previous month. This is due to the full return of the AME funding from 22/23 being anticipated at Month 3.</li></ul>
<b>Capital</b>	<ul style="list-style-type: none"><li>• Includes depreciation and impairment costs which are fully funded. Annual forecast has increased by £1.5m due to additional funding received for the Orthopaedic Hub, donated income forecast inclusion and additional schemes identified for discretionary spend.</li></ul>

- The forecast expenditure excludes the additional 5% 2023/24 Pay Award impact. WG has committed to fully fund pay rises during the year. The value of these is to be calculated, but this should not have a material impact on the overall forecast outturn position, although there is a risk that the actual cost increases are greater or less than the funding.
- An assessment has been made on the value of energy costs in 2023/24 over 2022/23 recurrent budgets. The increases in 2022/23 were funded on a non-recurring basis by WG, but this funding has not been provided in 2023/24. At the time budget was approved, the energy forecast for 2023/24 was estimated at £24.9m (based on NWSSP forecasts); however, a revised forecast provided by NWSSP has reduced the pressure by £4.8m to £20.1m in Month 2, which has subsequently increased to £20.9m in Month 3. The increase in forecast at Month 3 is essentially due to the wholesale market price for gas having increased throughout June. The forecasts are based on data provided by the current supplier (British Gas) through to 31st March, though their contract terminates on 30th September 2023. A revised forecast for the second half of the year will be provided by the new supplier (Crown Commercial Services) prior to the contract commencing, therefore the outturn forecast is subject to risk. The forecast outturn does not include the gain from the sale of forward-purchases of energy with British Gas for periods which are now beyond their contract; the options are being sold before the British Gas contract ends. The benefit from the sale will be included in future forecasts once all tranches have been sold there is greater clarity on the amount distributed to the health board.

## 1.6 Performance and Transformation Strategic Support

# 1. FINANCIAL POSITION



- 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 forecast expenditure. The increase within the Month 12 expenditure profile is due to a small number of plans that still need to be refined, including a piece of work dovetailing the phasing of these plans and the SOCNE.

	Actual			Forecast									Total
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Pay	1.7	2.8	2.4	3.5	2.8	2.8	2.8	2.8	2.9	2.9	2.9	5.8	36.1
Non-Pay	0.1	0.3	0.2	0.3	0.3	0.3	0.5	0.5	0.6	0.7	0.7	1.4	5.9
<b>Total</b>	<b>1.8</b>	<b>3.1</b>	<b>2.6</b>	<b>3.8</b>	<b>3.1</b>	<b>3.1</b>	<b>3.3</b>	<b>3.3</b>	<b>3.5</b>	<b>3.6</b>	<b>3.6</b>	<b>7.2</b>	<b>42.0</b>

## 1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any Accountancy Gains in June.

## 1.8 COVID-19 (Table B3)

- Total year to date COVID expenditure for WG funded programmes is £3.1m 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 are still to be finalised and work is ongoing to firm up all COVID forecast costs.
- Mass Vaccination costs are forecast to remain within funding but there is a potential for additional spend in relation to Primary Care Support of £0.3m which is not currently in the position. Mass Vaccination guidance is still pending with regards to timescales of the Autumn booster delivery. Further discussions will take place with the policy lead.
- Elements of the Health Protection Plans are still under discussion with £1.1m to be firmed up and discussed with Policy Leads.
- The increase in Testing Costs is due to two months supplies being ordered. In future months they will be procured monthly.

## 1. FINANCIAL POSITION



- Currently all PPE costs are not captured in the year-to-date position, and this will be corrected at month 4 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:

	Year to Date Spend	Forecast at Month 3
	£m	£m
Health Protection (incl Testing, Tracing and Surveillance)	0.4	3.4
COVID-19 Vaccination (Immunisation) Programme	2.3	9.4
Nosocomial, PPE, Long COVID & Other	0.4	3.8
<b>Total COVID-19 Expenditure</b>	<b>3.1</b>	<b>16.6</b>
Welsh Gov COVID-19 Income	(3.1)	(16.6)
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>

## 2. UNDERLYING POSITION



### 2.1 Underlying Position (Table A & A1)

- 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.
- New in year pressures and mitigations updated within Table A include:
- Line 27 – Savings still to be finalised of £12.85m being a gap of £3.7m, £3.9m pipeline and £5.2m Red schemes.
- Line 29 – Pay pressures of £4.m for April, May and June, but stated in June due to inability to change previous periods.
- Line 30 – Primary Care Drugs of £1m, of which £0.8m is due to under-accrued costs relating to 22/23.
- Line 31 – MH out of area costs are £0.7m, again with elements relating to previous months.
- Line 32 – These are the mitigating actions still to be finalised relating to the above.
- Line 36 – £3.8m of Mitigating actions to be finalised (to cover GMS and minor shortfall on forecast savings and energy)
- Line 35 - Table A has also been updated to reflect the latest Energy forecast, which has resulted in a non- recurrent cost pressures of £0.9m compared to the Month 2 forecast.
- Line 37 – This is the increased energy costs as per the latest NWSSP forecast.
- Line 38 & 39 – GMS forecast overspend of £2.7m and GDS overspend of £0.2m.
- The forecast outturn is reporting a deficit of £134.1m. To deliver and improve on the £134.1m initial plan requires a number of actions to be taken, which were agreed in the budget, and are not yet fully implemented. Key actions are included below:
  - Cross-cutting theme plans, prioritisation of other improvement projects, review of development/investment expenditure, and review of COVID related expenditure formerly funded by WG but now unfunded.
  - Report on available benchmarking to the organisation and the Board and develop active use of benchmarking to support improvement.

## 2. UNDERLYING POSITION



- Further refine local divisional integrated plans and develop and implement an updated performance and accountability framework.
- Further detail and the timescales for these actions is set out in the section of the special measures plan relating to improving the current year deficit. These actions have been further escalated at Executive Team and Health Board Leadership Team meetings.

## 3. RISK MANAGEMENT



### 3.1 Risk Management (Table A2)

- There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. The below are risks to the Health Board's financial position for 2023/24.

	£m	Level
<b>Risks</b>		
Failure to deliver planned savings not yet identified (Gap plus Red plus pipeline)	£12.8m	Medium
Assumed Disinvestment - QIA reviews result in some limitations to planned dis-investments	£2.0m	Medium
Failure to mitigate the run rate above plan (operational pressures)	£36.0m	High
Costs of addressing special measures status are incurred and not funded by WG, e.g. ligature costs.	£1.0m	Medium
Inability to deliver Mitigating actions relating to GMS/ energy / GDS costs in the position.	£4.0m	Medium
Emergency pressures above plan (including winter)	£12.0m	High
Potential additional excess costs above plan e.g. energy and inflation.	£10.0m	Medium
<b>Total Quantifiable Risks</b>	<b>£77.8m</b>	
<b>Other non-quantified risks</b>		
New legislative requirements around hospital waste	TBC	High
Risk of Pressures on the New Treatment Fund	TBC	Medium
Further critical planned care improvement cannot be delivered within the £27m funding	TBC	Medium
Limited ability to deliver the clinical strategy and revised patient pathways within available resources	TBC	Medium

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

	£m	Level
<b>Opportunities / mitigations for the identified risks</b>		



### 3. RISK MANAGEMENT

Reduce / Review current investments	TBC	Low
Achievement of greater savings through the plan and approach outlined in the financial plan	TBC	Low
Seek to deliver a greater level of non-recurring underspends	TBC	Medium
<b>Total Opportunities</b>	<b>TBC</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 fully spent. Some of the funds do have expenditure which is yet to be committed. Actual performance against plans will continue to be monitored monthly and used to inform future forecasts.
- In relation to the sustainability funding, there is currently a minor forecast overspend which will be reviewed next month. The early variances are due to the plan values being outdated, but we are reflecting the original MDS.
- Value based funding has a small element of planed expenditure still to be finalised.
- 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.
- Urgent Emergency Care – further work required to refine profile.
- SIF funding has been received, but due to the timing this has not completed in Table P for now.



## 5. AGENCY/LOCUM EXPENDITURE



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

- Agency expenditure for Month 3 is £7.0m, representing 6.6% of total pay, an increase of £0.3m from May. The monthly average for Agency costs in 2022/23 was £6.1m. Agency annual expenditure forecast has reduced by £6.2m, from £86.2m in Month 2 down to £80.0m in Month 3. Two new innovations have been recently introduced, Wage stream and auto cascade, the impact of these will be assessed in future months.
- Medical Agency costs have increased by £0.5m to an in-month spend of £2.9m. The average monthly medical agency expenditure for 2022/23 was £2.5m. The main areas of Medical Agency spend are East Integrated Health Community (£1.0m), Central IHC (£0.6m), West IHC (£0.6m) and Mental Health (£0.5m) accounting for 92.0% of the month's spend. Medical Agency is primarily used to cover vacancies.
- Nurse agency costs totalled £3.2m for the month. Despite Month 3 Nurse Agency costs only reporting an increase of £0.1m from May, this 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 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 (£1.0m in month), Ysbyty Wrexham Maelor (£0.8m), Ysbyty Gwynedd (£0.6m) and Mental Health (£0.3m), which together account for 84.6% of these costs in June.
- Other agency costs totalled £0.9m in June, an increase of £0.3m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin and Clerical (£0.4m).

## 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 an additional £5.7m to mitigate additional cost pressures. The target has been profiled on equal twelfths basis.
- Integrated Health Communities (IHC's) and Services were required to submit improved savings plans by 30<sup>th</sup> June 2023, which all were received apart from Diagnostics. Womens, Cancer and MHL D have identified plans for their full target, but the remaining divisions need to submit action plans to close the remaining shortfall. The need for these action plans has been escalated.
- The Full Year Savings Plan (FY Plan) now totals £21.5m, up £3.4m on Month 2. This includes Pipeline and Red schemes.
- The strong push to submit individual savings scheme documentation has also delivered an increase in the value of Green schemes. The full year Plan value of Green schemes totals £12.4m. This represents an increase of £6.6m on Month 2. The proportion of recurring savings has increased, which now totals £11.5m.
- The total value of Red schemes stands at £5.2m. Of this, c.£4.4m relates to schemes for which documentation has been submitted, reviewed and challenged. A further £3.9m of opportunities in the updated Savings Plans is currently rated as 'Pipeline 23-24'.
- Whilst the cross-cutting schemes are essential to support the movement to a sustainable financial model, it will be equally important to deliver in year cost benefits, to create the headroom to deliver financial plan in year with the following in progress:
  - Freeze on all non-patient facing recruitment and review, freeze and cessation of interim contracts, with oversight by an establishment control group to ensure no patient safety risk.
  - Review of all funded developments in 2023/24, resourcing only unavoidable cost pressures or patient safety risk.
  - Review of Waiting List Initiative expenditure for the financial year, with expenditure only committed where patient safety risks are evident.
  - Balance sheet and reserves review for all Divisions and the central ledger, to assure all non-recurrent mitigations are known and deployed as required.
  - Enhanced oversight of Cost Improvement Performance (CIP) through performance forums in place within the Health Board and development of the Program Management Office (PMO).
  - A review of the Scheme of Delegation throughout the Health Board and a full review and sign off by Divisions of financial plans to equate to the £134m plan deficit.

## 6. SAVINGS



- A new Performance and Finance Delivery Group is being established which will receive and challenge local expenditure, savings, workforce and performance plans and delivery.

## 7. INCOME ASSUMPTIONS



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

- The Month 3 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 £1,901.1m. £478.4m has been phased in to date, which is £3.1m more than 3/12<sup>th</sup> of the RRL (£475.3m). This is a net value of numerous items including the Recovery payments, less the return of the AME, etc.
- Confirmed allocations to date is £1,840.8m, with further anticipated allocations in year of £60.3m. This includes anticipated allocation of £16.6m for COVID-19, with £3.1m of COVID-19 income profiled into the cumulative position.
- The anticipated income has been reduced this month for the EASC and WHSCC pay award, which was already included in the allocation tables.

## 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 has commenced with 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 during 2023-24 are as follows:

#### Movements at Month 3 2023-24

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

Cash and cash equivalents have increased by £1.901m to £4.814m during the year, made up of an increase of £1.980m in revenue cash and a decrease of £0.079m in capital cash.

The closing cash balance of £4.814m at Month 3 consisted of £3.493m revenue cash and £1.321m cash for capital projects.

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

Trade and other payables decreased by £40.927 to Month 3 made up of a reduction in revenue payables of £36.755m and a reduction in capital payables of £4.172m.

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 and the payment of two primary care pharmaceutical feeds during June as the first day of July was a non-working day.

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

Increases of £15.078m 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 (see above). Provisions for clinical negligence and personal injury claims increased by £18.569m during the first quarter of 2023-24.

#### 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)**

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



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 £4.172m 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.

Forecast reduction in current and non-current trade and other payables	£m
Balance B/F 1 <sup>st</sup> April 2023	266.557
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	(4.172)
<b>Forecast Balance C/F 31<sup>st</sup> March 2024</b>	<b>246.914</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)

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



### Aged Debtors (Table M)

- At the end of Month 3 2023-24 the Health Board held one outstanding NHS Wales invoice for £3,469.00 that was over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. This related to the VAT element of an invoice that had been part paid and Welsh Government has confirmed that the remaining amount will be paid shortly.



## 10. CASH



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

- The closing cash balance as at 30<sup>th</sup> June 2023 was £4.814m, which included £3.493m cash held for revenue expenditure and £1.321m for capital projects.
- The Health Board is currently forecasting a closing cash shortfall for 2023-24 of £131.220m consisting of £132.620m revenue cash shortfall (although to maintain the same opening cash balance £134.1m would be requested as strategic cash assistance) offset by an £1.400m capital cash balance. The significant revenue cash shortfall presents a material risk to the organisation until strategic cash support is confirmed.
- This forecast balance assumes working balance support of £15.471m for revenue payments and £4.172m for capital payments relating to IFRS16. This additional cash funding has been included on Table E – Resource Limits
- Table G does not include the cash impact of the 5.0% pay award being made in 2023 as this have not yet been reported on either Tables B or E of the Monitoring Tables. Additional cash resource has been drawn to meet this cash requirement against the currently approved revenue cash drawing limit.

Revenue cash forecast 2023-24	£m
Opening revenue balance	1.513
Forecast deficit position (Table B)	(134.133)
Working balances movement – cash available but not drawn in 2022-23	(1.770)
Working balances movement – resource only allocations in 2022-23	(13.701)
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

## 10. CASH



Anticipated donated capital funding	0.542
Anticipated net book value of capital disposals	0
Forecast capital working balance support for IFRS16	4.172
Forecast capital cash spend	(24.008)
<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
Forecast revenue and capital working balance support (Table E)	19.643
Forecast capital funding – CRL, donated and NBV of disposals	19.836
Forecast revenue outturn position and reductions in revenue payables	(149.604)
Forecast capital cash spend including reductions in capital payables	(24.008)
<b>Total forecast closing balance</b>	<b>(131.220)</b>



### 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 three of the four measures of compliance during Quarter 1 2023-24 with NHS invoices by number being below target at 89.1% (Quarter 1 2022-23 83.4%).
- A total of 134 NHS invoices missed the target to be paid within 30 day target of which 40 related to English NHS organisations and 94 to Welsh NHS organisations. Of the Welsh NHS invoices, 63 related to two specific NHS Trusts and further work will be undertaken in this area once the audit of the Health Board's 2022-23 accounts has been completed.

## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS



### 12.1 Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2023/24 is £19.294m. Year to date expenditure is £2.7m against a plan of £2.1m.
- Conwy West H&WBC is now currently showing a £0.096m forecast underspend and CRL has been reduced to £0.600m. All Wales forecast underspend is currently being offset with discretionary capital.

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

- The Capital Programme update is reported in Table J. Actual expenditure up to June was £2.7m.
- The spend profiles will be reviewed in future months to assure that they reflect a robust forecast.
- Disposals (Table K) contains no Capital Disposals in June. Table K will be updated within the Month 4 submission.

## 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 3 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee on the 31<sup>st</sup> August 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.

**Nick Lyons**  
**Deputy Chief Executive Officer**

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



## Underlying Position (Table A) - Action Point 2.1.

The narrative (Section 1.2 Actual Year to Date Position) highlights that there are in year cost pressures relating to CHC, out of area mental health placements, the nurse staffing act and YGC Target Intervention that are currently without corresponding mitigating factors. These in year cost pressures (actual or forecast) and the corresponding unidentified mitigating actions do not appear (unless associated with query on Action Point 2.2 below) to have been reported within Table A. The narrative (Section 6.1 Savings) also quotes a higher total full year forecast savings target (£30.9m) than Table A (£27.5m – reflecting an opening plan of £25.2m plus an in year further mitigating actions requirement of £2.3m). Please ensure all material in year pressures are reported on the free text lines of Table A going forward and savings/mitigating action requirements are consistently and transparently reported between Table A and the supplementary narrative (**Action Point 2.1**).

## Response

Material pressures are now reported on Table A. We have reported April, May and June all in June, as we are unable to amend April and May information. At month 2 the year-to-date deficit was £3.9m, this was described as predominately relating to non-delivery of savings.

The month 2 anticipated income incorrectly included funding for WHSCC and EASC pay award of £4m that had already been received via the allocation paper. Correcting this highlights a pay pressure of circa £4m in month 2, that we did not explain on a free text line. The £9.3m year to date deficit above plan relates to £3m non delivery of saving, £4m of pay, £1m of drugs, £0.7m MH out of area and £0.6m other.

The deficit of £134.1m assumes delivery of £25.2m savings. We are seeking an internal stretch target of £30.9m, which if delivered will provide a £5.7m buffer to mitigate some of the cost pressures.

## Underlying Position (Table A) - Action Point 2.2.

Please provide a supporting explanation for the profile included on line 26 (in year operational variances) which currently reports an accumulated pressure of £2.0m between May and October, that is then fully offset by favourable variances across the remaining five months of the financial year (**Action Point 2.2**).

## Response

This profiling issue is driven by the Directorate forecasts and profile of savings delivery. As additional savings are identified this will continue to change.

## Accountancy Gains (Table B) - Note

We note there have been some material adjustments to the SoCNE profile since month 1, including annual pay spend increasing by £40m and non pay expenditure decreasing by £24m. Your narrative statement that future material movements compared to this revised month 2 SoCNE profile baseline will be fully explained in future submissions is appreciated.



## Response

Noted, material movements will be fully explained in future submissions.

## Accountancy Gains (Table B) - Action Point 2.3.

Following your response to last month's Action Point 1.7, we understand that the unwind of the AME provision relating to the HSE will be reflected as a funding adjustment in Table E within your month 3 submission (**Action Point 2.3**).

## Response

This has been reflected within the Month 3 submission.

## Agency/Locum Expenditure (Table B2) - Action Point 2.4.

In future narrative submissions, please ensure Section 5.1 (Agency/Locum expenditure) discusses annual forecast agency spend movements and provides explanations to support future month expenditure profiles (**Action Point 2.4**).

## Response

Noted, this area will be strengthened in the supporting narrative submission from Month 3.

## Covid-19 (Table B3) – Action Point 2.5.

The return currently forecasts a minor £0.096m overspend against the Covid-19 vaccination indicative allocation, which is after the virement of operational income totalling £0.123m. It is acknowledged that Covid-19 expenditure plans are still being finalised, however, please ensure the source of any operational income that is being transferred to cover Covid-19 costs is referenced in the narrative (**Action Point 2.5**).

## Response

Further to review of COVID-19 forecast, expenditure forecast is now within the funded allocation of £16.6m. It is noted that any operational income being transferred to cover COVID-19 costs will be referenced in the narrative within future submissions.

## Resource Limits (Table E) - Action Point 2.6.

As requested last month, please include the latest annual forecast IFRS16 Revenue Recovery (negative) value on line 14 and a best estimate for the IFRS 16 WBC request on line 62 (**Action Point 2.6**).

## Response

## MONITORING RETURN ACTION POINTS RESPONSES



Actioned on Table E in Month 3.

### **Resource Limits (Table E) - Action Point 2.7.**

We note you are anticipating strategic cash support of £134.133m (full resource deficit amount) within Table E. As per the monitoring return guidance (page 9), strategic cash should only be anticipated once approval is provided. Please remove this assumption from Table E at month 3 (**Action Point 2.7**).

### **Response**

Noted and actioned for Month 3.

### **LTA/SLAs - Action Point 2.8.**

LTA/SLAs – As per the WHC, we look forward to receiving confirmation that all LTAs and SLAs have been signed by 30th June 2023 (**Action Point 2.8**).

### **Response**

Please refer to Month 3 narrative submission.



# Finance Report July 2023 – M04

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



**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 £26.1m, up £4.6m on previous month. This includes Pipeline and Red schemes.</li><li>➤ The FY Plan value of green schemes totals £17.3m, which represents an increase of £5.0m on the previous month.</li><li>➤ The full year plan value of Red Schemes totals £5.1m and the full year plan value of further pipeline opportunities totals £3.7m.</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>➤ Current month position is reporting a deficit of £16.7m, which is £5.6m higher than the profiled financial deficit for Month 4 and an increase of £0.2m from previous month's position.</li><li>➤ Year to date position as at the end of July is reporting a deficit of £59.6m, this represents a £14.9m adverse variance compared to 4/12<sup>th</sup> of the £134.1m core planned deficit.</li><li>➤ Forecast outturn is £134.1m planned deficit for the year as endorsed by the Health Board. Slippage against plan in the first four months of the financial year will need to be recovered in the remainder of the financial year.</li><li>➤ Integrated Health Communities (IHC's) and Services have been asked to ensure that the existing Pipeline and Red schemes are converted to Green by the end of August, however this has been extended to the end of September.</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>➤ July position is reporting an in-month deficit of £16.7m, which is £5.6m higher than the profiled financial deficit for Month 4 and an increase of £0.2m from previous month's position. The year to date position as at the end of July is reporting a deficit of £59.6m, this represents a £14.9m adverse variance compared to 4/12<sup>th</sup> of the £134.1m core plan deficit. The Health Board continues to experience high pay costs that are contributes to 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, as actions are being taken to cease the deteriorating run rate and recover the position on a recurrent basis.</li><li>➤ WG and Board expectation is to move towards assurance on £134.1m overspend being a worst case, and to incrementally reduce the planned overspend.</li></ul>	

# Summary of Year to Date Key Numbers

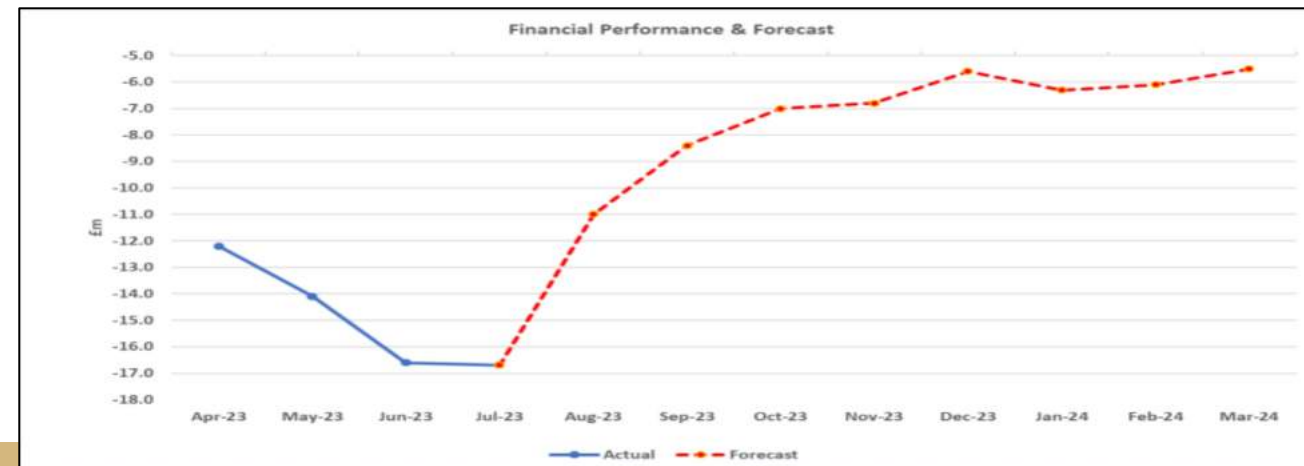
<div>Month 4 Position</div> <div>In Month £187.7m against plan of £182.1m. <b>£5.6m adverse position, actual deficit £16.7m versus planned deficit of £11.2m</b></div> <div>YTD: £708.9m against plan of £694.0m <b>£14.9m adverse position, actual deficit £59.6m versus planned deficit of £44.7m</b></div>	<div>Forecast</div> <div>Projection held at planned deficit but this is subject to significant risk</div> <div><b>£134.1m deficit</b></div>	<div>Divisional Performance Month 4</div> <table><tr><td>West IHC</td><td>£5m adverse</td></tr><tr><td>Central IHC</td><td>£8m adverse</td></tr><tr><td>East IHC</td><td>£3.7m adverse</td></tr><tr><td>Womens</td><td>£0.2m favourable</td></tr><tr><td>MH &amp; LD</td><td>£1.4m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£0.9m adverse</td></tr><tr><td>ICD PrimaryCare</td><td>£0.3m adverse</td></tr><tr><td>ICD Regional Services</td><td>£1.3m adverse</td></tr><tr><td>Support Functions</td><td>£1.1m favourable</td></tr><tr><td>Other Budgets</td><td>£4.5m favourable</td></tr></table>	West IHC	£5m adverse	Central IHC	£8m adverse	East IHC	£3.7m adverse	Womens	£0.2m favourable	MH & LD	£1.4m adverse	Commissioning Contracts	£0.9m adverse	ICD PrimaryCare	£0.3m adverse	ICD Regional Services	£1.3m adverse	Support Functions	£1.1m favourable	Other Budgets	£4.5m favourable
West IHC	£5m adverse																					
Central IHC	£8m adverse																					
East IHC	£3.7m adverse																					
Womens	£0.2m favourable																					
MH & LD	£1.4m adverse																					
Commissioning Contracts	£0.9m adverse																					
ICD PrimaryCare	£0.3m adverse																					
ICD Regional Services	£1.3m adverse																					
Support Functions	£1.1m favourable																					
Other Budgets	£4.5m favourable																					
<div>Savings</div> <div>In-month: £2.4m against target of £2.1m <b>£0.3m favourable</b></div> <div>YTD: £5.6m against target of £8.4m <b>£2.8m adverse</b></div>	<div>Savings Forecast</div> <div>£17.2m against target of £25.2m</div> <div><b>£8m adverse worst case if no further savings delivered beyond current green schemes</b></div>	<div>COVID-19 Year to Date Impact</div> <div>£4.2m cost YTD</div> <div>£16.6m forecast cost. Funded by Welsh Government <b>£NIL impact</b></div>																				
<div>Year to Date Income</div> <div>£49.6m against budget of £48.1m</div> <div><b>£1.5m Favourable</b></div>	<div>Year to Date Pay</div> <div>£365.2m against budget of £348.9m</div> <div><b>£16.3m Adverse</b></div>	<div>Year to Date Non-Pay</div> <div>£393.3m against budget of £393.2m (including planned deficit of £44.7m)</div> <div><b>£0.1m 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 additional actions are to be taken:**
  - All budgeted developments for 2023/24 are to be reviewed against being unavoidable cost pressures in year or directly relating to patient safety through the a Review of Investment and Governance Assurance group (RIGA).
  - An Establishment Control Group (ECG) has been formed to review existing interims and requests for recruitment to non-patient facing roles.
- In addition, there has been a focus placed upon attainment of the savings ask for the financial year and a review initiated on use of Medical, Nursing & Therapies Temporary Workforce Controls (WLI/Agency)
- To support a return to financial sustainability, work is progressing on initiatives to assure services are operating efficiently and productively, through;
  - Develop modelling and active use of benchmarking to support improvement.
  - Further refine local integrated plans, with implementation of an updated performance and accountability framework.
  - Balance sheet and reserves review, to assure all non-recurrent mitigations are known and deployed as required.
- These actions have been reviewed and endorsed at Executive and the Health Board Leadership Team meetings and the Health Board

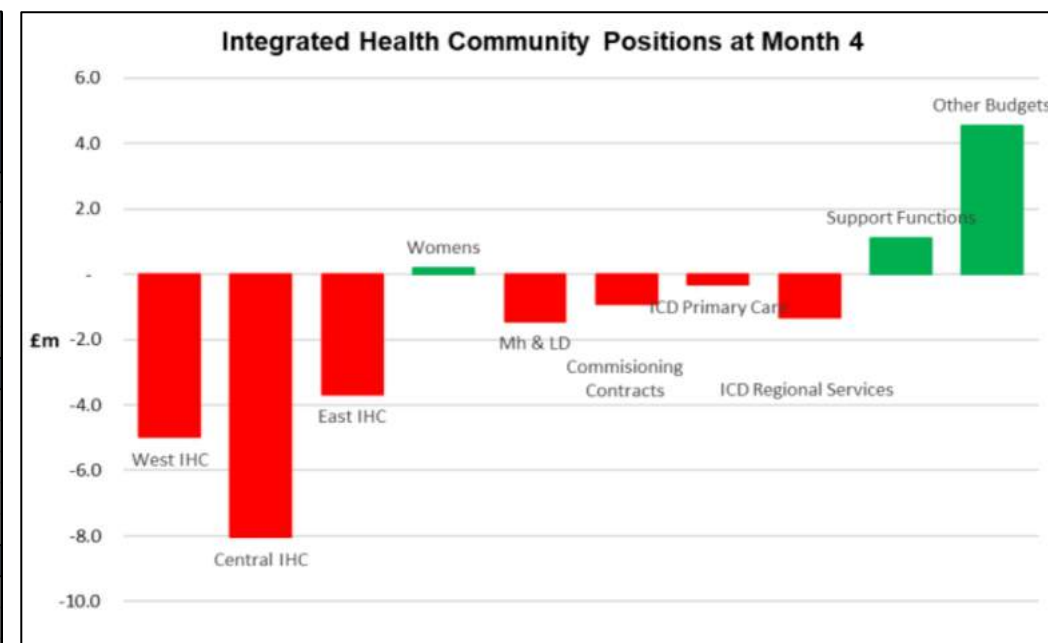
	Actual	Actual	Actual	Actual	2023/24 Cumulative against Plan				Forecast
	M1	M2	M3	M4	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	%	Expenditure
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(649.3)	(649.3)	0.0	0.0%	(1,940.0)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(48.1)	(49.6)	-1.5	3.1%	(149.6)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	348.9	365.2	16.3	4.7%	1,067.4
Non-Pay Expenditure	92.0	100.5	97.0	103.8	348.5	393.3	44.8	12.9%	1,156.3
Planned Deficit					44.7	0.0	-44.7	(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>44.7</b>	<b>59.6</b>	<b>14.9</b>		<b>134.1</b>

- In-month position is reporting a deficit of £16.7m, which is £5.6m higher than the profiled financial deficit for Month 4 and an increase of £0.2m from previous month's position. Year to date position is reporting a deficit of £59.6m, this represents a £14.9m adverse variance compared to 4/12<sup>th</sup> of the £134.1m core planned deficit.
- As per below graph, the assumption is that the £14.9m deficit above plan will be recovered over the remaining months. The in-year additional pressures above plan are currently being reported as non-recurring, as actions are being taken to cease the deteriorating run rate and recover the position on a recurrent basis.



# 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	(170,934)	(170,934)	0	0%	(649,313)	(649,313)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	373	95	278	-74%	(452)	378	(831)	-184%	(2,239)
West Area	16,568	16,875	(306)	-2%	64,006	65,081	(1,075)	-2%	(3,366)
Ysbyty Gwynedd	11,556	12,257	(700)	-6%	43,570	46,479	(2,909)	-7%	(8,000)
Facilities	1,277	1,283	(6)	-1%	4,828	4,998	(170)	-4%	(1,217)
Total West	29,774	30,510	(736)	-2%	111,951	116,936	(4,985)	-4%	(14,822)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	(376)	105	(481)	-128%	(2,067)	425	(2,491)	-121%	(8,417)
Central Area	21,916	23,451	(1,535)	-7%	83,809	85,584	(1,774)	-2%	(5,892)
Ysbyty Glan Clwyd	14,375	15,345	(969)	-7%	55,031	58,781	(3,750)	-7%	(8,451)
Facilities	1,526	1,528	(2)	0%	5,821	5,853	(32)	-1%	(869)
Total Central	37,441	40,428	(2,987)	-8%	142,595	150,643	(8,048)	-6%	(23,629)
EAST INTEGRATED HEALTH COMMUNITY									
Management	33	92	(59)	177%	114	367	(254)	223%	(745)
East Area	24,233	24,812	(579)	-2%	93,457	94,913	(1,456)	-2%	(3,000)
Ysbyty Wrexham Maelor	12,403	12,471	(68)	-1%	46,016	47,590	(1,574)	-3%	(5,543)
Facilities	1,321	1,384	(63)	-5%	5,027	5,426	(398)	-8%	(1,807)
Total East	37,990	38,758	(769)	-2%	144,614	148,296	(3,682)	-3%	(11,095)
Total Midwifery and Women's Services	4,129	4,072	57	1%	16,007	15,821	186	1%	197
Total Mental Health and LDS	15,735	16,202	(467)	-3%	57,749	59,184	(1,435)	-2%	0
Total Commissioning Contracts	22,367	23,282	(915)	-4%	89,529	90,436	(907)	-1%	(1)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	927	927	(0)	0%	3,593	3,496	97	3%	97
Dental North Wales	2,694	2,759	(66)	-2%	10,518	10,586	(68)	-1%	(223)
Community Dental Services	557	547	10	2%	1,899	2,088	(189)	-10%	(566)
Other Primary Care	1,504	1,561	(57)	-4%	6,089	6,254	(165)	-3%	(414)
Total Integrated Clinical Delivery Primary care	5,682	5,794	(113)	-2%	22,099	22,424	(325)	-1%	(1,106)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(1,851)	(1)	0%	(7,408)	(7,408)	(0)	0%	1
Diagnostic and Specialist Clinical Support	7,099	7,374	(275)	-4%	26,855	28,127	(1,272)	-5%	(3,919)
Cancer Services	5,373	5,897	(525)	-10%	20,919	20,991	(72)	0%	(1,615)
ICD Regional Services Management	3	0	3	100%	14	0	14	100%	41
Total Integrated Clinical Delivery	10,623	11,420	(797)	-8%	40,380	41,710	(1,331)	-3%	(5,493)
Total Service Support Functions	14,486	14,494	(7)	0%	55,233	54,144	1,089	2%	(2,755)
Total Other Budgets	3,885	2,718	1,167	30%	13,869	9,328	4,540	33%	58,703
Total	11,178	16,743	(5,566)	-50%	44,711	59,609	(14,898)	-33%	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 £14.9m to plan is driven by the following year to rate cost pressures:

- £5.7m Pay Pressures above Planned assumptions
- £2.3m CHC
- £1.2m WHSCC
- £1.0m Mental Health Out of Area Placements
- £1.0m Primary Care Drugs
- £2.7m Savings slippage
- £1.0m Other Pressures

- The in-year additional pressures above plan are currently being reported as non-recurring, as actions are being taken to cease the deteriorating run rate and recover the position on a recurrent basis.



Description	£m
Allocations Received	1,865.4
<b>Total Allocations Received</b>	<b>1,865.4</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
Substance Misuse	6.0
Clinical Excellence Awards	0.5
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
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 funding	- 4.1
TGS Cohort Doctors	0.9
Other	1.8
<b>Total Allocations Anticipated</b>	<b>74.6</b>
	£m
Total Allocations Received	1,865.4
Total Allocations Anticipated	74.6
<b>Total Welsh Government Income</b>	<b>1,940.0</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 £1,940.0m. £649.3m has been phased within the year-to-date position, which is £2.6m more than 4/12<sup>th</sup> of the RRL (£646.7m).
- Confirmed allocations to date is £1,865.4m, with further anticipated allocations in year of £74.6m. 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 4.2m.
- £38.0m anticipated income has been included for the 5% pay award in Month 4.
- 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 £m
	M11	M12	Actual M01	Actual M02	Actual M03	Actual M04	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.9	21.4	11.7	12.4	14.9	14.0	51.0	53.1	(2.1)	155.4
Medical & Dental	18.6	31.1	18.8	20.0	24.1	22.5	73.2	85.4	(12.2)	250.0
Nursing & Midwifery Registered	24.9	43.1	24.6	25.8	31.1	29.1	108.7	110.6	(2.0)	323.3
Additional Clinical Services	12.2	22.0	12.0	12.5	15.0	3.8	53.4	43.3	10.1	42.3
Add Prof Scientific & Technical	3.1	6.1	3.2	3.4	4.1	14.1	15.5	24.7	(9.2)	156.3
Allied Health Professionals	5.4	10.0	5.6	5.8	6.9	6.5	23.2	24.9	(1.7)	72.3
Healthcare Scientists	1.3	2.2	1.3	1.4	1.7	1.5	6.2	5.9	0.2	17.2
Estates & Ancillary	3.9	6.7	3.8	4.0	4.8	4.5	17.6	17.0	0.6	49.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.0	0.9
<b>Health Board Total</b>	<b>81.5</b>	<b>142.6</b>	<b>81.1</b>	<b>85.3</b>	<b>102.7</b>	<b>96.2</b>	<b>348.9</b>	<b>365.3</b>	<b>(16.4)</b>	<b>1,067.4</b>
Other Services (Incl. Primary Care)	2.9	3.1	2.1	2.8	3.2	3.0	8.6	11.1	(2.5)	33.5
<b>Total Pay</b>	<b>84.4</b>	<b>145.7</b>	<b>83.2</b>	<b>88.1</b>	<b>105.9</b>	<b>99.2</b>	<b>357.5</b>	<b>376.4</b>	<b>(18.9)</b>	<b>1,100.9</b>

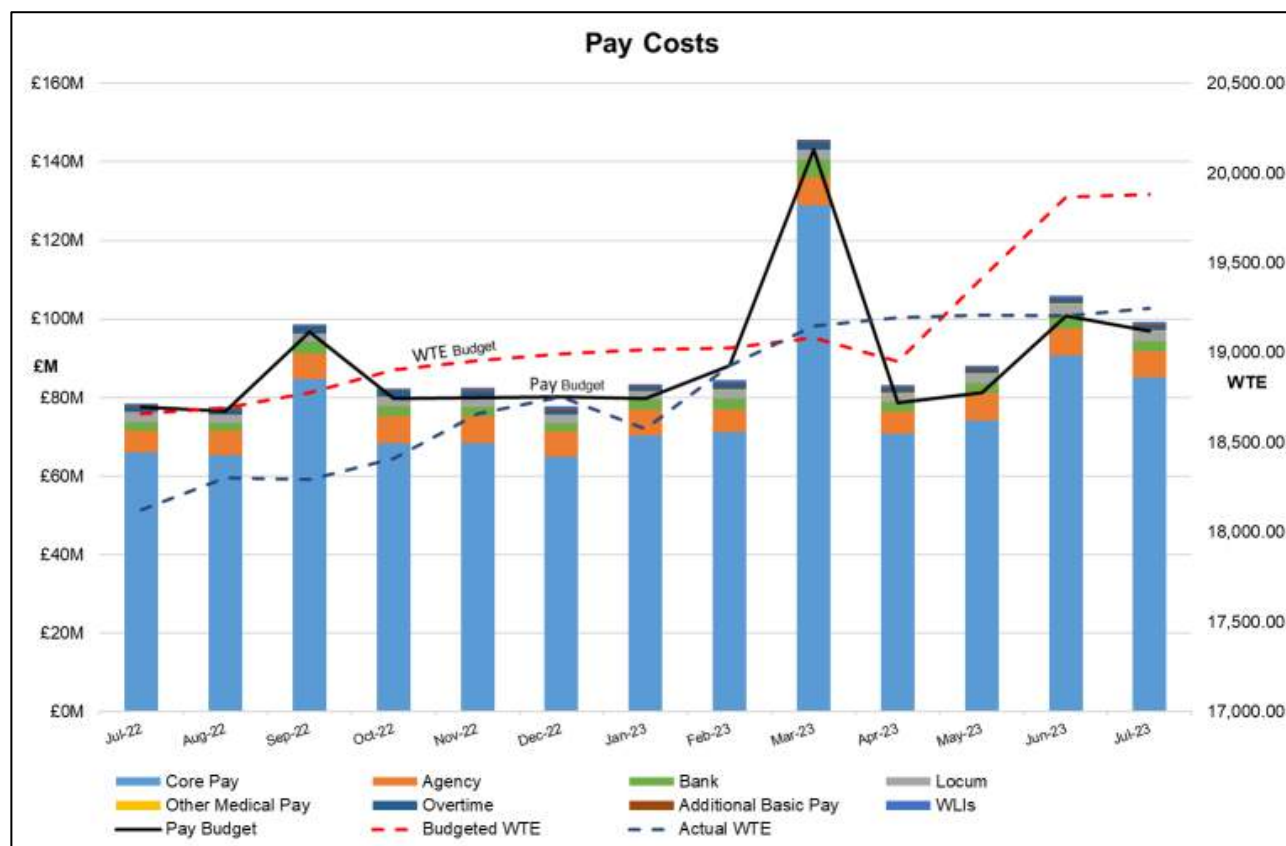
Non-Pay Costs	2022-23		2023-24				Cumulative			Full Year Forecast Expenditure £m
	M11	M12	Actual M1	Actual M2	Actual M3	Actual M4	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractors	19.0	17.6	18.6	18.2	18.9	19.1	74.8	74.9	(0.0)	223.1
Primary Care Drugs	10.3	11.8	9.3	10.4	11.4	11.0	40.7	42.1	(1.4)	126.0
Secondary Care Drugs	7.5	5.7	6.5	7.6	7.9	8.1	29.7	30.1	(0.4)	93.2
Clinical Supplies	6.0	7.3	6.4	7.1	7.5	7.5	26.8	28.5	(1.7)	80.4
General Supplies	4.8	6.8	3.6	3.6	4.0	3.6	15.2	14.9	0.3	43.2
HC Services Provided by Other NHS	31.1	26.1	26.2	28.1	27.6	29.1	108.1	111.0	(2.9)	326.1
Continuing Care and FNC	6.9	10.3	10.1	10.2	10.0	12.3	40.5	42.6	(2.1)	123.8
Other	9.8	10.2	8.7	10.7	5.8	9.5	42.8	34.7	8.2	96.3
<b>Non-pay costs</b>	<b>95.4</b>	<b>95.8</b>	<b>89.5</b>	<b>95.9</b>	<b>93.1</b>	<b>100.2</b>	<b>378.7</b>	<b>378.7</b>	<b>(0.1)</b>	<b>1,112.1</b>
AME/DEL Depreciation	3.1	8.4	2.5	4.5	3.9	3.6	14.5	14.5	0.0	43.6
<b>Total non-pay</b>	<b>98.5</b>	<b>104.2</b>	<b>92.0</b>	<b>100.4</b>	<b>97.0</b>	<b>103.8</b>	<b>393.2</b>	<b>393.3</b>	<b>(0.1)</b>	<b>1,155.7</b>

- **Provided Services Pay:** Expenditure has decreased by £6.5m (6.3%) from Month 3. Excluding the £17.5m A4C non-consolidated NHS recovery payment paid in June, the actual in-month movement is an increase of £11.0m, of which £12.6m relates to 4/12th of the £37.9m 2023/24 AFC 5% Pay Award paid in Month 4 backdated to April.
- The Annual Forecast has increased by £37.5m due to the £37.9m 2023/24 AFC 5% pay award impact, and this increase is offset by additional WG anticipated income for the pay award.
- **Non-Pay Expenditure (excluding Capital Charges):** July expenditure is £100.2m, an increase of £7.1m from Month 3. (Further detail on Non-Pay expenditure movements is referred to in Slide 10)



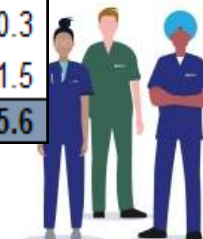
# Expenditure – Pay

	2022-23					2023-24			
	Nov 23	Dec 23	Jan 23	Feb 23	Mar 23	Apr 24	May 24	Jun 24	Jul 24
Budgeted WTE	18,957.41	18,993.39	19,017.48	19,027.43	19,082.13	18,951.78	19,414.97	19,869.20	19,882.76
Actual WTE	18,659.66	18,754.90	18,575.59	18,927.03	19,150.56	19,193.32	19,210.82	19,205.94	19,247.80



- Budgeted WTE increased in month (13.56 WTE). Actual WTE worked in July is 19,247.80, an increase of 41.86 WTE from June.
- Variable Pay has decreased by £1.0m from previous month, of which Agency has decreased by £0.2m and Bank has also decreased by £1.0m, however Bank expenditure includes Bank related increases relating to the non-consolidated NHS recovery payment paid in Month 3 and the 2023/24 A4C 5% pay award paid in Month 4.
- 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				Total £m
	M11 £m	M12 £m	M1 £m	M2 £m	M3 £m	M4 £m	
Agency	5.6	7.0	5.8	6.7	7.0	6.8	26.3
Overtime	1.5	1.7	1.1	1.2	1.1	1.3	4.7
Locum	2.3	2.6	2.2	2.4	2.6	2.6	9.7
WLIs	0.5	0.5	0.4	0.4	0.5	0.6	2.0
Bank	2.8	4.4	2.3	2.7	3.6	2.6	11.2
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.1	0.3
Additional Hours	0.3	0.4	0.4	0.4	0.3	0.4	1.5
<b>Total</b>	<b>13.1</b>	<b>16.7</b>	<b>12.4</b>	<b>13.8</b>	<b>15.2</b>	<b>14.2</b>	<b>55.6</b>

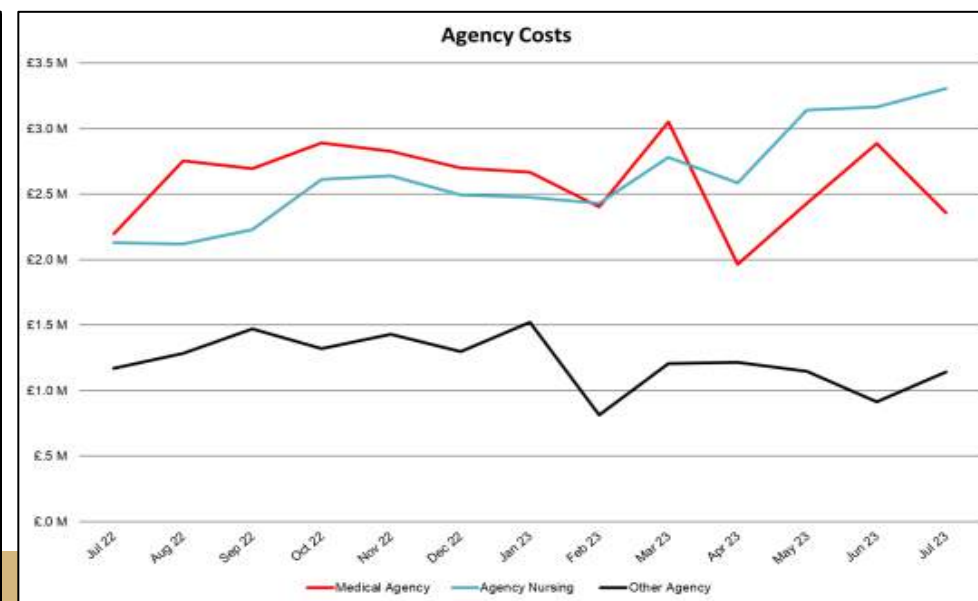




# Pay Costs – Agency

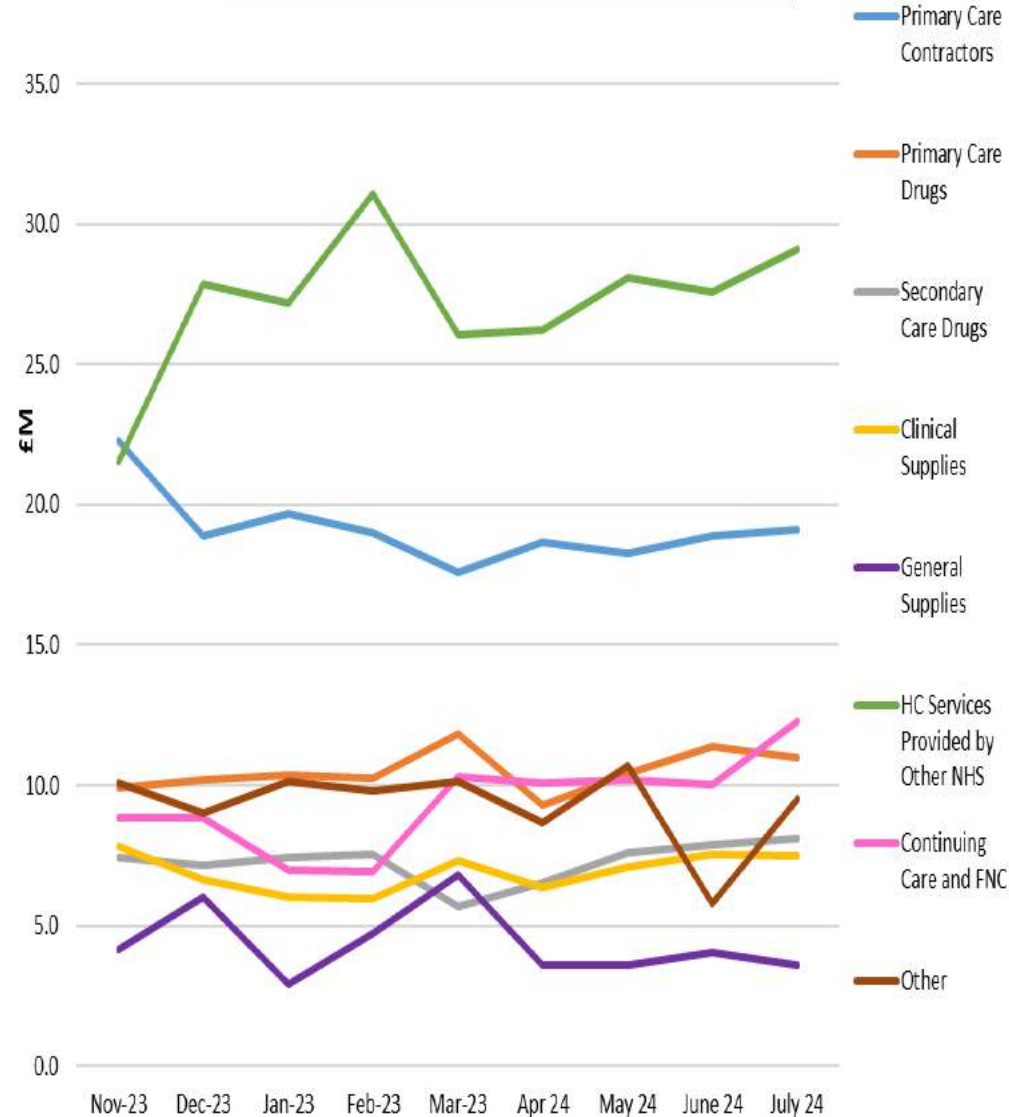
- Agency expenditure for July is £6.8m, representing 6.9% of total pay, a decrease of £0.2m from June. The 2022/23 monthly average Agency expenditure was £6.1m. Agency annual expenditure forecast has reduced by £3.3m, from £80.0m in Month 3 down to £76.7m in Month 4. The impact of the two new innovations which were introduced in June, Wage-stream and Auto cascade, is being closely monitored, assessed and revised.
- Medical Agency costs have decreased by £0.5m compared to June; to an in-month spend of £2.4m. The in-month reduction of £0.4m is mainly within East and Central Integrated Health Communities (IHC's). The average monthly medical agency expenditure for 2022/23 was £2.5m. The main areas of Medical Agency spend are East Integrated Health Community (£0.7m), Central IHC (£0.5m), West IHC (£0.6m) and Mental Health (£0.4m) accounting for 96.0% of the month spend. Medical Agency is primarily used to cover vacancies.
- Nurse agency costs totalled £3.3m for the month, an increase of £0.1m from previous month and is £1.1m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nurses 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 (£1.3m in month), Ysbyty Wrexham Maelor (£0.8m), Ysbyty Gwynedd (£0.5m) and Mental Health (£0.3m), which together account for 85.0% of these costs in July.
- Other agency costs totalled £1.1m in July, an increase of £0.2m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.7m) and Admin and Clerical (£0.4m).

	22-23 Actual			23-24 Actual			
	Feb-23	Mar-23	Total Full Year Actual	Apr-23	May-23	Jun-23	Jul-23
West Area	211	155	2,136	148	281	202	206
Central Area	154	638	5,092	416	527	483	718
East Area	893	733	9,425	676	879	1069	899
Ysbyty Gwynedd	844	1023	8,644	884	1024	1057	934
Ysbyty Glan Clwyd	1066	1807	16,648	1323	1757	1677	1736
Ysbyty Maelor Wrexham	1029	1041	11,700	851	922	1038	973
Mental Health & LDS	665	827	7,593	629	602	729	722
Womens	265	314	2,704	226	130	126	111
Other	515	1021	8,797	619	600	592	512
<b>Total Agency</b>	<b>5,642</b>	<b>7,559</b>	<b>72,740</b>	<b>5,771</b>	<b>6,721</b>	<b>6,972</b>	<b>6,811</b>



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)

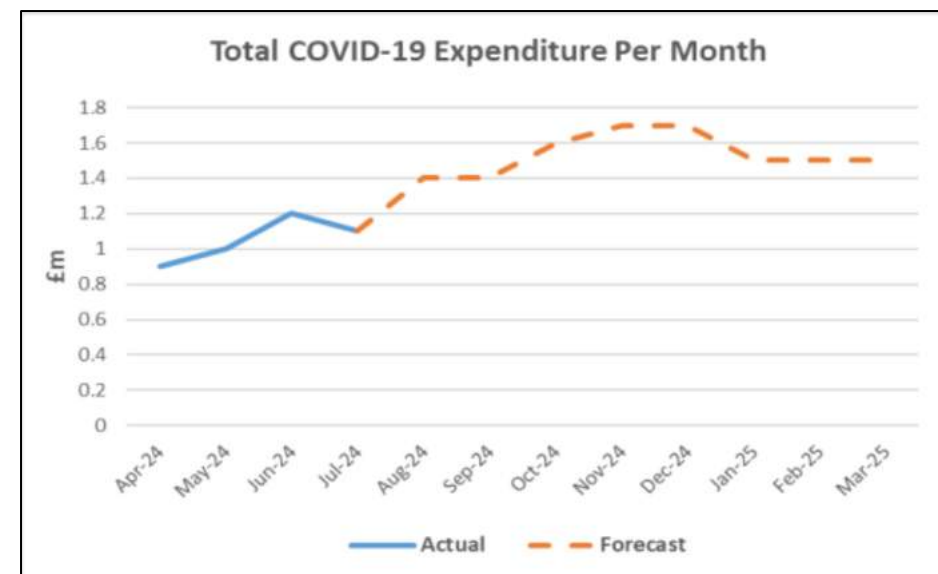


- Primary Care Contractor:** Expenditure is £0.2m (1.1%) higher than June and annual forecast has increased by £1.0m. Pressures remain within General Medical Services (GMS) arising from Managed Practices GP Locums and Agency increased costs, and costs of Drugs and fees reported through GMS Dispensing. Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, for which £1.5m has been included within anticipated income. The Health Board is significantly impacted by the increase in this cost due to the high number of Dispensing Practices within rural areas.
- Primary Care Drugs:** Expenditure is £0.4m (3.5%) less than previous month. Excluding the one-off adjustment in Month 3 of £0.8m for April under accrued costs, the actual movement is an increase of £0.4m. Annual forecast has increased by £3.2m due to continued upward trend in Prescribing costs which is driven by inflationary pressures on Generics and the need to increase drugs reimbursements values to Community Pharmacies, as the Income Guarantee levels to Community Pharmacies haven't been met in the previous 3 quarters. As a result, GP Prescribing costs are expected to continue the current trend rate for the year.
- Secondary Care Drugs:** Expenditure continues to rise, increasing by a further £0.2m (3.0%) compared to June against Oncology and Hematology Drugs. Cancer drugs costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines.
- Healthcare Services provided by Other NHS Bodies:** Month 4 expenditure is £1.5m (5.4%) higher than previous month. £1.3m of the in-month increase is against WHSCC which predominately relates to the Walton Contract. Annual forecast has also increased by £2.3m due to the impact of a high-cost Children's package.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** July expenditure has increased by £2.3m (23.0%) from previous month. The in-month impact of the approved 2023/24 CHC inflationary costs is circa £2.1m. The increase in spend across Integrated Health Communities (IHC's) is £1.5m and Mental Health has increased by £0.8m since June. Annual forecast has increased by £1.3m. Pressures remain within CHC & FNC, which is reporting an overall increase of 42 Packages of Care (PoC) within the Integrated Health Communities (IHC's) and 6 more PoC overall in MHLd.

# Impact of COVID-19

- Month 4 COVID-19 expenditure for WG funded programmes is £1.1m, a reduction of £0.1m from previous month. Total year to date COVID expenditure is £4.2m 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.
- As per the Financial Plan, additional funding of £13.348m has been allocated to Divisions for COVID costs outside of Welsh Government COVID funding.

	Year to Date Expenditure £m	Forecast at Month 4 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.5	3.4
COVID-19 Vaccination (Immunisation) Programme	3.1	9.4
Nosocomial, PPE, Long COVID & Other	0.6	3.8
<b>Total COVID-19 Expenditure</b>	<b>4.2</b>	<b>16.6</b>
Welsh Gov COVID-19 Income	4.2	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
2	Assumed Disinvestment - QIA reviews result in some limitations to planned dis-investments.	£2.0m	Medium
3	Failure to mitigate the run rate above plan (operational pressures).	£45.0m	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.	£7.5m	Medium
	<b>Total Quantifiable Risks</b>	<b>£72.7m</b>	
	<b>Other non-quantified risks</b>		
	New legislative requirements around hospital waste	TBC	Medium
	Risk of Pressures on the New Treatment Fund	TBC	Medium
	Further critical planned care improvement cannot be delivered within the £27m funding	TBC	Medium
	Limited ability to deliver the clinical strategy and revised patient pathways within available resources	TBC	Medium
	<b>OPPORTUNITIES / MITIGATIONS FOR THE IDENTIFIED RISKS</b>	<b>£m</b>	<b>Level</b>
1	Reduce / Review historic investments (RIGA group to be formed)	TBC	Medium
2	Seek to deliver a greater level of non-recurring underspends	TBC	Medium
3	Establishment Control Group (ECG) - to justify non patient facing vacancy fill	TBC	Medium
4	GDS - Potential additional WG funding re shortfall on patient receipts, limited to total o/s	£0.2m	Low
	<b>Total Opportunities</b>	<b>£0.2m</b>	
	<b>NET RISK</b>	<b>£72.9m</b>	

- There is a need to review the risk scoring of the Planned Care Recovery Cost exceeding the £27.1m funded from Welsh Government (Ref CRR23-49) and the risk of failure to remain within the £134.1m overspend (Ref CRR23-51).
- 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 drawn down, it remains a material risk (Ref CRR23-52).



# Capital

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
	<b>Gross expenditure</b>						
	<b>All Wales Capital Programme: Schemes:</b>						
1	Ablett Unit	695	1,016	321	1,688	2,073	385
2	Nuclear Medicine	221	191	(30)	373	340	(33)
3	Ambulance	0	0	0	71	71	0
4	Orthopaedic Hub	202	202	0	839	839	0
5	EFAB-Infrastructure	42	22	(20)	2,248	2,193	(55)
6	EFAB-Decarbonisation	0	0	0	360	361	1
7	EFAB-Fire	171	1	(170)	1,716	1,716	0
8	Conwy Llandudno Centre	0	0	0	600	504	(96)
9							
10							
11							
12							
13							
	<b>Sub Total</b>	<b>1,331</b>	<b>1,432</b>	<b>101</b>	<b>7,895</b>	<b>8,097</b>	<b>202</b>
	<b>Discretionary:</b>						
43	I.T.	240	68	(172)	2,262	2,225	(37)
44	Equipment	260	282	22	2,306	2,306	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	1,850	2,355	505	6,831	6,666	(165)
47	Other	0	0	0	0	0	0
	<b>Sub Total</b>	<b>2,350</b>	<b>2,705</b>	<b>355</b>	<b>11,399</b>	<b>11,197</b>	<b>(202)</b>
	<b>Other Schemes (Including IFRS 16 Leases):</b>						
49	Donated	0	92	92	542	542	0
50	Internally Generated	0	0	0	359	359	0
51	IFRS16	0	0	0	0	0	0
	<b>Sub Total</b>	<b>0</b>	<b>92</b>	<b>92</b>	<b>901</b>	<b>901</b>	<b>0</b>
	<b>Total Expenditure</b>	<b>3,681</b>	<b>4,229</b>	<b>548</b>	<b>20,195</b>	<b>20,195</b>	<b>0</b>
	<b>Donations:</b>						
77	Donated	0	92	92	542	542	0
78	<b>Sub Total</b>	<b>0</b>	<b>92</b>	<b>92</b>	<b>542</b>	<b>542</b>	<b>0</b>
	<b>Asset Disposals:</b>						
79	Ala Road	0	0	0	39	39	0
79	Cilan	0	0	0	320	320	0
	<b>Sub Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>359</b>	<b>359</b>	<b>0</b>
91	<b>Technical Adjustments</b>			<b>0</b>			<b>0</b>
92	<b>CHARGE AGAINST CRL / CEL</b>	<b>3,681</b>	<b>4,137</b>	<b>456</b>	<b>19,294</b>	<b>19,294</b>	<b>0</b>
93	<b>PERFORMANCE AGAINST CRL / CEL (Under)/Over</b>		<b>(15,157)</b>			<b>0</b>	

- 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 £4.1m against a plan of £3.7m.





# Balance Sheet

	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Jul-23 £'m	Forecast Closing Balance End of Mar-24 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	706.9	696.7	691.1
Intangible assets	1.5	1.4	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	787.3	777.0	771.6
<b>Current Assets</b>			
Inventories	20.3	20.3	20.3
Trade and other receivables	77.4	78.4	92.4
Cash and cash equivalents	2.9	7.6	-131.2
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	100.6	106.3	-18.5
<b>TOTAL ASSETS</b>	887.9	883.3	753.1
<b>Current Liabilities</b>			
Trade and other payables	237.9	206.2	217.9
Provisions	34.3	47.4	49.3
Current Liabilities sub total	272.2	253.6	267.2
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	615.8	629.7	485.8
<b>Non-Current Liabilities</b>			
Trade and other payables	28.7	28.7	28.7
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	105.4	105.4	105.4
<b>TOTAL ASSETS EMPLOYED</b>	510.4	524.3	380.5
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	306.2	320.1	168.2
Revaluation Reserve	204.2	204.2	212.2
<b>Total Taxpayers' Equity</b>	510.4	524.3	380.5

## Cash Flow Forecast

- The closing cash balance as at 31<sup>st</sup> July 2023 was £7.628m, which included £4.435m cash held for revenue expenditure and £3.193m 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. The expectation is that WG will provide Strategic Cash Assistance for £134.1m; however, until confirmed this is considered a material risk.
- This forecast balance assumes working balance support of £15.471m for revenue payments and £4.472m for capital payments relating to IFRS16.





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

Month 4 2023/24

Mr Russell Caldicott  
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board



# 1. FINANCIAL POSITION



## 1.1 Financial plan

- 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 Health Boards have submitted to Welsh Government plans that articulate a £648m deficit for the 2023/24 financial year, with BCUHB representing c23% of the population this deficit plan reflects a comparable level of deficit to that reported in plans of other Health Boards.
- The three key components making up the BCUHB 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 prior year recurrent savings and resourcing recurrently budgeted overspends realised during the 2022/23 financial year.
- 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. FINANCIAL POSITION



## 1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £16.7m, which is £5.6m higher than the profiled financial deficit for Month 4 and an increase of £0.2m from previous month's position. The year-to-date position as at the end of July is reporting a deficit of £59.6m, this represents a £14.9m adverse variance compared to 4/12<sup>ths</sup> of the £134.1m core planned deficit.
- 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 £14.9m to plan analysed within the below table;

	Year to Date Cost Pressures £m
Pay Pressures above planned assumptions	5.7
WHSCC	1.2
CHC	2.3
MH Out of Area Placements	1.0
Primary Care Drugs	1.0
Other Pressures	1.0
Savings	2.7
<b>Total</b>	<b>14.9</b>

- The in-year additional pressures above plan are currently being reported as non-recurring, as actions are being taken to cease the deteriorating run rate and recover the position on a recurrent basis.

## 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 four 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. FINANCIAL POSITION



## 1.4 Income (Table B)

- Income totals £183.2m for July, an increase of £0.1m (0.1%) from June and is £10.8m higher than forecast for the month. The Revenue Resource Limit (RRL) element is £170.9m, an increase of £1.1m (0.6%) from June and is £11.1m higher than forecast for the month. Further details are included in Section 7 (Table E) and largely a consequence of the increased allocation for pay award.

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

- Expenditure totals £199.9m for July, an increase of £0.3m (0.1%) from June and is £17.4m higher than forecast for the month. The main areas being the inclusion of the Pay Award (5%) £12.7m (net of reductions in agency and bank spend and pay savings etc = £11.2m), CHC £1.8m (increase in fees), Healthcare provided by Others £1.7m (inc WHSSC) and Non-Pay £2.6m (predominately relating to the assumption last month that the YTD slippage on savings would be fully recovered in July, but a further £2.2m remains); offset with less material movements (see Table B1).
- Further detail on key movements in expenditure is provided in the below table.
- Expenditure of £1.1m is directly related to COVID-19 in July, a reduction of £0.1m from June.

<b>Income</b>	<ul style="list-style-type: none"><li>Total income increased by £0.1m (0.1%) in-month and is £10.8m higher compared to forecast for the month, of which £11.1m is RRL, which corresponds to a number of increases in actual expenditure compared to forecast for the month as per below.</li></ul>
<b>Primary care Contractor</b>	<ul style="list-style-type: none"><li>July expenditure is £0.2m (1.1%) higher than June and annual forecast has also increased by £1.0m.</li><li>GMS is reporting an in-month spend increase of £0.2m mainly due to Managed Practices Pay Award expenditure and in-month increase in GMS Dispensing fees. Pressures remain within General Medical Services (GMS) arising from Managed Practices GP Locums and Agency increased costs and costs of drugs and fees reported through GMS Dispensing. 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><li>GDS adverse in-month movement is caused by patient charge target activity levels remaining below pre-COVID levels. Current WG PCR income target is unrealistic and set at pre-Covid levels thereby causing YTD</li></ul>

# 1. FINANCIAL POSITION



	<p>pressures, but this is being mitigated currently by dental contract hand backs.</p>
<b>Primary care – Drugs &amp; Appliances</b>	<ul style="list-style-type: none"><li>• Month 4 expenditure is £0.4m (3.5%) less than the previous month and £0.5m higher than forecast for the month. Excluding the one-off adjustment in Month 3 of £0.8m for April under accrued costs, the actual movement is an increase of £0.4m. The increase in Month 4 is a result of the £0.3m under-accrual for May which is included in the position, together with an increase in the 3-month rolling average cost per prescribing day which is used to calculate the monthly accrual.</li><li>• Annual forecast has increased by £3.2m due to continued upward trend in Prescribing costs which is driven by inflationary pressures on Generics and the need to increase drugs reimbursements values to Community Pharmacies, as the Income Guarantee levels to Community Pharmacies haven't been met in the previous 3 quarters. As a result, GP Prescribing costs are expected to continue the current trend rate for the year.</li><li>• The Average Cost per Prescribing Day across the Health Board is £0.5m.</li><li>• The 3-month Average Cost per Prescribing Day in May has increased by +1.0%.</li><li>• The Average Cost per Item prescribed increased slightly in May to £7.56 per item compared to £7.55 per item for April; and the 3-month Average Cost per Item also increased from £7.52 to £7.54 (+0.3%).</li><li>• The overall number of Items Prescribed per Prescribing Day has decreased by -5.7%; May had 71,225 items prescribed compared to 75,533 in April. However, the 3-month Average Items Prescribed per Prescribing Day has increased from 71,371 to 71,779 (+0.6%).</li></ul>
<b>Provided Services – Pay</b>	<ul style="list-style-type: none"><li>• Provided Services Pay expenditure has decreased by £6.5m (6.3%) from Month 3 and is £11.2m higher than forecast for the month. Excluding the £17.5m A4C non-consolidated NHS recovery payment paid in June, the actual in-month movement is an increase of £11.0m, of which £12.6m relates to 4/12th of the £37.9m 2023/24 AFC 5% Pay Award paid in Month 4 backdated to April.</li><li>• Agency expenditure has decreased in month by £0.2m whilst Bank expenditure has reduced by £1.0m.</li><li>• Annual Forecast has increased by £37.5m due to the £37.9m 2023/24 AFC 5% Pay Award impact.</li></ul>

# 1. FINANCIAL POSITION



<b>Provider Services Non-Pay</b>	<ul style="list-style-type: none"> <li>July expenditure is £1.3m (6.9%) less than previous month, of which £0.6m is a correction to profiling of expenditure. Month 4 is £2.6m higher than forecast for the month, which is mainly driven by the previous assumption that the YTD shortfall in savings would be fully recovered in July; however, a balance of £2.2m remains.</li> <li>Annual forecast has decreased by £4.4m of which £1.0m is reduction in Energy annual forecast.</li> </ul>
<b>Secondary care Drugs</b>	<ul style="list-style-type: none"> <li>Secondary Care Drugs expenditure continues to rise, increasing by a further £0.2m (3.0%) compared to June against Oncology and Haematology Drugs. Cancer drugs costs are particularly volatile due to changing protocols, case mix start dates and New Treatment guidelines.</li> <li>Annual forecast has also increased by £0.1m from previous month.</li> </ul>
<b>Healthcare Services provided by other NHS Bodies</b>	<ul style="list-style-type: none"> <li>Month 4 expenditure is reporting an increase of £1.5m (5.4%) from previous month and is £1.7m higher than forecast for the month. £1.3m of the in-month increase is against WHSCC which predominately relates to the Walton Contract. Annual forecast has also increased by £2.3m due to the impact of a high-cost Children's package.</li> </ul>
<b>Continuing Health care (CHC) and Funded Nursing care (FNC)</b>	<ul style="list-style-type: none"> <li>July expenditure is £12.3m, an increase of £2.3m (23.0%) from previous month and is £1.8m higher than forecast for the month. The in-month impact of the approved 2023/24 CHC inflationary costs is circa £2.1m.</li> <li>The increase in spend across Integrated Health Communities (IHC's) is £1.5m and Mental Health has increased by £0.8m since June.</li> <li>Annual forecast has increased by £1.3m. Pressures remain within CHC &amp; FNC, which is reporting an overall increase of 42 Packages of Care (PoC) within the Integrated Health Communities (IHC's) and 6 more PoC overall in MHL. This is driving costs in-month and forecast outturn.</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>July expenditure is £0.3m (12.3%) higher than previous month, however expenditure is £1.1m less than forecast for the month and annual forecast has reduced by £3.5m due to reduction in Sustainability insourcing/outsourcing against WAST and Spire Contracts.</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 in line with previous month and annual forecast has increased by £0.1m.</li> </ul>

# 1. FINANCIAL POSITION



<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 £4.1m higher than previous month. This is due to the full return of the AME funding from 22/23 being anticipated at Month 3.</li> </ul>
<b>Capital</b>	<ul style="list-style-type: none"> <li>Includes depreciation and impairment costs which are fully funded. Table B will be updated in M5 to reflect the August non cash submission including the revised DEL IFRS16 figure c. £0.170m reduction.</li> </ul>

- The 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.
- An assessment has been made on the value of energy costs in 2023/24 over 2022/23 recurrent budgets. The increases in 2022/23 were funded on a non-recurring basis by WG, but this funding has not been provided in 2023/24. At the time budget was approved, the energy forecast for 2023/24 was estimated at £24.9m (based on NWSSP forecasts); the outturn forecast continues to use the forecasting tool provided by British Gas. The minor decrease in the outturn forecast at Month 4 is due to actual invoices for 23/24 being less than forecast/accrued. As previously mentioned, a revised forecast for the second half of the year will be provided by the new supplier (Crown Commercial Services) prior to their contract commencing, therefore the outturn forecast is subject to risk. The forecast outturn does not include the gain from the sale of forward-purchases of energy with British Gas for periods which are now beyond their contract; the options are being sold before the British Gas contract ends. The benefit from the sale is currently part of the pipeline scheme forecasts and once all tranches have been sold and there is greater clarity on the amount to be distributed to the Health Board the reporting will be re-assessed.

## 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 £11.5m, an increase of £1.4m from Month 3 and forecast expenditure of £30.5m to be spent over the remainder of the financial year.

	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	3.8	2.9	3.0	3.0	3.0	3.0	3.0	3.1	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>4.2</b>	<b>3.3</b>	<b>3.7</b>	<b>3.8</b>	<b>3.8</b>	<b>3.8</b>	<b>3.8</b>	<b>4.1</b>	<b>42.0</b>

# 1. FINANCIAL POSITION



## 1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any Accountancy Gains in July.

## 1.8 COVID-19 (Table B3)

- Month 4 COVID-19 expenditure for WG funded programmes is £1.1m, a reduction of £0.1m from previous month. Total year to date COVID expenditure is £4.2m 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:

	Month 1	Month 2	Month 3	Month 4	Total Year to Date Spend	Forecast Year End Position
	£m	£m	£m	£m	£m	£m
Health Protection (including Testing, Tracing, Surveillance)	0.1	0.1	0.1	0.2	0.5	3.4
COVID-19 Vaccination (Immunisation) Programme	0.7	0.6	1.0	0.8	3.1	9.4
Nosocomial, PPE, Long COVID & Other	0.5	(0.1)	0.1	0.1	0.6	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>4.2</b>	<b>16.6</b>
Welsh Government COVID-19 Income	1.4	0.5	1.2	1.1	(4.2)	(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>

## 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, and a planned deficit of £134.1m. The underlying position remains as per the Annual Plan. Deteriorations in the in-year rate are being classified as non-recurring, due to the actions described further below to return to the planned deficit.
- **Movements being in-year pressures and mitigations updated within Table A include:**
  - Line 27 – £7.978m Red Rated and Pipeline savings (up to planned £25.2m level) still to be finalised.
  - Line 29 – Pay pressures above planned assumptions of £5.7m.
  - Line 30 – Primary Care Drugs £1.0m, of which £0.8m is due to under-accrued costs relating to 22/23.
  - Line 31 – Mental Health Out of Area Placements £1.0m.
  - Line 32 – WHSCC cost pressures of £1.183m.
  - Line 33 – CHC pressures of £2.3m.
  - Line 34 – Mitigating actions to be finalised currently Red and pipeline £0.7m.
  - Line 35 – £12.810m of Mitigating actions to be finalised.
  - Line 37 – £0.163m for energy cost surplus as per the latest NWSSP forecast, however this is a very volatile market, and the forecast outturn is subject to risk and may change again over future months.
  - Line 38 & 39 – GMS forecast overspend has reduced from £2.7m to £1.97m and GDS overspend of £0.2m.
- **To deliver the £134.1m planned deficit additional actions are to be taken:**
  - All budgeted developments for 2023/24 are to be reviewed against being unavoidable cost pressures in year or directly relating to patient safety through an endorsed process.



## 2. UNDERLYING POSITION



- An Establishment Control Group (ECG) has been formed to review existing interims and requests for recruitment to non-patient facing roles

In addition, there has been a focus placed upon attainment of the savings ask for the financial year and a review initiated on use of Medical, Nursing & Therapies Temporary Workforce Controls (WLI/Agency)

To support a return to financial sustainability, work is progressing on initiatives to assure services are operating efficiently and productively, through;

- Develop modelling and active use of benchmarking to support improvement.
  - Further refine local integrated plans, with implementation of an updated performance and accountability framework.
  - Balance sheet and reserves review, to assure all non-recurrent mitigations are known and deployed as required.
- These actions have been reviewed and endorsed at Executive and the Health Board Leadership Team meetings and the Health Board.



## 3. RISK



### 3.1 Risk Management (Table A2)

- There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. The below are risks to the Health Board's financial position for 2023/24.

	£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)	£5.2m	Medium
Assumed Disinvestment - QIA reviews result in some limitations to planned dis-investments	£2.0m	Medium
Failure to mitigate the run rate above plan (operational pressures)	£45.0m	High
Costs of addressing special measures status are incurred and not funded by WG.	£1.0m	Medium
Emergency pressures above plan (including winter)	£12.0m	High
Potential additional excess costs above plan e.g. inflation.	£7.5m	Medium
<b>Total Quantifiable Risks</b>	<b>£72.7m</b>	
<b>Other non-quantified risks</b>		
New legislative requirements around hospital waste	TBC	Medium
Risk of Pressures on the New Treatment Fund	TBC	Medium
Further critical planned care improvement cannot be delivered within the £27m funding	TBC	Medium
Limited ability to deliver the clinical strategy and revised patient pathways within available resources	TBC	Medium

- The Health Board mitigations deployed are as stated within the earlier section.

## 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 and is forecast to be spent in full.

## 5. AGENCY/LOCUM EXPENDITURE



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

- Agency expenditure for Month 4 is £6.8m, representing 6.9% of total pay, a decrease of £0.2m on last month. The 2022/23 monthly average Agency expenditure was £6.1m. Agency annual expenditure forecast has reduced by £3.3m, from £80.0m in Month 3 down to £76.7m in Month 4. The impact of the two new innovations which were introduced in June, Wage-stream and Auto cascade, is being closely monitored, assessed and revised with use of off-contract Agency monitored prior to use.
- Medical Agency costs have decreased by £0.5m compared to June; to an in-month spend of £2.4m. The in-month reduction of £0.4m is mainly within East and Central Integrated Health Communities (IHC's). The average monthly medical agency expenditure for 2022/23 was £2.5m. The main areas of Medical Agency spend are East Integrated Health Community (£0.7m), Central IHC (£0.5m), West IHC (£0.6m) and Mental Health (£0.4m) accounting for 96.0% of the month spend. Medical Agency is primarily used to cover vacancies.
- Nurse agency costs totalled £3.3m for the month, an increase of £0.1m from previous month and is £1.1m higher than the Nursing Agency monthly average costs of £2.2m reported in 2022/23. Agency Nurses 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 (£1.3m in month), Ysbyty Wrexham Maelor (£0.8m), Ysbyty Gwynedd (£0.5m) and Mental Health (£0.3m), which together account for 85.0% of these costs in July.
- Other agency costs totalled £1.1m in July, an increase of £0.2m from previous month. Other Agency costs mainly consists of Allied Health Professionals (£0.7m) and Admin and Clerical (£0.4m).

## 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 4, the full year savings plan (FY Plan) totals £26.1m, up £4.6m on last month. This includes Pipeline and Red schemes. The FY Plan value of green schemes totals £17.3m, which represents an increase of £5.0m on the previous month.
- The full year plan value of Red Schemes totals £5.1m and the full year plan value of further pipeline opportunities totals £3.7m.
- Integrated Health Communities (IHC's) and Services have been asked to ensure that the existing Pipeline and Red schemes are converted to Green by the end of August.
- As part of the requirement, an element of assurance can be assigned as green schemes should increase by at least £3.5m in Month 5 on the basis that schemes totalling c.£4.4m were challenged and returned for further development ahead of the Month 3 close, with one of the schemes (£1.0m) having been converted to Green in Month 4.
- IHC's and Services (except MHL, Cancer and Women's services) have been asked to submit Action Plans to close any savings gap. These will be reviewed again in the next round of monthly Savings Reviews.
- In addition to savings plan reviews, the outputs from the Recurrent Investment Group Assurance (RIGA) are expected to identify material recurrent opportunities to reduce expenditure already in the run rate and will contribute to the identification of recurring savings for 2024/25.
- Enhanced oversight of Cost Improvement Performance (CIP) through performance forums in place within the Health Board and development of the Program Management Office (PMO).
- A new Performance and Finance Executive Delivery Group will take place on the 16<sup>th</sup> August which will and challenge local expenditure, savings, workforce and performance plans and delivery.

## 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 £1,940.0m. £649.3m has been phased within the year-to-date position, which is £2.6m more than 4/12<sup>th</sup> of the RRL (£646.7m).
- Confirmed allocations to date is £1,865.4m, with further anticipated allocations in year of £74.6m. 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 4.2m.
- £37.96m anticipated income has been included for the 5% pay award in Table E in Month 4.

## 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 has commenced with 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 remain as per the 2022-23 unaudited accounts submission of 5<sup>th</sup> May 2023 and these will be updated once the annual accounts have been signed by the Auditor General for Wales later this month

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

#### Movements at Month 4 2023-24

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

Cash and cash equivalents have increased by £4.715m to £7.628m during the year, made up of increase of £2.922m in revenue cash and £1.793m in capital cash.

The closing cash balance of £7.628m at Month 4 consisted of £4.435m revenue cash and £3.193m cash for capital projects.

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

Trade and other payables increased by £9.268m during Month 4 mainly as a result of two primary care pharmaceutical feeds having been paid during Month 3 (as 1<sup>st</sup> July was a non-working day).

Year to date payables have decreased by £31.659m made up of a reduction in revenue payables of £28.129m and a reduction in capital payables of £3.531m.

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 £7.018m in system payables (accounts payable and open purchase orders) alongside reductions in payables to HMRC and Continuing Healthcare providers.

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

Increases of £13.089m 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 £16.587m during the first four months of 2023-24 offset by reductions of £3.498m in other areas.

#### Full year forecast movements

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



- **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.

<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	266.557
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>246.614</b>



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



- **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 4 2023-24 the Health Board held one outstanding NHS Wales invoice that was over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. This invoice was paid in full on 7<sup>th</sup> August 2023 prior to the submission of the Month 4 Monitoring Return.

## 10. CASH



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

- The closing cash balance as at 31<sup>st</sup> July 2023 was £7.628m, which included £4.435m cash held for revenue expenditure and £3.193m 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. The expectation is that WG will provide Strategic Cash Assistance for £134.1m; however, until confirmed this is considered a material risk.
- 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	0.359
Forecast capital working balance support for IFRS16	4.472
Forecast capital cash spend	(24.667)
<b>Forecast closing capital cash balance</b>	<b>1.400</b>
Total cash forecast 2023-24	£m

## 10. CASH



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	20.195
Forecast revenue outturn position and reductions in revenue payables	(149.604)
Forecast capital cash spend including reductions in capital payables	(24.667)
<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 £4.1m against a plan of £3.7m.

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

- The Capital Programme update is reported in Table J.
- The spend profiles will be reviewed in future months to assure that they reflect a robust forecast.
- Disposals (Table K) has been updated within the Month 4 submission to include Cilan MHRC, Ala Road Pwllheli and Ruthin Health Centre, with values for the latter still to be confirmed.

## 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 4 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee on the 1<sup>st</sup> September 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 3.1.**

The Health Board is forecasting that in year pressures primarily within pay, PC drugs and MH out of area placements totalling c.£6m will not continue into future months; it is acknowledged, that a corresponding material risk totalling £36m is highlighted in table A2. The narrative confirms this non recurrent approach will be reviewed in future months. Due to the potential requirement to generate further material mitigating actions, please ensure the FYE impact of these in year pressures is being urgently assessed with an update provided in your month 4 return. **(Action Point 3.1)**

### **Response**

These are still considered to be non-recurrent as the mitigating actions via the Revenue Investment Group Assurance to review 2023/24 investments & Establishment Control Group to review interim appointments and non-patient facing roles are processes in place designed to deliver recurring benefits. See main narrative.

## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 3.2.**

The value of unidentified savings/ mitigating actions supporting the forecast outturn this month has increased from c.£21.8m to c.£22.6m, reflecting an increase in identified forecast savings of c.£6.7m being offset by a further requirement due to emerging YTD pressures of c.£7.5m. We trust that the pace of finalising these required efficiencies will accelerate and look to your month 4 submission for details of plans that will provide assurance these will be managed. **(Action Point 3.2)**

### **Response**

See references to ECG and RIGA etc, which we are expecting to deliver against the required mitigating actions.

## **Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 3.3.**

The narrative confirms that an internal stretch savings target of £30.9m has been set, which is £5.7m higher than the opening plan. Table A reports a higher savings achievement amount of £35m (opening £25.2m plus £9.8m to offset current in year pressures) is required to deliver the current forecast outturn. Please provide a supporting explanation for a lower savings target being reported in the narrative. **(Action Point 3.3)**

### **Response**

The internal stretch target of £30.9m was set as part of the budget setting prior to the new cost pressures emerging, with the intention of the £5.7m originally being utilised to reduce the £134.1m deficit. Should the £30.9m be achieved this will now contribute towards mitigating the £9.8m (Month 3) new pressures. In Month 4 that there are £0.7m further savings identified above the £25.2m opening plan which are in the process of being converted from red and pipeline schemes to Green, these will also contribute as mitigating actions. See also references to ECG & RIGA.



## Risks and Opportunities (Table A2) - Action Point 3.4.

The reported quantified risks have increased from £15.000m to £77.800m since month 2. Please continue to refine the Risks and Opportunities each month, ensuring a 'balanced' assessment is always taken. **(Action Point 3.4)**

### Response

Noted. Risks and Opportunities will continue to be monitored and refined monthly.

## Monthly Positions (Table B) - Action Point 2.3.

Please ensure the narrative clarifies how the HSE Charge has been profiled in the SoCNE. **(c/f Action Point 2.3)**

### Response

The unwinding of the AME has fully impacted on the Month 3 position and the future provision for the H & SE charge is being profiled in 1/12ths. The value and profiling will be updated when additional information is available.

## Monthly Positions (Table B) – Action Point 3.5.

Please provide a supporting explanation for the projected increase in joint financing and other expenditure between months 4 – 6. **(Action Point 3.5)**

### Response

Increase in expenditure is in relation to Home Loans. The increase in Month 3 expenditure has resulted in an increase in future months' forecast.

## Monthly Positions (Table B) - Action Point 3.6.

There is a forecast c. £1.4m increase in non-pay expenditure within March. Please provide an explanation for this increase. **(Action Point 3.6)**

### Response

Of the £1.4m increase in March non pay expenditure, £0.7m relates to the increase in Performance & Transformation forecast expenditure.

## Income / Expenditure Assumptions (Table D) - Action Point 3.7.

Please continue to provide progress updates on the new proposed Hywel Dda ULHB SLA to cover outreach usage in Tywyn Hospital. **(Action Point 3.7)**

### Response





Work continues to put the SLA in place with Hywel Dda. Both parties agree the need for the SLA and a draft document is being prepared to share for agreement.

## **Resource Limits (Table E) - Action Point 3.8.**

The IFRS16 revenue recovery (Line 14) reduction will be a resource and cash adjustment, please reflect the cash adjustment in future returns. (Action Point 3.8)

## **Response**

This will be actioned in Month 4.

## **PSPP (Table H) - Action Point 3.9.**

We are pleased to note that payment of 96.1% of non-NHS invoices (by number) were paid within the 30 day target during quarter 1, and look forward to seeing an improvement in the % of NHS invoices being paid in quarter 2, following the work described in your commentary. (Action Point 3.9)

## **Response**

The three PSPP measurement areas that were achieved in Quarter 1 continued to be met in Month 4 alongside an improved NHS invoices by number percentage of 93.7% (Quarter 1 89.1%). Continued work is planned with NWSSP colleagues to look at opportunities to further improve this performance.

## **Ring Fenced (Table P) - Action Point 3.10.**

We trust that investment plans are being urgently finalised for the current reported uncommitted Value Based funding totalling £0.689m. (Action Point 3.10)

## **Response**

Yes, the investment plans for Value Based Healthcare have been reviewed.

## **Ring Fenced (Table P) - Action Point 3.11.**

Please ensure the Mental Health (SIF) section is completed from month 4. (Action Point 3.11)

## **Response**

Mental Health (SIF) section will be completed from Month 4

# Savings Update at Month 4

## Performance, Finance and Information Governance Committee

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Savings Executive Summary

## Month 4

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 savings target of £30.9m.

The Full Year Savings Plan (FY Plan) now totals **£26.1m**, up £4.6m on the previous month. This includes Pipeline and Red schemes.

The FY Plan value of Green schemes totals **£17.3m**.

This represents an increase of £5m on last month.

The proportion of recurring Green savings now totals **£12.7m**.

The shortfall against £25.2m therefore totals £12.5m.

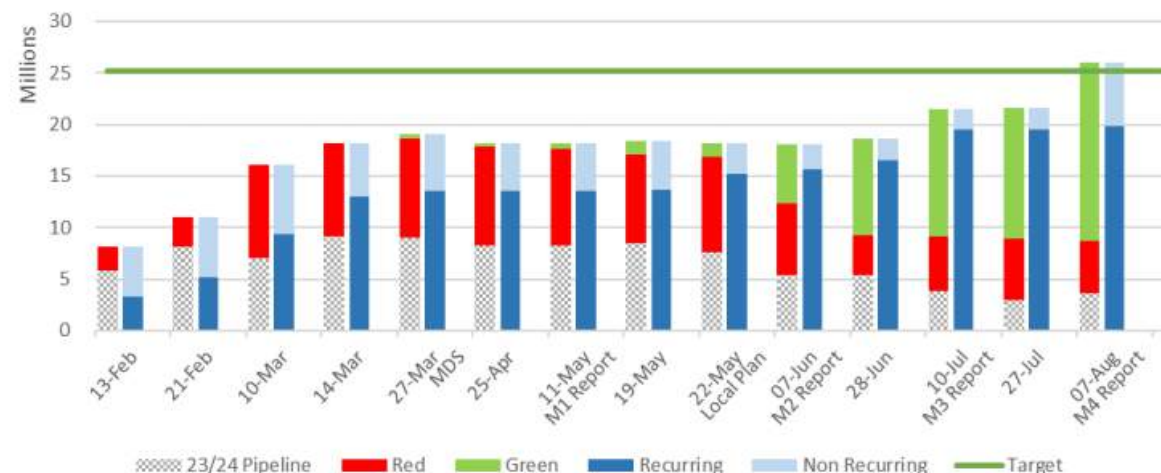
£7.2m could be closed by recurring Pipeline and Red schemes.

Divisional mitigating plans are under review. The need is to identify recurring savings in line with target and convert all schemes to Green by the end of September.

The reliance on local 'transactional' schemes continues. Transformation programmes have not yet delivered plans; contributions to the current year target plus assurance that 24-25 savings plans will be delivered on time is urgently required. This has been escalated.

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).

2023/24 Risk Rated Savings Plans



Savings	FY Plan						Target	Variance Green (Rec) vs Target	FY Forecast Total
	Pipeline	Red	Amber	Green		Total			
£'000's				R	NR				
Centre	769	1,955		1,164	45	3,933	7,950	15%	3,925
East	1,160	552		2,782	396	4,889	8,070	34%	4,763
West	0	1,491		2,925	373	4,788	6,046	48%	4,957
MHLD		507		2,838	8	3,352	3,267	87%	3,304
Womens				920	4	925	915	101%	818
Cancer		228		1,242	7	1,477	755	165%	1,478
Diagnostics		151		448	33	633	1,015	44%	707
Corporate	500	183		354	3,759	4,797	2,495	14%	4,756
Primary Care				15	4	19	354	4%	9
Procurement (VAT)*	1,250			0	0	1,250			1,250
Stretch target adj				0	0		-5,667		0
	3,678	5,066	0	12,688	4,629	26,062	25,200	50%	25,967

Figures relate to 23-24 savings target and in-year schemes. Deficits were funded at the last year end with direction to clear unmet historic balances.

# Savings Summary: FY Plan Versus Target

## Month 4

£'000's	Savings Target	Saving Schemes				Savings Gap
		Schemes in Delivery Green and Amber FY Plan	Red FY Plan	Pipeline	Total	
<b>West Integrated Health Community</b>						
Area - West		2,123	255		2,378	
Ysbyty Gwynedd		1,162	1,236		2,398	
Facilities		12	0		12	
<b>Total West</b>	<b>6,046</b>	<b>3,297</b>	<b>1,491</b>	<b>0</b>	<b>4,788</b>	<b>(1,258)</b>
<b>Central Integrated Health Community</b>						
Area - Centre		1,052	0		1,052	
Ysbyty Glan Clwyd		142	0		142	
Facilities		15	0		15	
<b>Total Centre</b>	<b>7,950</b>	<b>1,210</b>	<b>1,955</b>	<b>769</b>	<b>3,933</b>	<b>(4,017)</b>
<b>East Integrated Health Community</b>						
Area - East		1,754	552		2,306	
Ysbyty Wrexham Maelor		1,403			1,403	
Facilities		20	0		20	
<b>Total East</b>	<b>8,070</b>	<b>3,178</b>	<b>552</b>	<b>1,160</b>	<b>4,889</b>	<b>(3,181)</b>
<b>PAN North Wales Services</b>						
MHLD	3,267	2,846	507		3,352	85
Womens Services	915	925			925	10
Diagnostic and Specialist Clinical Support	1,015	482	151		633	(382)
Cancer Services	755	1,249	228		1,477	722
Primary Care	154	19	0		19	(135)
Contracts		0	0		0	0
Provider Income	267	0	0		0	(267)
<b>Total PAN North Wales</b>	<b>6,373</b>	<b>5,519</b>	<b>886</b>	<b>0</b>	<b>6,405</b>	<b>32</b>
Corporate	2,495	4,114	183	500	4,797	2,302
Reserves / Stretch Target	(5,734)	0			0	5,734
<b>Total for Services</b>	<b>25,200</b>	<b>17,318</b>	<b>5,066</b>	<b>2,428</b>	<b>24,812</b>	<b>(388)</b>
<b>Other Workstreams</b>						
Procurement - to be allocated				1,250	1,250	1,250
				1,250	1,250	1,250
<b>Total Programme</b>	<b>25,200</b>	<b>17,318</b>	<b>5,066</b>	<b>3,678</b>	<b>26,062</b>	<b>862</b>
Recurring Savings	25,200	12,688	4,156	2,998	19,841	(5,359)
Non Recurring Savings		4,629	911	681	6,221	6,221
	<b>25,200</b>	<b>17,318</b>	<b>5,066</b>	<b>3,678</b>	<b>26,062</b>	<b>862</b>

The FY Plan has increased to £26.1m including Green, Amber, Red and Pipeline opportunities, recurring and non-recurring.

£4.2m of the £4.6m increase in the total FY Plan in Month 4 relates to a change in a DDAT programme implementation approach (£1.1m) and 2 Energy related schemes (£3.1m).

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

IHC West's savings plan totals £4.9m, of which £0.8m is non-recurring savings.

IHC East's FY Plan totals £4.9m, of which £0.8m non-recurring.

IHC Centre FY Plan totals £3.9m. £76k is non-recurring.

The Corporate savings plan totals £4.8m of which £4.4m is non-recurring, which poses a significant challenge. The plan includes the DDAT programme one-off saving (£1.1m) and a potential one-off Energy related gain (£0.5m). It also currently includes the in-month £2.6m increase in the value of the Procurement plan, linked to the negotiated energy contract reduction.

Services have submitted mitigating action plans to close the gaps and are required to convert all schemes to Green by 30.09.23.



# Savings Progress in Month against Target

## Month 4

### Month 3

	Pipeline	Red	Amber	Green		Green (Proc)		Total	Target	Green (Rec) vs Target
				R	NR	R	NR			
Centre	1,184	1,921		616	0	141	45	3,908	7,950	10%
East	936	1,049		2,138	346	154	50	4,673	8,070	28%
West	520	1,326		2,575	250	110	31	4,812	6,046	44%
MHLD		507		2,760	0	5	8	3,280	3,267	85%
Womens				915	0	5	4	925	915	101%
Cancer		228		1,238	0	4	7	1,477	755	165%
Diagnostics				108	8	341	25	482	1,015	44%
Corporate		183		271	32	83	65	635	2,495	14%
Primary Care						15	4	19	354	4%
Procurement (VAT)	1,250				0			1,250	-5,667	
	3,890	5,215	0	10,621	636	858	240	21,459	25,200	46%

### Month 4

	Pipeline	Red	Amber	Green		Green (Proc)		Total	Target	Variance Green (Rec) vs Target
				R	NR	R	NR			
Centre	769	1,955		1,023	0	141	45	3,933	7,950	15%
East	1,160	552		2,628	346	154	50	4,889	8,070	34%
West	0	1,491		2,815	341	110	31	4,788	6,046	48%
MHLD		507		2,833	0	5	8	3,352	3,267	87%
Womens				915	0	5	4	925	915	101%
Cancer		228		1,238	0	4	7	1,477	755	165%
Diagnostics		151		108	8	341	25	633	1,015	44%
Corporate	500	183		271	1,111	83	2,648	4,797	2,495	14%
Primary Care						15	4	19	354	4%
Procurement (VAT)	1,250				0			1,250	-5,667	
	3,678	5,066	0	11,830	1,806	858	2,823	26,062	25,200	50%

At Month 4, the FY Plan value of Green schemes totals **£17.3m**

The £5m in-month increase in Green schemes was achieved through:

- DDAT programme plan modified £1.1m
- AW Energy contract negotiated reduction £2.6m
- Polypharmacy reviews (East and Centre) £0.9m
- West IHC converted 4 schemes to Green £0.3m

Schemes totalling c£.4.4m submitted in Month 3 were held at Red as part of ongoing assurance and control. These are expected to be resubmitted shortly:

- c.£2.1m (Meds Management) – of this, a scheme valued at £0.9m has been further developed and converted to Green in Month 4
- West YG Schemes totalling £0.8m were submitted as 'run-rate' not budget-reducing as required following the funding of last year's deficit; escalated to Finance Leadership.
- c.£1.25m relates to 2 Agency schemes from IHC Centre. Further information has been requested.

3 West Area schemes totalling £225k were converted to Green just after the Month 4 deadline.

# Savings Schemes by MMR Category

Month 4

## Green Schemes by MMR Category by Division

£m	West IHC	Centre IHC	East IHC	MHLD	Womens	Diagnostics	Cancer	Primary Care	Corporate	Total
Agency	0.63		1.00		0.49					2.12
CHC	1.15	0.56	0.88	1.55	0.00					4.13
Commissioned Services				0.30	0.25					0.55
Medicines Management	0.61	0.46	0.81	0.32			1.24			3.45
Procurement	0.14	0.19	0.20	0.01	0.01	0.37	0.01	0.02	2.73	3.68
Non Pay - Other	0.04		0.23	0.02	0.17	0.12			1.34	1.91
Pay	0.73		0.05	0.64					0.05	1.47
<b>Grand Total</b>	<b>3.30</b>	<b>1.21</b>	<b>3.18</b>	<b>2.85</b>	<b>0.92</b>	<b>0.48</b>	<b>1.25</b>	<b>0.02</b>	<b>4.11</b>	<b>17.32</b>

£m	£0 - £0.25m	£0.25m +	Total
Agency	5	4	9
CHC	3	5	8
Commissioned Services		2	2
Medicines Management	7	7	14
Procurement		1	1
Non Pay - Other	14	1	15
Pay	8	2	10
<b>Grand Total</b>	<b>37</b>	<b>22</b>	<b>59</b>

£m	£0 - £0.25m	£0.25m +	Total
Agency	0.7	1.4	2.1
CHC	0.4	3.7	4.1
Commissioned Services		0.6	0.6
Medicines Management	0.3	3.1	3.4
Procurement		3.7	3.7
Non Pay - Other	0.8	1.1	1.9
Pay	0.5	1.0	1.5
<b>Grand Total</b>	<b>2.8</b>	<b>14.5</b>	<b>17.3</b>

# FY Plan vs FY Forecast & Recurring/ Non Recurring

## Month 4

£'000's	FY PLAN			Recurring FYE Plan	FY OUTTURN (M4)			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	12,688	4,629	17,318	15,390	12,680	4,542	17,222	15,848	(9)	(87)	(96)
Cash Releasing - Run Rate			-				-		0	0	0
Cost Avoidance			-				-		0	0	0
Accountancy Gains			-				-		0	0	0
Income Generation - Budget			-				-		0	0	0
Income Generation - Run Rate			-				-		0	0	0
	12,688	4,629	17,318	15,390	12,680	4,542	17,222	15,848	(9)	(87)	(96)
<b>Red Schemes</b>											
Cash Releasing	4,156	911	5,066	7,517	4,156	911	5,066	7,517	0	0	0
Cost Avoidance			-		-	-	-		0	0	0
Income Generation			-		-	-	-		0	0	0
	4,156	911	5,066	7,517	4,156	911	5,066	7,517	0	0	0
<b>Total - Red, Amber and Green Schemes</b>	<b>16,844</b>	<b>5,540</b>	<b>22,384</b>	<b>22,906</b>	<b>16,835</b>	<b>5,453</b>	<b>22,288</b>	<b>23,365</b>	<b>(9)</b>	<b>(87)</b>	<b>(96)</b>

At Month 4, the FY Plan value of Green schemes totals £17.3m and the FY Forecast is £96k below FY Plan. Variances include:

- CHC favourable forecasts across 3 IHC's total £365k
- West Area's Primary Care scheme (Polypharmacy reviews and switches) favourable variance has been reduced by 50% to £36k
- Adverse variances relating to agency schemes include:
  - West Area scheme forecast further reduced now £88k adverse to £250k plan
  - 2 YMW Medical agency schemes, in ED and Medicine, adverse variances of £47k and £50k respectively
  - MHLA agency scheme adverse variance £36k
- Womens Birth Choices scheme – adverse variance now £106k. The service has reported on a monthly basis that the delay in lifting the CoCH Obstetrics block contract directive has delayed delivery of savings and has escalated the issue to the Executive.

Since last year's deficits were funded, the directive is to treat savings schemes as budget reducing. As such, reported run-rate schemes are nil.

Accountancy Gains are nil. 2 gains have been submitted for inclusion at Month 5.

# Delivered Savings

## Month 4

### Target

- Financial Plan requires £25.2m savings
- Additional 'stretch target' of £5.7m allocated to IHC's/Services
- Target phased on a flat 1/12 basis - £2.1m per month

£'000's	FY			YTD M4			
IHC / Service Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Recurring	25,200	12,688	12,680	8,400	3,634	4,219	585
Non Recurring		4,629	4,542		1,417	1,389	(28)
<b>Total</b>	<b>25,200</b>	<b>17,318</b>	<b>17,222</b>	<b>8,400</b>	<b>5,051</b>	<b>5,608</b>	<b>557</b>

*Figures relate to Green and Amber Schemes, which can be included in figures reported to WG.*

### Year To Date (YTD)

- Actual savings delivered have increased by £2.4m to **£5.6m**, of which £4.2m is recurring, against Plan of £5.1m and a Target of £8.4m
- The favourable variance of actual savings to Plan totals £0.5m. This includes:
  - CHC schemes across all 3 IHC's – favourable variances £0.5m
  - CHC MHL D RightCare Programme £0.3m
  - Agency related schemes (£0.2m)
  - Delay to the Womens Birth Choices scheme (£0.1m)

### In Month

- Savings delivered in month totalled **£2.4m**, less than £2.6 m Plan but exceeding £2.1m Target.

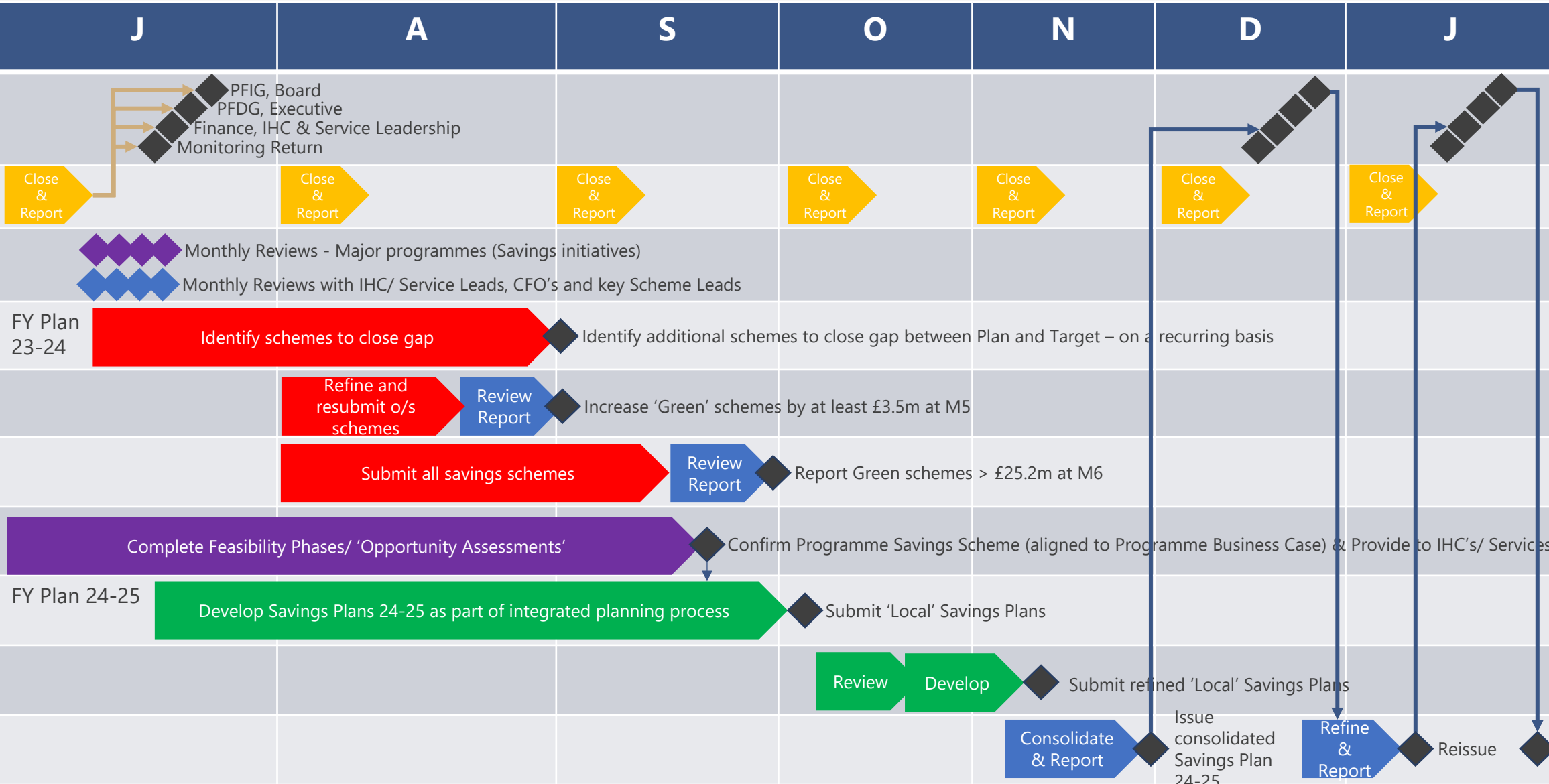


# Next Steps

## Month 4

	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 Cancer Services, Womens and MHLD plans meet target.	Deadline extended to 31.08.23
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. This has not been met.	The deadline for converting all remaining schemes to Green has been extended from 31.08.23 to 30.09.23 This means that IHC's and Services need to submit individual schemes by <i>mid-September at the latest</i> for review.
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 to improve quality of management information. Reviewed with Division at monthly Savings Review	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	Issue timetable, templates and guidance to Divisions Divisions to develop savings plans as integral part of local planning
Cross-cutting programmes	Improvement Groups were established to deliver incremental, transformational savings	Provide Project Initiation Documents and plans. Complete 'Opportunity Assessments' in time for approved Business Cases to be included in Savings Plans 24-25. Define issues hindering progress and escalate through programme governance structure.

# Savings Planning 24-25 – High Level Timeline



Development of savings plans is part of the integrated planning process. A savings plan forms part of the local financial plan.



<b>Teitl adroddiad:</b>	Finance report : Appendix C Capital Programme Report - Month 3&4 and 2023/24 Programme Update			
<b>Report title:</b>				
<b>Adrodd i:</b>	Performance, Finance & Information Governance Committee			
<b>Report to:</b>				
<b>Dyddiad y Cyfarfod:</b>	Friday, 01 September 2023			
<b>Date of Meeting:</b>				
<b>Crynodeb Gweithredol:</b>	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).			
<b>Executive Summary:</b>				
<b>Argymhellion:</b>	The Committee is asked to receive and scrutinise this report and support the proposed adjustments to the capital programme.			
<b>Recommendations:</b>				
<b>Arweinydd Gweithredol:</b>	Russel Caldicott, Interim Executive Director of Finance			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Daniel Eyre – Head of Capital Development			
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</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>Purpose of report:</b>				
<b>Lefel sicrwydd:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<b>Assurance level:</b>				
<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>	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP).			
<b>Link to Strategic Objective(s):</b>				

<b><i>Regulatory and legal implications:</i></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>	<b>Board Assurance Framework</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

	<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
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable
<b><i>Next Steps:</i></b> <b><i>Implementation of recommendations</i></b>	
<b>1. <i>List of Appendices:</i></b> AppCii . Business Case Tracker	

## Capital Investment Group

### Capital Programme Report Month 3&4 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).

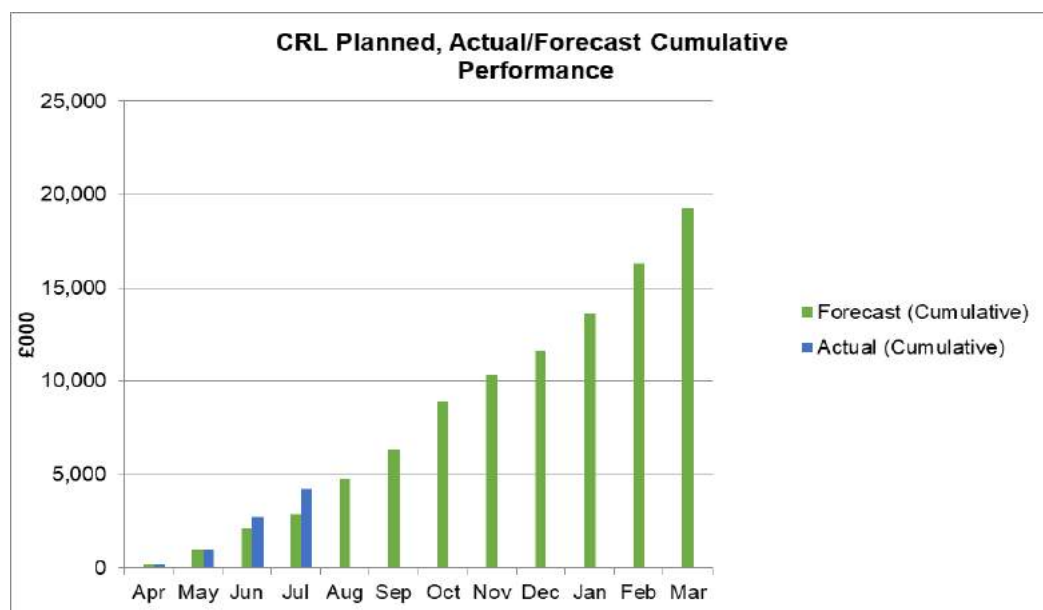
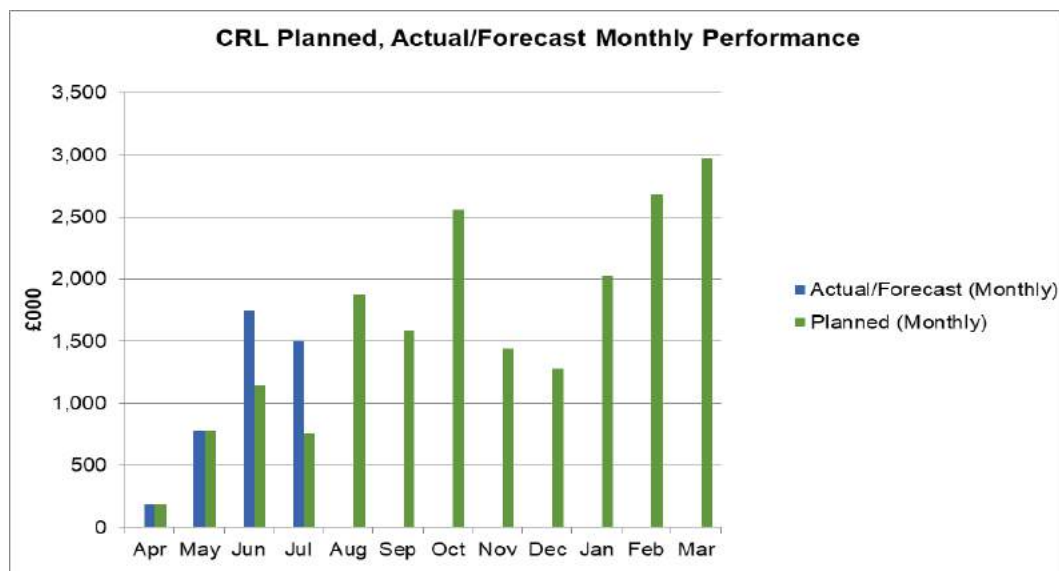
#### 2. Approved funding 2023/24

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

<b>Capital Resource Limit 2023/24</b>	<b>£m</b>	<b>£m</b>
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	
Adjusted discretionary capital £11.399m less £1.438m, leaves <b><u>£9.961m.</u></b>		

### 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	1,870	4,745		
Sep	19,294	1,589	6,334		
Oct	19,294	2,562	8,896		
Nov	19,294	1,437	10,333		
Dec	19,294	1,281	11,614		
Jan	19,294	2,026	13,640		
Feb	19,294	2,683	16,323		
Mar	19,294	2,971	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.



## BCU Approved Capital Programme - February 2023

	<b>Total value of overcommitted schemes (£m)</b>	<b>Management of over commitment 25% (£m)</b>	<b>Available Capital (£m)</b>	<b>Comments</b>
Divisions	5.799	-1.450	4.349	Budget pressures noted
Estates	2.315	-0.579	1.736	On budget and Programme. (50k allocated for in year facilities requirements)
Medical Devices	3.075	-0.769	2.306	On budget and Programme
Informatics	3.016	-0.754	2.262	On budget and Programme
	14.205	-3.551	10.654	
		Over commitment	0.639	

### 6. Month 4 Update

Since the last report a proportion of the Plas Gororau cost pressures have been managed via the Efab funding. The mental health projects are still on hold awaiting prioritisation direction from the division. Some essential in year requirements for facilities have been covered by the estates discretionary allocation.

The month 4 finance report (below) confirms an over commitment at £2.037m, 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.

If this situation changes, slippage options will be consider during October CPMT with recommendations submitted for approval in the October 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 24.
- The scheme is a priority for 24/25 that can be managed over two financial years.

## 7. Capital Report - Month 4 (costs in £/000)

Funding	Funding Scheme	Approved CRL	Sum of Brokerage	Final Annual Budget	Spend to date	Out-turn Forecast	Variance
All Wales	Nuclear Medicine	373,000	167,320	540,320	191,215	340,000	(200,320)
	Ablett Unit	1,688,000	384,969	2,072,969	1,016,373	2,072,969	-
	Ambulance	71,000		71,000	-	71,000	-
	Orthopaedic Hub	839,000		839,000	201,861	839,000	-
	Conwy Llandudno Centre	600,000		600,000	-	504,000	(96,000)
	Efab	4,324,200		4,324,200	23,492	4,270,510	(53,690)
<b>All Wales Total</b>		<b>7,895,200</b>	<b>552,289</b>	<b>8,447,489</b>	<b>1,432,941</b>	<b>8,097,479</b>	<b>(350,010)</b>
Discretionary	Mental Health	164,000		164,000	(15,746)	148,084	(15,916)
	Med Devices	2,306,000		2,306,000	281,720	2,306,000	-
	IM&T	2,262,000		2,262,000	68,143	2,225,131	(36,869)
	Strategic Estates - East	2,490,000		2,490,000	1,221,604	3,064,226	574,226
	Strategic Estates - Central	1,448,000		1,448,000	630,363	1,932,893	484,893
	Strategic Estates - West	385,000		385,000	274,650	449,458	64,458
	Operational Estates - Central	245,000		245,000	4,560	267,219	22,219
	Operational Estates - East	315,000		315,000	63,153	328,153	13,153
	Operational Estates - Pan BCU	615,000		615,000	33,722	657,883	42,883
	Operational Estates - West	195,181		195,181	47,934	209,537	14,356
	Safe Clean Care	395,000		395,000	44,664	400,365	5,365
	Facilities			-	-	26,776	26,776
	Wrexham Redevelopment		675,171	675,171	33,053	675,171	-
	Imaging			-	(4,044)		-
	Linacs			-	1,462		-
	Womens	120,000		120,000	(71)	117,382	(2,618)
	North Wales Services			-	-		-
	Stroke			-	(22)		-
	Enlli Ward			-	14,533	130,000	130,000
	Mortuary		211,276	211,276	-	211,276	-
	rev to cap			-	5,040	5,040	5,040
	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>2,704,716</b>	<b>13,234,594</b>	<b>2,387,883</b>
Donated	LOF			175,353	35,095	175,353	-
	C Funds			328,955	56,751	328,955	-
<b>Donated Total</b>				<b>504,308</b>	<b>91,845</b>	<b>504,308</b>	<b>-</b>
<b>Grand Total</b>		<b>19,294,200</b>	<b>-</b>	<b>19,798,508</b>	<b>4,229,503</b>	<b>21,836,381</b>	<b>2,037,873</b>

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

This section of the report contains a brief update on the development of the Health Social Care Integration and Rebalancing Capital Fund (IRCF) and the 10-year Strategic Capital Plan.

The IRCF is a programme set up to directly 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 on a case-by-case basis.

The fund focuses on delivering three priorities:

1. The delivery of Integrated Health and Social Care Hubs
2. Rebalancing the adult residential social care market
3. Eliminating profit from the provision of children's residential care.

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. However the ultimate power to approve business cases remains with Welsh Government. The intention is to submit the SCP, including a prioritised list of schemes, to WG in October 2023 following sign-off by the RPB.

The RPB has undertaken an extensive process of engagement with partner organisations, including the Health Board, and has developed a process for developing the SCP. Schemes will be prioritised on a sub-Regional level, rather than producing an overall prioritisation across North Wales.

The vast majority of schemes are at the development stage, and are seeking funding to develop business cases. The exception to this is the Royal Alexandra Hospital Scheme which has a completed business case and is seeking part-funding from the IRCF as well as funding from the all-Wales capital programme. The specific schemes that the Health Board is leading on are:

- Holyhead Primary Care and Wellbeing Centre
- Gwynedd Integrated Child Development Centre
- Waunfawr Primary Care Centre
- Bangor Health and Wellbeing Centre
- Porthmadog Primary Care Centre
- Conwy West Health and Wellbeing Hub
- Royal Alexandra Hospital
- Northern Gateway

There are a range of other schemes that the Health Board is engaged in but is not the lead agency, such as Canolfan Lleu Health and Wellbeing Hub and the Penhros Nursing Home Public Sector Partnership.

In terms of the process and timeline: the RPB team will produce an initial view of the relative priority of schemes by geographical area, using a prioritisation tool, at the end of August. These will be reviewed by multi-agency groups, including the IHCs, at sub-regional level (East, Centre, West) and the RPB team will produce the draft 10-year SCP. The intention is that this will be ratified by partner organisations prior to the October meeting of the RPB. The proposed internal governance route is as follows: Capital Investment Group 14<sup>th</sup> September; Health Board Leadership Team 20<sup>th</sup> September; Board 28<sup>th</sup> September.



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
				August 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	Full Business Case approved by Health Board, reviewed by Welsh Government and regarded as approvable but unaffordable. Regional Partnership Board funding options being considered i.e.: Integration and Rebalancing Capital Fund (IRCF) split to be confirmed with Welsh Government.
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 received from Welsh Government 27.07.2023. Review / response to comments currently being undertaken
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	FBC to CIG November 2023 FBC to PFIG December 2023 FBC to Health Board January 2024 FBC to Welsh Government January 2024	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. Submission to Welsh Government is now planned for January 2024. 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.

Outline Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				August 2023
Nuclear Medicine Reconfiguration (including PET)	12.6	Gareth Evans, Interim Executive Director of Therapies & Health Sciences  David Fletcher, Directorate General Manager, NWMCS	CIG October 2023 PFIG October 2023 Board November 2023	Planning application to be submitted August 2023. Remain on target to submit completed case to CIG in October 2023; PFIG in October 2023 and HB in November 2023. Submit to WG December 2023. Revenue pressure to be reviewed in August 2023.
Conwy West Health and Wellbeing Centre	22-26	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager	To be agreed	OBC development in progress. Preferred main site option approved through IHC governance and CIG approval 13 July 2023. Satellite branch site options being evaluated with decision expected August 2023. Procurement of Supply Chain Partner through Design for Life in progress using an agreed draft schedule of accommodation (SOA) and plans to finalise sites and SOA prior to commencing detailed design.
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.	Scheme led by Grwp Cynefin. SOC completed and approved by the Health Board, Grwp Cynefin and Welsh Government in April 2023. OBC has commenced

Strategic Outline Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				August 2023
Bangor Health & Wellbeing Centre	32	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director of Primary Care	To be agreed	Draft SOC and site options under review at present (due to external changes). SOC re-write completion estimated by Autumn 2023
Gwynedd Child Development Centre	11	Ffion Johnston Integrated Health Community Director (West)  Christine Rudgley West Area Lead Operational Improvement	PFIG October 2023 Board November 2023	SOC completed. Approved by West IHC and CIG 15 June 2023. Agreed not to progress to PFIG and Health Board until after Regional 10 year Strategic Capital Plan prioritisation completed in September 2023
Denbigh Integrated Re-ablement	16	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager	To be agreed	Contractor resources appointed to complete SOC. Workshops scheduled throughout August and September 2023.
Penrhos Care Home - Public Sector Partnership	15	Chris Stockport, Executive Director of Transformation and Planning  Ffion Johnstone, Area Director (West)	To be agreed	Scheme led by Gwynedd Council. SOC approved by Gwynedd Council and Health Board in March 2023 and scheduled for scrutiny by Welsh Government panel in September 2023
Holyhead Health & Wellbeing Centre	26	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed	Draft SOC being finalised. Awaiting regional 10 year Strategic Capital Plan prioritisation approvals route through the Health Board and Anglesey County Council

Single Stage Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				August 2023
Llandudno Orthopaedic Hub Business Case	Capital: 27  Revenue: To Be Agreed	Chris Stockport, Executive Director of Transformation and Planning  Neil Windsor, Project Director	CIG August 2023 PFIG August 2023 Board September 2023	Work continues to finalise the single stage business case - remains on track for September 2023 Health Board for approval prior to submission to Welsh Government
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	No further progress however intent will be to complete this case for the November 2023 Capital Investment Group
MR Additional Capacity	Capital: £4m  Revenue saving	Gareth Evans, Interim Executive Director of Therapies & Health Sciences  David Fletcher, Directorate General Manager, NWMCS		No further progress to report

Programme Business Case

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				August 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.	Project Board currently being established followed by a review / agreement of governance

Scoping Document Stage

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				August 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)	To be agreed	SOC development in progress - workshops scheduled for August and September 2023
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	A meeting has been held between the Health Board, the University and Welsh Government to agree how to progress the case. Scoping work will continue on the Education Centres at the 3 DGHs and the requirements for Primary Care, and a further meeting will be held in November when this work has concluded.

In Development / Under Review

Business Case	Cash Value (Current estimate) £ millions	Senior Responsible Officer & Project Director	Submission Date for Business Case	Comments / Update
				August 2023
Colwyn Bay Integrated Health & Social Care Facility	29 - 40	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme Manager	To be agreed	Conwy County Borough Council (CCBC) leading. Re-scoping and SOC development in progress
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 - further clarification being sought before progress to next stage.
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
				August 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	Contract to run the feasibility process has been awarded and work on this has commenced. Work on IRCF template underway to be submitted as part of current IRCF prioritisation process.
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	A costed options appraisal is being developed to identify the preferred strategy for Porthmadog. Project Board with key leads to be created to inform the team.
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.
Kinnel Bay Business Case	To be agreed	Alison Kemp, Associate Director, Primary Care & Community Services, Central  Brian Laing, Programme 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		

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
				August 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	SOC development in progress. Workshops scheduled for September and October 2023
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	Draft scoping document has not progressed due to the limited capital planning capacity within the team.
Waunfawr Primary Care Centre	£6,130,000	Ffion Johnstone, Integrated Health Community Director (West)  Chris Couchman, Associate Director Of Primary Care	To be agreed	Due to the uncertainty of the 3PD viability of the scheme, alternative options are being explored with local partners.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Finance – Special Measures Action Plan (update 21 August 2023)			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance & Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Friday, 01 September 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 – 1<sup>st</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 21 August 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 21 August 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> (or links to the Corporate Risk Register)	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 (21 August 2023)	

## Finance - Special Measures Action Plan 1<sup>st</sup> 90 Days (June to August 2023)

As part of the Health Board Special Measures Action Plan for the 1<sup>st</sup> 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: Commence delivery of an agreed efficiency savings plan that minimises the financial deficit

2.2.1 All plans identified with at least 50% being Green/Amber by end of June				
2.2.2 All plans finalised with 100% RAG scored as Green/Amber (No Red) by end of July				
2.2.3 Achieve profile of savings plan by end of August				
Actions	Lead	Timescale	Progress Status	Achievement to date
Issue clear expectations for the development of savings and reinforce delivery via 'check & challenge' review meetings: <ul style="list-style-type: none"> <li>○ Initial round of Check &amp; Challenge sessions - Finance Directors &amp; WoD Director to meet with</li> </ul>	Interim EDoF	30 June 2023		Expectations communicated to HBLT 9 <sup>th</sup> June & to CFOs 14 June <ul style="list-style-type: none"> <li>○ Plans required for the full targets by 30<sup>th</sup> June, with at least 50% green or amber. With further progression thereafter (no red)</li> </ul>

<p>each divisional CFO and IHC /Divisional Director during June</p> <ul style="list-style-type: none"> <li>○ Divisions to undertake a further review of local plans</li> <li>○ Further round of Check &amp; Challenge sessions in July - closely monitoring savings delivery and recovery of the YTD slippage with the expectation that savings are back on planned profile by end of August</li> </ul>		31 August 2023		<p>after July). Expectation that by end of August, delivery will be in line with the Plan profile.</p> <ul style="list-style-type: none"> <li>○ Non-recurring budget reductions allocated to budgets by M4; establish what can be achieved and consider a Tracker to assess delivery</li> </ul> <p>M2 Finalised Savings Plans: c£5.8m assessed as Green/Amber.</p> <p>M3 (Final) The FY Savings Plan now totals £21.5m (inc Red £5.2m &amp; Pipeline £3.9m). Green schemes total £12.4m, with £11.5m recurring.</p> <p>M4 (Final) The FY Savings Plan now totals £26.1m (inc Red £5.1m &amp; Pipeline £3.7m). Green schemes total £17.3m, with £12.7m recurring).</p> <p>M2, M3 &amp; M4 Check &amp; Challenge Meetings completed.</p> <p>Independent review report on 'Interims', received – action to be prioritised in August.</p>
Undertake a review of the current 'interims' and develop agreed costed actions.	iCEO/iEDoF /iWOD	30 June 2023		
2.2.4 Set up 3x 'Star Chamber' review sessions, to undertake a top-down assessment of cost pressures and assessments already in the run rate (will inform incremental opportunities for 2023/24 and initial savings plans for 2024/25).				
Actions	Lead	Timescale	Progress Status	Achievement to date
Establish Star Chamber (Now known as, Recurrent Investment Group Assurance - RIGA):	All	31 August 23		Established a listing of major 22/23 investments and created a Tracker to monitor 23/24 YTD actual spend.

<ul style="list-style-type: none"> <li>○ Agree Membership and hold an initial 3 sessions.</li> <li>○ From the Financial Control Environment Action Plan, feed through the findings from the 22/23 cost pressures review exercise.</li> <li>○ Establish the potential to stop, reduce or deliver at reduced cost.</li> <li>○ Enact exit strategies for lower value schemes at pace.</li> <li>○ Reinsert the governance requirements for the applicable schemes that will continue to be invested in.</li> </ul>				<p>Nick Lyons and Gareth Evans to ensure consideration of QIA.</p> <p>Continued escalation to reiterate the Executive and HBLT Clinical and Operational ownership of the program.</p> <p><b>Executive endorsed actions presented for oversight by Private Session of the Board (31 July):</b></p> <p>All budgeted developments for 2023/24 are to be reviewed against being unavoidable cost pressures in year or directly relating to patient safety through an endorsed process.</p> <p>An Establishment Control Group (ECG) has been formed to review existing interims and requests for recruitment to non-patient facing roles.</p> <p>In addition, there has been a focus placed upon attainment of the savings ask for the financial year and a review initiated on use of Medical, Nursing &amp; Therapies Temporary Workforce Controls (WLI/Agency)</p> <p>To support a return to financial sustainability, work is progressing on initiatives to assure services are operating efficiently and productively, through;</p> <p>Develop modelling and active use of benchmarking to support improvement. Further refine local integrated plans, with implementation of an updated performance and accountability framework.</p>
--	--	--	--	--

				<p>Balance sheet and reserves review, to assure all non-recurrent mitigations are known and deployed as required.</p> <p>ToR agreed through extraordinary Board Meeting for immediate implementation.</p>
2.2.5 Be clear on contribution of cross cutting themes will have to the 2023/24 savings plans				
Actions	Lead	Timescale	Progress Status:	Achievement to date
<p>Clarify the contribution that cross cutting themes will have on the ability of Divisions to finalise their savings plans.</p> <ul style="list-style-type: none"> <li>○ Reports to go to the new Performance and Finance Delivery Group defining opportunity assessments, enabling plans and governance arrangements – 3<sup>rd</sup> Wednesday each month from August.</li> </ul>	Relevant Execs & Leads	Was 31 July, now 31 August 2023		<p>Established a listing of cross cutting themes, with outline scopes, high-level estimated opportunity values and assigned leads. IHCs &amp; Divisions are linking in with assigned leads.</p> <p>Meeting occurred on 16<sup>th</sup> August.</p>

**Deliverable 2.3 Future Financial and Value Opportunities:** Commence an assessment of the potential financial opportunities for 2024/2025 and 2025/2026 and develop the contribution of value based healthcare

2.3.1 Significant progress made on Savings pipeline identified for 2024/25 by end of August (at least 75% of the 2023/24 target by end of September – refer to 2 <sup>nd</sup> 90 days)				
2.3.2 Embed strengthened principles into the HB decision making processes (e.g., business cases)				
Actions	Lead	Timescale	Progress Status	Achievement to date
<p>Expectation of a savings pipeline identified for 2024/25 of at least 75% of the 2023/24 target (various routes):</p> <ul style="list-style-type: none"> <li>○ Draw on costing and programme cost comparisons, NHSBN comparisons, CHKS, and previous external and</li> </ul>	<p>Divisions &amp; Corps</p> <p>In conjunction with NHS Executive and Costing Team</p>	31 August 2023		<p>Regular discussion via Execs and HBLT.</p> <p>Early indication of a small number of scheme opportunities for 24/25 being highlighted as part of the work to</p>

<p>internal benchmarking comparisons undertaken (potentially 2<sup>nd</sup> 90 days)</p> <ul style="list-style-type: none"> <li>Outcomes from Star Chamber (now RIGA) – proposals that have a longer lead time to release savings/reduce expenditure, that will commence delivery in 24/25.</li> <li>Consider the need for/benefit of additional senior resource to focus on driving financial improvement during a period of turnover of senior finance staff</li> </ul>	<p>All</p> <p>WG, CE and Interim EDoF</p>	<p>30 June 2023</p>	<p>finalise 23/24 schemes – although, these are predominately n/r so far.</p> <p>Linked to progression of review approach (RIGA), which is expected to achieve material recurring savings.</p> <p>Under further consideration.</p>
---	---	---------------------	--

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

2.6.1 Draft Findings/Report due mid-July				
2.6.2 Final Findings/Report due end of July				
2.6.3 Agreed recommendations to be incorporated into the Financial Control Environment Action Plan and address actions considered 'urgent' during August				
Actions	Lead	Timescale	Progress Status	Achievement to date
<p>Contract Procurement Review:</p> <ul style="list-style-type: none"> <li>Finalise scope (complete).</li> <li>Commence review and receive first draft of findings (consider factual accuracy) and issue comments.</li> <li>Receive final findings/report. To be taken to the Finance Delivery Group, and subsequently to the Special Measures Oversight Group and the Audit Committee</li> </ul>	Interim EDoF	<p>Was mid July 2023, now w/c 18/9/23 (2<sup>nd</sup> 90 days)</p> <p>Was 31 July 2023, now end Sept (2<sup>nd</sup> 90 days)</p> <p>Was 31 August 2023,</p>		<p>Draft 'Contracting and Procurement Review' scope document produced and shared with WG for comment w/c 5<sup>th</sup> June. Suggestions for amendment received 12<sup>th</sup> June and document recirculated 15<sup>th</sup> June. On 21<sup>st</sup> June, identified an appropriate individual to undertake the review, who has agreed in principle. Final scope agreed with WG on the 4<sup>th</sup> July – further discussion required now on procurement route and lead. The route to procurement was understood, by the HB, to be in conjunction with the reviews</p>

<ul style="list-style-type: none"> <li>○ Incorporation of agreed recommendations into the Financial Control Environment Action Plan and address areas considered 'urgent' by end of August</li> </ul>		now likely to be end Oct (2 <sup>nd</sup> 90 days)		completed to date (through the WG). The HB has now been asked to lead on procurement. The specification has been endorsed through WG and the HB placement of the works via Internal Audit has been progressed – start date confirmed as 1 <sup>st</sup> September.
---	--	--	--	--

### Deliverable 2.7 Finance Team & Capacity: Progress actions to stabilise the finance team and develop capacity

2.7.1 Permanent replacement of Finance Director appointed (Commissioning & Financial Planning) by the end of June				
Actions	Lead	Timescale	Progress Status	Achievement to date
Stabilising and developing capacity: <ul style="list-style-type: none"> <li>○ Agree scope of two band 9 roles, pending restructure, amend JD and permanently recruit to Band 9 (Commissioning &amp; Financial Planning) and appoint interim solution for Band 9 (Operational) pending investigation and outcome.</li> <li>○ Complete staff investigations and associated outcomes</li> </ul>	Interim EDoF	End of June 23		An interim B9 (Operational) has commenced in post on the 1 June (secondment for up to 12 mths).
				A permanent B9 (Commissioning & Financial Planning) was appointed to on 21 June 23 and commences in the post on the 4 <sup>th</sup> July.
				Staff investigations - ongoing
2.7.2 Approval decision regarding initial supplementary resourcing for Finance Department by 21 June 2023				

Actions	Lead	Timescale	Progress Status	Achievement to date
<p>Stabilising and developing capacity:</p> <ul style="list-style-type: none"> <li>○ Make recommendations to the Chief Executive regarding initial supplementary resourcing of the finance department pending a full restructure plan to be put forward.</li> </ul>	Interim EDoF	21 June 2023		Case for change/investment submitted to CEO for consideration 21/6/23. Initially 'agreed in principle', but further discussion has led to a revised approach being taken – see 2.7.3. A further revised interim resourcing solution is being developed, which has been discussed with the independent advisor and the WG HSS DoF and the proposal will be put forward for consideration and deployment in August.
2.7.3 Undertake a robust assessment of the required staffing resource of the Finance Department and develop a new Operating Model by end of August				
Actions	Lead	Timescale	Progress Status	Achievement to date
<p>Stabilising and developing capacity:</p> <ul style="list-style-type: none"> <li>○ Undertake a robust assessment of the required staffing resource of the Finance Department (reflect the impact of changes made to the new HB Operating Model, additional roles to support the work to recover the financial position and the response to Special Measures intervention.)</li> <li>○ Develop a new Operating Model (&amp; Structure) for the Finance Department, taking into account earlier benchmarking across NHS Wales; incorporating revised Business Partnering Teams and make recommendations to the Chief Executive.</li> </ul>	Interim EDoF	Was 30 August 2023, now January 2024		Further work to be undertaken on the all-Wales benchmarking information received from NHSE (FP&D). Engagement via FP&D seeking access to NHS Scotland information to further inform the exercise. Linking in Finance Academy in relation to a recent exercise to assess capacity gaps across finance teams which was underpinned by high level budgeted grades and staff in post. Potential usage of the competency framework data, to also provide a broad indication of team size, scale of seniority and where in the finance



				function the skills are based for each organisation.
2 <sup>nd</sup> 90 Days (September to November 2023) – Deliverable and Milestones TBA				
Developing capability and staff development: <ul style="list-style-type: none"> <li>Work up a finance development programme (linked to Finance Academy but consider a potential role for Bangor University)</li> <li>Continue training and enforcement around accounting practice and raising concerns</li> </ul>	Interim EDoF	30 November 2023		Discussions with the HB Independent Advisor (Finance) in relation to support with additional resource allocation to facilitate enhanced engagement with the Finance Academy (involving Bangor Uni)

**Deliverable 2.8 Financial Governance: Progress the Financial Control Environment Action Plan (see full Plan for all actions)**

2.8.1 Create Local level SORDs by end of June				
Actions	Lead	Timescale	Progress Status	Achievement to date
Progress the review the Statement of Reservations and Delegations (SORD) <ul style="list-style-type: none"> <li>Create Local level SORDs</li> <li>Agree formalisation process to feed into HB SORD</li> <li>Feed through learning into the National SORD</li> </ul>	Interim EDoF	30 June 2023 Dates TBC in 2 <sup>nd</sup> 90 Day Cycle as linked to the completed of the Local SORDs.		Further progressed Local SORDs – additional support being provided to CFOs and local management to establish a revised document that is tailored to the areas. Revised target date of end of August for all Local SORDs to be finalised.
2.8.2 Conduct a review of monthly routine reporting, establish a regular challenge of forecasts with the CFOs and commence the new approach by end of July				
Actions	Lead	Timescale	Progress Status	Achievement to date
Review internal monthly reporting processes: <ul style="list-style-type: none"> <li>Conduct a review of the current routine reporting process within the Finance Department</li> </ul>	Interim EDoF	31 July 2023		<b>YTD Process</b> - M2 Initial scoping of approach developed. A new process was piloted at M3 – this is now be embedded into the routine work and

<ul style="list-style-type: none"> <li>Establish a regular challenge of forecasts with the CFOs</li> </ul>				<p>will continue to be refined going forward.</p> <p><b>Forecast Process</b> – M3 Initial scoping of ‘check and challenge’ approach and piloted at M3 with YGC – this is now embedded into the routine monthly review process and will continue to be refined going forward.</p>
<b>2.8.3 Agree the financial framing of the plan for planned care by end of June</b>				
<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress Status</b>	<b>Achievement to date</b>
Agree the financial framing of the plan for planned care to ensure costs remain within the £27m budget.	Interim EDoF	30 June 2023		<p>Agreed with Assistant Director for Planned Care on 6<sup>th</sup> June.</p> <p>Costs of patients transferred to private contractors now stopped (c £5m) are highly likely to be offset by parallel low take-up of multi-specialty insourcing. £27m budget likely to be delivered.</p>
<b>2.8.4 Establish a new monthly Performance &amp; Finance Delivery Group by end of July</b>				
<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress Status</b>	<b>Achievement to date</b>
<p>Define the oversight, performance review and accountability arrangements - link to reporting against the Special Measures requirements:</p> <p>Establish a Performance &amp; Finance Delivery Group, to act as the Integrated (HB wide role) performance meetings, with sufficient time on the agenda for financial performance:</p> <ul style="list-style-type: none"> <li>Define detailed ToR</li> <li>Diarise first meeting to agree ToR; receive M2/3 savings report; receive summary of 30 June updated Divisional and Corporate plans – Finance &amp; Workforce</li> </ul>	<p>CEO and Director of Performance</p> <p>EDoF &amp; Director of Performance with CEO</p>	<p>Early July 2023</p> <p>30 June 2023</p> <p>30 June 2023</p>		<p>Draft ToR progressed.</p> <p>First meeting occurred 16<sup>th</sup> August. Meeting chaired by CEO and documentation shared with members</p>

<p>(further iterations may be required during 2<sup>nd</sup> 90 Days); receive initial plans from each cross-cutting saving themes; assess risk and assign mitigating actions.</p> <ul style="list-style-type: none"> <li>Activity performance - to receive report on Divisional performance against trajectories and overall BCU performance.</li> </ul>		Was July 2023, now August 2023		to cover the four quadrants Performance, Workforce, Quality & Finance.
2.8.5 Summarise all learning to inform a development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the HB, by end of August				
Actions	Lead	Timescale	Progress Status	Achievement to date
<p>Following the completion of the 22/23 Audit:</p> <ul style="list-style-type: none"> <li>Summarise all learning from 21/22 year-end and Audit and 22/23 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> </ul>	Interim EDoF	<p>31 August 2023</p> <p>2<sup>nd</sup> 90 Days</p>		Full engagement with AW in regards to closing 22/23 Annual Accounts and open productive conversations have already commenced on lessons learned.
Not assigned a milestone reference number				
<p>Define the Accountability Framework &amp; Delegations for oversight of Divisional delivery against their plans:</p> <ul style="list-style-type: none"> <li>Update the current Accountability Framework</li> </ul>	CEO & Dir of Performance	Draft Mid July 2023(September sign off)		Reported via CEO & Dir of Performance. (Progress being made on draft)

<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>	1 <sup>st</sup> September 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 July 2023.</p> <p>It also provides an update on the current position of Non-Clinical Senior Interims and the Recruitment KPIs update aligned to delivery of savings</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

<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 – July 2023

Jason Brannan

Deputy Director of People



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board





# Workforce Metrics

## Budget/Actual Establishment

Staff Group	Budgeted FTE	Actual FTE	Vacancy FTE
BCU Total	19910.1	18190.7	1719.4
Medical & Dental	1756.4	1567.5	188.9
Nursing & Midwifery	6248.5	5405.6	842.8

Budgets increased by 692.7 FTEs in June 2023 and there was a further increase in July 2023 156.9 FTEs. The reason for these increases were the addition of the NSA budgets to wards across the acute sites. Across this period the actual FTE has grown by 51.2 FTEs, with the majority of the increase (42.3 FTE) occurring within Registered Nursing.

IHC Centre has seen the largest increase to budget, with 494.9 FTEs added over June and July 2023, followed by IHC West where the budget has increased by 256.5 FTEs over the same period.

## Vacancy Rates

Staff Group	Vacancy %
BCU Total	8.6%
Medical & Dental	10.8%
Nursing & Midwifery	13.5%

Following the addition of NSA budgets to ESR, the vacancy rate currently stands at 8.6%, the highest vacancy reported since 2020. Nursing staff group has the highest vacancy rate at 13.5%, followed by Add Prof Scientific and Technical at 11.7% where there are currently 75.6 FTE vacancies amongst Clinical Psychologists. M&D vacancy is 10.8% overall and the Consultant workforce has a vacancy rate of 15.7%.

Integrated Clinical Delivery Primary Care and MHLD have the highest vacancy rates at 17.6% and 16.7% respectively. IHC Centre is currently at 9.9%, IHC West at 9.6% and IHC East at 7.4%.

## Sickness Absence

Staff Group	Average Sickness FTE Lost per Day	Monthly Sickness %	Rolling Sickness %
BCU Total	976.4	5.50%	5.91%
Medical & Dental	21.6	1.88%	2.34%
Nursing & Midwifery	327.4	6.06%	6.27%

The monthly sickness rate has increased by 0.37% over the last month with Stress and Anxiety accounting for the largest proportion of the increase. As a result of the high sickness absence levels related to Covid in July 2022 having now dropped out of the 12 month rolling figure, this figure has reduced by 0.14%.

Sickness absence is highest within Additional Clinical Services (Nursing) staff group where the rolling rate is 8.61%, followed by Estates and Ancillary with a rolling rate of 8.26%. MHLD and Womens have the highest rolling sickness absence rates at 7.52% and 7.10% respectively.

## Staff Turnover

Staff Group	Turnover Rate %	External Leavers FTE
BCU Total	8.8%	-128.1
Medical & Dental	11.2%	-22.0
Nursing & Midwifery	7.7%	-30.3

There were 128.1 FTE external leavers during July 2023, 57.2% of these leavers were voluntary resignations. At 8.8%, the turnover rate remains low in comparison to rates seen over the period 2022/23 where turnover was in excess of 9%.

Nursing and Midwifery staff group had the greatest number of leavers in July 2023 with 30.3 FTE leavers, followed by A&C staff group with 23.6 FTE leavers. M&D Staff Group has the highest turnover at 11.2% with Consultant turnover at 10%. IHC East have the highest number of leavers at 35.3 FTE which equates to a turnover rate of 9.6%.

## Agency Usage

Staff Group	Agency Utilised FTE
BCU Total	813.5
Medical & Dental	84.4
Nursing & Midwifery	500.9

Agency equivalent FTE usage is currently 813.5 which is 125.3 FTEs higher than it was during July 2022, Nursing is 195.6 FTEs higher whereas M&D is 21.7 lower. Agency usage within A&C staff group in July 2023 is significantly lower than July 2022, with equivalent agency utilised FTE down from 118.8 to 54.2 FTEs.

IHC Centre also has the highest agency utilised FTE at 293.4 FTEs followed by IHC East at 251.4 FTEs, with IHC West agency utilised standing at 114 FTE in July 2023. Agency utilised FTE is showing month on month increases in IHC Centre and IHC East whilst IHC West has reduced usage by 20.5 in July 2023.

## Bank Usage

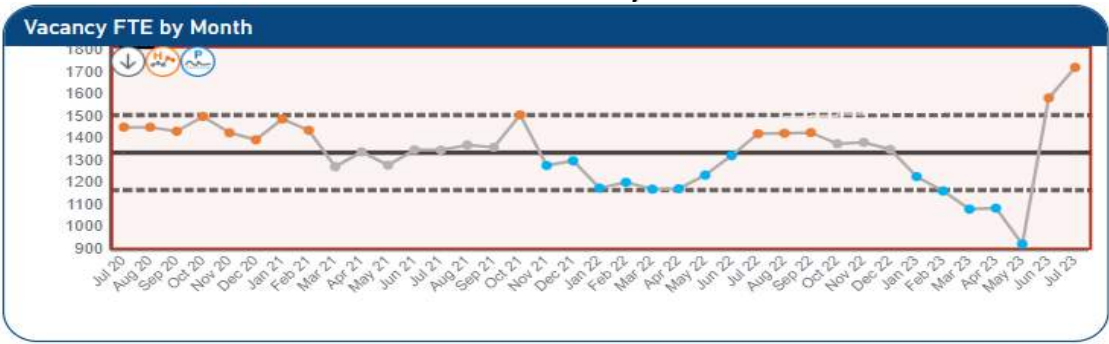
Staff Group	Bank Utilised FTE
BCU Total	980.4
Medical & Dental	170.4
Nursing & Midwifery	107.0

Bank equivalent FTE utilised has reduced by 103.9 FTEs, from 1084.3 in in June 2023 to 980.4 FTEs in July 2023. Usage is 86 FTEs higher than it was during July 2022. Bank usage increased by 33.2 FTEs amongst M&D between June and July 2023 and Additional Clinical Support (Nursing) by 36.8 FTEs. A&C bank usage had risen sharply from 48.3 in May 2023 to 231.4 in June 2023 but has now dropped down again to 55.4 FTEs in July 2023.

IHC Centre had the highest bank utilised FTE at 261.6 FTEs followed by IHC West at 228.7 FTEs and MHLD at 204 FTEs. IHC East utilised the equivalent of 199.2 bank FTEs during July 2023.

# Workforce Metrics

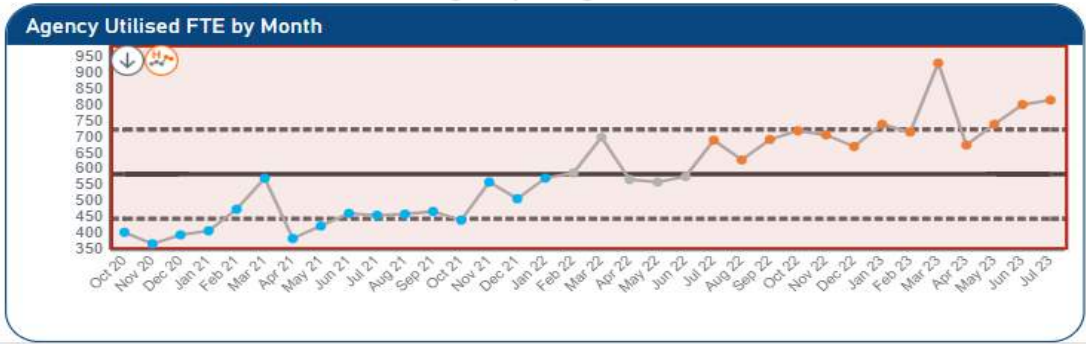
Vacancy FTE



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

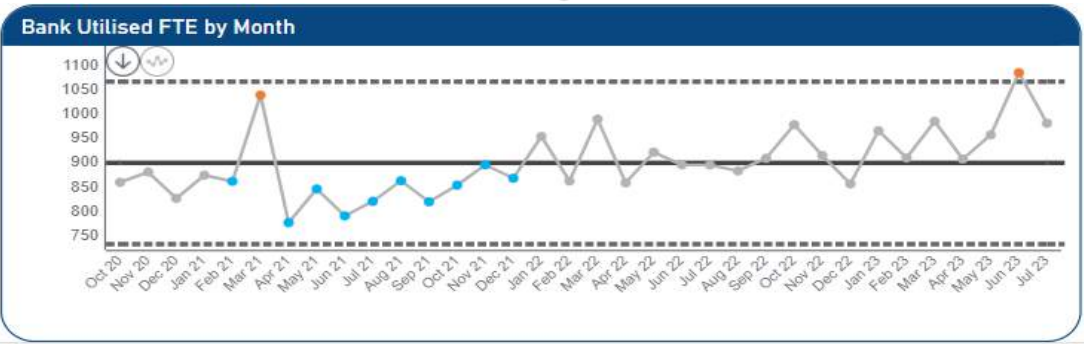
The vacancy FTE trend shows special cause variation across recent months and this is a result of the addition of the NSA budgets to ESR in June 2023. 373.5 FTEs were added to the Registered and Unregistered Nursing budget in June 2023 which has caused the vacancy rates to increase beyond the upper process control limit. In additional budgets for non nursing staff groups also in increased by 319.2 FTEs.

Agency Usage FTE



Agency Usage FTE has been significantly higher over the last year compared to previous years and has been outside of the of the upper process control limit over recent months indicating special cause for concern. An increase in agency usage in March is typical as the trend across previous years shows, however, the increase in March 2023 was far sharper than previous years. Agency usage is currently being addressed to understand the impact of increases to nursing budgets coinciding with the implementation of Auto Cascade.

Bank Usage FTE

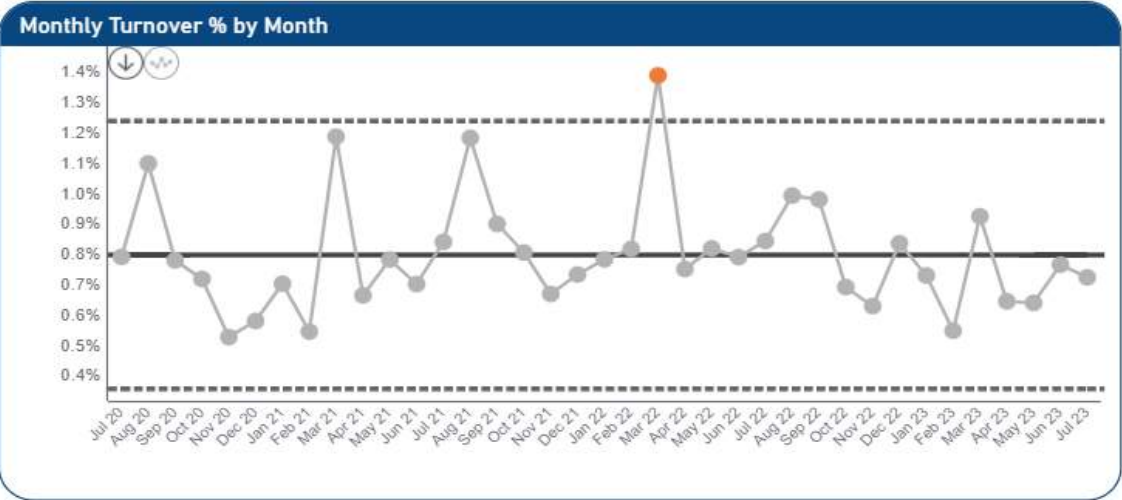


Unlike the agency usage FTE, bank usage FTE largely remains within the control limits across the period. In June 2023 the bank usage FTE increased sharply beyond the upper process control limit but reduced the following month.

# Workforce Metrics

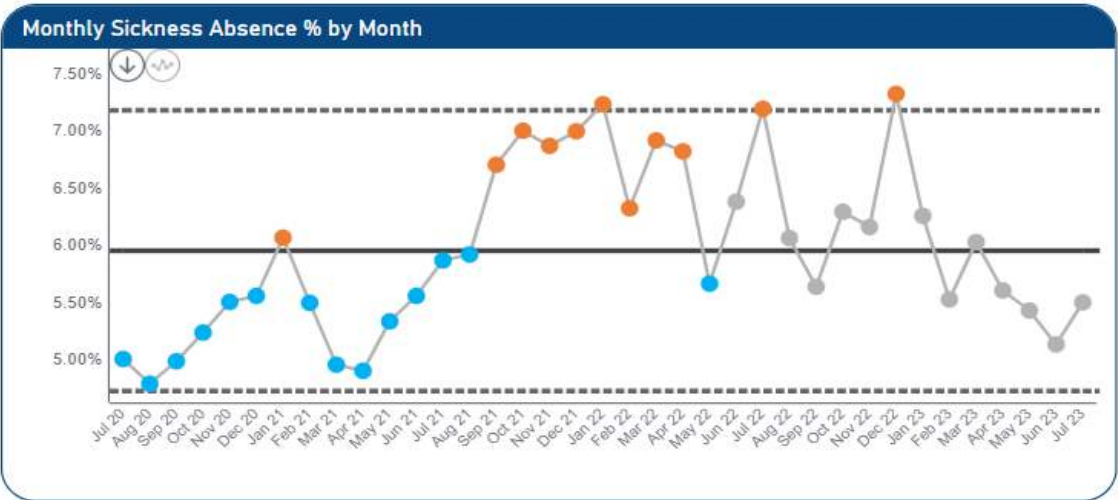
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P) passing the target	Variation indicates consistently (F) falling short of the target

Turnover %



Despite the slightly 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 %

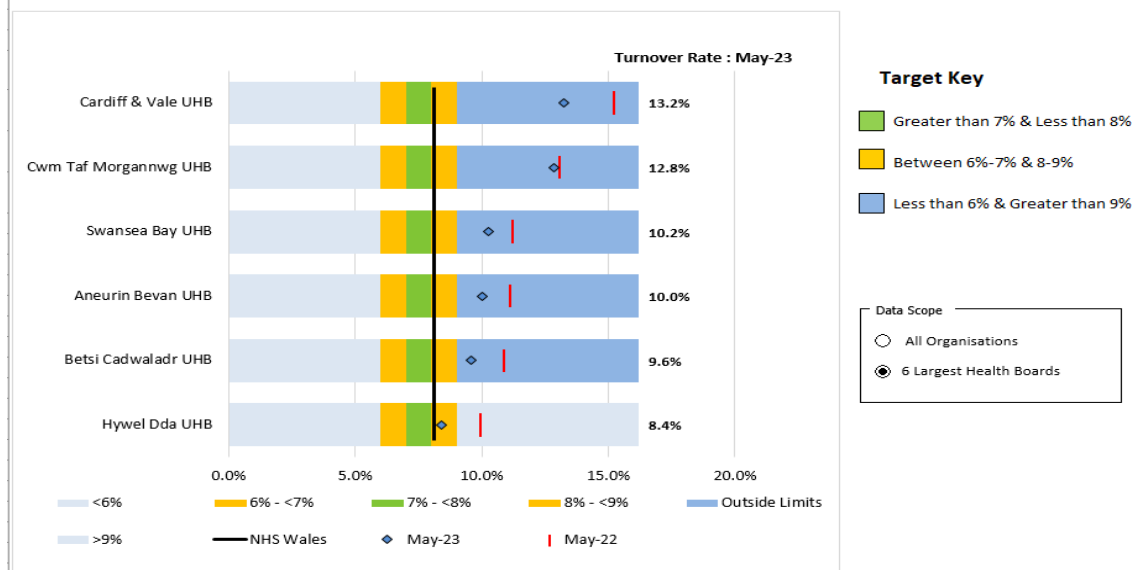


The monthly sickness absence rate has been frequently in excess of 6% since the easing of Covid restrictions in August 2021, however, the situation appears to be improving through 2023 as the rate is more frequently below 6%. The single point outside of the process limit in December 2022 is related to an increase in Cold, Cough and Flu absence which swiftly reduced in January 2023 and the trend since has been more positive despite a small upturn in sickness levels during July 2023.

# Workforce Comparators

## Turnover %

12 Month Turnover rate for All Staff Groups by Organisation comparing May-22 & May-23

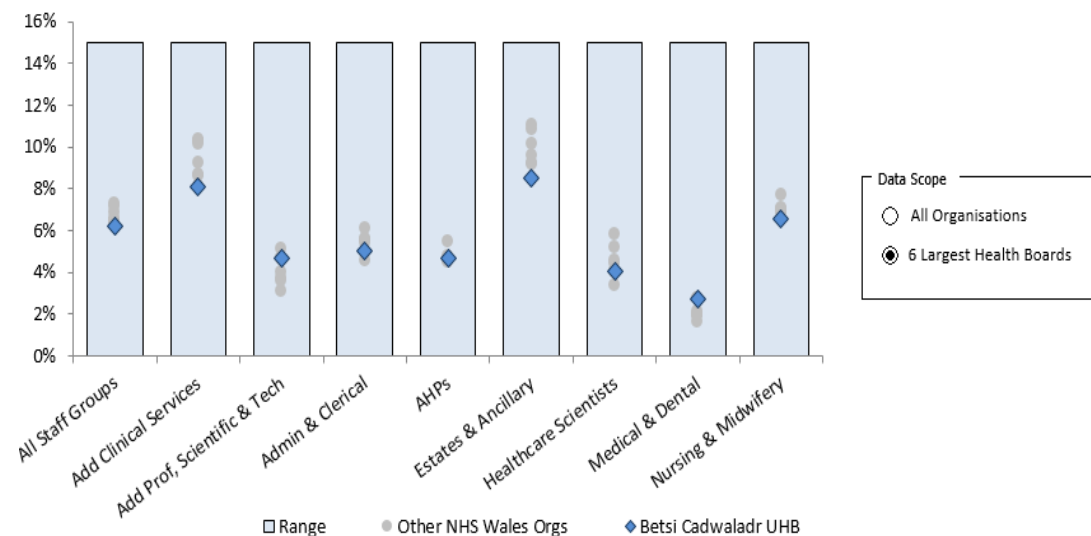


Of the 6 largest Health Boards in Wales, BCU has the second lowest turnover rate in May 2023 behind Hywel Dda at 8.4% compared to BCU at 9.6%. BCU's turnover rate is 3.6% lower than Cardiff and Vale and 3.2% lower than Cwm Taf Morgannwg.

*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 (May-23)



During May 2023, BCU had the lowest sickness rate of the 6 largest health boards at 6.2%. Swansea had the highest sickness rate at 7.3% followed by Cwm Taf Morgannwg at 7.2%. Over all, the sickness rate for NHS Wales was 6.5%.

# Recruitment KPIs

Current Position (in days) – July 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	2.8	8.0	1.8	2.5	49.9	36.7	38.3	75.2
Health Community East	3.5	9.5	2.4	1.6	52.1	40.5	32.1	75.9
Health Community West	3.2	6.9	2.9	1.6	26.3	39.2	37.0	77.6
Mental Health & LDS	3.2	8.4	5.3	3.3	70.5	58.7	27.3	67.2
Midwifery and Womens Services	3.8	5.6	1.2	5.0	25.5	36.4	19.4	63.6
Corporate Services	4.4	10.6	4.8	5.0	38.8	48.2	15.8	55.3
BCU Average	3.5	8.1	3.0	3.2	43.8	43.3	28.3	69.1
All Wales Average	7.5	6.7	5.4	3.5	51.7	45.1	33.2	78.4

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 all metrics other than T4.

Within the Health Board when you look at the total time to recruit across the areas (T14) it can be seen that best performing area across the IHCs is Health Community Centre at 75.2 days and across the whole of the Health Board is Corporate Services at 55.3 days. It is noted that all areas across BCU are performing better the All Wales average of 78.4 days.

# Senior Interims

## Current Position

As of the 31<sup>th</sup> July 2023 there were a total of 19 senior agency interims working across the organisation. This is a drop of 18 from the number last reported which stood at 37 as of 31<sup>st</sup> March 2023. This is a reduction of almost 50% and part of a concerted effort to reduce the reliance on agency interims across the organisation.

Details of which can be seen in the table below.

	01.12.22 (Nov)	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)
No of Interims (Interims with an Identified Name in Post)	49	50	37	37	37	29	24	23	19

The benefit of this is that it reduces the average daily cost to the organisation. The average cost per day at the end of November 22 stood at £692.20. The average cost per day as at the end of July 23 stood at £656.92. This is a reduction of £35.28 per day, drop in daily rates across the organisation.

Details can be seen in the table below.

	01.12.22 (Nov)	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)
Average Rate of Pay (Interims)	£692.20	£687.41	£578.15	£591.30	£588.18	£677.15	£715.85	£735.60	£656.92

With the reduction in the number of interims the daily cost of interims has reduced from nearly £20k to £12.5k which equates to a monthly reduction of approx £120k based on an average 20 day working month. This equates to an annualised this figure of approx £1.4M.

A further 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> <i>Report title:</i>	Information Governance Annual Report 2022/23			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	1st September 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. 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 9% 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 which has remained low.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Performance, Finance and Information Governance Committee is asked to: <ul style="list-style-type: none"> <li>Note the report and receive assurance on compliance with Data Protection and Freedom of Information Legislation.</li> </ul>			
<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 <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>	Arwyddocaol <i>Significant</i>	Derbyniol <i>Acceptable</i>	Rhannol <i>Partial</i>	Dim Sicrwydd <i>No Assurance</i>



<b>Assurance level:</b>	<input type="checkbox"/> Lefel uchel o hyder/tystiolaeth h o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</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>	<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>	<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><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>· Improve 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> </ul>			

	<ul style="list-style-type: none"><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>  <i>Regulatory and legal implications:</i>	Data Protection Act and Freedom of Information Act																				
<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>	N/A																				
<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 ben undertaken?</i>	N/A																				
<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>	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.																				
	<table><tr><th>Risk Title</th><th>Inherent risk rating</th><th>Current risk rating</th><th>Target risk rating</th><th>Movement</th></tr><tr><td>Mapping of Data Flows</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr><tr><td>Failure to develop and make improvements to the Information Asset Register</td><td>9</td><td>9</td><td>4</td><td>Unchanged</td></tr><tr><td>Management of Corporate Records</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr></table>	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
	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																	
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.																				

<b>Financial implications as a result of implementing the recommendations</b>	
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	N/A
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <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)	<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 arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change.</li> <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>
<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>Next Steps:</b> <ul style="list-style-type: none"> <li>Ensure working to and meeting the objectives within the <a href="#">BCUHB IG Strategy</a>;</li> <li>Continue to meet statutory requirements and obligations with Data Protection Legislation and Freedom of Information Act 2000;</li> <li>Ensure priorities set for the 2022/23 IG toolkit submission are implemented, and work with the IG Toolkit leads to improve standards for the 2023/24 toolkit submission;</li> </ul>	

- Continue to improve IG training compliance and maintain the national target of 85%;
- Work with ICT and roll out the newly developed Information Asset Register, working with Information Asset Owners to ensure they understand their role and that the Information Asset Register remains up to date.
- Work with Access to Health Records and responsible leads across the Health Board to support the delivery of an improved FOI/SAR system;
- Undertake Freedom of Information Request workshop within the team to improve knowledge and compliance whilst continuing to support IG Leads.

**List of Appendices:**

Appendix 1 – Information Governance Annual Report 2022/23.



# INFORMATION GOVERNANCE ANNUAL REPORT 2022/23

## Appendix 1

### [Authors](#)

Carol Johnson – Head of Information Governance  
Claire Williams – Information Governance Manager

## Contents

Appendix 1 .....	4
Background .....	5
1.0 Purpose .....	5
2.0 Accountability and Responsibilities .....	6
3.0 Information Governance Operational Plan .....	8
4.0 IG Toolkit .....	9
5.0 Senior Information Risk Owner .....	10
6.0 Complaints/Concerns & Outcomes .....	13
7.0 Compliance Audits/Assurance/Reporting .....	14
8.0 Data Protection Impact Assessments DPIA Assurance .....	16
9.0 Data Quality .....	16
10.0 Policies and Procedures .....	16
11.0 Requests for Information .....	17
12.0 Training .....	22
13.0 Information Governance within Primary Care .....	23
14.0 Achievements .....	23
15.0 Conclusion .....	24
16.0 Looking forward .....	25

## Background

The term 'Information Governance' is used to describe how organisations manage the way information is handled. It covers the requirements and standards that Betsi Cadwaladr University Health Board (BCUHB) needs to achieve to fulfil its obligations that information is handled legally, securely, efficiently, effectively and in a manner which maintains public trust.

Information Governance applies the balance between privacy and sharing of personal confidential data and is therefore fundamental to the health care system, both providing the necessary safeguards to protect personal information and an effective framework to guide those working in health to decide when to share, or not to share.

There is a comprehensive and complex range of national guidance and legislation which BCUHB must operate within, including compliance with:

- Data Protection Act 2018
- EU General Data Protection Regulation 2016
- UK General Data Protection Regulation 2021
- Freedom of Information Act 2000
- Environmental Information Legislation 2004
- Public Records Act 1958
- Access to Health Records Act 1990
- Computer Misuse Act 2000
- Caldicott Principles in Practice (C-PIP)
- Welsh Information Governance (IG) Toolkit
- Common Law duty of confidentiality
- Wales Accord to Share Personal Information (WASPI)
- Data Quality
- Information Security assurance - ISO 27001:2013 Information security management
- Records Management NHS Code of Practice
- Information Commissioners Codes of Practice
- NIS (Networks and Information Systems) regulations

A robust Information Governance Framework has been put in place to provide assurance against these which is monitored and administered via the Information Governance Team and the wider Digital, Data and Technology Team.

### 1.0 Purpose

BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect personal and corporate information.

The purpose of this report is to:-

Provide the Information Governance Group (IGG) and the Performance, Finance and Information Governance (PFIG) Committee with assurance on the progress and developments made within Information Governance throughout the Health Board in 2022/23. This report aims to clearly describe the Health Boards current position, the work undertaken along with the aims, objectives and the challenges ahead for the forthcoming year.



This report aims to provide assurance across the key areas of information governance including, but not limited to:-

- Confidentiality,
- Data Protection,
- Freedom of Information,
- Subject Access Requests,
- Individual Rights,
- Information Security.

The Information Governance Teams overarching aim with this report is to:-

- Provide assurance to key stakeholders that information governance systems and processes are appropriate and effective.
- Inform BCUHB and key stakeholders in relation to BCUHB compliance rates with legislation and standards.
- Describe the achievements relating to information governance within BCUHB during the previous 12 months.
- Give an overview of our priorities and the plans being put in place to improve compliance for the next 12 months.

## 2.0 Accountability and Responsibilities

- 6.1 **Chief Executive** - The Chief Executive takes overall responsibility for the Health Boards information governance performance and in particular is required to ensure that:
- The Health Board can demonstrate accountability against the requirements within the Data Protection Act;
  - Decision-making is in line with the Boards policy and procedure for information governance and any statutory provisions set out in legislation;
  - The information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;
  - Suitable action plans for improving information governance are developed and implemented;
  - Ensure IG training is mandated for all staff and is provided at a level relevant to their role.

To satisfy the above, the Chief Executive has delegated this responsibility to the Chief Digital and Information Officer who will be accountable for the Boards overall information governance arrangements.

- 6.2 **The Chief Digital and Information Officer** has responsibility for ensuring that the Board corporately meets its legal responsibilities, and for the adoption of internal and external information governance requirements. They will act as the conscience for information governance on the Board and advises on the effectiveness of information governance management across the organisation. The Chief Digital and Information Officer has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Health Board.

- 6.3 **Caldicott Guardian** - The Executive Medical Director has been nominated as the Board's Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients' interests regarding the use of patient identifiable information. They are responsible for

ensuring patient identifiable information is shared in an appropriate, ethical and secure manner. The Caldicott Guardian is the Chair of the Information Governance Group.

- 6.4 **Executive Medical Director** - The Executive Medical Director has been nominated by the Board and has overall responsibility for the management of all patient record types.
  - 6.5 **Executive Lead for Corporate Records** - The Executive Director Transformation And Strategic Planning is responsible for the overall management and performance of the Corporate Records Management function within BCUHB.
  - 6.6 **Senior Information Risk Owner (SIRO)** - The Chief Digital Information Officer (CDIO) has been nominated as the Board's Senior Information Risk Owner and has overall ownership of the information risks and plays a key role in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture. The SIRO has undertaken additional training specific to the role.
  - 6.7 **Data Protection Officer (DPO)** - The Assistant Director of Compliance and Business Management undertakes the designated role of the Health Board's Data Protection Officer. They are responsible for providing the Health Board with independent risk-based advice to support its decision-making in the appropriateness of processing 'personal and Special Categories of Data' as laid down in the General Data Protection Regulation (GDPR) and the UK Data Protection Act. The DPO is required to provide advice and guidance on all data protection legislation queries to staff, patients and the Board. The Health Board recognises its obligations and accountability responsibilities with the GDPR and Data Protection Laws.
- The Information Governance structure sits within this area.
- 6.8 **Information Governance Team** - The Head of Information Governance will be responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the Board adopts information governance best practice and standards. This role will report to the Assistant Director of Compliance and Business Management and will be supported by the Information Governance Team who will also work in collaboration with the Information Governance Leads and Information Asset Owners.
  - 6.9 **Assistant Director / Chief Technology Officer (CTO)** – Leads on all matters relating to the Health Boards ICT infrastructure security and regulatory compliance. Furthermore, provides strategic direction and expert advice on all technical matters relating to sustained compliance and conformance against the NHS Wales Code of Connection and NIS Directive.
  - 6.10 **Cyber Security and Compliance Manager** - acts as the Health Board's expert on cyber security protection, detection, response, and recovery. The Cyber Security and Compliance Manager is responsible for the strategic approach to cyber threat management and leads the strategic planning of current and future IT security solutions. The Cyber Security and Compliance Manager leads and advises on compliance with the NIS Directive and Cyber Essentials certification.
  - 6. 11 **Assistant Director of Patient Records Management**– This role is responsible for the overall management and performance of the Health Records Service within BCUHB including the provision of organisation-wide access to health records and providing assurance against record management standards across all patient record types both paper and digital.

- 6.12 **Executive Directors/ Directors/ Integrated Health Community Directors (IHC)** - Each Director is responsible for the information within their area and therefore must take responsibility for information governance matters. In particular they must identify an Information Governance lead/champion.
- 6.13 **Information Governance Leads** – The Information Governance Leads work with the IG Team to ensure compliance with corporate IG policies, procedures, standards, legislation and to promote best practice within their areas.
- 6.14 **Information Asset Owners (IAO)** - Are senior/ responsible individuals involved in the running of their relevant services. Their role is to understand what information assets are held, and for what purpose. They should have an understanding of how the information held in the asset is created, amended, added to, quality assured and processed. They will know who has access to the information and why, be responsible for any identified risks and provide assurance to the SIRO. They will have overall responsibility to understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.
- 6.15 **Information Asset Administrator (IAA)** – Are staff who normally use the system as part of their daily routine. They will recognise actual or potential security incidents, consult with their IAO on appropriate incident management, access controls and system level security issues and ensure that information asset registers are accurate and up to date.
- 6.16 **All Staff** - All employees, contractors, volunteers and students working for or supplying services for the Health Board are responsible for any records or data they create and what they do with information they use.
- All staff have a responsibility to adhere to information governance policies and procedures and standards which are written into the terms and conditions of their contracts of employment and the organisations Staff Code of Conduct.
- 6.17 **Third Party Contractors** – appropriate contracts and confidentiality agreements shall be in place with third parties where potential or actual access to the Health Boards confidential information assets is identified.

### 3.0 Information Governance Operational Plan

The current plan details 5 information governance objectives for the health board as below:

- Objective 1: Accountability (Information Governance Management)
- Objective 2: Confidentiality and Data Protection Assurance;
- Objective 3: Information Security Assurance;
- Objective 4: Clinical Information Assurance;
- Objective 5: Corporate Information Assurance;

As a Health Board we are committed to achieving these objectives and this is detailed/reflected in the Information Governance Operational Plan for 2023/24. In line with the Health Boards digital direction, the Information Governance Operational Plan for 2023/24 has been moved over to Microsoft planner and all actions will be maintained on this platform which will allow easier reporting and monitoring.

The plan includes:

- High Level Objectives.
- Outstanding actions from the 2022/23 Operational Plan.
- Recommendations made by the ICO.
- Recommendations made by Internal and External Audits / Reviews.
- Priorities identified as a result of the Welsh IG Toolkit submission 2022/23.
- National programmes of work.
- Local programmes of work identified for implementation which includes transformation and improvement.
- IG achievements for previous year and ongoing/current achievements.
- IG Service Improvement Projects.
- IG involvement required to support the BCUHB Digital Strategy.
- Digital, Data and Technology Collaborative Working.

#### 4.0 IG Toolkit

Unfortunately, due to the anticipated delays in both the release of the new question set and the new platform being launched, Digital Health Care Wales (DHCW) consulted with all Health Boards via IGMAG and offered to extend the deadline from 31st March 2023 to the 30th June 2023. Whilst the Health Board continued to aim towards the original deadline, due to continued service demands this was not possible across all topic areas.

The monthly IG toolkit subgroup meetings re-commenced in December 2022 as normal in readiness for the 2022/23 IG toolkit being released and we continued to receive support and the appropriate compliance evidence from the Health Records, IT, Mental Health and Learning Disabilities, Community Services, Procurement, Health & Safety/Security, Contracting Services-Finance and Workforce departments which enabled a timely and smooth submission.

In previous years the toolkit has been scored on a level basis, '0' being the lowest level and '3' being the highest level to achieve. For 2022/23 submission this has changed to 'Minimum Expectations Met' and 'Exceeded Expectations'.

Please find below the final submission levels met as of 30th June 2023:

Level	Total
No Expectation Met	2
Minimum Expectations Met	3
Expectations Exceeded Met	8

The areas of expectation not met are:

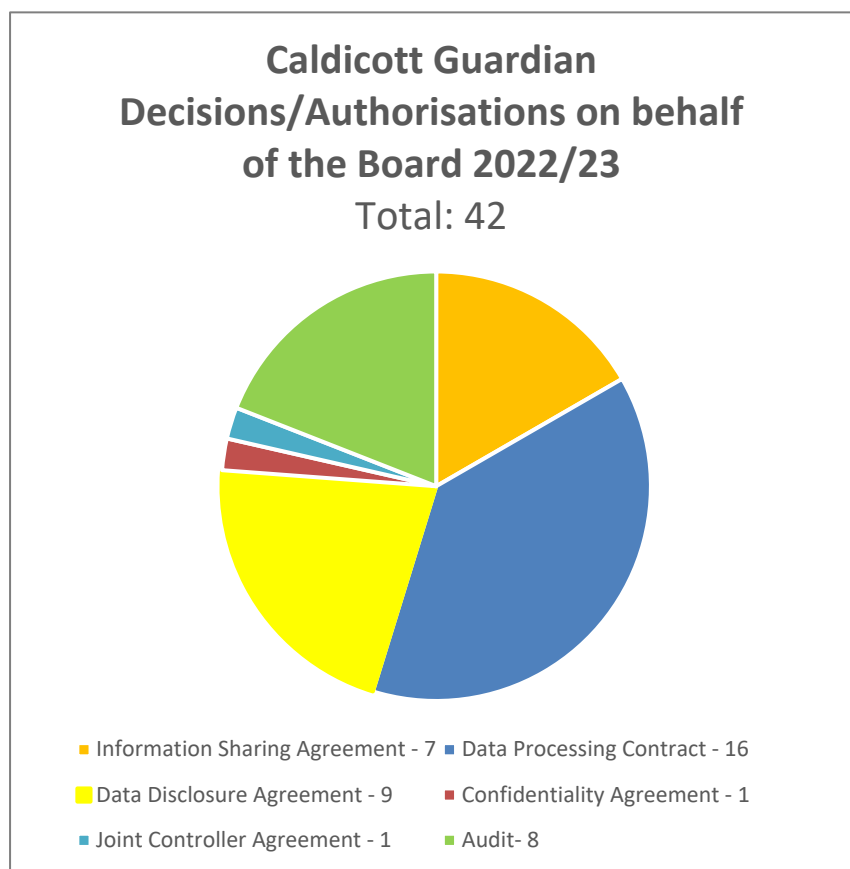
1. Leadership and Accountability - SIRO to undertake specialist SIRO training
  - SIRO's job description to be updated to reflect key data protection responsibilities, training and skill requirements
  - The Caldicott Guardian is required to undertake specialist CG training in 2023/24 to achieve expectations exceeded in the next submission.
2. Records of Processing Activities need to be embedded in the organisation.

A formal IG Toolkit Annual Report will be sent to the Information Governance Group and the Performance, Finance and Information Governance Committee alongside this report in August 2023, with a breakdown of scoring and identified actions.

#### 4.1 Caldicott Guardian Authorisations

As part of the role of the Caldicott Guardian (CG) there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Board where services or systems involve patient or information.

In 2022/23 the following information sharing was authorised by the Caldicott Guardian and the new Deputy Caldicott Guardian who was appointed during 2022/23.



## 5.0 Senior Information Risk Owner

### 5.1 Information Security

During 2022/23, the threat of Cyber-attacks has remained high with a number of high profile victims in the UK, including Health Care. In particular, the unrest in Eastern Europe has led to increased warnings from the Nation Cyber Security Centre (NCSC) of the need for organisations to remain vigilant. Many of the high profile attacks seen in the UK have held similar traits even though being carried out by different groups. The first stage is to access and reconnoitre the network, followed by exfiltration of data then when discovered or no more data of value can be stolen, they will attempt to encrypt all file, system and backups for a ransom. Although there has yet to be a successful attack

of this nature in NHS Wales, we are not complacent and the focus is for a programme of continuous improvement. We have appointed a Cyber Security and Compliance Team and will continue to review required resources in this area. Following the introduction of Network and Information Systems Regulations 2018 (NIS-R), a number of responsibilities are expected of the Health Board, which during 2022/23 the Cyber Security Team have commenced working towards.

## 5.2 Information Governance Incidents

There have been 423 incidents reported for this period against 305 in the previous year, an increase of 118 (38%). All were categorised and reported as information governance incidents.

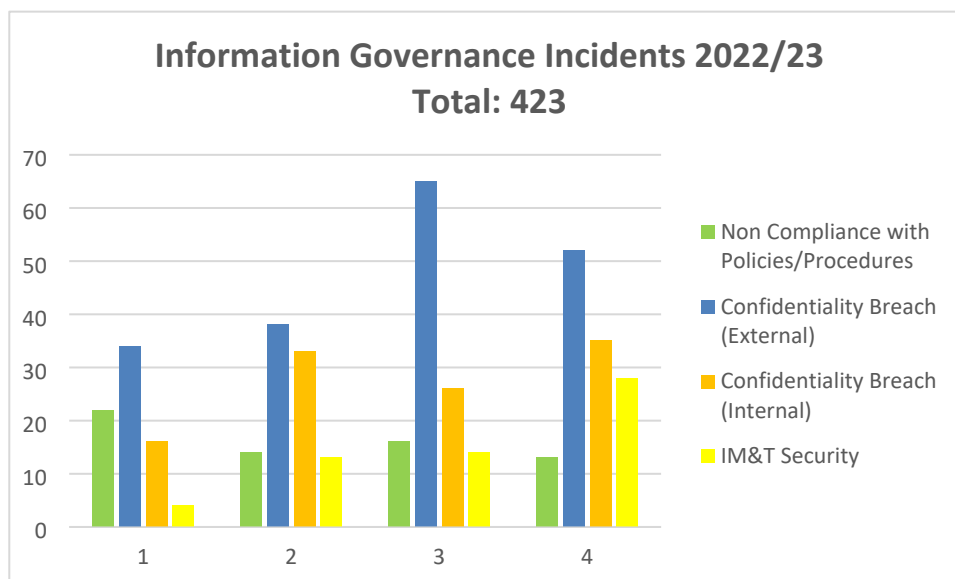
The Health Board actively promotes incident reporting in its training and awareness programme to enable trends, poor ways of working and good practice to be identified.

The Health Board has developed guidance on the Notification of Information Security Breaches which follows the Department of Health's Checklist for Reporting, Managing and Investigating Information Governance Serious Incidents. The guidance assists in categorising incidents to be scored appropriately in terms of the severity and the likely consequences of harm to the freedoms and rights of the individual affected. All incidents scored as 2 or above are notifiable to the Information Commissioners Office in line with new data protection laws within 72 hours of the incident taking place.

The number of incidents categorised 0 to 1 or 2 are broken down below:

Category 0 or 1	Category 2 or above – reportable to the ICO
416	7

These incidents are reported to the IGG and the PFIG on a quarterly basis and are broken down into categories:



- During 2022/23 there was a significant increase in the number of ID badges being reported as lost or missing. The Information Governance Team undertook a trend analysis to identify if there was any pattern to the increase. No trends were identified and the Information Governance Intranet pages have been updated to provide advice to staff on what to do in these circumstances.

- There was an increase in the number of prescription errors reported whereby the incorrect patient label was placed on the prescription and given to the patient which was not spotted until the prescription had been handed in to Pharmacy Dispensary resulting in either a near miss or a confidentiality breach. The Information Governance Team are working with pharmacy to put measures in place to prevent this from happening in future.
- During 2022/23 the Health Board implemented the use of the Incident Reporting module in the new Once for Wales Concerns Management System (OfWCMS). It is felt that the increase in the number of IG related incidents reported could be due to the disparity between the old and the new categorisation of incidents. There was no other trends identified to explain the increase in incident reported.

### 5.3 Serious Information Governance Incidents

The Health Board self-reported 7 data security breaches that triggered referral to the Information Commissioner's Office and Welsh Government.

This was in relation to:

Data Loss	1
Inappropriate use of Technology	1
Confidentiality Breach-External	2
Inappropriate Access	2
Cyber/Ransomware attack	1
<b>Total</b>	<b>7</b>

All self-reported incidents have been closed by the Information Commissioner's Office with no further action required by them due to the immediate actions and improvements put in place by the Health Board. The Information Commissioners Office made 12 recommendations to the Health Board, some of these included;

1. Check that policies and procedures are still fit for purpose and that all staff who handle personal data should receive regular data protection training.
2. Review the controls that are in place surrounding personal data to ensure personal data is kept secure. Conduct periodic audits, including project specific audits, to monitor staff adherence to data protection and information governance policies and procedures.
3. Routinely test the effectiveness of the measures joint project partners have in place, including spot-checking their staff adherence to measures such as their acceptable use policy. The organisation should be satisfied that sufficient steps are in place to prevent a recurrence of this incident.
4. Ensuring that any new systems and processes, such as the service level agreement are regularly reviewed to ensure that the conditions for data protection, access to records, and training are being met.
5. Reviewing processes for hardcopy documents to ensure that these are stored appropriately. Consider implementing a log for staff to sign documents in and out as this may help to keep track of documents and consider whether this information could be provided and stored electronically.
6. Ensuring the guidance on how to escalate a potential conflict of interest is communicated to all staff and is easily accessible when it is produced.

All of these recommendations have or will be implemented by the Health Board and monitored by the Information Governance Team.



## **5.4 Identified Incident Improvement Actions**

Below are just some of the improvements that have or will be made as a result of incident investigations:

1. Concerns Policy and Procedures makes reference to reporting breaches which affect the rights and freedoms of a data subject, specific reference to this is located in Section 12 under Special Considerations.
2. Updated Information Governance Standard Operating Procedure for managing incident to include externally reporting within 72 hours.
3. Communications Team to disseminate messages across the Health Board to raise awareness of incident reporting duties and timescales.
4. Following recent incidents in relation to emails being sent to incorrect recipients, some of which have contained highly sensitive information, reminder to staff issued of the appropriate use of the email system.
5. Following the increase in badge loss reporting the Information Governance Team undertook a trend analysis which did not identify any patterns or trends. 3 of the badges were actually located. Information Governance Intranet pages have been updated to provide advice to staff on what to do in these circumstances.
6. Introduction of new Service Standard Operating Procedures in relation clinic preparation of notes.
7. Reminder issued to all staff on the appropriate use of Whats App with guidance available on the Information Governance pages of BetsiNet.

## **5.5 Personal Injury claims**

The Health Board did not incur any financial penalties during the year. We also did not receive or settle any personal injury claims for harm and distress caused by a data breach in 2022/23.

## **5.6 Information Governance Risk Register**

The Health Board has a robust Incident Reporting system (Datix) and Policy in place. There is an established Information Governance risk register within Datix which the Head of Information Governance monitors and updates and is reported through the Information Governance Group (IGG).

A full review of the existing Information Governance risks by the Head of Information Governance has resulted in a number of risks being closed and other risks with minor outstanding actions being merged into ongoing programmes of work for consistency.

During 2022/23 there were 6 risks being monitored on the register as follows:

1. MS Office 365 - Management of Health Board Records – Tier 3
2. Legislative timescales not being met in relation to FOI and DPA – Tier 3
3. Management of Corporate Records – Tier 2
4. Data Protection Legislation / Freedom of Information Act 2000 – Tier 3
5. Failure to develop and make improvements to the Information Asset Register – Tier 2
6. Data Flow Mapping- Have measures in place to adequately record all the flows of information, internally and externally to the Health Board. – Tier 2

## **6.0 Complaints/Concerns & Outcomes**

During 2022/23 BCUHB received 49 complaints, an increase on the previous year (43), involving:

Breaches in confidentiality such as:

- Inappropriate access to information
- Disclosure of information to a third party
- Correspondence sent to incorrect address or recipient
- Data Loss
- Delay in a Subject Access Request response

Any lessons learned were disseminated throughout the Health Board and the IG Bulletin, and are also used as examples within the mandatory IG training. Please find below some examples of topics covered in the bulletins circulated to all staff in 2022/23:

- Inappropriate Access
- Loss of ID Badges
- Internal Use of Emails
- Whats App Guidance

### **6.1 Complaints to the Information Commissioners Office (ICO)**

In addition to the complaints reported locally to the Health Board, there was a total of 9 complaints received from the ICO during 2022/23 which is a decrease from 2021/22 (13). All 9 complaints have been dealt with and are now closed. Please find a breakdown of requests below:

#### **Subject Access Requests**

There were **5** complaints received from the ICO regarding delays to responding to subject access requests during 2022/23, 2 of which were Access to Health Record Requests and 3 Data Protection Act requests, all were closed by the ICO with no action required.

#### **Ad-Hoc**

The remaining **4** complaints related to:

- 1 x Unlawful Processing of Information
- 1 x Inappropriate Access
- 2 x Inaccurate personal data shared

All of the above have been closed and upheld by the ICO with no actions required.

## **7.0 Compliance Audits/Assurance/Reporting**

Compliance is measured in a number of ways as follows:

### **7.1 Compliance checks**

As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan.

During 2022/23 there were **18** compliance audits undertaken, 13 of these were managed practices within the Health Board. The following audits were conducted retrospectively as a result of an incident:

1. Acute Medical Unit, Ysbyty Glan Clwyd
2. Neonatal Unit, Ysbyty Glan Clwyd
3. Ward 7, Ysbyty Glan Clwyd

4. Ward 8, Ysbyty Glan Clwyd
5. Ward 9, Ysbyty Glan Clwyd

All visits to managed practices were very engaging, Practice Managers were informed of relevant BCUHB policies and procedures and were reminded of their responsibilities for the IG Toolkit. No significant concerns were found in all audits undertaken.

During 2022/23 a full review of the Compliance audit process was undertaken to enable more audits to be carried out in an attempt to provide assurance on the measures in place across the Health Board, along with the introduction of an IG Compliance Audit Strategy. A pilot was completed as part of the consultation phase to test the new question set and staff understanding prior to the roll out of the new c audit process being introduced. The pilot was undertaken in Tywyn Hospital and gave an insight to areas that still required improvement. The lessons learnt from the previous pilot have been resolved in readiness for the next pilot. The next pilot will run through April 2023 in Ysbyty Eryri and Bodfan Bach. Next Steps include:

- A compliance log/schedule will be introduced in 2023/24 to ensure all that areas are covered throughout the year, this will be on a rolling basis and spread out throughout the year.
- IG Team will produce a self-assessment Microsoft form to be completed by each area. Setting a deadline for completion and submission to the IG Team for review.
- Following completion of a self-assessment by the Head of Service the IG Team will review and identify areas of risk and weakness and provide recommendations. In cases where risks meet an agreed threshold and deemed as significant, the team will escalate any concerns and ensure face-to-face audits are arranged. Recommendations will be shared with Head of Service with support and guidance to assist in helping them to implement the recommendations. The Head of Service will be required to provide evidence that they have implemented the recommendations by an agreed deadline and the IG Team will monitor this to ensure the deadline is met or escalate where required.
- All findings/ scores/ recommendation's from the Compliance Audits will be reported in the Information Governance Quarterly KPI Report, which reports into Information Governance Group and then to the Performance Finance and Information Governance Committee.

## 7.2 Internal Audit

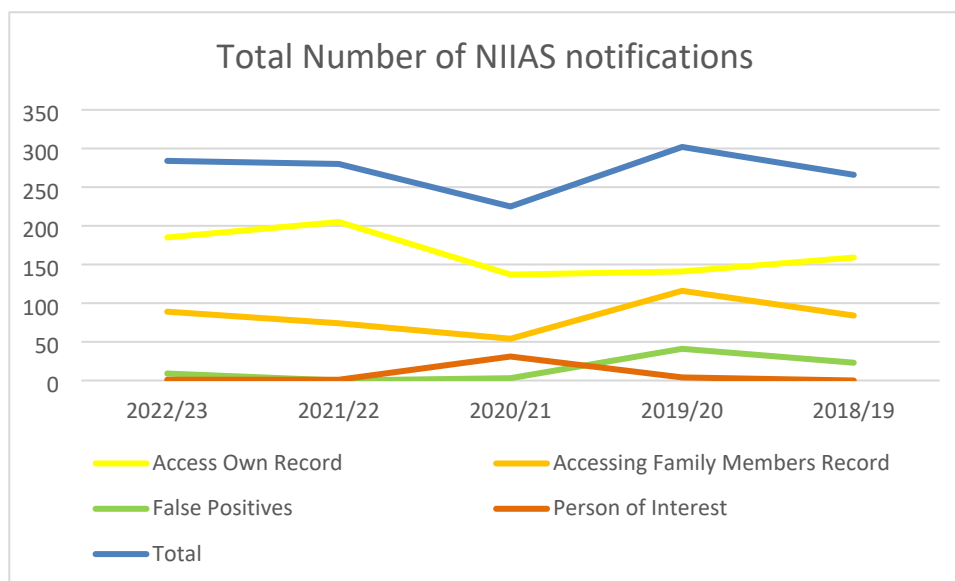
Internal Audit reviews are carried out by NHS Wales Shared Services Partnership. During 2022/23 an audit was undertaken to assess Betsi Cadwaladr University Health Board's completion and evidence underpinning the 2021/22 submission of the Information Governance Toolkit. **Substantial Assurance** was received on this area with no significant matters identified. The following recommendations were made;

1. As part of the process for the completion of the 2022/23 toolkit, consideration should be given to ensuring the appropriate detailed evidence is provided in line with the requirements of the IG toolkit.
2. The improvement plan should be updated to include:
  - Make clearer the area of responsibility.
  - Responsible officers / job titles against the 'Responsible person'.

These recommendations have either been completed or incorporated into the IG Operational Work plan to monitor and maintain.

## 7.3 Auditing of systems

During 2022/23 National Intelligent Integrated Auditing System (NIIAS) generated **284** notifications of alleged inappropriate access to family records or own health records, which is an increase 4 (280 notifications) compared to last year. During 2023/24 we will continue to monitor any trends and work with Workforce & OD to follow up any required actions.



## 7.6 Reporting Responsibilities

There is a robust reporting framework in place which ensures there is accountability across the Health Board for accurate reporting and to ensure that compliance is being reviewed and met in every area.

The Patient Record's Group and the Information Communication Technology (ICT) Governance and Security Group report issues of significance into the Information Governance Group (IGG) who in turn report into the Performance, Finance and Information Governance Committee. There is representation from the Information Governance Department at both of these groups.

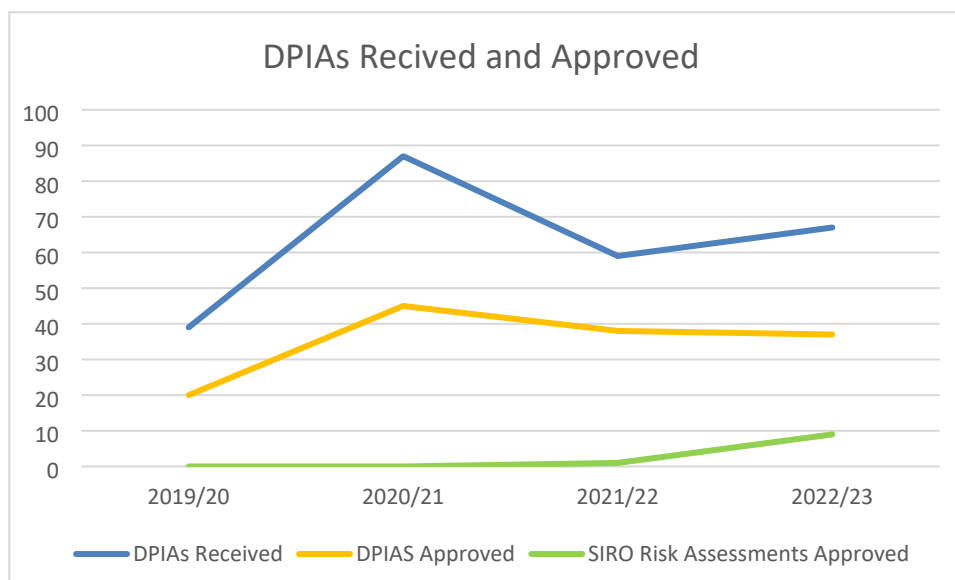
The Information Governance Toolkit Subgroup reports issues of significance into the Information Governance Group (IGG).

The Operational Information Governance Group (IGG) meets on a quarterly basis. The IGG is chaired by the Health Board's Caldicott Guardian and is attended by the Data Protection Officer, Chief technology Officer, Head of Patient Records Management, Information Governance Team and representatives from across the Health Board.

In addition there is representation from BCUHB at the national Information Governance Management Advisory Group (IGMAG) which the chair for 2022/23 was the Head of Information Governance for BCUHB.

## 8.0 Data Protection Impact Assessments DPIA Assurance

### 8.1 Data Protection Impact Assesments (DPIA)



We have seen an increase in the number of DPIAs being received during 2022/23, there were **67** DPIAs received during 2022/23 with **20** of those being approved and an additional 17 approved which were carried over from 2020/21.

Status	Total
No Longer Required	15
Declined	1
Approved in 2022/23	20
On Hold	1
In Progress	22

Also during 2022/23 we have seen an increase in the need to complete a SIRO risk statement against suppliers who do not meet the requirements of the Welsh Health Circular (WHC) for Cyber Security. This is being monitored and will be reported through our quarterly KPI reports.

It should be noted that the WHC is dated 2017, which is pre GDPR and NIS regulations coming into place, the SIRO risk assessments will outline the risk mitigations and other assurances in place from the supplier. Decisions to approve are undertaken by Information Technology, IG and the senior Information Risk Owner (SIRO).

## 9.0 Data Quality

Data Quality of WPAS and the Welsh Immunisation system is managed and monitored by the Information Department and led by the Assistant Director - Data, Intelligence & Insight. The team works to ensure compliance with national standards and engages with colleagues across the organisation to improve quality and timeliness of data collection. The Information Governance Team will continue to provide advice and support when necessary to ensure a consistent approach across the Health Board.

## 10.0 Policies and Procedures

During 2022/23 the following Information Governance policies and procedures were reviewed and approved in line with legislation:

- IG23 Procedure on the Management of Audit Notifications.
- IG02 Corporate Records Management Procedure.
- IG24 Notification of Personal Data Breach Procedure.
- IG11 Procedure for Handling Confidential Waste.
- IG28 Bring Your Own Device (BYOD) Procedure
- IG14 Information, Management and Technology Security Procedure.
- IG13 Confidentiality Code of Conduct.
- IG15 Procedure - Storage and Transportation of personal data.
- IG16 Disclosing personal data procedure.
- IG20 Information Governance Training Strategy.

Policies and procedures will continue to be developed or updated during 2023/24 to further support the Information Governance Framework.

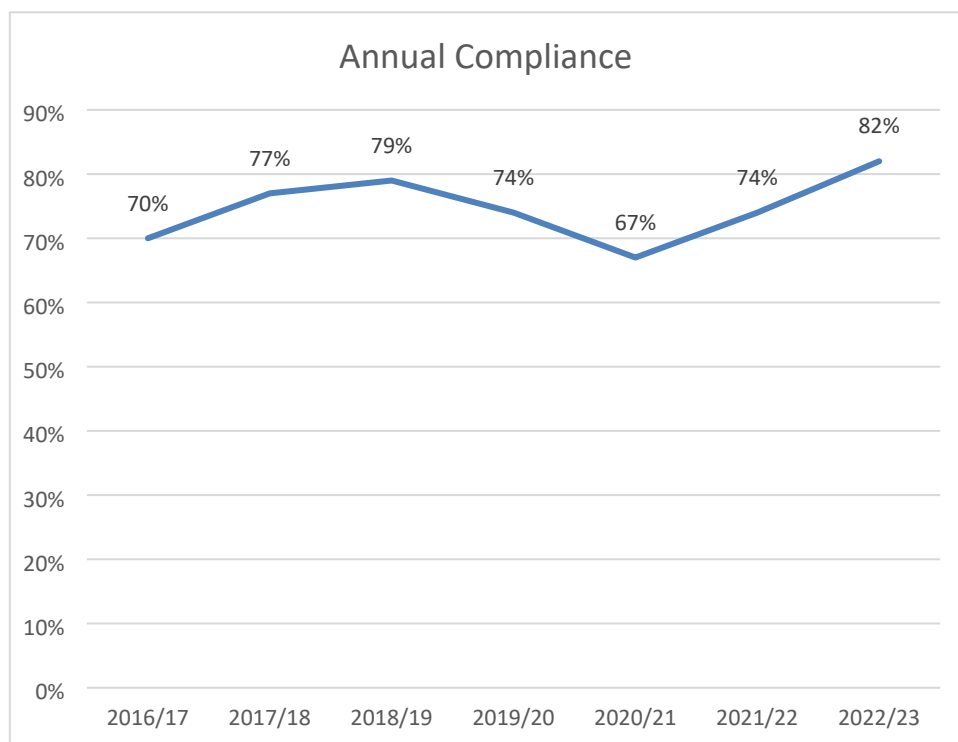
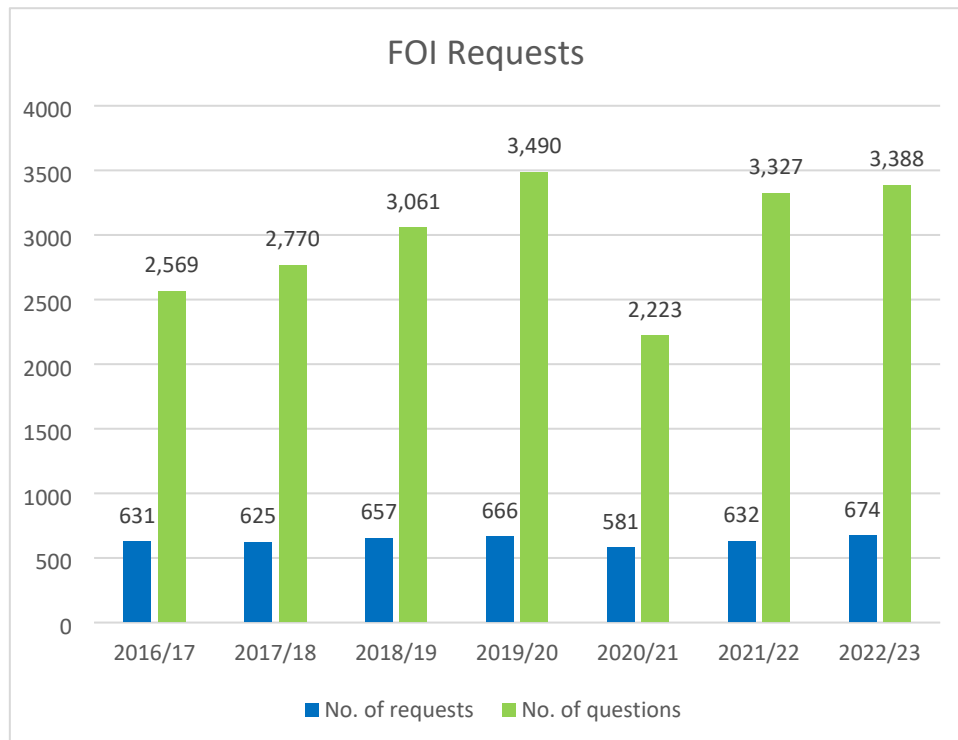
## **11.0 Requests for Information**

The BCUHB Access to Information Policy incorporates requests for information under the Freedom of Information Act, Environmental Information Regulations, Data Protection Act and Access to Health Records Act.

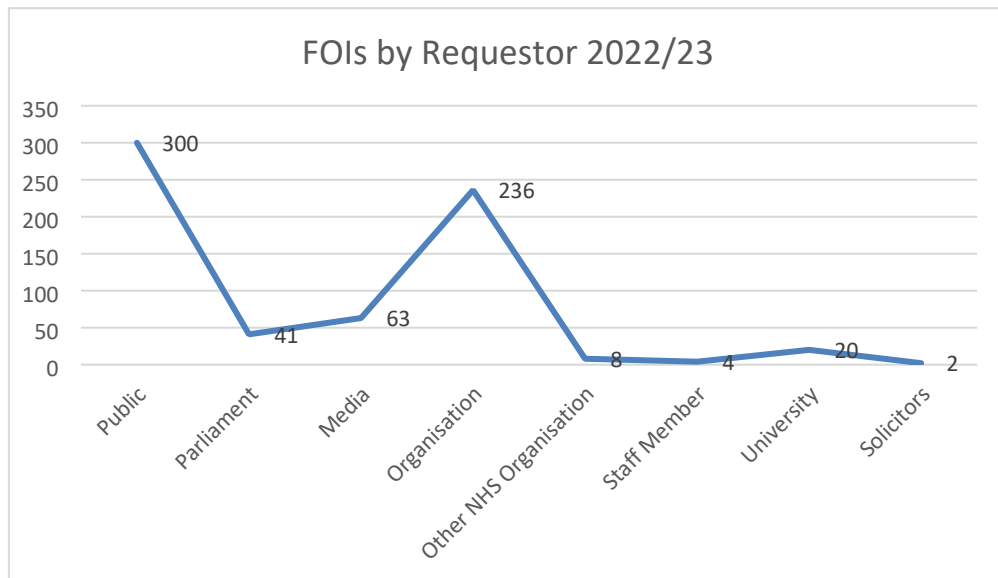
### **11.1 Freedom of Information Act 2000/Environmental Information Regulations 2004 Requests**

During 2022/23 BCUHB received and processed **674** Freedom of Information (FOI) requests, an increase of 7% from the previous year's 632 requests, with compliance increasing from 74% to **82%**. In addition to the increase in requests we have also seen a slight increase in the total number of questions being asked which went up by 2% from 3,327 to **3,388**. Given the increase in the number of requests and questions being received, the increase in compliance is an achievement and reflects how hard everyone is working to ensure we meet our legislative obligations. . During 2022/23 we have continued to receive a high number of requests that were very complex, some of which the Health Board was not able to provide full responses within the regulatory timescales. We have continued to work closely with the FOI leads within divisions to try and improve compliance and by making sure we have the correct details for the FOI leads to avoid unnecessary delays.

During 2022/23 work commenced with a new supplier to procure and implement a new digital FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records. It is anticipated this will be ready to roll out in quarter 2 of 2023/24. This will improve efficiency in both teams and should help to increase overall compliance. Full training will be provided to our Freedom of Information leads across the organisation.







In the spirit of openness and transparency and where appropriate, all finalised responses are published anonymously on the BCUHB Internet site under the [FOI Disclosure log](#).

### 11.2 Requests for Internal Reviews

There were 12 requests in total for an internal review during 2022/23, an increase compared to the 8 received in 2021/22. It should be noted a number of the internal reviews received are linked to complex cases which in most instances has been out of the team's control.

### 11.3 Exemptions applied

Of the 674 Freedom of Information Requests 105 exemptions were applied to the requests. The below table breaks down the exemptions used and the overall decision taken by the Health Board and ICO:

## FOIs received, Internal Reviews and exemptions applied 2022/23

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned	ICO	Upheld/ Overturned
<b>Section 17</b> – Refusal Notice	Section 12 – fee limit.	55	6	2 x Partially Overturned 2 x Upheld 2 x Overturned	-	-
<b>Section 21</b> - Information accessible by other means	Absolute – No Public Interest Test required	12	-	-	-	-
<b>Section 22</b> – Information intended for future public release	Class Based, so Public Interest Test assessed	1	-	-	-	-
<b>Section 30</b> - Investigations & Proceedings	Class Based, so Public Interest Test assessed	1	1	1 x Upheld	-	-
<b>Section 31</b> – Law Enforcement	Class Based, so Public Interest Test assessed	8	-	-	-	-
<b>Section 40</b> - Personal Information	Absolute – No Public Interest Test required	19	1	1 x Upheld	-	-
<b>Section 40 &amp; Section 21</b>	Absolute – No Public Interest Test required	1	-	-	-	-
<b>Section 41</b> - Information provided 'In Confidence'	Absolute – No Public Interest Test required	3	-	-	-	-
<b>Section 43</b> - Commercial interests	Class based, so Public Interest Test assessed	5	1	1 x Overturned	-	-
<b>No Exemptions Used</b>		569	3	1x partially overturned 2 x upheld	-	-
<b>Total</b>		<b>674</b>	<b>12</b>	<b>-</b>	<b>0</b>	<b>-</b>

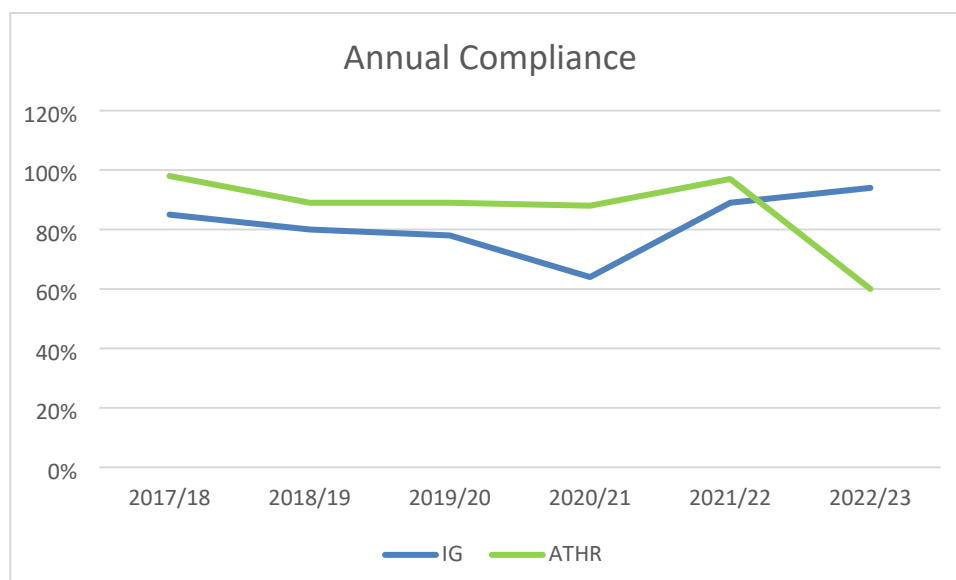
### 11.3 Data Protection Act Subject Access Requests (DPA SAR)

During 2022/23 requests received into the Information Governance Department increased from 49 in 2021/22 to **83 (69%)** with an increase in the compliance rate from 89% to **94%**. All 83 were written requests. We are still receiving some complex requests which are requests for emails or all the information we hold on the individual as a Health Board, this can sometimes result in thousands of emails/documents having to be manually reviewed and redacted. During 2022/23 we applied a time extension on these types of requests which is facilitated under Data Protection Legislation, in total 15 time extensions were applied.

Included below are the number of requests received into the centralised Access to Health Record Service (ATHR) who are responsible for the management of processing all request for copies of medical records on behalf of the Health Board. This includes; Subject access requests, Police requests (including Medical Witness Statements) and Court requests. During 2022/23 the compliance rate for ATHR decreased significantly, this has been due to a change in process to tackle the backlog of requests, which have accumulated due to staff shortages. The ATHR Team have undertaken an external review of their process and this has identified actions to streamline and improve the process going forward. The process to look at processing in date order rather than working on current requests and backlog separately to try and get the backlog down quicker.

Please note the below figures for the ATHR service also include HMP Berwyn requests.

Year	Information Governance	Access to Health (ATHR)
2022/23	83	4,384



### 11.4 Third Party Requests for Personal Information

We have received **51** request for information from Solicitors, Local Authorities and North Wales Police during 2022/23.

### 11.5 National Inquiries

During 2022/23 the Infected Blood Inquiry came to an end and the embargo on disposing patient records was lifted. However, in 2022/23 the official Covid Inquiry commenced which will lead to us retaining records for longer until this inquiry has been finalised.

## 12.0 Training

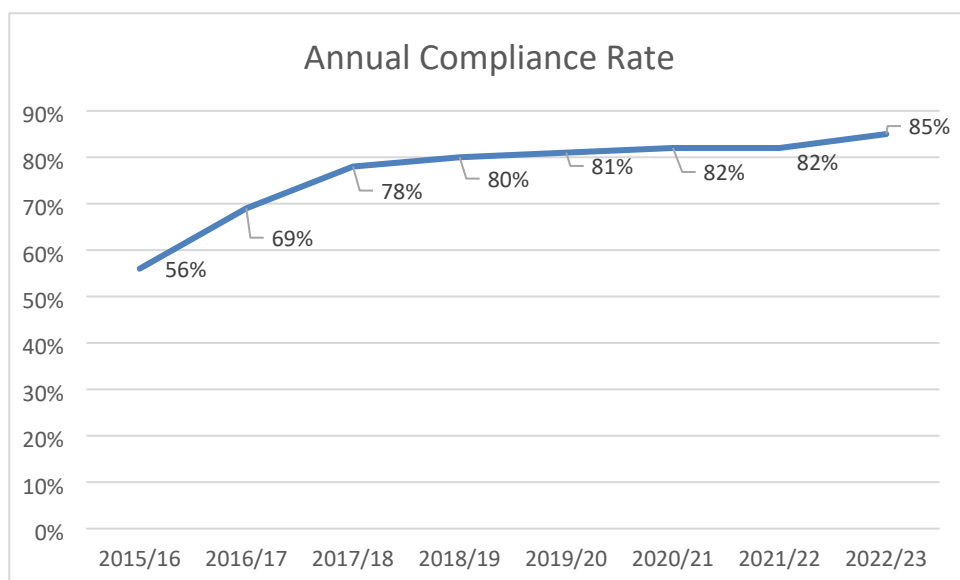
Information Governance training covers all aspects of Information Governance including information security, data protection and confidentiality and is provided via a number of sources:

- IG training (as part of the UK Core Skills for Health) is mandatory for all staff every 2 years and is embedded into the Workforce & Organisational Development & Clinical mandatory training days.
- Staff have access to the all Wales e-learning package which has additional local content;
- Formal training sessions are available to all staff across the organisation.
- Ad-hoc sessions to individual departments/ teams to coincide with their training days / staff meetings etc. at a time and place convenient to them.
- Workbook available for facilities staff without supervisory responsibilities, who are unable to access IT facilities.
- Regular awareness raising and sharing lessons learnt via corporate newsletters, emails, security alerts.
- Regular distribution of guidance and updated policies and procedures.

During 2022/23 we continued to hold our training sessions virtually on Microsoft Teams, with 44 sessions taking place across the year and 443 staff members completing these sessions. **11,381** staff have completed their training via E-Learning in this period, which is an increase of 26% from 9,002 in 2021/22.

Mandatory IG training compliance in all divisions is monitored by the Information Governance Group and if needed targeted reminders are issued to encourage completion of the mandatory training via E-Learning. The overall compliance for staff passing their mandatory IG training has met the national target of **85%** for the first time this year and is an achievement to be recognised and has remained consistent for the previous 6 months. During 2022/23 the Information Governance Team continued to target individual staff members and their managers who have never completed Information Governance mandatory training or if their compliance status has been expired for a significant period of time which has resulted in the positive outcome.

During 2023/24 the IG mandatory training package will be updated along with the new National E-Learning package launched in April 2023. These new training packages will emphasise and include Records Management and Cyber Security.



### 13.0 Information Governance within Primary Care

It should be noted that over previous years the agreed date for All GP Practices to submit their IG Toolkit returns was 31<sup>st</sup> March. However, this has now changed to 30th September each year.

Therefore please find the completed scores for GP Practices within the Health Board area for 2021/22 below:

Complete: **96**  
 Level 0 - No Assurance: **75**  
 Level 1 – Acceptable: **16**  
 Level 2 - Satisfactory: **1**  
 Level 3 – Best Practice: **4**

Average Score: **50%**

Of the 96 practices across North Wales, 13 are managed by BCUHB who had an average score of **66%**.

During 2022/23 the Information Governance Team worked closely with the managed practices to improve relationships and conducted compliance audits in all practices. All visits to Managed practices were very engaging, Practice Managers were informed of relevant BCUHB policies and procedures and were reminded of their responsibilities for the IG Toolkit. During the visits we became aware of a Subject Access Request software which was in use within the practices, this is being further investigated by the IG Team to ensure the appropriate assurances are in place for its use. No significant concerns were found in all audits undertaken.

During 2023/24 the Information Governance Team will continue to support the GP Managed Practices to increase their compliance for 2022/23 submission. DHCW will be focusing on the non-managed practices to ensure compliance is monitored and to provide assistance where required.

## 14.0 Achievements

Whilst this has been a very challenging year, due to increased workload, reduced staffing levels and skill sets within the Information Governance Team, along with the continuous changes in new ways of working there has still been a number of significant achievements across the Health Board which include:

- Reaching and maintaining the national compliance target of 85% for mandatory training from October 2022 maintaining above 86% compliance.
- Improved FOI Compliance rate to 82%.  
Improved SAR Compliance for non-clinical information rate to 94%.
- Staff in the IG Team have all undertaken training in 2022/23 to improve their knowledge in the subject field, ranging from FOI, Cyber Security and GDPR.
- Provided continuous IG support across BCUHB to help deliver and implement new ways of working.
- Successfully transferred and embedded Information Governance into wider Digital, Data and Technology (DDAT) Team.
- Collaborative working with DDAT and nationally to support the roll out of projects.
- Streamlined reporting within the Information Governance team.
- Information Governance Service Evaluation across the Organisation which identified the need for the Information Governance to be seen more visible across the organisation.
- Successfully appointed and engaged with a new supplier to develop and implement a bespoke Information Asset Register.
- Successfully appointed and engaged with a new supplier to develop a digitised FOI/SAR system to replace the current system, which should improve overall compliance and streamline the existing process during 2023/24.
- Conducted pilot in preparation for the new Compliance Audit self-assessment tool.
- Gained Substantial Assurance from Internal Audit for our IG toolkit submission for 2021/22.
- Supported nationally with the roll out of the new IG E-Learning package to incorporate Records Management and Cyber Security.
- Conducted a full review of the FOI process to streamline activity and improve compliance.
- Continued to work with the IHC's to provide support in line with the new operating model and the Health Boards objectives.

## 15.0 Conclusion

There has been continued improvement over the last year despite continued challenges and reduced levels of staffing in each of the 3 geographical areas. Despite this there continues to be a strengthening of staff relationships and collaborative working across BCUHB. This has helped individual understanding which continues to contribute to the Health Board's ability to meet its legal and statutory duties. The Information Governance Team will continue to work closely with staff to drive the IG agenda forwards in all areas.

The Health Board has been consistent in its approach to the IG toolkit submissions for the past three years to Digital Health & Care Wales (DHCW) which has been recognised by internal audit and reflected in their report. There is ownership and accountability in place across the Health Board to ensure the requirements are either met or being worked towards. The department will continue to strive to make the necessary improvements and are

preparing for the release of the newly updated 2023/24 toolkit. It is anticipated that this will focus and include further requirements around Data and Cyber Security.

Improving staff training and awareness will continue to be driven forward by the IG Department. The 86% achievement should be acknowledged against the previous year. The team have managed to capture a high number of staff who had previously not undertaken the training and who potentially posed a risk to the Health Board.

During this year the team have also seen a significant increase in the support required for the management of complex complaints / incidents, sometimes totaling hundreds of hours of resources required. Work is ongoing to review the outcome from these cases and address the gaps in systems and processes, which will be reported through the IG KPI Reports to the Information Governance Group and onto the Performance, Finance and Information Governance Committee.

The Information Governance Department continues to have robust monitoring & reporting arrangements in place which they are continuously being strengthened. The work output continued to increase in most areas which resulted in additional pressures being placed on the whole department, this was due to increased requests for information, supporting new initiatives, national projects and improving the processes already in place. There is continued drive and commitment from the team to improve year on year to deliver a robust Information Governance framework. The introduction and roll out of the new FOI/SAR system and the Information Asset Register will further enable the team to provide assurance to the board around improved compliance and the management of our Information assets.

The overall achievements within this report should be recognised, as there has been continuous improvements throughout. It is acknowledged that there are still many areas for improvement which the team will continue to work with all staff to achieve.

## 16.0 Looking forward

The main emphasis for 2023/24 will be to ensure there is continued improvements made throughout the Health Board. Plans are already in place for the following high level objectives which have been included in the IG Operational work plan for 2023/24:

- Ensure working to and meeting the objectives within the [BCUHB IG Strategy](#);
- Continue to meet statutory requirements and obligations with Data Protection Legislation and Freedom of Information Act 2000;
- Ensure priorities set for the 2022/23 IG toolkit submission are implemented, and work with the IG Toolkit leads to improve standards for the 2023/24 toolkit submission;
- Continue to improve IG training compliance and maintain the national target of 85%;
- Work with ICT and roll out the newly developed Information Asset Register, working with Information Asset Owners to ensure they understand their role and that the Information Asset Register remains up to date.
- Support responsible owners across the Health Board to roll out the delivery of an improved Information Asset Register;
- Work with Access to Health Records and responsible leads across the Health Board to support the delivery of an improved FOI/SAR system;
- Undertake Freedom of Information Request workshop within the team to improve knowledge and compliance whilst continuing to support IG Leads.



- Continue to undertake gap analysis to identify incident trends across the Health Board with a view to improve practices and learn from mistakes made.
- Support the Health Boards move towards a 'Digital Future' by working collaboratively with each area of the Digital, Data and Technology (DDaT) Team.
- Implementation of Welsh Government advice and associated Programmes of work to be rolled out across Wales.
- Provide a diverse range of multidisciplinary staff and members of the public with professional advice on all Information Governance issues.
- Corporate Records Management – with the Corporate Records Management Lead and support the corporate records management function when agreed;
- Work with DDAT, Office of the Board Secretary (OBS) and other services to establish what additional information can be published on the Health Board's publication scheme to reduce the number of FOI's and to enable the Health Board to be more transparent.

***\* Further details and a breakdown of the Information Governance work plan can be requested from the Head of Information Governance***



<b>Teitl adroddiad:</b>	Information Governance Toolkit Annual report 2022/23.			
<b>Report title:</b>				
<b>Adrodd i:</b>	Performance, Finance and Information Governance Committee			
<b>Report to:</b>				
<b>Dyddiad y Cyfarfod:</b>	1st September 2023			
<b>Date of Meeting:</b>				
<b>Crynodeb Gweithredol:</b>	BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, 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.			
<b>Executive Summary:</b>				
<b>Argymhellion:</b>	The Performance, Finance and Information Governance Committee is asked to:			
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li>Note the report and receive assurance on compliance with the Welsh Information Governance Toolkit Requirements.</li> </ul>			
<b>Arweinydd Gweithredol:</b>	Dylan Roberts - Chief Digital and Information Officer			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Carol Johnson – Head of Information Governance			
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b>	<b>Purpose of report:</b>	<b>I Benderfynu arno</b>	<b>Am sicrwydd</b>	
	<i>For Noting</i> <input type="checkbox"/>	<i>For Decision</i> <input type="checkbox"/>	<i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b>	<b>Arwyddoc aol</b>	<b>Derbyniol</b>	<b>Rhannol</b>	<b>Dim Sicrwydd</b>
<b>Assurance level:</b>	<b>Significant</b> <input type="checkbox"/>	<b>Acceptable</b> <input checked="" type="checkbox"/>	<b>Partial</b> <input type="checkbox"/>	<b>No Assurance</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>



**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:**

***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:***

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<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>· Improve 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>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>Data Protection Act and Freedom of Information Act</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><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>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.</p> <table><tr><th>Risk Title</th><th>Inherent risk rating</th><th>Current risk rating</th><th>Target risk rating</th><th>Movement</th></tr><tr><td>Mapping of Data Flows</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr><tr><td>Failure to develop and make improvements to the Information Asset Register</td><td>9</td><td>9</td><td>4</td><td>Unchanged</td></tr><tr><td>Management of Corporate Records</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr></table>	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
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><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>Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.</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><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><i>Links to BAF risks:</i></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 arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change.</li><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.</li></ul>																				



<i>(or links to the Corporate Risk Register)</i>	<p>security and resources that may result in major ICT failures or cyber-attacks.</p> <ul style="list-style-type: none"> <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> </ul>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p>Not applicable</p>
<p><b>Camau Nesaf:</b></p> <p><b><i>Next Steps:</i></b></p> <ol style="list-style-type: none"> <li>1. Attend Supplier workshops for the new Freedom of Information and Subject Access request system, to ensure user testing and system will be fit for purpose.</li> <li>2. Arrange FOI Leads workshop once we have a go live date for the system.</li> <li>3. Work with Heads of Managed Practices to ensure information submitted in future in a timely manner.</li> </ol>	
<p><b>List of Appendices:</b></p> <p>Appendix 1 - Information Governance Toolkit Annual report 2022/23.</p> <p>Appendix 2 – IG Toolkit Action Plan</p>	

## Appendix 1 - Information Governance Toolkit Annual Report 2022/23

The 2022/23 Information Governance (IG) toolkit self-assessment was successfully completed within the given timescales and submitted to DHCW on the 28th June 2023 for review. Due to the anticipated delays in both the release of the new question set and the new platform being launched, Digital Health Care Wales (DHCW) initially consulted with other Health Boards via IGMAG and offered to extend the deadline from 31<sup>st</sup> March 2023 as per normal practice by monthly extensions up to and including the 30th June 2023. The overall score is yet to be confirmed by DHCW, however a breakdown of levels can be provided below along with areas of concern and identified actions required for the next 12 months.

The monthly IG toolkit subgroup meetings recommenced in December 2022 prior to the release of the 2022/23 IG toolkit being released and we continued to receive support and the appropriate compliance evidence from the Health Records, IT, Mental Health and Learning Disabilities, Community Services, Procurement, Health & Safety/Security, Contracting Services-Finance and Workforce departments which enabled a timely and smooth submission. A further IG toolkit subgroup meeting is scheduled to take place during quarter 2 of 2023/23 to discuss the overall scoring and to begin the planning for the next submission.

In previous years the toolkit has been scored on a level basis, '0' being the lowest level and '3' being the highest level to achieve. For 2022/23 submission this has changed to 'Minimum Expectations Met' and 'Exceeded Expectations'.

There are 13 requirements within the Information Governance Toolkit which the Health Board has to meet to provide assurance, the attainment level for the 13 requirements for 2022/23 submission are as follows:

Level	Total
No Expectation Met	2
Minimum Expectations Met	3
Expectations Exceeded Met	8

Please see below the breakdown of scores for each requirement obtained for 2022/23:

Area	Level 2022/23	Level 2021/22 if applicable
<b>1.1 Leadership &amp; Accountability</b>	No Expectation Met	Level 3
<b>Priorities:</b> Senior Information Risk Owner (SIRO) changed role during 2022/23, therefore priorities identified for 2023/24 are: 1. SIRO to undertake specialist SIRO training. 2. SIRO's job description to be updated to reflect key data protection responsibilities, training and skill requirements. 3. The Caldicott Guardian is also required to undertake specialist CG training in 2023/24 to achieve expectations exceeded in the next submission.		
<b>1.2 Policies &amp; Procedures</b>	Expectation Exceeded	Level 3

<b>Priorities:</b> Although the highest level was achieved for this area during 2023/24 it has been identified as a priority that we need to escalate that National IG policies require renewal as are currently out of date. This will be raised nationally at the Information Governance Management Advisory Group (IGMAG).		
<b>1.3 Training &amp; Awareness</b>	Expectation Exceeded	Level 2
<b>1.4 Individual Rights</b>	Expectation Exceeded	Level 3
<b>Priorities:</b> Although we scored the maximum level for this area the following priority has been identified to take forward during 2023/24: 1. Re-visit local SOPs to ensure all individual rights aspects are covered and currently up to date i.e. Erasure requests.		
<b>1.5 Transparency</b>	Expectation Exceeded	Level 2
<b>Priorities:</b> The Health Board need to review privacy notices used across the organisation and the need to update in line with legislation and ensure best practice.		
<b>1.6 Record of Processing Activity (ROPA) and Lawful Basis</b>	No Expectation Met	N/A
<b>Priorities:</b> This element is new to the toolkit submission for 2022/23, we are required to have a Record of Processing Activities in place for the information we process as an organisation, and they must reflect the current situation as regards the processing of personal data. During 2023/24 we will: 1. Work with Information & Analytics team to establish their ROPA and ensure that this is captured and recorded and measures are in place locally within the team to review the process arrangement. 2. Review the processing activities and types of information it processes. 3. Health Board to have in place a robust ROPA recorded within the Information Asset Register (IAR). 4. Continue to monitor through DPIAs and ISPs in the short term until full implementation of the IAR. 5. Where consent for processing information is obtained from individuals, need to keep evidence of what, when and how the individual was informed. 6. Ensure Legitimate interest assessments' (LIA) completed prior to the processing of data.		
<b>1.7 Contracts &amp; Information Sharing</b>	Minimum Expectations Met	Level 2
<b>Priorities:</b> 1. Need to embed a review process of all Contracts and agreements in place within BCUHB and proactively monitor those coming to an end. 2. Implement a Standard Operating Procedure (SOP) for approval of sharing agreements from Cadicott Guardian. 3. Need to ensure that all information sharing agreements/protocols and the Information Sharing Register is maintained in accordance with any changes/updates.		
<b>1.8 Risks &amp; Data Protection Impact Assessments (DPIAs')</b>	Minimum Expectations Met	Level 3
<b>Priorities:</b> It has been identified that the Health Board are required to look at a way to publish approved DPIA's on the BCUHB Internet page or to provide further details within KPI reports. We also need to implement a SOP with regards to the risk assessment		



process for DPIA's and implement a flow chart that takes into consideration the ISO270001/Cyber Essentials requirements and update the DPIA log to reflect these.		
<b>1.9 Records Management and Security</b>	Expectations Exceeded	Level 2 (Average Overall multiple requirements)
<b>Priorities:</b> 1. Health Board are to review the management of corporate records requirements needed to meet legislation and agree ownership. 2. Incorporate recommendations from rapid review of corporate records that took place during quarter 1/early quarter 2 of 2023/24.		
<b>1.10 Breach &amp; Monitoring</b>	Expectations Exceeded	Level 3
<b>2.0 Freedom of Information &amp; Environmental Information Requests</b>	Expectations Exceeded	Level 3
<b>Priorities:</b> Although we scored the maximum level for this area the following priorities have been identified to take forward during 2023/24: 1. FOI and SAR new system to be implemented to streamline and approve overall compliance further. 2. FOI Workshop for FOI leads to be arranged following completion of new system.		
<b>3.0 Information Security</b>	Minimum Expectations Met	Level 3
<b>Priorities:</b> 1. Routine checks/audits need to be conducted- to be included in an information security improvement plan and escalated appropriately. 2. Once IG compliance checks have been completed, IG to feedback to ICT any risks and issues.		
<b>4.0 Business Continuity</b>	Expectations Exceeded	Achieved

A detailed improvement plan including timescales to achieve the above identified priorities can be found at Appendix 2.

It should also be noted after re-visiting the questions within the Records Management and Security requirement, we anticipate that the score will not fully reflect the current position. In view of this we will look at the scoring methodology once provided by DHCW and take into consideration the work still required across the Health Board to evidence that there is a both a robust Records Management and Information Security function across the wider organisation and provide a detailed improvement plan for the service leads for the following 12 months.

## Conclusion:

There has been significant improvements made during 2022/23, specifically within the areas of achieving above 85% for IG mandatory training across the organisation consistently over the last 10 months. For the outstanding and new priorities identified there has been no surprises as the majority of the work needed is in areas already known to the Health Board. All identified gaps and priorities/ actions for each toolkit owner/ lead will be added to their work plans and incorporated into the master IG toolkit improvement plan which will be monitored through the IG Operational Work Plan held on Microsoft planner. Each of the

areas will ensure that their risk registers reflect their toolkit scores/ position and are responsible for escalation through their respective areas to progress and make improvements.

The sub group will re-commence in quarter 2 of 2023/24, in preparation for next year's submission.

# IG Action Plan

Form version 9 by Welsh IG Toolkit

## Welsh Information Governance Toolkit - Betsi Cadwaladr UHB

### Leadership and Oversight

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One	Caldicott Guardian to undertake specialist CG training		
Priority Two	SIRO to undertake specialist SIRO training		
Priority Three	SIRO's job description to be updated to reflect key data protection responsibilities, training and skill requirements		

### Policies and Procedures

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One	Escalate that National IG policies have not been renewed and are out of date	Need to escalate to IGMAG again if no response received during quarter 1.	

### Transparency

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One		Review privacy notices used across the organisation and the need to update in line with legislation and ensure best practice.	

### Records of Processing and Lawful Basis

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One	Work with Information & Analytics team to establish their ROPA and ensure that this is captured and recorded and measures are in place locally within the team to review the process arrangement	Review the processing activities and types of information it processes	Health Board to have in place a robust ROPA recorded within the IAR
Priority Two	Continue to monitor through DPIAs and ISPs in the short term until full implementation of the IAR		Where consent for processing information is obtained from individuals, need to keep evidence of what, when and how the individual was informed
Priority Three			Ensure Legitimate interest assessments' (LIA) completed prior to the processing of data

## Contracts and Information Sharing

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One		Need to embed a review process of all Contracts and agreements in place within BCUHB and pro-actively monitor those coming to an end.	
Priority Two		Implement a SOP for approval of ISPs from Cadicott Guardian	
Priority Three		Need to ensure the all information sharing agreements/protocols and the Information Sharing Register is maintained in accordance with any changes/updates	

## Risks and Data Protection Impact Assessments (DPIAs)

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One		Look at a way to publish approved DPIAs on the BCUHB Internet page or to provide further details within KPI reports	OP in place with regards to the risk assessment process and implement a flow chart that takes into consideration the ISO270001/Cyber Essentials requirements and update the DPIA log to reflect these.

## Records Management and Security

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One			Health Board to review the management of corporate records requirements needed to meet legislation and agree ownership
Priority Two			Incorporate recommendations from rapid review of corporate records

### Notepad

The organisation has named individuals responsible for managing:  
 Corporate records  
 Acute Records  
 Mental Health Records  
 Community Records  
 COMPLETE ON ALL

## Individuals Rights

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One		Re-visit local SOPs to ensure all individual rights aspects are covered and currently up to date ie Erasure requests	

## Freedom of Information (FOI) and Environmental Information (EIR)

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One	FOI and SAR new system to be implemented to streamline and approve overall compliance further	FOI Workshop for FOI leads to be arranged	

# Information Security Measures

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Priority One			Routine checks/audits need to be conducted- to be included in an information security improvement plan and escalated appropriately Once IG compliance checks have been completed, IG to feedback to ICT any risks and issues	
Priority Two				



<b>Teitl adroddiad:</b> <i>Report title:</i>	North Wales Medical School Estate Planning 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>	Friday, 01 September 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The establishment of the North Wales Medical School (NWMS) is a project which is being jointly delivered between Bangor University and the Health Board. This paper provides an update on the status of the project with an emphasis on the development of estate planning which is currently being progressed to develop an options appraisal and risk assessment for submission to Welsh Government.</p> <p>The paper is provided to the Performance, Finance and Information Governance Committee to ensure that there is awareness and oversight of the work being undertaken. The sections that follow provide an update on progress, discussions with Welsh Government with regard to investment and the next steps being taken to prepare the agreed options appraisal and risk assessment.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>It is recommended that the Committee:</p> <ul style="list-style-type: none"> <li>• Considers the content and risks identified in the paper to determine if there are any further actions deemed necessary.</li> <li>• Agrees the timeline and process of approval via PFIG as outlined in section 6.5</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	<p>Nick Lyons, Executive Medical Director, BCUHB Mike Larvin, Pro Vice Chancellor Health &amp; Medicine and Dean of the Medical School, Bangor University</p>			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	<p>Lea Marsden, Programme Director, North Wales Medical School Ian Howard, Assistant Director, Strategic and Business Analysis</p>			
<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 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 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 checked="" 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:</b></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>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	The development of the North Wales Medical School is part of the Health Board's strategy.
<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>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	An Equality Impact Assessment has not been undertaken but will be done as part of the development of the business case as appropriate.  Timescales for the business case have yet to be agreed with Welsh Government but it is envisaged that it will be developed between November 2023 and November 2024.
<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>	A Socio Economic Impact Assessment has not been undertaken but will be done as part of the development of the business case as appropriate.  Timescales for the business case have yet to be agreed with Welsh Government but it is envisaged that it will be developed between November 2023 and November 2024.
<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>	The risks associated with this paper are outlined in section 6. There are 3 in total, 2 relate to BCUHB and 1 relates to Bangor University.  The inclusion of a university risk in this paper reflects the joint nature of the project.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	This paper is provided as an update on the progress on the estate planning for the new Medical School. A decision is not required at this stage. A further paper will be submitted to the Committee in November 2023 so that approval of the options appraisal and risk assessment can be given prior to submission to Welsh Government. It is anticipated that any financial impact, either revenue or capital, will require additional investment and be part of a business case process with Welsh Government.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	This paper relates to estates investment. At this stage workforce implications are assumed to be met through additional SIFT income



<b>Workforce implications as a result of implementing the recommendations</b>	which will become payable based on the placements undertaken by students. This assumption will be fully tested and analysed through the development of the business case once agreement to develop an appropriate case has been agreed with Welsh Government.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	This paper has been prepared for the Performance, Finance and Information Governance Committee.
<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)	None
<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>Next Steps:</b>  This paper outlines the process through which capital and revenue estimates are being developed and the process to gain agreement from Welsh Government to submit a business case.  Following discussions with Welsh Government, it was agreed that an options appraisal and risk assessment for the investment into estates would be developed and that this would cover capital and revenue costs. The next steps involved in the development of this are provided in detail under section 6.5.	
<b>List of Appendices:</b>  Appendix A – Student Intake Phasing Appendix B – Project Governance Structure	

**Performance, Finance and Information Governance Committee**  
**1st September 2023**  
**North Wales Medical School Estate Planning Update**

**1. Introduction/Background**

- 1.1 Following planning work with Welsh Government (WG) over the last two years, 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 60 students in 2024 and full numbers will be achieved by 2033/34 (Appendix A).
- 1.2 Work to oversee the establishment of the NWMS has a joint governance structure between BCUHB and Bangor University (Appendix B). The Senior Responsible Officer for the Health Board is Nick Lyons, Executive Medical Director and, for the University, the project is led by Mike Larvin, Pro Vice Chancellor Health & Medicine and Dean of the Medical School. It should be noted that Mike Larvin is also an Independent Member of the Health Board.
- 1.3 The NWMS requires GMC accreditation in order to become an independent medical school. Stage 6 of the 8 stage process was passed in July 2023 when the GMC granted permission for Bangor University to recruit students under its programme from 2024 onwards. The remainder of the accreditation process continues during the period in which the first Bangor students study for their degree and is finalised once these students graduate at which point the GMC makes a decision on whether to award its accreditation.
- 1.4 The Health Board's responsibilities with regard to delivering the medical school relate to the provision of placements through which students achieve the learning outcomes specified by the curriculum. Detailed work is underway to plan and estimate resources required for the placement activity, one aspect of which is to review the estate provision required.
- 1.5 The purpose of this paper is to provide an update on progress and to outline the steps being taken to develop financial estimates, both revenue and capital, that relate to estate requirements for the NWMS.

**2. Discussions with Welsh Government**

- 2.1 The requirement for investment into the Health Board's estate has been included in our discussions with WG colleagues for some time at our regular Capital Review Meetings. It was also included in our IMTP/Annual Plan for 2022/23 and our 10 Year Programme with an estimate of £24m plus inflation.
- 2.2 In order to take the business case process forward, a Business Case Scoping Document was submitted to WG in February 2023. Capital estimates, based on feasibility work of an external architect for education centres and a broad approximation for primary care, at this stage were between £24m and £30m.

2.3 Through correspondence in March/April 2023 and then discussions in June 2023, WG have indicated that they were not anticipating that capital investment would be needed and availability is scarce. Consequently it has been agreed that an options appraisal and risk assessment would be provided by the Health Board to WG. This is in order for them to understand the risk to the NWMS should investment not be available and to hold internal discussions with Ministers.

2.4 The approach proposed to the formal business case is that a joint Outline Business Case and Full Business Case is developed between November 2023 and November 2024. This has yet to be formally agreed with WG and is dependent upon their decision about the likelihood of investment being available to the Health Board.

### **3. Estate Planning – Scope & Progress**

3.1 The scope of the estate planning includes all areas where placements and teaching will take place within the Health Board and primary care. This includes the following facilities / areas:

- Three education centres at the main district general hospital sites
- Wards and outpatient departments within secondary care environments
- Community hospitals where placement activity will take place
- Primary care settings which will host the Longitudinal Integrated Clerkship during Year 3 of the curriculum as well as traditional primary care placements

3.2 The capacity required for the education centres is being assessed through detailed timetabling over a 10 week period of the curriculum taking into account all undergraduate and postgraduate education activities. This has been completed for all three sites and a long list of options to accommodate the additional activity has been developed. The options appraisal process is now being undertaken, including the assessment of the impact of a 'Do Nothing' option. All options under consideration will be supported by a risk assessment.

3.3 Ward and outpatient environments are difficult to scope as the need for teaching space arises from the discussions that take place with patients rather than planned teaching activities. Whether or not a teaching opportunity arises is dependent upon the clinical presentation and discussion with the patient. The number of wards/beds and outpatient clinics across the acute hospitals indicates that there is sufficient clinical activity to accommodate the additional students. However, developing additional teaching space within the hospital environments is expected to be a significant challenge. Consequently solutions will need to be found through access and flexibility in the use of existing suitable environments. An initial exercise to review the requirements has been undertaken to identify potential needs and this will be further developed in conjunction with stakeholders in early September 2023. Further work to develop solutions will be completed by the end of September 2023.

3.4 A desktop exercise was undertaken in May 2023 to assess the community hospitals' teaching space. This is now being reviewed by the Undergraduate Managers for each area to assess the teaching activity that needs to take place against the space available. The needs in the East have been deemed manageable without additional investment as a teaching week which will take place in the education centre rather than the community hospital sites. The requirements for

Centre and West are still being assessed and are due to be concluded during September 2023.

- 3.5 The requirements for primary care are more complex as the University commissions the placements directly with GP practices rather than with the Health Board as they are independent providers. However, the route for any estates investment for primary care is through the NHS therefore necessitating the involvement of the Health Board. The process of commissioning the practices and assessing the estates requirements are therefore being undertaken jointly between the Health Board and Bangor University.
- 3.6 A survey to identify those practices who are interested in hosting placements was issued on 28th July 2023 and a joint working group is now supporting the work necessary to assess the estate requirements and quantify the financial impact. It should also be noted that revenue costs will arise from estates investment in the form of rent for the new accommodation created. Additionally, if the property is not owned by the GP practice themselves, the costs associated with the development of the practice would be revenue rather than capital.

#### **4. Capacity Planning – Scope and Progress**

- 4.1 Work to confirm the capacity within the Health Board to provide placements is inextricably linked with the work to assess the capacity within estates. Therefore the two issues are being addressed together through the work described in Section 3.
- 4.2 The scope of placement capacity for BCUHB relates to the provision of placements within secondary care, community hospitals and the education centres. As described earlier, placement capacity for primary care is commissioned directly with GP practices by the University.
- 4.3 Analysis of the curriculum has been undertaken to determine the nature of the placement and the environment in which it needs to be delivered. This has informed the capacity required for each placement in each of the 5 years of the course. A forecast of requirements, based on the student intake phasing, has been undertaken for each of the academic years from 2024/25 to 2033/34 to ensure that the increase in demand over time is understood.
- 4.4 Initial scoping indicates there are sufficient clinical activities to accommodate additional placements and that additional medical education staffing will be achievable via the increase in SIFT income. However, planning for capacity requires the work described in Section 3 to be completed and so will be part of the further update paper planned for submission to the Committee in November 2023.
- 4.5 In addition to the scoping against clinical activity and estate capacity, the provision of placements is also dependent upon the staffing levels within the service being sufficient to support the additional teaching activity. Initial scoping of requirements is underway to identify where this may be an issue. This will then be linked to the Health Board's workforce planning assumptions to identify any specific areas of concern. Work in this area is expected to extend into early 2024 and therefore will be out of scope for the update to the Committee planned for November 2023. It will

however be part of the ongoing monitoring and oversight within the project and will be fully assessed as part of the development of the business case.

## 5. Budgetary / Financial Implications

- 5.1 The Business Case Scoping Document submitted to WG in February indicated that capital investment would be in the region of £24m - £30m including 10% optimism bias. This was based on feasibility work supported by and external architect which concluded in November 2022 and a broad approximation for primary care based on square meterage.
- 5.2 The outcomes of work described in this paper are required to provide revised financial estimates therefore an update on the amount required is not possible at this stage. This will however, be the subject of a further paper planned for submission to the Committee in November.
- 5.3 Whilst revised estimates are not available at this time, indications on the work to date on the education centres indicates that viable options may be possible at a lower cost than initial estimates. It is not yet possible to make the same judgements regarding community hospitals, secondary care environments or for primary care and Do Nothing options remain under evaluation. Therefore whether initial estimates will reduce or increase has not yet been determined.
- 5.4 Agreement to proceed to a business case has not yet been reached with WG and will be a matter to be discussed with them once the options appraisal and risk assessment have been submitted. Assuming that progression to a business case is agreed, it will be progressed in line with established processes and subject to scrutiny and approval via the Performance, Finance and Information Governance Committee and then by the Board. The business case will include full financial appraisals in line with the relevant guidance and Health Board / WG requirements.

## 6. Risk Management

- 6.1 Risk management within the project 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.
- 6.2 Review of the risk register is managed by the project's Risk Management Sub Group and oversight and scrutiny of the risks is provided by the Joint Delivery Group on a monthly basis.
- 6.3 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 Risk 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

6.4 There is one risk included on the project risk register which is linked to matters covered by this paper, risk ID 21.

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

6.5 The work outlined in sections 3 and 4 describe the work underway which will act as controls for the risks described above. The timeline for the completion of this work is as follows:

- Finalise activities to determine estate requirements and options across all settings – 22/09/23
- Discuss proposals with Integrated Health Community management teams – 22/09/23
- Finalise capital and revenue costings – 29/09/23
- Finalise risk assessment – 29/09/23
- Distribution of draft options appraisal and risk assessment – 04/10/23
- Final draft of options appraisal and risk assessment – 11/10/23
- Review of options appraisal and risk assessment by Joint Delivery Group – 13/10/23

- Submission of options appraisal and risk assessment to PFIG for approval – 16/10/23
- Review by PFIG – 2/11/23
- Review of options appraisal and risk assessment to include any recommendations by PFIG – 03/11/23
- Submission to WG – W/C 06/11/23

6.6 The risks continue to be monitored whilst the work described above is ongoing. A review of the risks will be completed as part of the paper which will be developed for the Committee in December. It is envisaged that this will also inform the level of assurance which can be provided at that time.

## **7. Conclusion and Recommendation**

7.1 The details included in this paper are intended to ensure that the Committee is provided with information of the work being undertaken in relation to the NWMS Project and ongoing discussions with WG.

7.2 The paper is provided as an update ahead of the final options appraisal and risk assessment which is expected to be provided to the Committee in December 2023 prior to submission to WG.

7.3 It is recommended that the Committee:

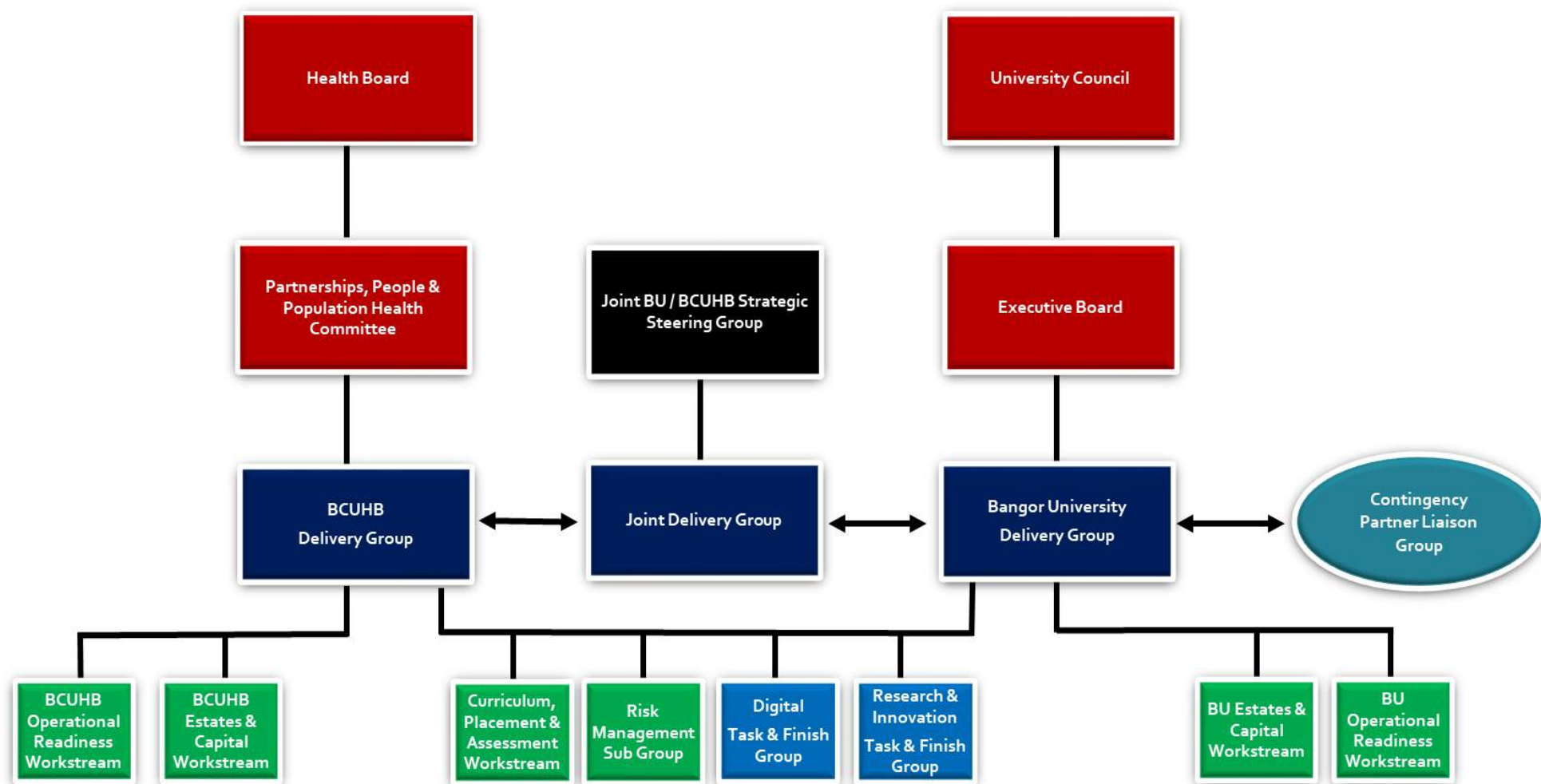
- Considers the content and risks identified in the paper to determine if there are any further actions deemed necessary.
- Agrees the timeline and process of approval via PFIG as outlined in section 6.5

## North Wales Medical School – Student Intake Phasing

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



## North Wales Medical School – Joint Governance Structure





<b>Teitl adroddiad:</b>	Integrated Performance Report – Month 4, 2023/24		
<b>Report title:</b>			
<b>Adrodd i:</b>	Performance, Finance and Information Governance Committee		
<b>Report to:</b>			
<b>Dyddiad y Cyfarfod:</b>	Friday, 01 September 2023		
<b>Date of Meeting:</b>			
<b>Crynodeb Gweithredol:</b>	This report relates to the Month 4, 2023/24		
<b>Executive Summary:</b>	<p>This paper provides Committee members with an update of performance against the Board's Key Performance metrics, the key measures contained within the 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".</p> <p>Performance against BCU level NHS Performance Trajectories have been included and additionally elective activity levels v plan Integrated Healthcare Community (IHC) level have also been included.</p> <p>Key areas of improvement are identified with actions and mitigations being taken by operational teams detailed in the 'Exception Reports' contained within Appendix 1 (IPR Report) of this paper. This narrative has been approved by the respective Executive Director.</p> <p>The paper also includes an assessment of BCU performance comparative to Welsh average and other Wales Health Boards.</p>		
<b>Argymhellion:</b>	The Committee is asked to:		
<b>Recommendations:</b>	Review the contents of the report and confirm agreement to any actions proposed, 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>	Barbara Cummings, Interim Director of Performance		
<b>Report Author:</b>			
<b>Pwrpas adroddiad:</b>	<b>yr</b>	<b>I Benderfynu arno</b>	<b>Am sicrwydd</b>
<b>Purpose of report:</b>	<b>For Noting</b>	<b>For Decision</b>	<b>For Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>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</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 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> <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. 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>	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b>	This report will be available to the public once published for Performance, Finance and Information Governance Committee			
<b>Regulatory and legal implications:</b>				
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>	N			
<b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	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>	N			
<b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	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>	The pandemic has produced a number of risks to the delivery of care across the healthcare system			

<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	The delivery of the performance indicators contained within the annual plan will have direct and indirect impact on the financial recovery plan of the Board.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	This report has been reviewed in parts (narratives) by senior leads across the Health Board and relevant Directors. And the full report has been reviewed by the report author.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b> <i>(or links to the Corporate Risk Register)</i>	This QP 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>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Amherthnasol  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 isn't of sufficient quality to believe performance is or will improve as described.	
<b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices:</i></b> <i>Integrated Performance Report</i>	

**PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE**  
**1 SEPTEMBER 2023**  
**INTEGRATED PERFORMANCE REPORT, MONTH 4 – 2023/24**

## 1 Introduction/Background

This paper provides members with a summary of the Board's Performance against the key measures contained within the 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales".

Issues to be reported upon in this report:

- Board Performance against each 2023/24 National Performance Framework target (including latest comparative position v other Welsh Health Board's)
- BCU performance against the NHS Wales Performance Trajectories submitted alongside the Annual Plan in June 2023 at the end of Quarter 1, 2023/24
- Key adverse performance framework metrics, supplemented by Exception Reports provided by operational management teams and included in the respective sections of the Integrated Performance Report. (Appendix 1).

Work is ongoing within the Health Board to publish an Integrated Performance Framework and going forward this report will be revised and aligned to this Framework.

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 Executive colleagues to take.

## 2 Organisation Performance Report Published August 2023 by NHS Wales

Monthly NHS Wales Board publish organisational performance scorecards against the metrics contained within their Performance Framework. The IPR Performance Report (Appendix 1) provides the full dashboard for review and performance YTD for each metric contained within the 2023/24 Framework. Below at summary level is BCU performance status against these metrics as published (15 August 23).

	No. measures where target has been achieved or the actions required are back on track	No. measures where the majority of actions required are on track but there is scope to improve	No. measures where the target has not been achieved or the actions required are not back on track and improvements are required	Target/ Compliance not currently available
<b>Quadruple Aim 1:</b> People in Wales have improved health and well being with better prevention and self management	2	0	5	3
<b>Quadruple Aim 2:</b> People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	11	0	14	0
<b>Quadruple Aim 3:</b> The health and social care workforce in Wales is motivated and sustainable	3	0	1	0
<b>Quadruple Aim 4:</b> Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	3	0	11	1
<b>Summary</b>	19	0	31	4

### 3 Monitoring Performance

- 3.1 On 15th August 2023, the first meeting of the Finance and Performance Executive Delivery Group met and was Chaired for the Chief Executive Officer. Terms of Reference and attendance / meeting membership details are in outline for approval. Monthly diary slots for the third week of each month are being scheduled. This Executive Group will hold to account operational and corporate teams in terms of annual plan delivery and other items of business aligned to the IPF. Delivery assurance will be provided by Chair's key actions and respective key reports to the Board PFIG or QSE Committees of the Board.
- 3.2 Variance in performance from the NHS Wales Performance Framework targets or trajectory by the Health Board is monitored and exception reports are requested monthly via the Performance team from respective operational leads for metrics which align to PFIG and are included in Appendix 1.
- 3.3 Delivery against NHS Performance Trajectories is also monitored and have been incorporated – where applicable – into the Performance Framework monthly scorecard published by Welsh Government – NHS Performance. In those instances performance metric achievement for the month will be 'green' when respective month 'profile' is achieved.

A summary of BCU performance against trajectories submitted with the Annual Plan are included at p13 of Appendix 1.

### 3.4 Adverse Performance Concerns

#### ***Quadruple Aim 1 – People in Wales have improved health and wellbeing with better prevention and self management***

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	2022/23	4.29%	% uptake of the COVID-19 vaccination for those eligible - Spring Booster (Mar-23 to Jun-23)	75%	Jun-23	68.9%
% people referred to HB services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter improvement trend	Q1 23/24	63.9%	% uptake of the COVID-19 vaccination for those eligible - Autumn Booster (Sep-23 to Mar-24)	75%	Sep-23	
% children up to date with vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster, 2nd MMR)	95%	Q4 22/23	90.9%	% patients offered index colonoscopy within 4 wks of booking Specialist Screening Practitioner appt	90%	May-23	15.5%
% of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Q1 & Q4 23/24)	90%	Q1 23/24		% well babies entering new-born hearing screening programme who complete screening within 4 wks	90%	May-23	98.3%
% uptake of the influenza vaccination amongst adults aged 65 years and over (Sep-23 to Mar-24)	75%	Sep-23		% of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	Jun-23	96.4%

In 2023/24 new metrics have been introduced to the Framework. Those such as influenza and COVID vaccination are period specific programmes over a small number of months during a year, hence no data available. For the Spring Booster metric, performance was below the performance target of 75% at 68.9%. This benchmarked the HB as 3rd across Wales.

The annual metric of achieving a 5% of adult smokers making a quit attempt via smoking cessation services was 4.29%, lower than the previous quarter 4.43% (Q4 22/23) and 0.71% adrift of the target. This benchmarked the HB as 4th across Wales.

Both the performance in Quarter 1, 2023/24 and the ongoing quarterly trend of performance (target to see 4 quarter improvement trend) in the % people referred to



substance misuse treatment is on a downward trend. Q1 performance 23/24 is 63.9%, whilst 3.1% higher than Q4, 22/23 both of those quarters were below Q2 and Q4, 22/23 performance of 68.6% and 67.5%, hence the red performance metric. Q1 performance when benchmarked across Wales, places it 4th highest.

The indicator which is further adrift of target is % patients offered index colonoscopy within 4 weeks of booking Specialist Screening Practitioner appointment. The national target is 90% and in May 23 (latest data) HB performance was 15.5%. Comparatively, average all Wales performance is 12.4% which is 3rd highest in Wales. The best performing HB reported 33%.

This data was presented to the Health Board's Quality, Safety and Experience Committee on 22 August 2023.

**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
% of 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	Jul-23	2,836
% primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)	Month on month inc 30% Sep-23, 100% Mar-24	new measure - data will be inc. in the next few months		% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Imp trajectory towards 80% by Mar-26	Jun-23	59.7%
Num of patients referred from primary care (optometry & GP) into secondary care Ophthalmology services	Imp trajectory towards reduction by Mar-24	Jun-23	2,031	Number of patients waiting more than 8 weeks for a specified diagnostic	Imp trajectory towards 0 by Mar-24	Jun-23	9,097
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Increase compared to same month prev year	Jun-23	1,325	% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		95.3%
% LPMHSS assessments within 28 days from referral	Under 18 years	Jun-23	51.0%	Number of patients waiting more than 14 weeks for a specified therapy (inc. audiology)	Imp trajectory towards 0 by Mar-24	Jun-23	1,551
	18 years and over		44.1%	Number of patients waiting over 52 weeks for a new outpatient appointment	Imp trajectory towards 0		11,936
% therapeutic interventions started within 28 days following LPMHSS assessment	Under 18 years		79.8%	Number of patients waiting more than 36 weeks for a new outpatient appointment	Imp trajectory towards 0	Jun-23	23,632
	18 years and over		81.4%	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Imp trajectory towards 0	Jul-23	80,828
% of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Jul-23	54.1%	Number of patients waiting more than 104 weeks for referral to treatment	Imp trajectory towards 0	Jun-23	8,590
Median emergency response time to amber calls	12 month improvement trend	Jul-23	01:12:30	Number of patients waiting more than 52 weeks for referral to treatment	Imp trajectory towards 0		34,887
Median time from arrival at an emergency department to triage by a clinician	12 month reduction trend	Jun-23	24	% of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Jul-23	66.7%
Median time from arrival at an emergency department to assessment by a senior clinical decision maker			134	% of children/young people waiting <26 weeks to start an ADHD/ASD neurodevelopment assessment		Jun-23	39.1%
% 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%	Jul-23	68.9%	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Jun-23	96.2%

There are 25 indicators with data reported against aligned to Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement. Of those 25 indicators 11 are green and 14 are red. However, of the 25 metrics, 20 have a green arrow reporting performance is improving, including 9 out of the 14 red metrics.

Exception reports, have been completed and included at Appendix 1 for metrics where performance is below target/trajectory for more than 2 reporting periods.

**a) Unscheduled Care**

- Performance delivery against the 4 hour target in July 2023, was 68.7%. The Welsh average for July was 70.7%. HB performance benchmarked 4<sup>th</sup> across all HBs.
- Similar improving performance is reported against a further 3 metrics relating to USC this month.

- The HB is still not achieving its 12 hour waits for admission trajectory, although the volume reported is still reducing. In July 2023, the trajectory target was 2,530 and the reported number 2,838. The HB benchmarked 7<sup>th</sup> relative to other HBs in Wales, reporting 30% of the total number reported across Wales.

#### **b) Primary care based services**

- 3 of the 4 indicators relating to primary based services were reported upon this month and 2 of those indicators were not achieving target or trajectory.
- The % of GP practice who have achieved all standards set-out in the national access standards for in-hours GMS is an annual measure. 2022/23 performance being the latest available and the HB reporting 91.5% compliance v 100% target. HB benchmarks 6<sup>th</sup> across all HBs.
- A new indicator for 2022/23 is reducing the number of primary care referrals (optometry and GP) in secondary care. The target aim is to reduce volumes by Mar 2024. The HB trajectory indicates at June 2023 (latest data available) this number should be 1,204. The HB reported 2,031, 30% of the total number of such referrals in all Wales. HB benchmarks 7<sup>th</sup> across all HBs.

#### **c) Planned Care**

##### **Elective Care / Waiting List Reduction**

- At the time of last report in July 2023 the number of patients waiting in excess of 156 weeks for their first OP appointment was 125. The latest weekly reported position (w/e 17/08/2023) is 106 without a date for an appointment. Of these 104 are orthodontic patients (systemic capacity constraints over a long period).
- Across all Referral to Treatment (RTT) stages the total number of patients waiting in excess of 156 weeks is 2,142 (w/e 17/8/23) a reduction of 275 from the number of 2,417 reported at the beginning of July 2023.
- The latest weekly reported position against the milestone of 97% of all open pathways being less than 104 weeks by December 2023, shows that this percentage currently is 94.1% (circa 4,579 above indicative target).
- At BCU wide level the planned care (Referral to Treatment) waiting list continues to grow. As of 18/8/2023 there are currently 158,249 on an open pathway (as reported on weekly PTL). The pathway stage with the largest growth is stage 4 (treatment) with a total volume of patients waiting in excess of 31,000. This is as a result of the high levels of stage 1 activity (OP) in the last quarter of 2022/23 (insourcing/outsourcing activities).
- Of the 8 metrics in Aim 2 where performance v trajectory reduction is measured – only the total number of 104 week waits (all stages) was achieved. The total number of patients waiting was 8,590 v 8,616 (trajectory). The HB benchmarks 7<sup>th</sup> relative to other HB performance.



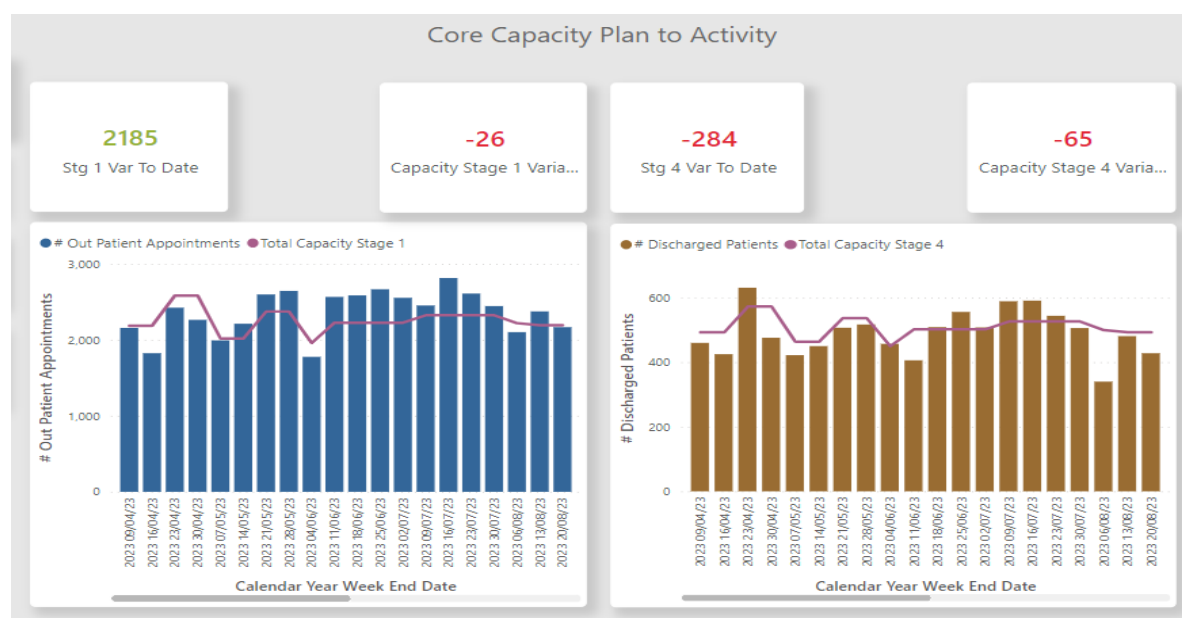
- However, all bar 1 metric (number of patients waiting in excess of 100% of their due follow-up appointment) is showing an improving position.

Other issues to note:

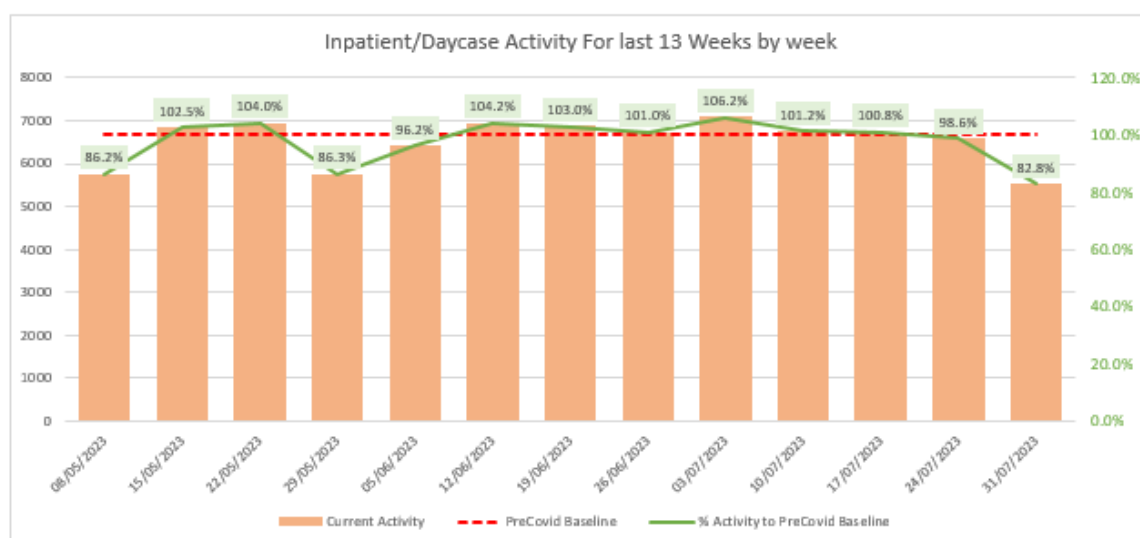
- The number of patients waiting in excess of 52 weeks for their 1st OP appointment at the end of July 2023 was 12,050 an increase of 1,014 from the position reported in June (11,036). This is 3,945 adrift of July trajectory of 8,105. The HB benchmarks 6th relative to other HB performance in Wales.
- The number of patients waiting more than 104 weeks at the end of July 2023 for referral to treatment continues to reduce to 8,796, from 8,808 in June 2023 but +192 adrift of the reduction trajectory of 8,616. The HB benchmarks 7th relative to other HB performance in Wales.
- The number of patients who are 100% passed their follow-up OP due date has decreased in July to 80,828 ( from 81,426 in June 23) but 506 above the March 2023 year end (80,322) and 11,680 adrift of the trajectory of 69,148.
- The number of ophthalmology R1 appointment which were within their clinical target date or within 25% of their clinical target date was 57.6%. The All Wales average is 63.7%. The HB ranks 7th comparative to other Wales HB performance.

### Elective Activity Volumes

Activity volumes to the end of Month 4, 2022/23 for core DC / IP activity v plan are shown in the graphic below.



When comparing all elective in-patient and day case activity against 2019/20 pre COVID baseline for the last 13 weeks (to the end of July 2023)



Below is shown the impact on on waiting list waiting times and waiting list size of 2023/24 elective IP/DC and OP activity year to date

Stage 1 activity against plan has improved from a Planed 10,820 Activity of 11,149 (over delivery of 392)

Financial Year	2023/24			
Financial Qtr	Q1		Q2	
	04	05	06	07
Stage 1 Activity	10,232	10,562	11,400	11,149
Stage 1 Plan	11,251	10,765	10,756	10,820
Stage 1 1920 difference	-323	-471	1,038	-710
Stage 1 PrevYr difference	2,833	1,257	2,698	2,776
Stage 1 PTL 156Weeks	219 ↑	194 ↓	142 ↓	100 ↓
Stage 1 PTL 104Weeks	1785 ↑	1871 ↑	2020 ↑	2188 ↑
Stage 1 PTL 52Weeks	11,783 ↑	12,014 ↑	12,187 ↑	12,468 ↑
Stage 1 PTL Total	84,498 ↑	86,061 ↑	87,564 ↑	88,065 ↑
DNA Rate	8.8% ↓	8.6% ↓	8.0% ↓	8.0% ↓

Stage 4 activity against plan has decreased by -380 this reducing the planned delivery. Activity 7,563 Plan 9789 Shortfall 2,226

Financial Year	2023/24			
Financial Qtr	Q1		Q2	
	04	05	06	07
Stage 4 Activity	1,571	1,840	2,001	2,151
Stage 4 Monthly Plan	2,375	2,385	2,498	2,531
Stage 4 1920 difference	-80	123	377	326
Stage 4 PrevYr difference	726	694	873	996
Stage 4 PTL 156Weeks	1,998 ↑	1,754 ↓	1,528 ↓	1,403 ↓
Stage 4 PTL 104Weeks	4,553 ↑	4,414 ↓	4,305 ↓	4,294 ↓
Stage 4 PTL 52Weeks	12,697 ↑	12,737 ↑	12,817 ↑	13,081 ↑
Stage 4 PTL Total	31,354 ↑	31,748 ↑	31,750 ↑	31,913 ↑
LOS	2.9 ↓	3.5 ↑	2.4 ↓	3.3 ↑

## d) Diagnostic Waits

At the end of June 2023:

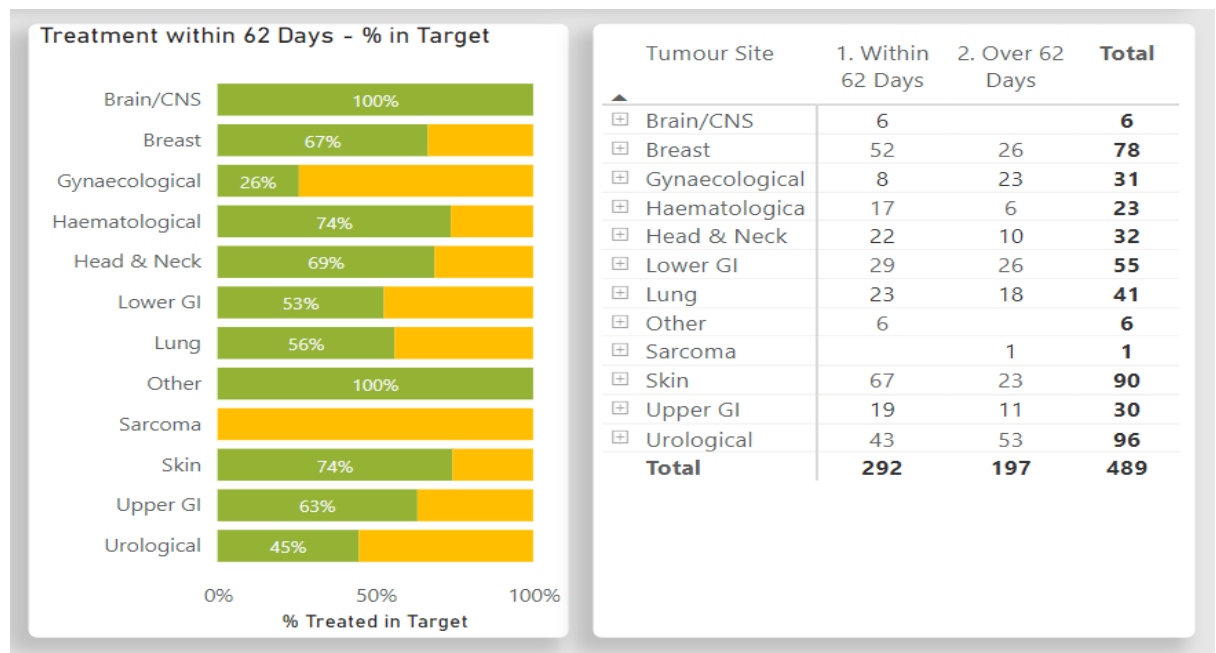
- The total number of patients in excess of the 8 week target waiting for their specified diagnostic is 7,875 an improvement of 1,222 on the position reported in June 23 (9,079). This is 1,315 above trajectory for the month (6,560). The HB benchmarks 6<sup>th</sup> comparative to other Wales HB performance. The breakdown of waits by diagnostic modality is shown in the graph below:

Sum of Count											
Service heading	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Cardiology Total	2151	1922	1815	1838	1801	1572	1425	1635	1742	1252	1088
Diagnostic Endoscopy Total	2250	1964	1745	1996	2095	2136	2098	2324	2580	2471	2330
Imaging Total	42	32	13	24	12	7	13	16	6	8	8
Physiological Measurement Total	142	143	154	189	229	232	282	301	293	239	214
Radiology - Consultant referral Total	2081	1754	1923	2407	2272	1812	1919	2011	2100	1773	1433
Radiology - GP referral Total	2510	2033	2217	2791	2810	2207	2304	2320	2314	2199	1600
Neurophysiology Total	288	220	167	132	111	91	78	79	64	1155	1202
Grand Total	9464	8068	8034	9377	9330	8057	8119	8686	9099	9097	7875

## e) Cancer

Performance has been consistent at between 60 and 65% of patients treated within 62 days of suspicion of cancer over the last 6 months but has dropped to 59.7% in June 2023. This is in line with trajectory which allowed for backlog clearance but the residual impact is HB now benchmarks 3<sup>rd</sup> comparative to other HB performance.

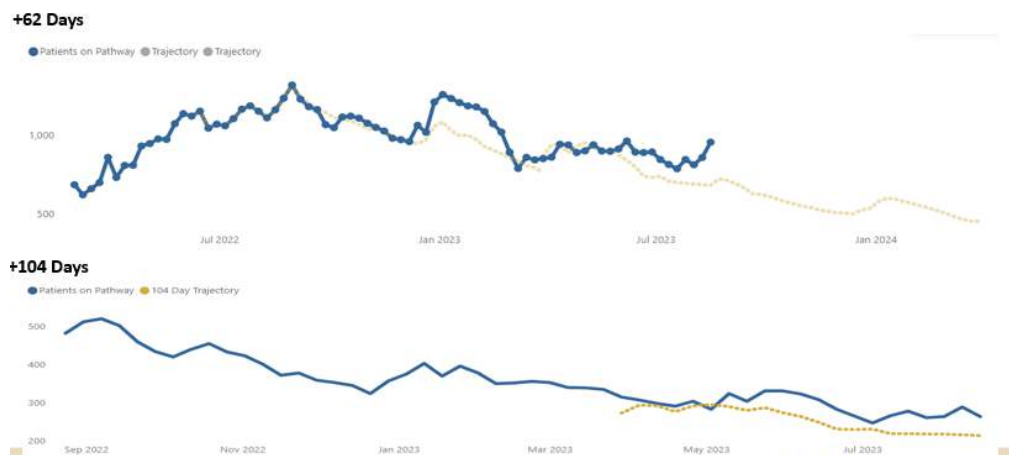
In June 2023 BCU treated 489 cancers, 292 of whom were treated in target (59.7%). Breakdown by tumour site is shown below



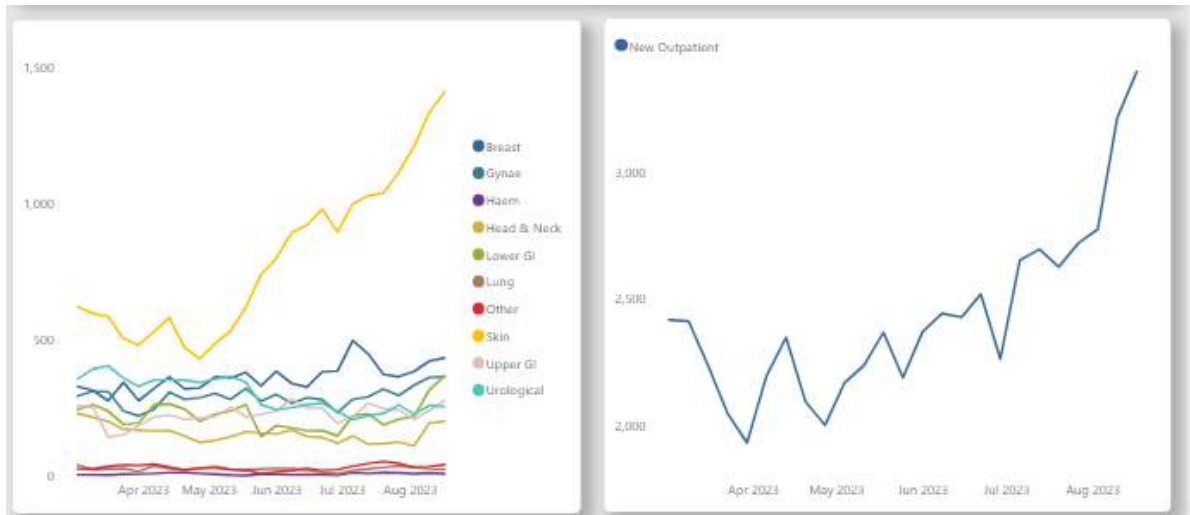
The over 62 day backlog has decreased at the close of July with 844 patients reported over day 62 of their pathway with 261 patients active over day 104 of their pathway. The focus continues on reaching both the 62 and 104 trajectories across August and September.

Reduction trajectories are in place for all tumour sites. The latest weekly position v trajectory is:

### Cancer – Performance V BCU wide trajectory



In terms of waits for first OP the size of this waiting list continues to grow with the skin tumour site being by far the largest proportion of this list – number waiting for 1<sup>st</sup> OP 3,358 number of skin tumour on waiting list 1,411 (20/8/23). This is particularly concerning with regard to future 62 day cancer performance as performance is assessed by calculating the percentage of treatments undertaken in the month who have treatment below 62 days. The second largest monthly treatment volume is skin.



HB total Cancer Waiting List for First OP (20/8/23)

#### f) Mental Health & Learning Disability (Adult) Services

Mental Health performance is reported one month in arrears. In June 2023, performance against the metric measuring the % of LPMHSS assessments waiting in excess of 28 days from referral performance (Part A) was 79.8%, below the 80% target but an improvement from May (77.5%) of 2.3%. The HB benchmarks 4<sup>th</sup> comparative to other HBs.

#### g) Children & Adolescent Mental Health Services (CAMHS)

Performance against both metrics was below the 80% target:

- % of patients waiting in excess of 28 days from referral to assessment performance deteriorated in June 2023 deteriorate to 51% in June from that in May (67%). The HB benchmarked 6<sup>th</sup> comparative to other HB performance.
- % of patients waiting in excess of 28 days for therapy following assessment was 44.1% an improvement of 1.8% from that reported in May 23. The HB benchmarked 5<sup>th</sup> comparative to other HB performance.
- % of patients waiting in excess of 28 days from referral to sCAMHS appointment was 66.7% in June 2023, an improvement of 6.7% on reported performance in May (60%).

#### h) Neurodevelopment Waiting Times

The number of patients waiting in excess of 26 weeks for an ADHD or ASD neurodevelopment assessment in June improved to 39.1% from 38.2% reported

in May 2023 against the 80% target. The HB benchmarked 2<sup>nd</sup> comparative to other HB performance.

**Quadruple Aims 3: The health and social care workforce in Wales is motivated and sustainable**

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	May-23	6.23%	Agency spend as a percentage of the total pay bill	12 month reduction trend	May-23	7.0%
Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Roll 12 mth reduction against 19/20 baseline	Mar-23	7.02%	% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months	85%	May-23	77.2%

The PFIG Committee will receive separate paper on Workforce performance. The only metric where performance against the Quadruple 3 Aims is that relating to PDR performance which in May was 77.2% v target of 85%. The HB benchmarks 2<sup>nd</sup> across Wales HB comparatively.

**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**

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	May-23	61.3%	Cumulative number of laboratory confirmed bacteraemia cases:	Klebsiella sp		43
% of all classifications' coding errors corrected by the next monthly reporting submission following	90%	May-23	6.1%		Aeruginosa		10
% of calls ended following WAST telephone assessment (Hear and Treat)	17%	Jun-23	12.8%		E-coli	Apr-23 to Jul-23	72.94
Number of Pathways of Care delayed discharges	12 month reduction trend	Jun-23	343		S.aureus bacteraemias (MRSA and MSSA)		23.46
% HB residents who have a valid care & treatment plan	Under 18 years	Jun-23	89.2%		C.difficile		39.67
	18 years and over		85.6%		% R1 ophthalmology appointments attended within target date or within 25% beyond of clinical target date	Jul-23	57.6%
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	Jul-23	1,928
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Reduction compared to same month 22/23	Jul-23	35.8%	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend	Jul-23	38

There are 16 indicators aligned with Aim 4. Currently the HB is achieving 3 (green) with 11 (red). 2 indicators cannot be RAG rated at this point.

- 6 indicators relative to DIPC monitored metrics which are monitored via the QSE sub-Committee.
- 2 indicators relate to coding accuracy both of which are below the metric target.
  - Latest performance for May 23 indicates only 61.3% of hospital episodes are coded within 1 month of discharge v 95% target. This position continues to deteriorate. In May 2022 performance was 95.2%. The HB benchmarks 7th comparative to other HBs.
  - The 2nd metric - % of classifications coding errors corrected by the next monthly submission (90% target). HB performance in May 23 was 6.1%. This is only the second month data has been collected for this metric. All Wales average is 48%. HB performance benchmarks 5th comparative to other Boards.
- Another new metric reports on the number of Pathways of Care delayed discharges (target is 12 month reduction trend). In June 2023 the number the

HB reported was 343. This total was 21% of the total number reported in Wales (1,625). HB benchmarked 8th comparative to other HB performance.

- 2 new mental health indicators have been aligned to Aim 4:
  - % of HB residents in receipt of secondary mental health/CAMHS services who has a valid care and treatment plan (separate indicators for adults and under 18 year old). Performance against both metrics is below the 90% target at:
    - a. 89.2% for under 18 year old – HB benchmarked 6th
    - b. 85.6% for over 18 year olds – HB benchmarked 4th
- The metric measuring the number of ambulance handovers in excess of 1 hour has been aligned to Aim 4. In July the HB reported 1,928 v a trajectory of 1,560 (+ 368) and an increase on the number reported in June 23 (1,883).

#### **4 Recommendation**

Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.

**Barbara Cummings**  
Interim Director of Performance



# Integrated Performance Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Performance to 31<sup>st</sup> July 2023

(Where published)

Presented on 1st September 2023

**Performance, Finance  
and Information  
Governance Committee**





Title	Page
<b>Cover</b>	<b>1</b>
<b>Table of Contents</b>	<b>2</b>
<b>Section 1: BCU Performance Framework KPI Summary</b>	<b>3 - 4</b>
<b>Section 2: NHS Wales Performance Framework Metrics – Quadruple Aims</b>	<b>5 – 12</b>
Performance Trajectories Submission: 2023/24	13
<b>Section 3: Exception Reports</b>	
1a: Urgent and Emergency Care	15 - 17
1b: Elective and Planned Care	18 – 25
1c: Adult Mental Health Services	26 – 27
1d: Child and Adolescent Mental Health Services	28 - 30
<b>Further Information</b>	<b>31</b>
NHS Welsh Government Performance Framework Metrics	32 - 35

# Section 1

## BCU Performance

*Performance Framework KPI Summary*  
(published early June 2023 by WG)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# BCU Performance Framework KPI Summary

(published position July 2023)

	No. measures where target has been achieved or the actions required are back on track	No. measures where the majority of actions required are on track but there is scope to improve	No. measures where the target has not been achieved or the actions required are not back on track and improvements are required	Target/ Compliance not currently available
<b>Quadruple Aim 1:</b> People in Wales have improved health and well being with better prevention and self management	2	0	5	3
<b>Quadruple Aim 2:</b> People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	11	0	14	0
<b>Quadruple Aim 3:</b> The health and social care	3	0	1	0
	3	0	11	1
<b>Summary</b>	19	0	31	4

# Section 2

## NHS Wales Performance Framework Metrics

*Quadruple Aims 1-4*



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board







# NHS Wales Performance Framework Metrics

(Latest data as published August 2023)



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

Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Committee	Target	TBA							Compliance	12 month trend	Rank
	PFIG		Actual									
			Trajectory									



Note: New measure - data will be included in the next few months.

Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Committee	Target	TBA	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG		Actual	1,875	1,498	1,802	2,031				7th out of 7 health boards
			Trajectory								

Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Committee	Target	Increase	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG		Actual	1,212	1,104	1,251	1,325				1st out of 7 health boards
			Trajectory								

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people age under 18 years	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG		Actual	61.6%	80.2%	67.0%	51.0%				6th out of 7 health boards
			Trajectory								

Note: AB unable to submit since Aug-22, therefore Jul-22 data rolled over

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG		Actual	35.1%	54.4%	42.3%	44.1%				5th out of 7 health boards
			Trajectory								

Note: AB unable to submit since Aug-22, therefore Jul-22 data rolled over. C&V are currently experiencing data quality issues with their MHV

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults age 18 years and over	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG		Actual	74.9%	70.2%	77.5%	79.8%				4th out of 7 health boards
			Trajectory								










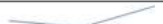











Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG		Actual	85.3%	86.3%	82.6%	81.4%				5th out of 7 health boards
			Trajectory								

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Committee	Target	65%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG		Actual	44.3%	54.9%	56.5%	51.6%	54.1%			4th out of 7 health boards
			Trajectory								

# NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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













Median emergency response time to amber calls	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		00:52:41	00:07:11	00:52:42	01:06:34	01:12:30				5th out of 7 health boards
		Trajectory										
Median time from arrival at an emergency department to triage by a clinician	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		30	26	25	24	24				4th out of 6 health boards
		Trajectory										
Note: Data relates to major A&Es only												
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		137	140	137	134	147				5th out of 6 health boards
		Trajectory										
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	Committee	Target	Improve	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		66.9%	66.0%	68.7%	70.4%	68.7%				6th out of 7 health boards
		Trajectory										
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		2,865	2,812	2,994	2,685	2,838				7th out of 7 health boards
		Trajectory										
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Committee	Target	75%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		63.1%	62.5%	60.1%	59.7%					3rd out of 6 health boards
		Trajectory										
Note: all Wales target compliance is based on the 12 month trend												
Number of patients waiting more than 8 weeks for a specified diagnostic	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		8,119	8,686	9,099	9,097	7,875				6th out of 7 health boards
		Trajectory										
Note: Currently still awaiting a diagnostic profile from AB, therefore target compliance will show as red until received.												
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	Committee	Target	95%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		92.7%	94.4%	92.7%	95.3%	97.6%				1st out of 6 health boards
		Trajectory										
Note: Includes: Art therapy; podiatry; dietetics; occupational therapy, physio therapy and; speech and language therapy.												
Number of patients waiting more than 14 weeks for a specified therapy (including audiology)	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend		Rank
	PFIG	Actual		2,192	1,791	1,704	1,551	1,657				6th out of 7 health boards
		Trajectory										





# NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

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

Number of patients waiting more than 14 weeks for a specified therapy (including audiology)	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		2,192	1,791	1,704	1,551	1,657			6th out of 7 health boards
		Trajectory									
Number of patients waiting over 52 weeks for a new outpatient appointment	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		12,090	11,503	12,001	11,772	12,050			6th out of 7 health boards
		Trajectory									
Number of patients waiting more than 36 weeks for a new outpatient appointment	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		22,635	22,638	23,210	23,632	23,945			7th out of 7 health boards
		Trajectory									
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		80,322	82,887	86,586	81,426	80,828			7th out of 7 health boards
		Trajectory									
Number of patients waiting more than 104 weeks for referral to treatment	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		9,515	9,188	8,953	8,808	8,796			7th out of 7 health boards
		Trajectory									
Number of patients waiting more than 52 weeks for referral to treatment	Committee	Target	0	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		35,394	34,871	35,289	35,596	35,731			7th out of 7 health boards
		Trajectory									
Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	Committee	Target	80%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		87.5%	33.3%	50.0%	60.0%	66.7%			6th out of 6 health boards
		Trajectory									









Note: CTM provides sCAMHS services for the residents of SB up until March 2023. AB unable to submit since Aug-22, therefore Jul-22 data rolled over. BCU submitted a nil return for Aug-22 and Dec-22. SB operate a single point of access and as a result all of their sCAMHS referrals are assessed under Part 1 of the Mental Health Measure.

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	Committee	Target		2019/20	2020/21	2021/22	2022/23	2023/24	Compliance	12mth Trend	4 Period Trend	Rank
	PFIG	Actual		41.2%	59.8%	77.1%						7th out of 7 health boards
		Trajectory										

# NHS Wales Performance Framework Metrics

(Latest data as published July 2023)

## Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Percentage of sickness absence rate of staff	Committee	Target	5%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12mth Trend	Rank
	PFG		Actual	6.46%	6.50%	6.57%	6.55%	6.70%	6.57%	6.57%	6.52%	6.55%	6.47%	6.41%	6.33%	6.24%			6th out of 12 organisations
			Trajectory																
Note: Data is for a rolling 12 months.																			
Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Committee	Target	7.18%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Compliance	12mth Trend	Rank
	PFG		Actual	7.72%	7.64%	7.68%	7.30%	7.42%	7.44%	7.29%	7.07%	7.07%	7.19%	7.34%	7.20%	7.02%			3rd out of 11 organisations
			Trajectory																
Note: Data is for a rolling 12 months and excludes employees who retire and return to NHS Wales and organisational 'churn'. A full methodology is available on request. In a number of cases, large turnover figures are due to a small workforce where any leavers will inflate the rate significantly. This data is experimental - there are some organisation specific anomalies which require context and explanation from organisations directly. These will be investigated and in future months the figures may differ to accommodate for these anomalies. DHCW was not formed until April 2021 hence does not have a 2019/20 baseline figure and so target compliance will be measure against a 12 month reduction																			
Agency spend as a percentage of total pay bill	Committee	Target	TBA	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12mth Trend	Rank
	PFG		Actual	6.3%	6.6%	7.3%	7.3%	8.3%	6.9%	8.6%	8.6%	8.1%	5.8%	6.9%	7.7%	7.1%			9th out of 12 organisations
			Trajectory																
Percentage of headcount who have had a Personal Appraisal and Development Review (PADR) / medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Committee	Target	85%	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Compliance	12mth Trend	Rank
	PFG		Actual	68.3%	68.4%	69.5%	68.7%	69.6%	71.5%	73.4%	74.0%	74.2%	74.7%	75.3%	76.4%	76.7%			1st out of 12 organisations
			Trajectory																



# NHS Wales Performance Framework Metrics

(Latest data as published August 2023)

**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**



Percentage of episodes clinically coded within one reporting month post episode discharge end date	Committee	Target	95%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		70.5%	63.4%	61.3%					7th out of 8 organisations
		Trajectory									
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Committee	Target	90%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual			0.9%	6.1%					5th out of 8 organisations
		Trajectory									

Note: New measure - data will be included in the next few months.

Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Committee	Target	17%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		13.3%	13.5%	12.3%	12.8%				5th out of 7 health boards
		Trajectory									

Number of Pathways of Care delayed discharges	Committee	Target	Reduce	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual			326	290	343				8th out of 8 organisations
		Trajectory									

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Committee	Target	90%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		93.2%	93.6%	88.7%	89.2%				5th out of 7 health boards
		Trajectory									

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Committee	Target	90%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	PFIG	Actual		85.1%	83.8%	85.0%	85.6%				4th out of 7 health boards
		Trajectory									

Number of patient experience surveys completed and recorded on CIVICA	Committee	Target	Improve	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	QSE	Actual									
		Trajectory									

Note: Number of surveys completed and recorded varies between organisations due to the number of different surveys undertaken by each and the different survey methods e.g. SMS, QR code etc. New measure - data will be included in the next few months.

Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Committee	Target	103	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
	QSE	Actual		144	6	16	32	43			5th out of 6 health boards
		Trajectory									

Note: 12 month trend is based on the monthly number of cases. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

# NHS Wales Performance Framework Metrics



(Latest data as published August 2023)

## 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

	Committee	Target	27	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	QSE	Actual	38	3	8	10	10				5th out of 6 health boards
		Trajectory									

Note: 12 month trend is based on the monthly number of cases. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	67	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - E-coli	QSE	Actual	73	61	66	71	73				3rd out of 6 health boards
		Trajectory									

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	20	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - S.aureus bacteraemia	QSE	Actual		26.02	22.18	25.16	23.46				2nd out of 6 health boards
		Trajectory									



Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.


	Committee	Target	25	Mar-24	Apr-24	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - C.difficile	QSE	Actual		41.63	41.80	40.03	39.67				5th out of 6 health boards
		Trajectory									

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-24. Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	QSE	Actual	36.4%	37.7%	35.3%	38.5%	35.8%				1st out of 6 health boards
		Trajectory									

Note: Measure not applicable to Powys as HB has no acute hospitals.

	Committee	Target	95%	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	PFIG	Actual	56.2%	59.6%	56.1%	55.5%	57.6%				7th out of 7 health boards
		Trajectory									

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Number of ambulance patient handovers over 1 hour	PFIG	Actual	2,192	2,048	2,025	1,883	1,928				6th out of 6 health boards
		Trajectory									

	Committee	Target	Reduce	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Compliance	12 month trend	Rank
Number of National Reportable incidents that remain open 90 days or more	QSE	Actual	47	48	44	41	38				8th out of 11 organisations
		Trajectory									

Note: If an organisation has a blank it means that there was no reportable incidents for that period due to be closed within the 90 day period. The number achieving target is currently out of 10 as HEIW has no reportable incidents for the reporting period and DHCW only had a reportable incident from Feb-23 so can not currently



# Performance Trajectories as Submitted for 2023-24

MEASURE	TARGET	Trajectory Actual	FORECAST	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
			Mar-23												
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	N/A	1,114	1,175	1,204	1,307	1,291	1,232	1,370	1,260	1,126	1,144	1,273	1,337
		Actual	1,875	1,498	1,802	2,031									
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Trajectory	12,340	12,518	11,100	9,972	9,541	9,107	9,122	9,160	9,522	9,748	9,856	9,988	10,175
		Actual	12,090	11,503	12,001	11,772	12,050								
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Trajectory	23,083	23,121	21,831	20,110	18,835	18,337	17,860	16,969	16,652	16,660	16,673	16,868	17,041
		Actual	22,635	22,638	23,210	23,632	23,945								
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Trajectory	9,772	9,758	9,147	8,616	8,105	7,799	7,532	7,433	7,455	7,527	7,634	7,790	7,978
		Actual	9,769	9,425	9,182	8,808	8,796								
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Trajectory	36,095	36,356	34,826	33,380	32,511	31,687	31,213	30,653	30,444	30,075	30,359	29,873	29,544
		Actual	35,394	35,565	35,983	35,596	35,731								
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Trajectory	8,119	8,050	7,511	7,002	6,560	5,902	5,499	5,013	4,488	3,822	3,523	3,049	2,577
		Actual	8,119	8,686	9,099	9,097	7,875								
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,192	2,049	1,901	1,809	1,599	1,420	1,255	1,133	849	753	498	251	0
		Actual	2,192	1,791	1,704	1,551	1,657								
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% <sup>1</sup>	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	80,322	75,901	73,750	71,527	69,148	66,952	64,672	62,516	60,203	57,892	55,347	52,903	50,371
		Actual	80,322	82,887	86,586	81,426	80,828								
Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of reduction by March 2024	Trajectory	850	940	913	739	694	722	628	565	518	535	581	523	454
		Actual	888	911	892	844									
Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by March 2026	Trajectory	63.1%	62.5%	58.0%	59.0%	61.0%	62.0%	62.0%	62.0%	66.0%	65.0%	68.0%	69.0%	70.0%
		Actual	62.9%	62.2%	50.1%	60.1%									
Number of ambulance patient handovers over 1 hour	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,192	2,048	1,900	1,700	1,550	1,300	1,150	1,050	1,000	975	1,100	1,000	925
		Actual	2,192	2,054	2,033	1,883	1,928								
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Trajectory	2,870	2,810	2,700	2,640	2,530	2,420	2,310	2,200	2,090	1,980	1,870	1,760	1,650
		Actual	2865	2812	2994	2685	2838								

# Section 3

## Exception Reports



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Urgent and Emergency Care



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board





### What the data tell us

- The number of patients experiencing an ambulance handover delay of 1 hour or more remains statistically unchanged since April 2023. The Health Board remains over 300 patients above the agreed trajectory (1,550) for July 2023 at 1,928.
- Emergency Department 4 hour performance has steadily increased since April 2023, however, the July 2023 position dipped from 70.4% to 68.7% but is reflective of seasonal pressures with the start of the school holiday season.
- The number of patients experiencing waits of 12 hours or more in our Emergency Departments has remained statistically unchanged since April 2023 and is approximately 300 over the planned trajectory (2,530) for July 2023 at 2,838

### Issues

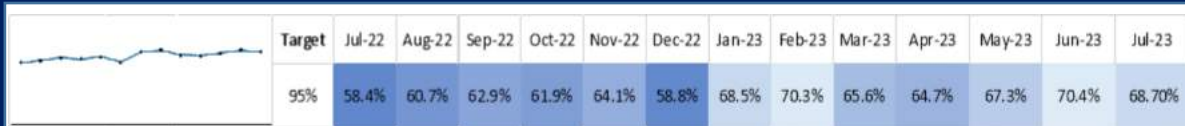
- Flow out of the Emergency departments continue to be the main contributory factor in relation to performance that is reflected in the hourly occupancy of each Emergency department, alongside 12hr and 24hr ED performance.
- Multiple systems in place to reduce attendances to the ED's has resulted in confusion which equates to patients taking the easiest approach ie : attend ED.
- Pathways of Care Delays (POCD) data continues to show high numbers of clinically optimised patients delayed in hospital bed and impacting on patient flow

### Actions

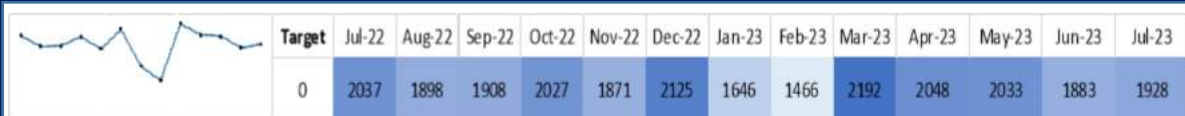
- Hospital escalation review on going to ensure accurate actions at time of escalation to support de-escalation.
- Meeting took place week commencing 7<sup>th</sup> August with IHC Directors of operations and acute to agree on focus no further 4hr ambulance delays by November 2023 with clear actions on internal escalation. (Improved flow and capacity)
- Action plans developed at IHC level informed by respective delay data with a focus on top 3 delay reasons as well as a jointly developed regional action plan with LAs.
- D2RA pathways implemented 31<sup>st</sup> July – first report against national measures due early Sept on August Census week as snapshot data in first phase.

### Supporting very high-level Data

#### Measure: ED/MIU 4 Hour Waits



#### Measure: Patient ambulance handovers over 1 hour



### Mitigations

- Review of all Urgent systems across BCUHB to support streamlining of services to assist patient choice.
- Improved access to ambulatory / SDEC pathways for WAST.
- Support from NHS Executive in developing SAFER / Red to green.
- Agreed to develop a singular Hospital full / escalation process with local variances.

## What the data tells us

- Overall performance against the measure of direct admission to a stroke unit within 4 hours remains poor, with less than a quarter (23.9%) of patients being admitted within the target time. This is almost 15% lower than the same period in 2022.

## Issues

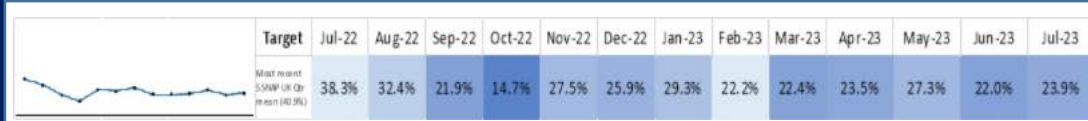
- Direct Admission to Stroke unit Within 4 Hours
- Overall performance has dropped to 22% against an all-Wales average of 31.8%.
- YG is consistently achieving 40% and above, but there have been challenges at Wrexham and YGC.
- The key issues remain: insufficient bed capacity; challenges discharging patients and occupancy of stroke beds by non-stroke emergency admissions.
- Noted that the percentage of patients being scanned within 1 hour remains in line with national averages at all sites.
- Thrombolysis Rates
- 100% eligible patients were given thrombolysis, compared to 85% UK-wide.
- Actual rates are high at YG and Wrexham but very low for June in YGC

## Actions

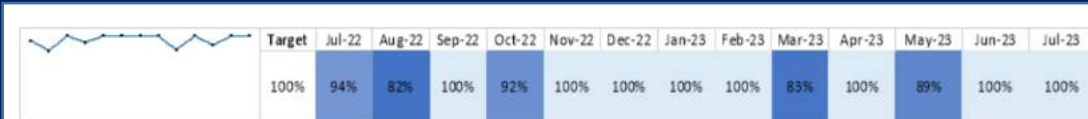
- Direct Admission to Stroke unit Within 4 Hours
- Continued focus on Direct to CT pathway at all sites
- Information pending from all-Wales review of self-presenters. Anticipated verbally in August
- Implementation of "e stroke" software from Brainomix delayed to allow for Radiology and corporate clinical governance processes (2 months). Aim to go live in Quarter 3. This enables improved images from CT Head and CT Angiography scans which in turn improves decision making on referral for Thrombolysis and Thrombectomy.
- Thrombolysis Rates
- Review of actual rates with IHCs through performance oversight meetings

## Supporting very high-level Data

### Measure: Stroke unit 4 hour direct admissions



### Measure: Percentage of Thrombolysis Rates for Eligible Patients



## Mitigations

- Implement Brainomix as soon as governance approvals given
- Staffing levels remain challenging against the original phase 1 BC– ongoing recruitment activities in progress
- Site pressures and DTOCs across the full pathway delay patients moving through the system
- Overall pressure on EDs continue will have adverse impact on timely decision-making on Thrombectomy – mitigations in place to support, ongoing ring fencing of stroke beds, direct to CT Pathway in ED, and awareness of staff in ED for stroke “walk-ins”
- New national stroke guidelines include relaxation of the 6 hour window for mechanical Thrombectomy. This may enable more referrals, confirmation on assurance compliance with this guidance during May across all sites. Meeting with the Walton and WHSSC early September
- Noted that thrombectomy referrals remained high compared to the rest of Wales, but none reported in June – under investigation

# Elective and Planned Care



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



### What the data tells us

- The number of patients experiencing a wait for treatment of over 36 weeks remains statistically unchanged since April 2023 at 57,521 (up by approximately 800 patients).
- The number of patients experiencing a wait for treatment of over 104 weeks has reduced since April 2023 (from 9,769 to 8,796) However, remains approximately 700 patients above the planned trajectory of 8,105 for July 2023.

### Issues

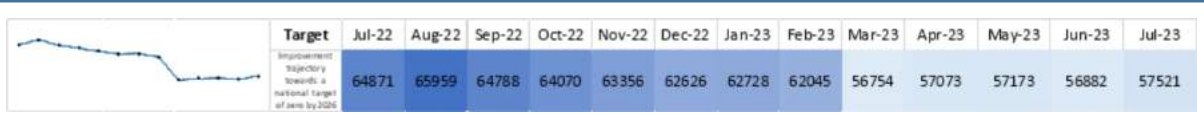
- Low levels of clinical and administrative validation
- No central booking and schedule system to support better pathway management
- Primary Care referrals up by approx. 24% in year
- Additional activity to clear backlogs invariably impacts on routine timeliness

### Actions

- Planned care programme initiated and inaugural board meeting scheduled for 18<sup>th</sup> August 2023. Programme will guide the development of strategies that will be delivered operationally across our Integrated Health Communities
- Diagnostic access to be redesigned/consolidated to cover, imaging, endoscopy, cardiology and respiratory testing initially

### Supporting very high-level Data

**Measure:** No. of patients waiting more than 36 wks for referral to treatment



### Mitigations

Continued monitoring and action planning through weekly corporate access meeting  
Working with IHC colleagues to consider pooled waiting lists, cross working, continued list validation and primary care feedback to support appropriate referral

## What the data tells us

- The number of patients experiencing a wait of over 52 weeks for a new outpatient appointment remains statistically unchanged since April 2023 at 12,050 (Aproximately 2,500 over the planned trajectory for July 2023 (9,541)).
- The number of patients waiting over 100% passed their due follow up appointment remains statistically unchanged since April 2023 at 80,828 (approximately 11,000 above the planned trajectory for July 2023).

## Issues

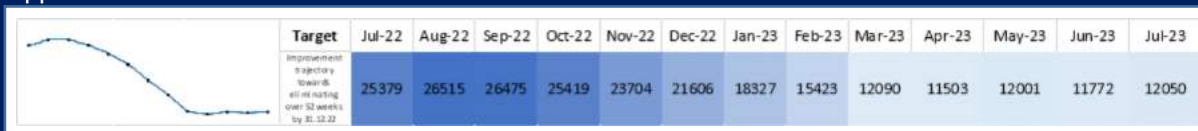
- Low levels of clinical and administrative validation
- No central booking and schedule system to support better pathway management
- Primary Care referrals up by approx. 24% in year
- Additional activity to clear backlogs invariably impacts on routine timeliness

## Actions

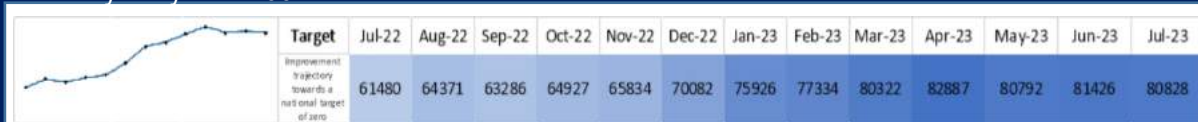
- Initiation of BCU wide follow up reduction programme, programme board established and chaired from exec medical directors office
- Planned increased discharge onto 'Patient Initiated Follow Up'(PIFU) or See on Symptoms (SOS) pathways
- Central booking, referral and scheduling team

## Supporting very high-level Data

**Measure:** No. of patients waiting over 52 wks for a new outpatient appointment



**Measure:** No. of patients waiting for a follow-up outpatient appointment who are delayed by over 100%



## Mitigations

40,000 cases ready for external administrative validation  
Theatre utilisation lists to improve throughput  
Development of service directory to better manage primary care referrals  
Increase availability of straight to test pathways

## What the data tells us

- In June 2023, BCUHB treated 292 out of 489 (59.7%) new cancer patients within the target of 62 days of suspicion of cancer.
- There has been a significant increase in the number of patients breaching due to a delay to 1<sup>st</sup> appointment (principally breast appointments in East).
- Significant increase in delay to surgery (primarily colorectal, urology, skin and lung).
- The Health Board Cancer performance has now slipped to 3<sup>rd</sup> position in Wales after several years in the 1<sup>st</sup> or 2<sup>nd</sup> position.

## Issues

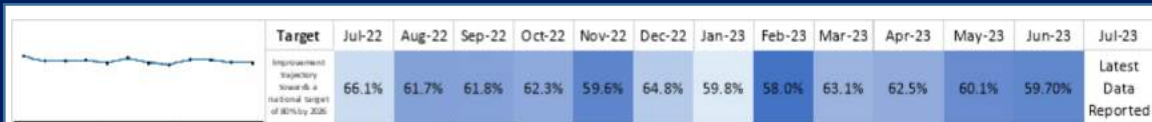
- The main challenges are:
- A consistent increase in suspected cancer referrals in all specialties meaning patients are not seen within the local 10 day target for 1<sup>st</sup> appointment
- No dermatology capacity in the West meaning patients are transferred to Central and East with insufficient capacity to see all in a timely manner
- Continuing pressures in diagnostic capacity in particular in endoscopy and urology services, in particular in Central
- An increase in demand for colorectal cancer surgery following the expansion of the screening programme with insufficient capacity to treat all in a timely manner
- The need to outsource some specialist treatments due to a lack of local capacity, primarily urology robotic surgery

## Actions

- Outpatient capacity increased in line with 80<sup>th</sup> or 95<sup>th</sup> percentile demand (with the exception of gynaecology and dermatology). Additional capacity is still required in all specialties to reduce the existing backlog
- Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report)
- Improvement work to streamline cancer pathways continues including:
- Straight to scan pathway for suspected prostate cancer patients commenced on all sites
- Nurse led triage pilot for suspected colorectal cancer patients commenced in Central in May 2023 with the aim of increasing straight to test uptake and shortening pathways
- Teledermoscopy business case completed
- Pathway review programmes commenced in gynaecology, breast and lung, with support from Improvement Cymru and Toyota Lean Management Centre

## Supporting very high-level Data

**Measure:** % of patients starting their first definitive cancer treatment within 62 days from point of suspicion



## Mitigations

- Suspected skin cancer referrals transferred to Central and East to equalise waits although all now waiting beyond target time
- Outsourced capacity for robotic urology surgery in place



## What the data tells us

- Continued rise in referral rates at around 50% additional to 2019-20 figures.
- Despite the rise in demand, number of patients waiting over 8 weeks for a diagnostic test at 7,895 is over 1,000 lower than at the same period in 2022 (9,078)
- Visible cycle of 'boom and bust' every quarter where performance improves, then sharply drops off again.

## Issues

For radiology, increased demand above that forecast continues, but increased output has enabled reduction in waiting time backlog for the period. By modality, CT activity continues to match above forecast demand; and the sustained reduction in the MRI waiting list continues in spite of above forecast demand. Increases over the 2019-20 baseline core demand are 46% / 52% respectively. Hence, there is concern as to the sustainability of this level of increase in cross-sectional imaging, e.g. in next months report, significant CT downtime in YG will be reported (breakdown). Ultrasound waits have reduced this month, due to additional staffing capacity arising from the availability of higher pay rates for substantive staff. There is uncertainty as to the continuation of these rates beyond Q2 which may limit progress. Net consequence of significant over activity is a sharp rise in unfunded costs YTD, with a clear tension existing between financial recovery and delivery of clinical activity.

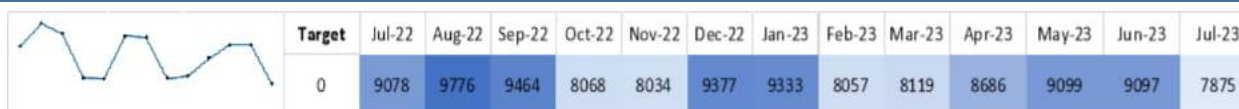
## Actions

Radiology senior management team are investigating further ultrasound insourcing capacity opportunities. Given the sharp increase in demand, there is an urgent need for a more detailed assessment of referrals to radiology, including clinical audit to ensure truly urgent cases are prioritised. The increase in DNA rates also requires deeper investigation, together with initiatives to reduce these as far as possible.

Neurophysiology: Recruitment to the two vacant physiologist posts is progressing, with an estimated starting date of January for an overseas appointee. The vacant service manager post interviews are set for 6<sup>th</sup> September 2023. A direct framework award for insourced staffing support has concluded. Coupled with locum and likely new appointments, these actions will create additional capacity to clear the backlog towards the end of 2023-24 and meet likely pent up demand.

## Supporting very high-level Data

**Measure:** No. of patients waiting over 8 weeks for a diagnostic test



## Mitigations

- Radiology: excellent monthly performance In spite of sustained record activity However increasing demand means there is a risk that overall capacity will be insufficient to meet demand in 2023-24, particularly in ultrasound. All current solutions will be maintained throughout 2023-24 as a minimum with identification of additional capacity a priority for the team. Financial costs meeting this demand remain a concern.
- Neurophysiology: Recruitment to vacant posts remains the main risk, with other actions set to completed by end Q2 2023-24.



What the data tells us

- Whilst there has been a month on month improvement from May 2023 to July 2023 in the number of patients experiencing a wait of over 8 weeks for an endoscopy, at 2,330, the position remains statistically unchanged from the April 2023 position of 2,324.

Issues

Endoscopy are not currently meeting the 8 week diagnostic target. The end of July position showed 1,906 patients breaching, this however is a continued improved position month on month. National target zero by April 2024.

- Fragile gastroenterologist position.
- Significant backlogs.
- Reliance on insourcing.
- Competing priorities with other cohorts of patients (Surveillance, Urgent suspected cancer and Bowel Screening).
- Cancellation and DNA rates.

Actions

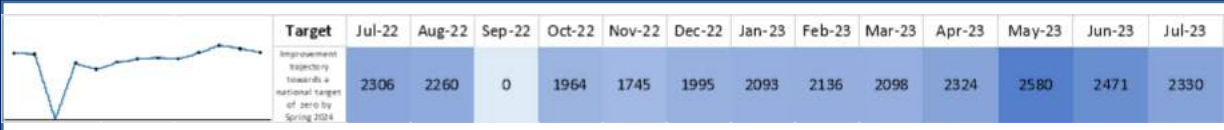
- Vacant gastroenterologist posts have been filled in East and interviews continue in Centre.
- Expansion of other roles – example Clinical endoscopist and practitioner roles.
- Maximise efficiency and utilisation of lists by focusing on the core measures; utilisation of lists, booked v achieved points, cancellations/did not attends, turnaround times and late starts/early finishes.
- Demand & capacity modelling completed in line with the National Endoscopy programme, with agreed recovery plans by each IHC.
- Temporary insourcing to support additional capacity.
- Evening sessions commenced to support additional capacity.

Mitigations

- Weekly planning cell meetings to review performance, following the 6-4-2 model.
- Regional demand & capacity subgroup which reports to the Regional Operational group (ROG).
- Continue to use insourcing whilst developing the 7 day service with BCU staff.
- Consider alternative case mix (e.g. consolidate screening activity on fewer sites to protect clinical priorities).

Supporting very high-level Data

Measure: No. of patients waiting over 8 weeks for a diagnostic endoscopy



## What the data tells us

- The number of patients waiting over 8 weeks for a diagnostic cardiology investigation has almost halved in the 12 months from 2,007 in July 2022 to 1,088 in July 2023.
- There were increases in April 2023 (1,635) and May 2023 (1,742) but a significant reduction in June 2023 and July 2023.

## Issues

- Planned care additional activity.
- A recognised capacity mismatch pre-pandemic with national shortages of recruitment.
- No funding agreed to recruit newly qualified physiologists as agreed by the Chief Executive Group and the all-Wales Cardiac Network

## Actions

- Trajectories developed by each department to address echo backlog.
- Additional waiting lists planned.
- Ongoing validation to resolve data issues in the West.

## Mitigations

- Ongoing pathway work with NT-proBNP blood test to ensure appropriate ordering of echocardiograms.
- The departments are booking guided by clinical need.
- Operational teams monitor the waiting list closely and work with clinicians to manage patient risk.
- Additional waiting lists arranged at evenings and weekends.

## What the data tells us

- Whilst there has been a month on month improvement from May 2023 to July 2023 in the percentage of ophthalmology R1 appointments attended within their clinical target date, or within 25% in excess of their target date remains statistically unchanged over the course of the last 12 months. There have been individual months of improvement, but these have not been sustained.

## Issues

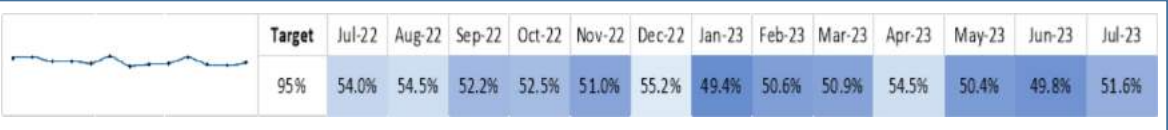
- Lack of clinical lead for eye care across BCU
- Large backlog volume
- Increasing activity as diabetic eye screening recovers and increases activity
- Data quality

## Actions

- Train & Treat
- P-ODTC Expansion
- Stage 1 nurse led clinics
- R1 Pathway reviews
- Data Quality review
- Twilight sessions / super Saturdays
- Discharge to See on Symptoms Pathways

## Supporting very high-level Data

**Measure:** % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



## Mitigations

- Establishment of BCU strategic improvement group to provide organisational oversight and accountability, in turn this is supported by the clinical area of concern progress review group which is fed by 3 IHC task and finish working groups

# Adult Mental Health Services



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



## What the data tells us

- There has been a month on month sustained improvement from January 2023 to June 2023 in percentage rate of patients being assessed within 28 days of referral to Adult mental health services culminating in achievement of the 80% target for the first time in over 12 months.
- Whilst the percentage rate of patients commencing therapeutic interventions within 28 days of assessment remains above the 80% target, it should be noted that there has been a fall from 86% in April 2023 to 82.7% and 82.1% in May and June 2023 respectively. Without mitigation, continuing on this trajectory could result in a breach of the 80% target in the autumn.

## Issues

We are pleased to report that in June we were compliant with the Mental Health measure reporting 80.05% for Part 1a and 82.16% for Part 1b which is above the 80% compliance. Most notable improvement has been with our Conwy Team who have achieved a compliance of 72.78% in June 2023 compared to 33.05% the same time last year. Conwy are forecast for full compliance by July 2023.

We remain focused to reduce the wait for service users waiting 29+. Staffing pressures are challenging in Ynys Mon and Denbighshire areas and they have not seen the same level of progress however, remedial actions are in place.

## Actions

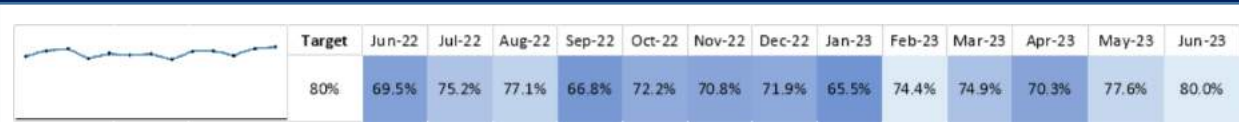
Recruitment to key substantive posts is progressing, this will restore stability to the team and deliver the required level of performance. Longer term solutions are being developed at pace through the Adult Community Pathways Group. An interim Standard Operating Procedure has been developed for 'the Delivery of Core Community Mental Health Services for Adults in North Wales' which sets out how Local Primary Mental Health Specialist Services (LPMHSS) Teams should be working across BCUHB. Community Managers during our Primary Care workshops have contributed extensively to the development of this procedure.

## Mitigations

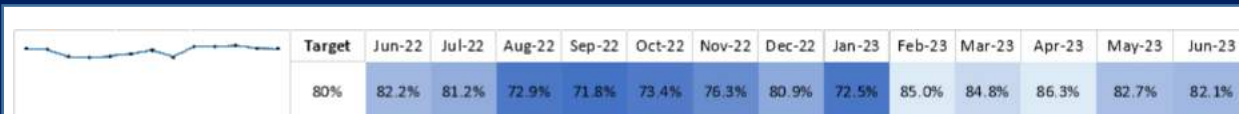
New staff have been appointed with further posts to be filled. We have focused on the management of sickness in collaboration with workforce colleagues and our Wellness, Work and Us Team. Lessons learned around effective clinical scheduling from the East and Central are being cascaded to the West, with a view to a full roll out by September. Work is progressing with GP Clusters to understand peaks in referrals, to scrutinise the escalation in urgent referrals and strengthen engagement with GPs and the Occupational Therapy (OT) Teams to support service delivery. The OT input into Mental Health Service provision is being strengthened through the development of a service specification to ensure we have a clear definition and understanding of this resource. As part of the Adult Communities Pathway Group we have been successful in securing funding from Welsh Government for improvements to Crisis Care in the Community. This will enable a dedicated response to those service users experiencing crisis in the community and will take pressures of other areas of the Community Mental Health Team.

### Supporting very high-level Data

**Measure:** % of MH assessments undertaken within (up to & including) 28 days from the date of receipt of referral for adults aged 18 and over



**Measure:** % of therapeutic interventions started (up to & including) 28 days following an assessment by LPMHSS for adults aged 18 years and over



# Child and Adolescent Mental Health Services (CAMHS)



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



## What the data tells us

- There has been a significant reduction in performance against the number of children being assessed within 28 days of referral to the Children & Adolescent Mental Health service (CAMHS) since April 2023 at 80.1% to 52.9% reported for June 2023.
- Whilst the percentage rate of children commencing therapeutic interventions within 28 days of assessment, at 44% shows improvement compared to May 2023 at 41.4%, it should be noted that there has been a fall from 54.4% in April 2023.
- However, performance against both metrics is significantly (twice as good) as it was for the same period in 2022.

## Issues

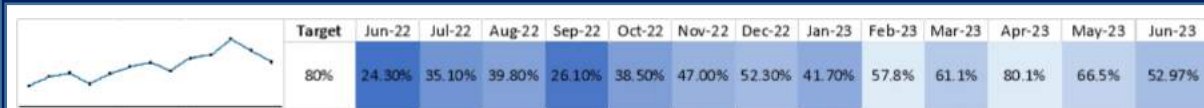
- MHM Part 1 regional delivery at 53% reported in May, below forecast delivery of 80% compliance, impact seen due to activity related to backlog of patients waiting over 28 days.
- Risk to commissioning additional specialist therapists to support ongoing improved Part 1b delivery
- Workforce remains unstable across all areas with vacancy factor of 30% regionally

## Actions

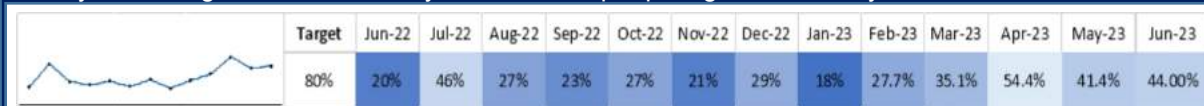
- Internal and external provider activity monitored against agreed trajectories.
- Refresh of CAMHS recovery plan to seek to improve part 1b trajectory by way of stretch targets
- Exploration of additional private provider capacity to increase capacity to support reduction in therapy backlog waiting lists.

## Supporting very high-level Data

**Measure:** % of MH assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years



**Measure:** % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years



## Mitigations

- Utilisation of robust forecasting tool to so support corrective actions on a weekly basis across IHCs
- Workforce stabilisation plan under development through transformation programme
- Weekly regional monitoring by regional Senior Children's Services Leads to review performance position and monitor progress against Special Measures programme and milestones achievement against 90 day plan.



What the data tells us

- Whilst performance remains well below the 80% target rate for the number of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment there has been a small but continuous improvement since April 2023 (37%) and June 2023 at 39%.
- Statistically however, performance against this measure remains largely unchanged in the 12 months from July 2022 to June 2023.

Issues

38% of children waiting within target in May 23; declining position due to increased demand (49% increase in accepted referrals as at June 23), limited internal capacity and the absence of any external provision. Currently on target in terms of internally agreed trajectories.

Performance position is anticipated to continue to decline, this also reflects the All Wales position.

Tender process for external supplier is taking longer than anticipated, and will not meet Demand & Capacity Gap/address the waiting list backlog

Service model no longer fit for purpose, requires significant financial/ resource investment going forward. BCU improvement funding to support development of improvement plan now available

Actions

Monthly reporting and monitoring mechanisms in place against agreed trajectory

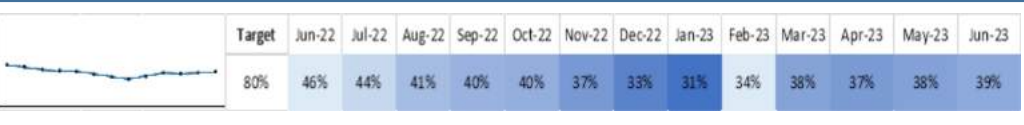
As part of Special Measures reporting, ND plan on a page and Programme of work has been agreed, escalated concerns re: release of BCU improvement funding delaying recruitment of key posts to undertake this work

Working with informatics colleagues to enhance ND monthly reporting/development of a forecasting tool

WG funding (until march 25) relating to the WG ND Improvement Programme, for piloting new ways of working has been agreed and will be taken forward over the coming months

Supporting very high-level Data

Measure: % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



Mitigations

Tender process, for external/additional capacity underway and supported by procurement Improvement of data/performance forecasting.

BCU ND services held an very positive round table discussion, sharing ways of working/learning with other NHS bodies

Demand and Capacity review undertaken by NHS executives, report due in September.

Continued work with WG ND Improvement Programme, to aid the development of a regional service model

# Further Information



GIG  
CYMRU  
NHS  
WALES


















Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board





















































# NHS Welsh Government Delivery Framework Metrics (Latest data as published August 2023)

## Quadruple Aim 1

### 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	2022/23	4.29%  	% uptake of the COVID-19 vaccination for those eligible - Spring Booster (Mar-23 to Jun-23)	75%	Jun-23	68.9%  
% people referred to HB services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter improvement trend	Q1 23/24	63.9%  	% uptake of the COVID-19 vaccination for those eligible - Autumn Booster (Sep-23 to Mar-24)	75%	Sep-23	
% children up to date with vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster, 2nd MMR)	95%	Q4 22/23	90.9%  	% patients offered index colonoscopy within 4 wks of booking Specialist Screening Practitioner appt	90%	May-23	15.5%  
% of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15 (Q1 & Q4 23/24)	90%	Q1 23/24		% well babies entering new-born hearing screening programme who complete screening within 4 wks	90%	May-23	98.3%  
% uptake of the influenza vaccination amongst adults aged 65 years and over (Sep-23 to Mar-24)	75%	Sep-23		% of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	Jun-23	96.4%  

# Quadruple Aim 2

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	
% of 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	Jul-23	2,836  	
% primary care dental services (GDS) contract value delivered (new, new urgent and historic patients)		Month on month inc 30% Sep-23,100% Mar-24	new measure - data will be inc. in the next few months		% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Imp trajectory towards 80% by Mar-26	Jun-23	59.7%  	
Num of patients referred from primary care (optometry & GP) into secondary care Ophthalmology services		Imp trajectory towards reduction by Mar-24	Jun-23	2,031  	Number of patients waiting more than 8 weeks for a specified diagnostic	Imp trajectory towards 0 by Mar-24	Jun-23	9,097  	
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)		Increase compared to same month prev year	Jun-23	1,325  	% of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional	12 month improvement trend		95.3%  	
% LPMHSS assessments within 28 days from referral	Under 18 years	80%	Jun-23	51.0%  	Number of patients waiting more than 14 weeks for a specified therapy (inc. audiology)	Imp trajectory towards 0 by Mar-24	Jun-23	1,551  	
	18 years and over			44.1%  	Number of patients waiting over 52 weeks for a new outpatient appointment	Imp trajectory towards 0		11,936  	
% therapeutic interventions started within 28 days following LPMHSS assessment	Under 18 years			79.8%  	Number of patients waiting more than 36 weeks for a new outpatient appointment		Imp trajectory towards 0	Jun-23	23,632  
	18 years and over			81.4%  	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Imp trajectory towards 0		Jul-23	80,828  
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	Jul-23	54.1%  	Number of patients waiting more than 104 weeks for referral to treatment	Imp trajectory towards 0	Jun-23	8,590  	
Median emergency response time to amber calls		12 month improvement trend	Jul-23	01:12:30  	Number of patients waiting more than 52 weeks for referral to treatment			34,887  	
Median time from arrival at an emergency department to triage by a clinician		12 month reduction trend	Jun-23	24  	% of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Jul-23	66.7%  	
Median time from arrival at an emergency department to assessment by a senior clinical decision maker				134  	% of children/young people waiting <26 weeks to start an ADHD/ASD neurodevelopment assessment		Jun-23	39.1%  	
% 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%	Jul-23	68.9%  	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health		Jun-23	96.2%  	



# Quadruple Aim(s) 3 and 4

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	May-23	6.23%  	Agency spend as a percentage of the total pay bill		12 month reduction trend	May-23	7.0%  
Turnover rate for nurse and midwifery registered staff leaving NHS Wales		Roll 12 mth reduction against 19/20 baseline	Mar-23	7.02%  	% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months		85%	May-23	77.2%  
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	May-23	61.3%  	Cumulative number of laboratory confirmed bacteraemia cases:	Klebsiella sp	103	Apr-23 to Jul-23	43  
% of all classifications' coding errors corrected by the next monthly reporting submission following		90%	May-23	6.1%  		Aeruginosa	27		10  
% of calls ended following WAST telephone assessment (Hear and Treat)		17%	Jun-23	12.8%  	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population:	E-coli	67.00	Apr-23 to Jul-23	72.94  
Number of Pathways of Care delayed discharges		12 month reduction trend	Jun-23	343  		S.aureus bacteraemias (MRSA and MSSA)	20.00		23.46  
% HB residents who have a valid care & treatment plan	Under 18 years	90%	Jun-23	89.2%  		C.difficile	25.00		39.67  
	18 years and over			85.6%  	% R1 ophthalmology appointments attended within target date or within 25% beyond of clinical target date		95%	Jul-23	57.6%  
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	Jul-23	1,928  
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID		Reduction compared to same month 22/23	Jul-23	35.8%  	Number of National Reportable incidents that remain open 90 days or more		12 month reduction trend	Jul-23	38  

Report as at: 16 Aug 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: ● →

# 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:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>

<b>Teitl adroddiad:</b> <b>Report title:</b>	Betsi Cadwaladr University Health Board (BCUHB) Urgent and Emergency Care.			
<b>Adrodd i:</b> <b>Report to:</b>	Performance, Finance and Information Governance (PFIG) Committee			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Friday, 01 September 2023			
<b>Crynodeb</b> <b>Gweithredol:</b>  <b>Executive Summary:</b>	<p>This paper provides an update to PFIG in relation to Urgent and Emergency Care (UEC) aligned with the Six Goals Programme for Urgent and Emergency Care Policy Handbook 2021-2026.</p> <p>The paper presents the UEC performance within BCUHB over the past six months. The paper discusses the detail behind performance, along with identifying the processes being implemented to support improvement within UEC.</p> <p>An overview of actions to mitigate the current UEC performance position is presented, followed by an update regarding the 6 Goals Programme's structure and planned actions, reporting of delayed pathways of care and the winter plan.</p> <p>There is some additional reporting in relation to the NHS Executive support with the ambulance improvement programme.</p>			
<b>Argymhellion:</b> <b>Recommendations:</b>	The Committee is requested to note the current performance and the actions being taken to improve Urgent and Emergency Care within BCUHB.			
<b>Arweinydd</b> <b>Gweithredol:</b> <b>Executive Lead:</b>	Adele Gittoes – Executive Director of Operations (Interim).			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Geraint Farr – Associate Director for Urgent & Emergency Care.			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <i>For Noting</i> <input 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> <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> <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. 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>	Six Goals for Urgent and Emergency care 2021-2026
<b>Link to Strategic Objective(s):</b>	A Healthier Wales 2018
<b>Goblygiadau rheoleiddio a lleol:</b>	Health and Safety Executive Quality and Safety Executive
<b>Regulatory and legal implications:</b>	
<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>	N/A
<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 ben undertaken?</i>	N/A
<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>	The following tier 1 risks are associated with Urgent and Emergency Care (UEC) <ul style="list-style-type: none"> <li>• Risk 3873 - Access to timely care in Emergency Departments.</li> <li>• Risk 2896 – Crowding in Emergency Departments.</li> <li>• Risk 4486 – WAST Ambulance delays and access to time critical transfers.</li> <li>• CRR23: The independent sector response to admission avoidance and timely discharge will not be robust enough to ensure optimal flow</li> </ul>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i>	Continued funding of £2.9 Million (2023-2024) to support the implementation of the Six Goals for Urgent and Emergency Care by 2026.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i>	Six Goals Programme Project Support positions (*2) have been agreed with support from the transformational team.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i>	Discussed and approved by the Urgent and Emergency Care Board 16 <sup>th</sup> August 2023.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b>	1.2 - Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety.

(or links to the Corporate Risk Register)	<p>1.3 - Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely influencing quality of care and patient experience.</p> <p>The Board Assurance Framework (BAF) also includes risks relating to safe provision and standards of care and effectively managing demand within Unscheduled Care Services.</p>
<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>	Amherthnasol / Not Applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <p>Ongoing Implementation of the 6 Goals Programme across the Health Board.</p> <p>Ongoing monitoring of delivery by the Integrated Health Communities (IHC) via:</p> <ul style="list-style-type: none"> <li>• Weekly UEC monitoring meeting chaired by the Interim Executive Director of Finance;</li> <li>• Executive Finance and Performance Group</li> <li>• Performance, Finance and Information Governance Committee</li> </ul>	
<b>Rhestr o Atodiadau/List of Appendices:</b> <ol style="list-style-type: none"> <li>1) Ambulance performance dataset.</li> <li>2) Four-hour performance dataset.</li> <li>3) Twelve-hour performance dataset.</li> <li>4) 6 Goals for Urgent and Emergency care communication campaign.</li> <li>5) Urgent Primary Care Centre dataset (UPCC)</li> <li>6) Pathway of care dataset (POCD)</li> <li>7) Same Day Emergency Care (SDEC) dataset.</li> </ol>	

<b>1. Cyflwyniad / Cefndir / Introduction/Background</b>
<p>The Urgent and Emergency Care (UEC) Services across North Wales, as is the case across the UK, is under significant pressure. In partnership with Regional Partnership Boards (RPB) and other stakeholders, the Health Board is currently in the process of implementing the recommendations set out in the National Six-Goals for Urgent and Emergency Care Policy Handbook. This policy describes a programme of improvement across the Health and Social Care system that supports an increased focus on the importance of health prevention, primary and community care, timely and effective acute care provision, and focuses on the principle of "Home First" to support our patients to return home following an acute hospital attendance.</p> <p>Alongside the Six Goals programme, there is additional work underway in relation to rapid improvements on ambulance handover delays with a requirement to eradicate over 4 hour handover delays by November 2023.</p>

## 2. Corff yr adroddiad / Body of report

### Urgent and Emergency Care (UEC)

The performance measures in the NHS Wales Performance Framework for 2023-2024, reflect the ministerial priority areas of focus and core support functions as outlined in the NHS Wales Planning Framework 2023-2026, these have been pivotal in the development of the Six Goals for Urgent and Emergency Care Policy handbook. The performance measures for Urgent and Emergency care are :

- Median time from arrival at an emergency department to triage by a clinician. – 12 month reduction trend.
- Median time from arrival at an emergency department to assessment by a senior clinical decision maker. – 12 Month reduction trend.
- Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e.:ED) facilities from arrival until admission, transfer or discharge. – Improvement compared to the same month in 2022-23, towards the national target of 95%.
- Number of patents who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge – Improvement trajectory towards a national target of zero by 31 March 2024.

Alongside these measures additional measures have been notified to UHBs for 2023/24, namely:

- No ambulance handover delays greater than 4 hours by November 2023.
- Percentage of patient's who spend less than 4 hours in all minor areas within emergency care from arrival to discharge – 80% by 31 March 2024.

All three Integrated Health Communities (IHCs) are committed to delivering the targets above.

The current Betsi Cadwaladr Health Board position against the national measures are set out below.

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement																
Median time from arrival at an emergency department to triage by a clinician																
LHB	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Target compliance	12 month trend	Rank
BCU	34	34	27	28	27	26	32	22	24	30	26	25	24			4th out of 6 health boards
Median time from arrival at an emergency department to assessment by a senior clinical decision maker																
LHB	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Target compliance	12 month trend	Rank
BCU	154	175	166	142	142	135	155	93	109	137	140	136	134			5th out of 6 health boards
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																
LHB	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Target compliance	12 month trend	Rank
BCU	61.5%	62.0%	64.1%	62.9%	65.2%	60.0%	69.6%	71.4%	66.9%	66.0%	68.7%	70.6%	68.9%			5th out of 7 health boards
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge																
LHB	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Target compliance	12 month trend	Rank
BCU	3,471	3,510	3,112	3,181	2,806	3,389	2,302	2,066	2,871	2,825	2,997	2,690	2,836			7th out of 7 health boards

The national dataset shows a gradual improvement but it is acknowledged that UEC performance is not where it should be. Owing to not improving at a pace which is sufficient to support demand, we have developed additional work streams alongside the 6 Goals

Programme for Urgent and Emergency care to drive forward rapid service developments prior to the winter period. This work includes the development of core policies to support the system and ensure a standardised approach to the management of UEC across the system.

The current focus, alongside 6Gs Programme delivery is to re-set the approach, with the focus being on a “back to basics” approach to Ambulance improvement, escalation and alternative access pathways.

### **Current Performance:**

#### **Ambulance Lost Hours BCUHB:**



6 Month review of arrivals v lost hours.

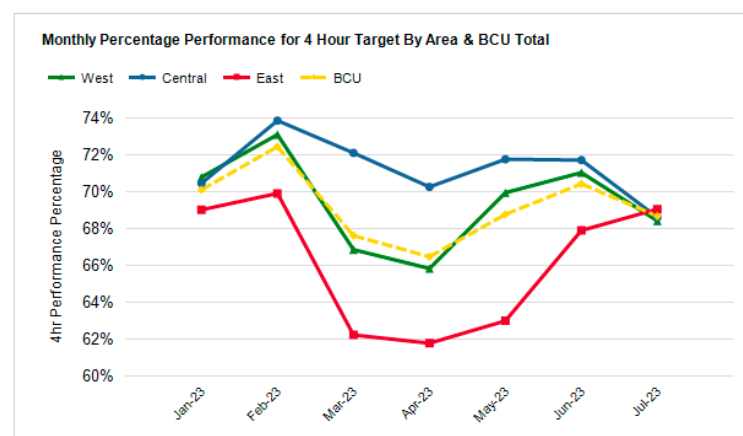
The above data demonstrates a slight increase in ambulance arrivals in comparison to last year, there is an 8.1% improvement in lost hours in comparison to the previous year across BCUHB. IHC specific data is available in (Appendix 1).

With the IHCs supporting the zero tolerance approach, a marked improvement is predicted over the coming months with a reduction in lost hours across BCUHB.

There has been two sessions during August to ensure clear awareness of the ask from the IHCs with a focus on returning to basics, initially with a review of:

- 1) Internal escalation process for when delays occur with clear actions.
- 2) Oversight review of demand and incoming activity.
- 3) Grip and Control during BCUHB system resilience calls.

#### **Emergency Department 4 hour Performance:**



4hr performance.

The national key performance indicator (KPI) for 4 hour performance in the Emergency departments/ Minor injury units is 95% of all patients should be assessed, managed, admitted or discharged within 4 hours of arrival. BCUHBs position deteriorated from March until April due to multiple factors. The main contributory factors were flow and a rise in infectious conditions which limited ward capacity due to areas in outbreak. Since April there has been a gradual improvement until June where we historically see a deterioration due to an increase in local population.

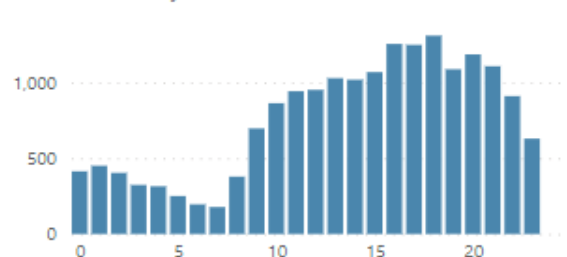
Local IHC 4 hour performance (Appendix 2) shows a varied picture across each IHC.

During the holiday season, there is a marked increase in local population in the Central and West IHCs that result in an increase in attendances.

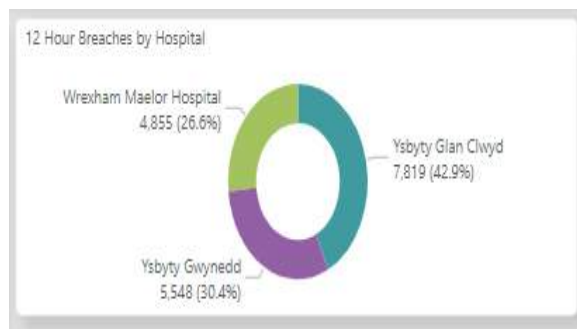
All IHC's have agreed to focus on an improved 4-hour performance for the minors work streams within each Emergency department, whilst the elements to support flow are developed and embedded.

### 12-hour Emergency department stays.

12 Hour Breaches by Arrival Hour



12 hours delays in the emergency department.



The Royal College of Emergency Medicine (RCEM) completed a review of all Emergency departments across the United Kingdom and identified 10.8% of patients have a stay >12 hours in the emergency departments, this percentage also increases the mortality risk aligned with increased length of stays. As part of the Urgent and Emergency care review with IHC directors, it was agreed to support a zero tolerance on delays >24hrs with a focus on reducing length of stay in the ED >12 hours.

The data shows that patients requiring admission from an ED attendance, tend to remain in the Emergency department until the following morning. This in turn matches the BCUHB discharge profile.

Local IHC 12 hour performance (Appendix 3). The Health Board continues to work with its Local Authority Partners to develop new models for assessment and discharge from hospital to the community, recognising that, as at July 2023, there were 343 Pathways of Care Delays (delayed discharges) within the Health Board hospitals (acute and community). Local Authority Partners are facing similar workforce and financial challenges and via the Regional Integration Fund and partnership working, we continue to seek to explore new, initiative models to improve assessment times and social care capacity to reduce harm and de-conditioning of our delayed discharge patients.

### Special measures developments.

Alongside the 6 Goals Programme additional work streams have been developed with support to improve the patient experience for all patients across North Wales:

Ambulance delays >4hrs.

A back to basics approach is being developed to focus on actions on escalation when delays occur to ensure all are sighted on the delays and not solely focus on ED. Action cards are being developed to support all IHCs with a clear script of when to escalate and what actions are required to support de-escalation. This work is being monitored nationally via the Integrated Commissioning Action plans (ICAP) that is overseen by the Emergency Ambulance service commissioners (EASC)

Data is also being utilised to support a forward look on demand in that:

- a) All Emergency departments / Minor Injury units have access to the operational delivery unit dashboard which shows what 999 demand is piling in the community and what activity is due into hospital to support forward planning.
- b) The urgent and emergency care dashboard on the Information Reporting Intelligence system (IRIS) is being streamlined to ensure all UEC activity is visible at one link that will demonstrate community activity, front door activity, flow and discharge data, which will assist with forecasting and managing the demand in a timely fashion.

#### Same Day Emergency Care (SDEC)

Each IHC has a slightly varied model for SDEC owing to hospital geographical layout, however, the ethos of the service is the same. Work is ongoing to ensure the areas are not bedded down to maintain capacity, with additional work ongoing to improve the WAST direct access to SDEC, and the utilisation of additional pathways to support the patient journey rather than directly to the Emergency department. This is further being expanded by an all Wales review of the paramedic referral process to support expanding the direct access criteria.

#### IHC Escalation and planning.

A review of all IHC hospital escalation policies has been completed and identified the need for a Pan BCUHB document with local variances in line with capacity, this will work in conjunction with the ongoing work regarding internal escalation process and the national review of escalation levels. It is envisaged that the working documents will be completed prior to November 2023 in line with the national changes.

It is essential that clinical escalation is included as well as operational management escalation.

#### Six Goals Programme Board

The current six goals programme board has been refined and is being transferred to a system wide Urgent and Emergency Care Board, underpinned by the Six Goals policy. This will oversee the planning and delivery of all aspects of the Six Goals and ensure system wide stakeholders co-design and own the plan and delivery. The Executive Director of Operations will chair the Board going forward.

The focus will remain on operational performance delivery, financial efficiency, patient safety/governance and service developments. The frequency and duration of the meetings will remain the same, but over time invites will be extended to relevant external stakeholders.

### Clinical Leadership and Support of the Urgent and Emergency care Six goals programme.

At present there is no identified clinical lead for the programme, discussions are ongoing with IHC medical Leads to review options with regards to support within the programme.

It is planned to have named clinical leadership in place by September 2023.

### Communications

There are ongoing discussions with Communications and 6 Goals Team around support. A new web site has been developed and the team are working across the system to agree content.

There are also discussions to promote the 6 Goals Programme as part of the Executive Briefing during September.

### **Six Goals updates:**

#### Goal 1 – Co-ordination and planning

The Telemedicine for Care Homes project has made progress with regards to creating a test patient to support the technical solution for EMIS. It is expected to see roll out to care homes attached to Vison EPR practices to commence in November.

The Community Frailty project in Holyhead is now up and running and an avoidance dashboard has been developed to capture baseline and trajectories. Productivity and efficiency measures will be collated in September to calculate system benefits.

#### **Goal 2 –Signposting**

A review of Primary Care Resource Centres is currently underway to understand not just the number of referrals/attendance but the outcomes and impacts of those attendances on patients and Emergency Department.

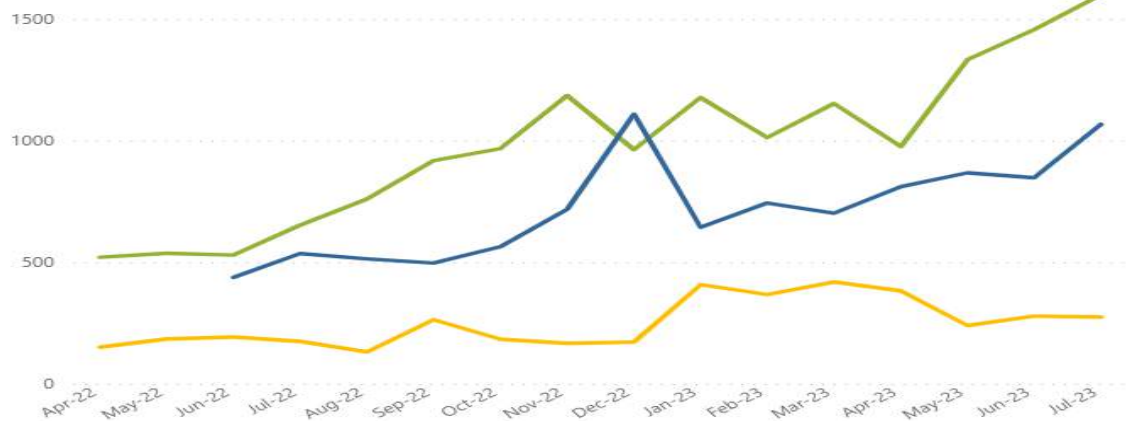
There is currently variation across the three IHCs as demonstrated by the graph below. The model in the Centre primarily focusses on a cluster model, whereas East and West UPCC's are co-located with Emergency Departments or Minor Injury Unit's.

Activity – Referrals into UPCC's



### UPCC Referrals

Central Referrals East Referrals West Referrals



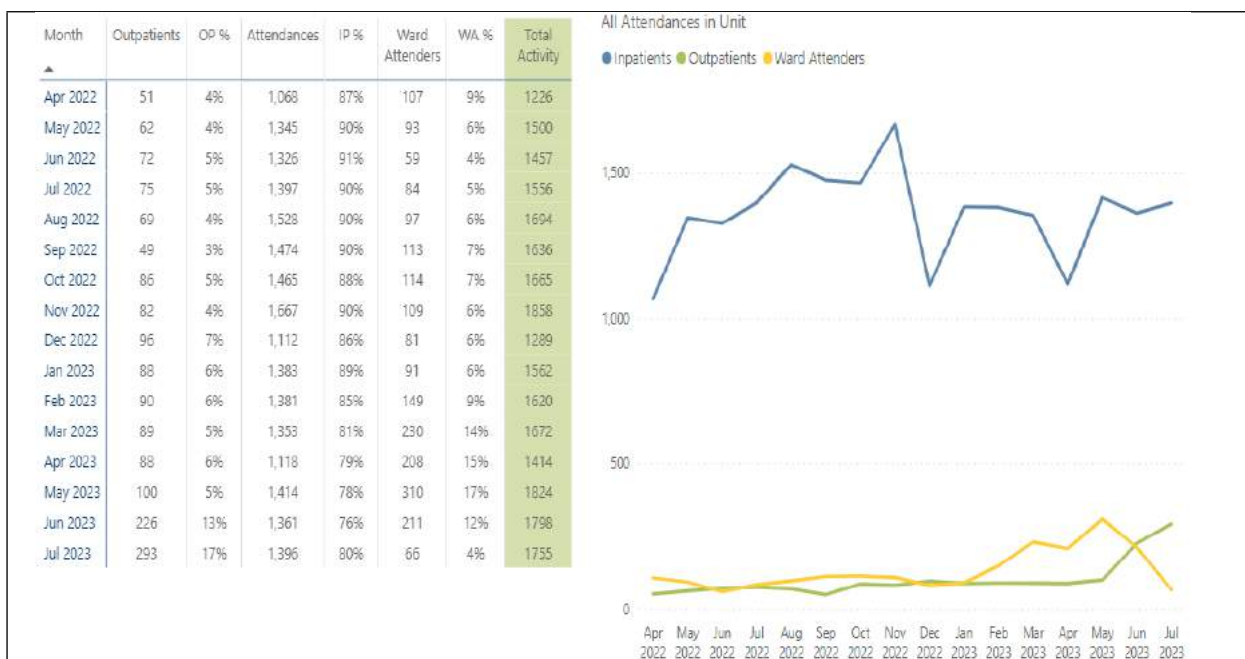
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
West	-	-	438	536	514	497	564	718	1109	644	744	702	811	868	848	1068
Central	151	185	193	175	131	264	184	167	172	408	368	419	383	240	279	275
East	521	537	530	653	760	918	968	1186	963	1178	1013	1153	976	1333	1457	1600
Total	672	722	1161	1364	1405	1679	1716	2071	2244	2230	2125	2274	2170	2441	2584	2943

There has been a noticeable increase in UPCC attendances since introduction in April 2022. With effective streaming, those numbers can continue to increase.

### Goal 3 – Clinically safe alternatives to hospital admissions

Work continues to improve our SDEC data, our informatics team are also looking at ways to capture key data to measure the effectiveness of our SDEC's. All 3 IHCs are working on a process for capturing returning patients via WPAS. The Health Board are in discussions with the 6 Goals Programme to become a pilot site for Wales for the use of symphony in its SDEC, which would significantly improve the data available and provide meaningful information to review and amend the SDEC model as required.

### SDEC Performance – BCUHB



#### All SDEC throughput for BCUHB

- More than 12 Hour LoS excluded – likely to be bedded down patients
- Inpatients used for 'new' SDEC patients – makes up more than three quarters of each month's activity for BCUHB
- Outpatients and Ward Attenders used for 'returning' patients

#### Goal 4 – Rapid response in a physical or mental health crisis.

The Amber 1 project has now been delayed nationally. There are ongoing developments in preparation for winter resilience to look at utilising falls response services.

In line with the zero tolerance to 4hour delays work has commenced with WAST to review any patients that would have had their care managed in a more timely way had an alternative route being explored i.e.: minor injury unit, district nurse etc. There is a feedback loop back with WAST to support shared learning.

#### Goal 5 –Optimal Hospital Flow

STREAM roll out continues at pace and there are no delays to current plan to complete all Acute and Community wards by October 2023.

Discussions are ongoing with Executive leads with regards the embedding of SAFER principles to avoid de-conditioning.

#### Goal 6 – Home first and reducing the risk of readmission.

##### Discharge to Recover then Assess (D2RA) pathways implementation.

Revised D2RA pathways went live across BCUHB on 31<sup>st</sup> July following the launch on 15<sup>th</sup> June, work is progressing across acute and community wards to embed these pathways.

National measures for D2RA pathways have been identified for Health Boards to report against monthly, with an initial 5 measures in the first reporting phase during June to October.

Due to the BCUHB implementation date at the end of July, the first formal report is to be submitted on census week and will offer a snapshot against the first 5 measures during the initial reporting phase. An additional 4 measures are to be reported during phase 2, and two further measures are being reviewed with one being tested in another Health Board prior to wider roll out. Going forward the reporting will be required on a rolling aggregate rather than snapshot. This work is being supported by the Informatics Team to extract the data in line with the reporting template issued by the NHS Executive team.

To enable data collection and reporting of D2RA pathways, work has been undertaken with the Digital, Data and Technology to update the STREAM software system within relevant fields to include D2RA pathways. This amendment will enable wards to record the D2RA pathway a patient has been allocated to and enter this onto the electronic whiteboard system during daily board rounds. This will support early discharge planning by identifying the likely level of support a patient will require for discharge. As the roll out of STREAM is not complete across all community wards there will be a manual process in the short term until the roll out plan is completed.

#### Trusted Assessor Model

Another key requirement of this programme is the implementation of Trusted Assessor roles and function across the system, recognising the risk associated with current assessment waits within Social Care and Health. The Health Board has not made the progress it had planned in this area and are currently not on track to have this model implemented by September 2023 as requested by Welsh Government. A meeting has been arranged between the 7 organisations to develop mitigation plans to reduce assessment waits pending the development of the Trusted Assessor model.

The Trusted Assessor is a key specific role, with the associated skills and competence to undertake a proportionate assessment on behalf of another organisation to support a discharge from hospital to the next stage in a person's care journey. Monthly review meetings are held with the national NHS Executive Team to review the Trusted Assessor Implementation Plan.

#### Pathways of Care Delays

Pathways of Care Delays (POCD) also continue to be reported in line with the revised Census reporting framework implemented earlier this year, working with Local Authorities to validate social delays.

There is a requirement for Regional Partnership Boards across Wales to review these delays and develop monthly action plans for submission to the NHS Executive setting out plans to reduce delayed discharges and risk.

At present there are 343 delayed discharges within Health Board hospitals with the top reasons for delay including assessment waits (health and social care), social care package of care or nursing/residential home placements.

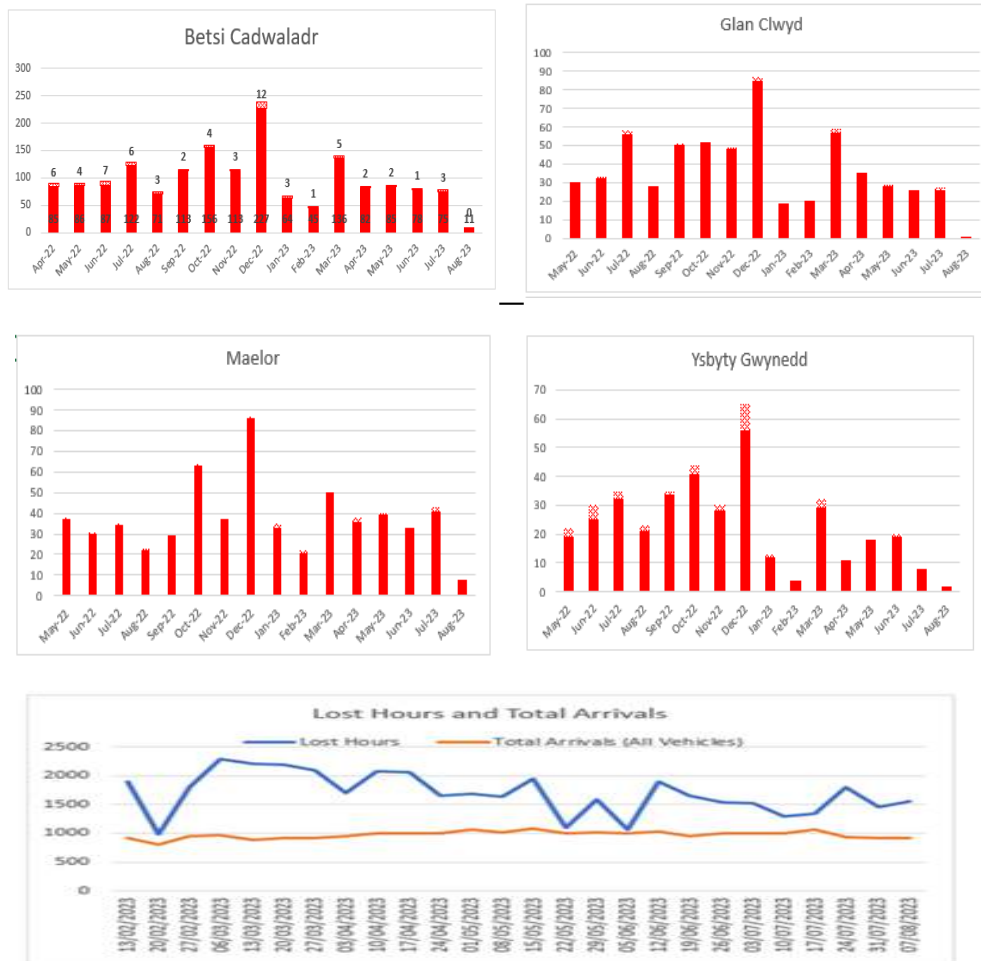
A regional high-level action plan has been developed with Local Authorities. (Appendix 6)

<b>3. oblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications</b>
<p>The 6 Goals Delivery Investment Plan 2023/24 has been approved by Welsh Government and £2.9m funding has been confirmed for 2023-204.</p> <p>All services are aware that this funding is non-recurring and that core budgets should be used to fund services on cessation of the funding in 2025.</p>
<b>4. Rheoli Risg / Risk Management</b>
<p>Board Assurance Framework (BAF) describes the risks that: “...the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users” and “Failure to effectively manage unscheduled care demand and capacity infrastructure, adversely impacting on quality of care and patient experience”</p> <p>Mitigating actions to reduce harm, improve patient outcomes and better patient and staff experience across the urgent and emergency care system will be aligned with the 6 Goals Programme of improvement programme work together with improvement plans and trajectories.</p>
<b>5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications</b>
N/A

## Appendices:

### Appendices 1 – Ambulance performance.

#### Immediate release requests.



#### Immediate release (IR) requests.

- BCUHB remains an outlier in comparison to all Wales demand for red release requests.
- Internal escalation process has been developed to support any declined IR's and all IHCs have been requested to complete a datix when a decline takes place to support a review and ensure no harm.
- BCUHB continues to maintain a minimal red decline in comparison to all Wales.

#### Lost hours.

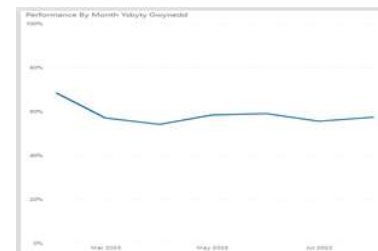
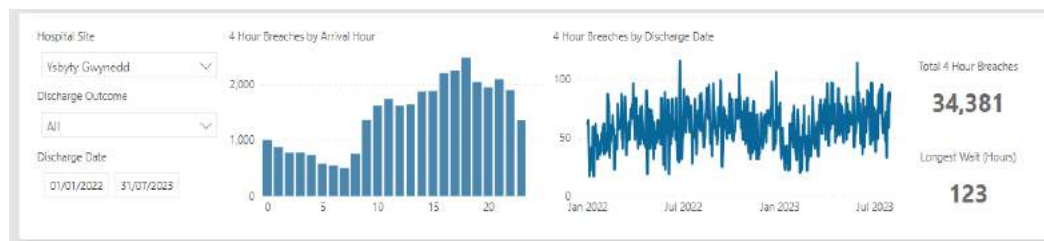
- The current developing plans to support the zero tolerance will assist in driving down the lost hours at pace.
- We in conjunction with EASC are reviewing the data reporting to ensure duplicate vehicles or transfer vehicles are removed and not included in the date reporting.

#### Mitigation:

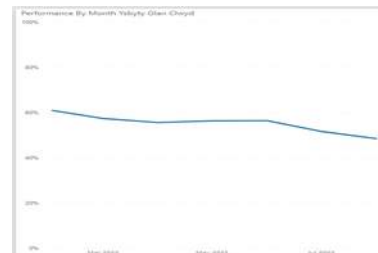
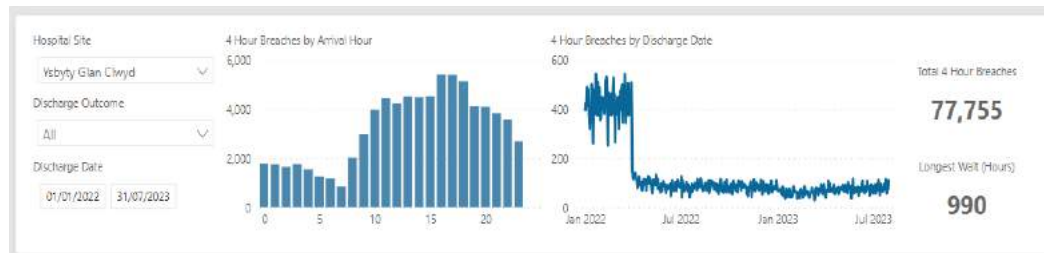
- Key stakeholders meeting to agree upon escalation actions when delays occur that is managed by the IHC then at 3 hours gets escalated support via the system lead.
- Clear focus on alternative pathways to prevent all conveyance's attending ED/s

## Appendices 2: 4 Hour performance.

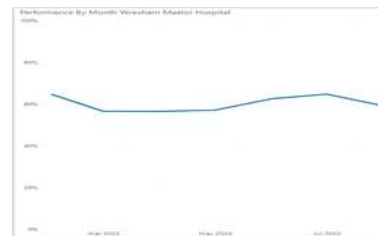
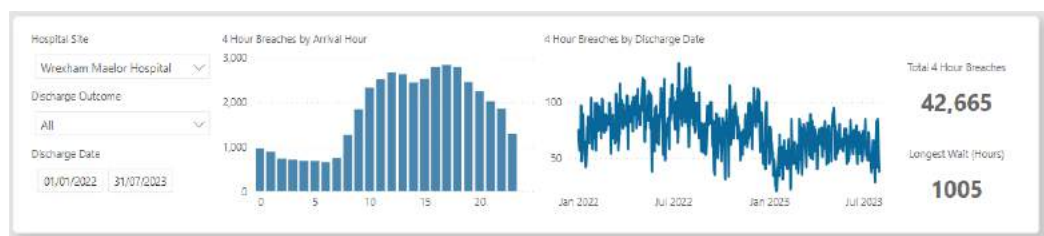
### West IHC 4hr Performance:



### Central IHC 4hr Performance:



### East IHC 4hr Performance:



NB Review of all ED attendances to ensure all are captured as type 1 and review data regarding speciality expected patients that present in the ED.

### 4-hour performance.

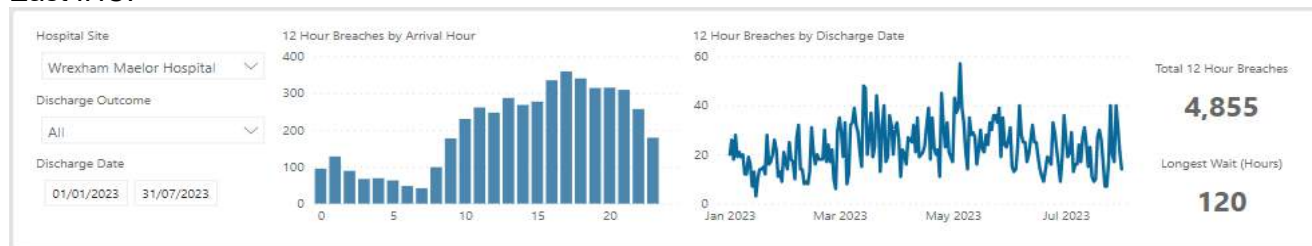
- 4hr performance remains stagnant at present with a noticeable decline in 4hr performance for those requiring admission.
- ED hourly occupancy in each Emergency department remains high (10% in comparison to previous year)

### Mitigation:

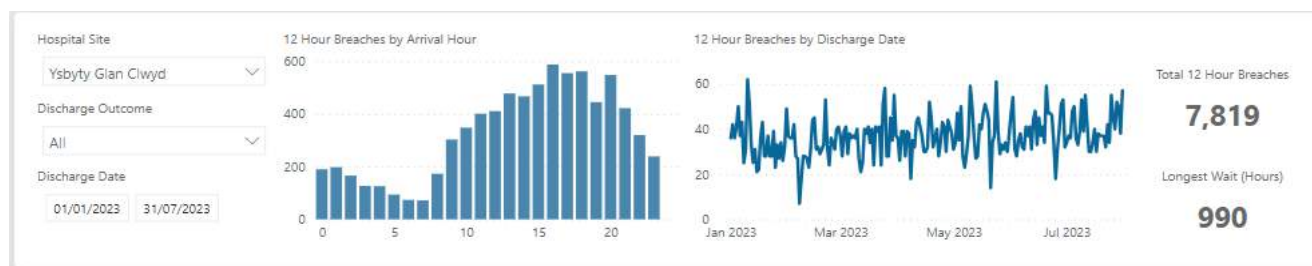
- Ongoing review of urgent provisions (MIUs / UPCCs) to support better access for minor's suitable patients.
- To have senior clinical streaming in place for all 3 Emergency departments.

### Appendices 3: 12-hour performance.

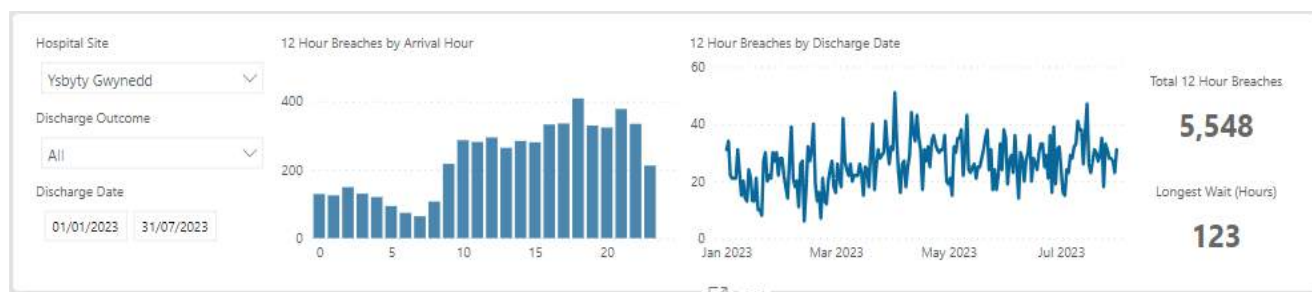
#### East IHC:



#### Central IHC:



#### West IHC:



#### 12 Hour Performance.

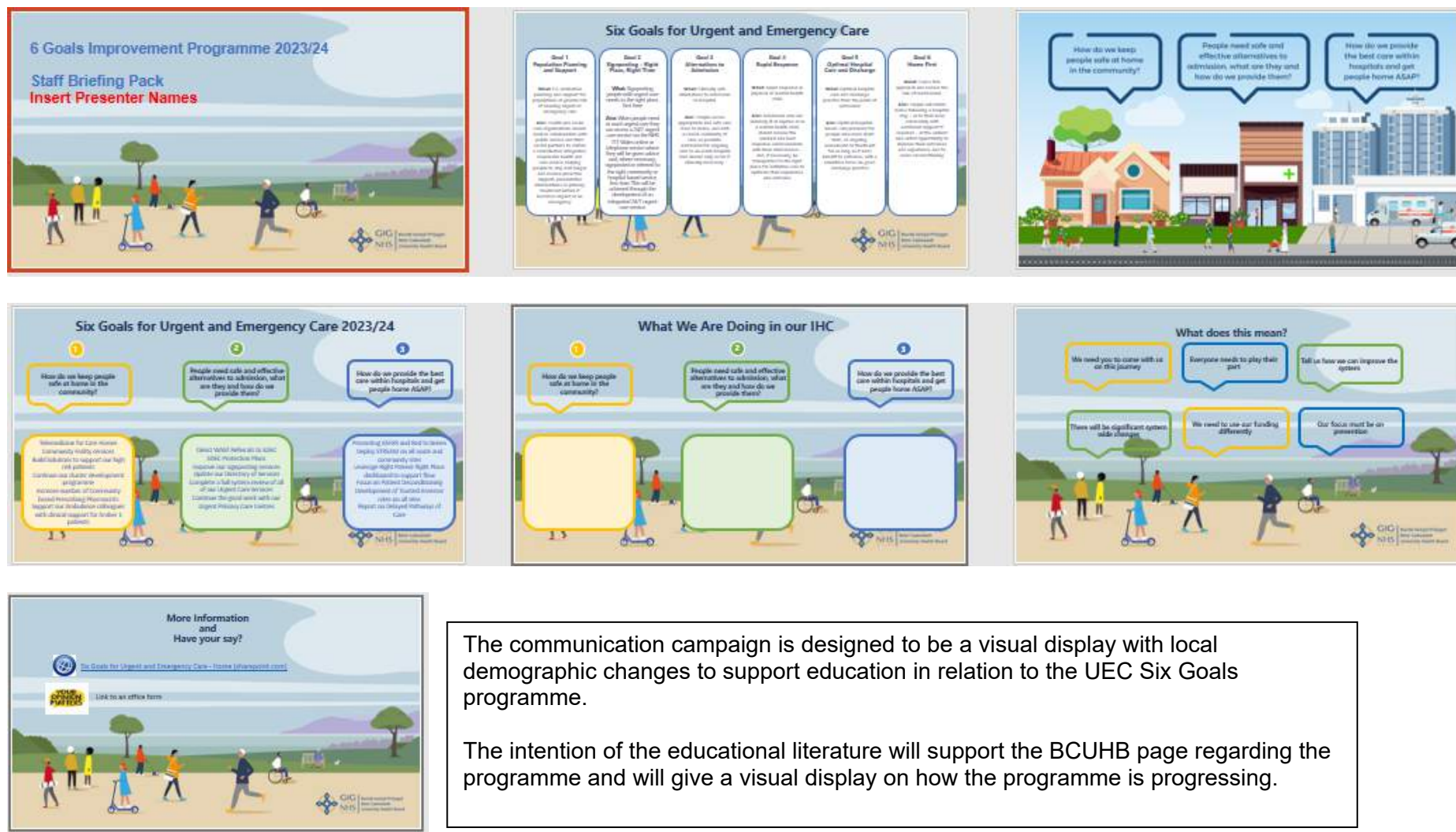
- All three IHC demonstrate a similar pattern in relation to patient arrival times and likely length of stay.
- This has many contributory factors: Medical staffing, Flow, Acuity within the ED during the out of hours.
- Discharge profile across all IHCs also have a part in the delays in that the current demand shows majority of discharges take place during the hours of 1500-1800hrs that in turn results in moves out of the Emergency departments not taking place until after 20:00hrs by which point the on call teams have to manage the demand.

#### Actions to mitigate:

- Development of pan BCUHB hospital full process to ensure early actions to maintain flow.
- Embedding of SAFER principles to support early morning discharges and reduce (red days).
- Review of Internal professional standards to support improved flow for patients to assessment units.



## Appendices 4: 6 Goals Communication.

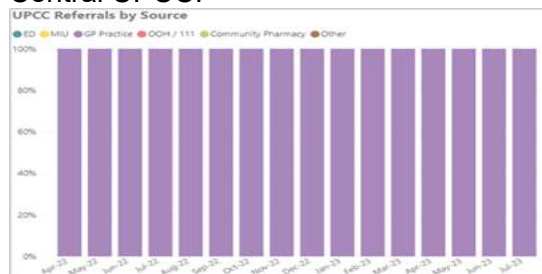


The communication campaign is designed to be a visual display with local demographic changes to support education in relation to the UEC Six Goals programme.

The intention of the educational literature will support the BCUHB page regarding the programme and will give a visual display on how the programme is progressing.

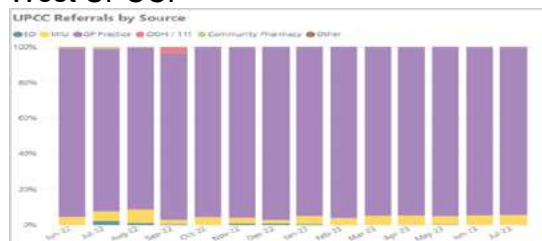
## Appendices 5: Urgent Primary care centres.

### Central UPCC.



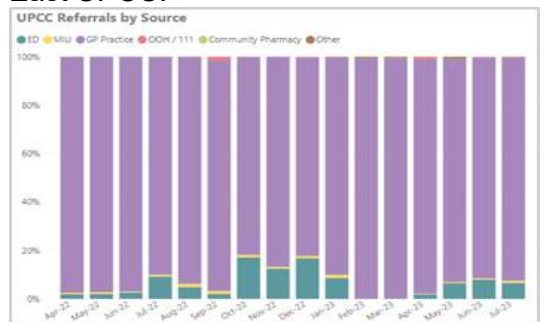
All referrals come from the cluster six GP surgeries

### West UPCC.



Majority from GP's but an active pull system from the MIU's

### East UPCC.



Majority from GP's but an active pull system from WMH's ED

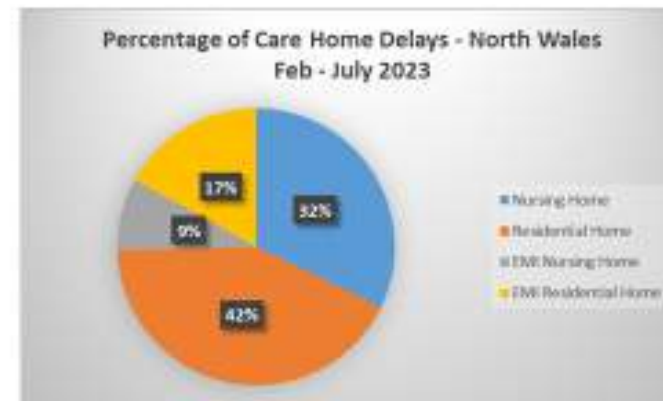
### UPCC Outcomes:

- West – 49% are prescribed medication and 21% self-care
- Central – 68% are prescribed medication/self-care
- East - 49% are prescribed medication and 28% self-care
- Review of 10 presentations from Adastra identifies a clear trend on presentation and further work required to support Pharmacy in reach to reduce the demand.

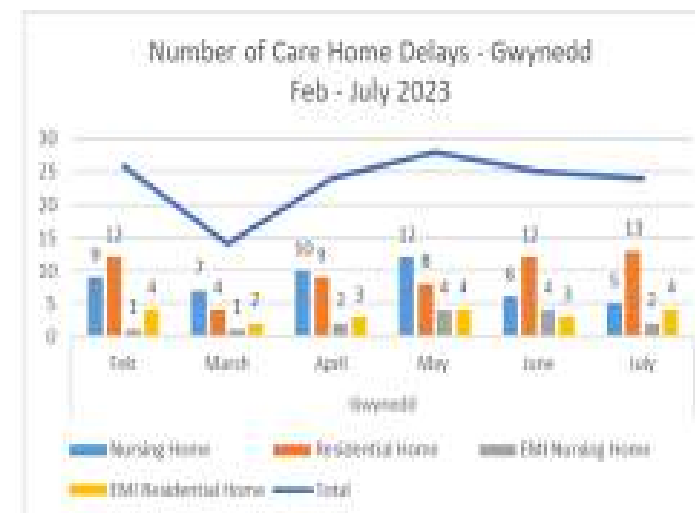
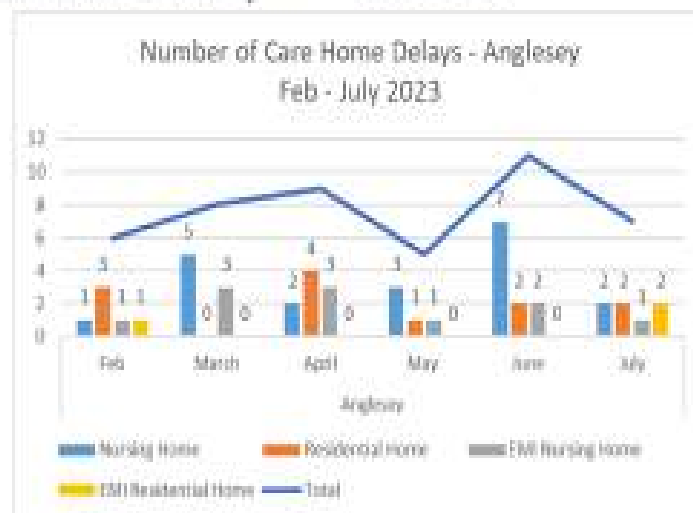
Clinical Code	Patients
[D]Cough	1109
Cystitis	987
Backache, unspecified	913
Pain in limb	871
Pain in joint - arthralgia	831
Lower resp tract infection	740
Upper respiratory infect.NOS	681
Has a sore throat	593
Acute Tonsillitis	546
Sprains and strains NOS	462

Appendices 6: Pathways of care delays.

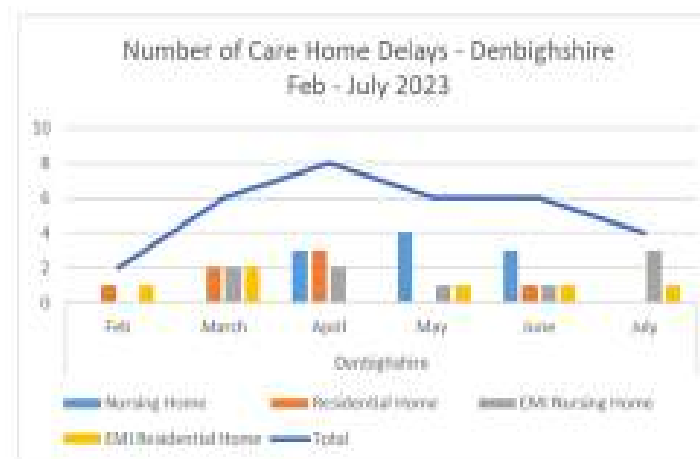
## North Wales - Awaiting Care Home Availability



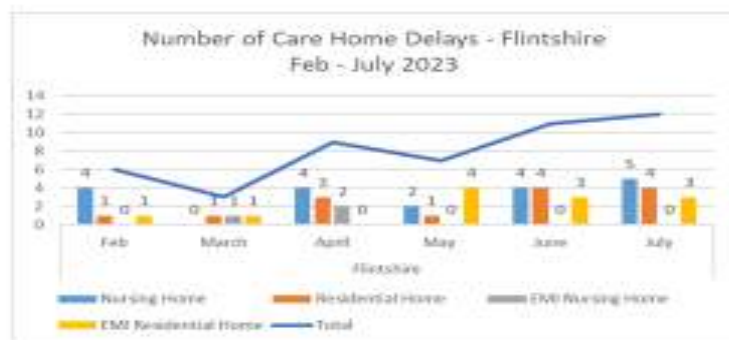
# Awaiting Care Home - Delays by patients local authority – West



# Awaiting Care Home - Delays by patients local authority – Central



## Awaiting Care Home - Delays by patients local authority – East



- Denbighshire and Gwynedd continue with an improved position in relation to delays.
- A large proportion of delays are due to Residential / Nursing homes, packages of care delays.
- Delays are also prevalent within the hospital setting, pre-clinically optimised and post clinically optimised and work via STREAM and SAFER must be embedded at pace to reduce these delays.

Mitigation: Ongoing work through Goal 6 to support planning for discharge at point of entry to the hospital. Clear focus on driving forwards SAFER, D2RA to ensure early consideration when planning to mitigate risks around delays.

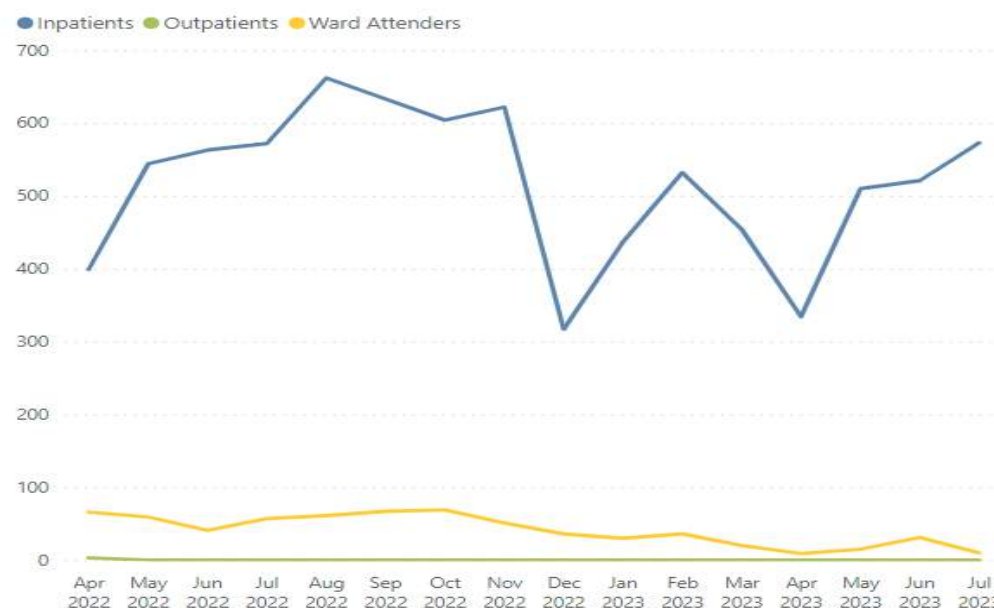
Ongoing work with SICAT/ Immedicare to ensure support in residential home/ Nursing home with hospital conveyance for those that are acutely unwell and discussed with RPB lead for consideration of joint working over the winter period.

## Appendices 7: Same Day Emergency care (SDEC)

### Ysbyty Gwynedd

Month	Outpatients	OP %	Attendances	IP %	Ward Attenders	WA %	Total Activity
Apr 2022	3	1%	399	85%	66	14%	468
May 2022			544	90%	59	10%	603
Jun 2022			563	93%	41	7%	604
Jul 2022			572	91%	57	9%	629
Aug 2022			662	92%	61	8%	723
Sep 2022			633	90%	67	10%	700
Oct 2022			604	90%	69	10%	673
Nov 2022			622	92%	51	8%	673
Dec 2022			317	90%	36	10%	353
Jan 2023			437	94%	30	6%	467
Feb 2023			532	94%	36	6%	568
Mar 2023			454	96%	20	4%	474
Apr 2023			334	97%	9	3%	343
May 2023			510	97%	15	3%	525
Jun 2023			521	94%	31	6%	552
Jul 2023			573	98%	10	2%	583

All Attendances in Unit



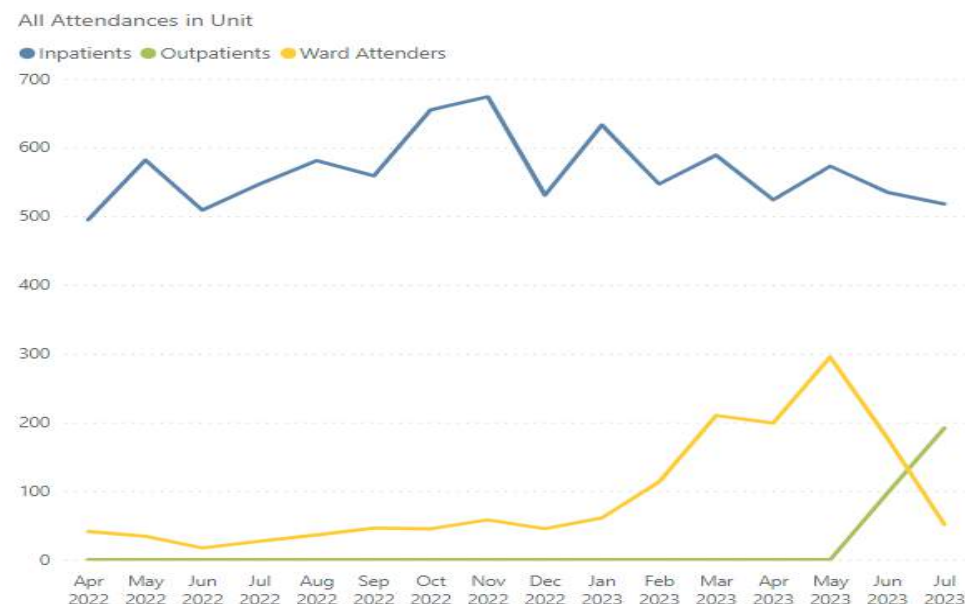
All SDEC throughput for Ysbyty Gwynedd.

- More than 12 Hour LoS excluded – Due to being bedded down patients
- Outpatient's clinic being set up for returners – going live end of August that will ensure accurate reporting as a return rather than new attender.
- New 'SDEC Escalation Ward' being set up for bedded down patients – going live Sep/Oct.
- Service provision maintained during periods of bedding down, limitations then on pulling patents across from the Emergency department and capacity.
- SDEC bedded down regularly since February 2023 resulting in noticeable drop in total activity in comparison to September /October 2022.



## Ysbyty Glan Clwyd

Month	Outpatients	OP %	Attendances	IP %	Ward Attenders	WA %	Total Activity
Apr 2022			495	92%	41	8%	536
May 2022			582	94%	34	6%	616
Jun 2022			509	97%	17	3%	526
Jul 2022			547	95%	27	5%	574
Aug 2022			581	94%	36	6%	617
Sep 2022			559	92%	46	8%	605
Oct 2022			655	94%	45	6%	700
Nov 2022			674	92%	58	8%	732
Dec 2022			531	92%	45	8%	576
Jan 2023			633	91%	61	9%	694
Feb 2023			547	83%	113	17%	660
Mar 2023			589	74%	210	26%	799
Apr 2023			524	72%	199	28%	723
May 2023			573	66%	295	34%	868
Jun 2023	97	12%	535	66%	177	22%	809
Jul 2023	192	25%	518	68%	51	7%	761

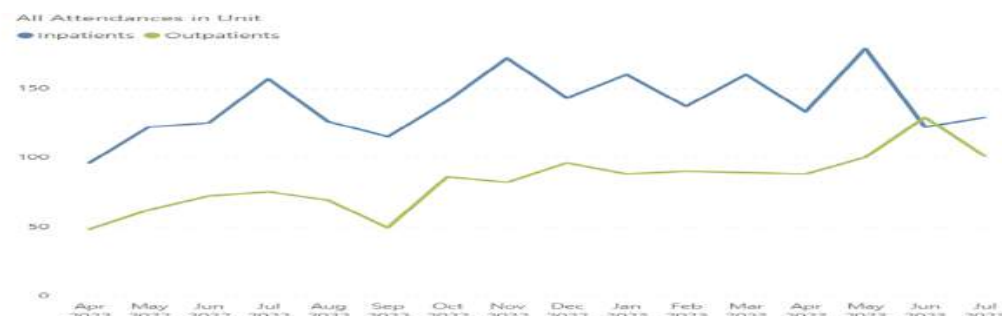


### All SDEC throughput for Ysbyty Glan Clwyd:

- Currently, YGC record 'new' attendances as inpatients, returners as outpatients and the ward attenders are those who don't fit into either IP or OP group (i.e. overflow from Outpatients clinic/Discharge Lounge after they close and direct HCP referrals)
- High number of returners coming through the unit since March 2023.
- SDEC has been removed from the site escalation plans, and since March 2023 has a reduction in days bedded down.

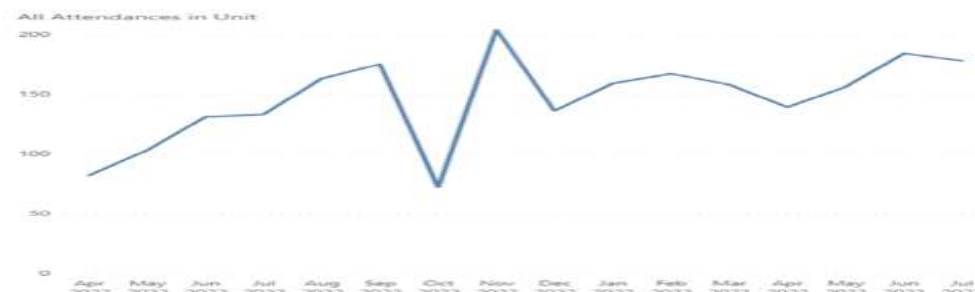
## Wrexham Maelor Hospital – Medical:

Month	Outpatients	OP %	Attendances	IP %	Ward Attendees	WA %	Total Activity
Apr 2022	48	33%	96	67%			144
May 2022	62	34%	122	66%			184
Jun 2022	72	36%	125	63%	1	1%	198
Jul 2022	75	32%	157	68%			232
Aug 2022	69	35%	126	65%			195
Sep 2022	49	30%	115	70%			164
Oct 2022	86	38%	141	62%			227
Nov 2022	62	32%	172	68%			234
Dec 2022	96	40%	143	60%			239
Jan 2023	66	35%	169	65%			246
Feb 2023	90	40%	137	60%			227
Mar 2023	69	36%	160	64%			249
Apr 2023	88	40%	133	60%			221
May 2023	100	36%	179	64%			279
Jun 2023	129	51%	122	48%	3	1%	254
Jul 2023	101	45%	129	55%	5	2%	235



## Wrexham Maelor Hospital – Surgical

Month	Attendances	IP %
Apr 2022	62	63%
May 2022	103	62%
Jun 2022	131	64%
Jul 2022	133	64%
Aug 2022	163	70%
Sep 2022	175	76%
Oct 2022	72	46%
Nov 2022	204	71%
Dec 2022	136	59%
Jan 2023	159	64%
Feb 2023	167	65%
Mar 2023	158	64%
Apr 2023	139	61%
May 2023	156	61%
Jun 2023	164	58%
Jul 2023	176	63%



## All SDEC throughput for Wrexham Maelor Hospital

- Currently, WMH Medical SDEC record 'new' attendances as inpatients with plans to set up an outpatient clinic for returners
- Throughput numbers are on the up following a change in how many beds were available.
- More than a third of the Medical SDEC activity are taken up by returning patients.

SDEC: SDEC data coding across Wales is inconsistent resulting in varied reporting mechanisms due to no IT system for SDEC nor an agreed coding directory. All three IHCs have been requested to ensure SDECs are protected from being bedded down to ensure service provision with a focus on developing 7 days services in line with allocated funding.



<b>Teitl adroddiad:</b> <i>Report title:</i>	2022/23 Board Assurance Framework		
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance (PFIG)		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Friday, 01 September 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to enable the PFIG to review and monitor the updated BAF risks further to their review at the September Board meeting.</p> <p>This iteration incorporates an update on risks which PFIG oversees.</p>		
<b>Argymhellion:</b> <i>Recommendations:</i>	PFIG is asked to Note/Approve this paper as the <b>final</b> 22/23 iteration of the BAF. The November Board will receive 23/24 version which will reflect an updated format and the latest strategic priorities.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Nick Lyons, Executive Medical Director		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Dr Nesta Collingridge Head of Risk Phil Meakin, Interim Board Secretary		
<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 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>	Risks associated to the strategic objectives		
<b>Goblygiadau rheoleiddio a lleol:</b>			

<b>Regulatory and legal implications:</b>	It is essential that the Board has robust governance arrangements in relation to risk management, as failure to do so could have legal implications for the Health Board.
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>	N
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>	N
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>	This report is related to all the risks that are reported as part of the Health Board's Risk Management approach.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	It is essential that the Board has robust governance arrangements in relation to risk management, as failure to do so could have financial penalties for the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	N
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	The BAF was approved and noted at RMG
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	BAF report
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <i>The format of the BAF be updated</i> <i>The strategic priorities be updated</i>	

## **Guidance:**

### **Introduction/Background**

The purpose of this paper is to provide the Board with an oversight of the Board Assurance Framework (BAF) that has been assessed through the Health Board's Risk Management Group (RMG) on the 8th of August 2023.

The BAF includes the risks deemed most significant to the delivery of the strategic objectives of the Health Board.

**This appendix and report only relates to the strategic risks which PFIG oversees.**

Appendix 1-BAF PFIG risks

### ***Body of report***

All financial and performance risks on the BAF have been updated by all risk leads. There have been no changes in these scores.

Many of the risks in the entire BAF relate to challenges in meeting performance targets and statutory duties around quality of care, patient experience, and finances. Key drivers seem to be difficulties with recruitment/retention, balancing supply and demand, managing backlogs due to COVID-19, and funding constraints.

Several risks point to gaps in integrated planning processes, clarity on governance/accountability structures, and alignment between strategy, operations, performance metrics. This suggests opportunities to strengthen strategic planning, governance, and performance management.

Digital transformation was noted as a priority area but lacking investment/resources to fully deliver on objectives around updated the IT infrastructure.

Capital funding limitations pose risks around providing safe, compliant facilities and digital infrastructure.

Many mitigations strategies centre on strengthened oversight, reporting, benchmarking, and planning processes.

In summary, the risks reflect strained resources, capability gaps, and planning/governance challenges. Targeted investments, strengthened strategic planning, governance reforms, and partnerships are noted as mitigations of the risks.

### **Recommendations:**

PFIG is asked to note this 22/23 version as the final iteration of the BAF in anticipation of an updated version as well as more detailed action plans as a result of internal audit recommendations.



BETS CADWALADAR UNIVERSITY HEALTH BOARD													
2022/23 BOARD ASSURANCE FRAMEWORK - July 2023													
Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
Strategic Aim 1: Improve physical, emotional and mental health and well-being for all/ Improve the safety and quality of all services													
1.4	Executive Director of Integrated Health Care	Quality, Safety and Experience Committee and Performance, Finance and Information Governance Committee	Risk of a consistent failure to meet performance targets, resulting in an adverse impact on patient experience and quality of care, as well as a loss in public confidence	Improvement groups are in place to monitor performance and activity - groups are Planned Care, Unscheduled Care, CAMHS, MHL, Diagnostics and, Vascular. All groups have named leads and an agreed improvement plan in place. Referrals of PG Status patients to regional hubs and weekly clinical review every 7 days post PG Breach. Use of the Independent Sector for Outsourcing and Insourcing for pressured specialties where availability exists. Access/choice policy in place. Detailed operational plans agreed annually. Recruitment drives ongoing including recruitment of IENMs. Nursing workforce plans include innovations such as Wagesstream to support existing staff. Strategic Framework: The planning requirements of NHS Executive, are integrated within the HBs business planning requirements: Annual Plan approved by the Board and submitted to WG The annual planning process begins in the autumn and is "bottom-up" including consultation with internal and external stakeholders, working with IHCs, aligning priorities with the strategy and developing a HB-wide Business Plan and Priorities; Transformation functions are embedded	Performance assurance reports to GSE, PFIG and Board. IHC executive performanc reviews in place to monitor performance and check / challenge recovery plans and trajectories. Weekly BCUHB wide planning huddles supported by Director of Planning and inclusive of all IHC and corporate functions. Business planning is a key component of Executive meetings with particular focus on progress review and plan themes development. Formal progress reports on the Operational/ Business Plan presented to the Executive and the Board formally review and approve the Annual Plan.	WG Quality review is being undertaken to provide an objective baseline of activity and performance. Annual Internal Audit Report Governance Review. Annual plan submitted to VG.	Substantial challenges remain in delivering elective outpatient activity. There is a gap between capacity and demand in a number of specialties - which has widened since the pandemic. Recruitment and retention of staff within clinical disciplines continues to pose a challenge. Business Planning process and objectives are not sufficiently aligned with Key Performance Indicators (KPIs)	IHC governance processes are still embedding post covid and post transition to new management structure. Corporate support will help to improve scrutiny and reporting of performance alongside effective recovery plans and acceptable trajectories. Review of Executive portfolios is ongoing and requires completion to ensure clarity of responsibility for performance recovery trajectories.	20 (4 x 5)	16 (4 x 4)	12 (4 x 3)	<b>ACTION:</b> Support Welsh Government funding opportunities for high-risk patients – work also ongoing within each IHC to identify high risk patients to co-ordinate planning for individuals at risk. Executive performance reviews with IHCs to be fully embedded using agreed format. <b>ACTION:</b> working with QD and HR to align processes. OWNER: Business Services Team and Director of Finance <b>ACTION:</b> working with Performance teams and IHCs to ensure awareness of KPIs and method for reporting. <b>ACTION:</b> Complete Executive portfolio review and include alignment of personal objectives with those of the HB. OWNER: CEO	
2. Strategic Objective: Target our resources to people who have the greatest needs and reduce inequalities													
2.3	Executive Director of Finance	Performance, Finance and Information Governance Committee	Failure to secure the WG Strategic Support Funding on a recurring basis, since the 3 year agreement ceases after 2023/24, resulting in a further increase to the Health Board's underlying financial deficit and failure to achieve the break even statutory duty.	Transformation Team in place to assist the Operational and Clinical teams deliver services in a more efficient and productive manner, enabling services to operate within a reduced cost envelope and mitigate the impact from potential loss of income.  Demonstrating the patient care benefits (improved outcomes) to WG that the resource allocation is facilitating. The intention being to secure the resource allocation recurrently.	Transformation program oversight and impact on patient care for Welsh Government Funding reviewed within the Performance, Finance and Information Committee.	Welsh Government review of the case for retention of the funding allocation recurrently beyond 2023/24.	Receipt of the Welsh Government Strategic Support remains at risk post the current financial year. Transformational schemes to maintain patient care benefits required should resources be withdrawn to be confirmed.	Adverse variation in financial or patient care if costs remain unmitigated, the impact from either reducing services or continuing at financial risk.	18 (4x4)	15 (4x4)	12 (4x3)	As demonstrated within the mitigations, the Health Board is seeking to secure the resources recurrently and deliver services more efficiently to reduce cost.  The action plan delivering continued patient benefits, with oversight through Executive and PFIG.	Ongoing
2.4	Executive Director of Transformation	Performance, Finance and Information Governance Committee	Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion	Planning cycle being refreshed for 24 – 25 cycle and will report into HBLT, PFIG and PPPH. Local Planning (IHCs and pan-NW services) put in place. Planning Review being undertaken as part of Special Measures framework which will inform future action plan for integrated planning	Performance, Finance and Information Governance Committee and PPPH oversight	Special Measures Planning Review?	The Board was unable to produce an approvable MTP for 23 – 26. An Annual Plan has been produced which is awaiting feedback.	None identified	18 (4x4)	16 (4x4)	12 (4x3)	currently under review pending outcome of Planning Review	Sep-23
2.5	Chief Digital Information Officer	Partnerships, People and Population Health Committee	There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.  --This will lead to an inability to deliver new models of care in line with National and Local Strategies which results in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.	Minimal controls now in place with the introduction of rigour and governance to the commissioning of new DDat 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 go to front which includes the users is built in.  Insist on the use of third party contractors in business cases despite high cost to bring in some of the capabilities and knowledge BCU does not have.	Regular Assurance Reporting to PPPH Committee	Benchmarking the service against external assessments, e.g. Gartner Group IT Score, NCSC, Cyber Essentials+ IG Toolkit Government Digital Service DDat roles and possibly SFIA assessments.	Gap - Funding currently not secured to implement the new operating model.	Plans, finance and resourcing not in place.	18 (4x4)	15 (4x4)	12 (4x3)	Costed proposals (£7.7m recurrent) and plans have been produced, validated and presented to PPPH and Board for the implementation of a new operating model for DDat which requires new capabilities and capacity to effectively deliver. This will include new functions for: Intelligence and Insight, Digital PMO, Architecture Software engineering, Service design and clinical change.  These proposals are dependant on funding which has not been provided by the Health Board with due regards to other priorities for investment.	Commence Apr 2023
2.6	Chief Digital Information Officer	Partnerships, People and Population Health Committee	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 attack. This will lead to compromised - safety and quality of care, reduced public confidence, reputational damage and, finance and regulatory non-compliance.	Cyber Security controls: Cyber Assessment Framework with Welsh Government.  Monitoring tools to flag anomalies.  Antivirus/Anti Ransomware software.  Business Continuity Plans in place for the DDat Service with the remaining Health Board Services at 31% complete, 31% current plans under review and the remaining 38% in progress .  Disaster Recovery and Cyber Incident Response Plan in place and tested.  Internal regular testing of user awareness in place, with targeted training where gaps identified.  Training and Cyber Awareness Programme in place.	Regular Assurance Reporting to PPPH Committee  IT Health Checks in place (vulnerability testing)	External expert independent review and assessment of the current environment.  Benchmarking the service against external assessments. Direct engagement with NCSC and Cyber Resilience Unit. Cyber Essentials+ IG Toolkit	Gap - An Essential Services THREE YEAR rolling programme of work has been developed to address all aspects of the DDat Infrastructure, Software Operating Systems and Networks to mitigate the risks of major ICT failure and reduce the probability of successful cyber attack. This requires a significant financial investment primarily in capital and revenue – although there is flexibility to switch dependant on approach. The plan has been validated by external expertise as the minimum necessary to level the Health Boards capability up to a safe, secure and performant foundation. This is subject to prioritisation with other spend.	Plans, finance and resourcing not in place.	18 (4x4)	20 (5x4)	15 (5x3)	Alternative plans are being developed within the current funding constraints that will have a small but positive impact on parts of Essential Services Programme based on half of capital financing requirement provided.	Commence Apr 2023
2.7	Executive Director of Finance	Performance, Finance and Information Governance Committee	Delivery of a sustainable financial model for provision of healthcare for the current and future financial years. Ensuring positive cashflows are maintained to service ongoing revenue and capital commitments of the Health Board and attainment of statutory financial duties.	Financial plans are developed and adopted by Executive. Assurance through PFIG and approval by Health Board in accordance with the Standing Orders, Standing Financial Instructions and Scheme of Delegation.  Reporting of financial performance in month, with forecasting for outturn and suggested corrective measures for delivery of the full year plans each month to Executive, PFIG and Trust Board. New integrated planning and performance management framework being implemented.	Financial Plan for the year endorsed by Health Board. Risks to delivery identified with mitigations. Variation in actual performance to budget reported monthly to Division, Locality, Executive, PFIG and Board.  Policies and procedures in place to ensure financial transactions are in accordance with the Health Board's Standing Financial Instructions.	Internal Audit review of the 'systems of internal control' providing assurance transactions are undertaken in accordance with Standing Financial Instructions and best practice.  Welsh Government receipt of monthly reporting, review of initial plan submission, in month performance and outturn (forecast and actual).  External Auditor review of the Annual Financial Statements, financial outturn representing a true and fair view of the financial standing of the Health Board against key statutory financial duties.	The Health Board is experiencing pressures associated with elective recovery and demands on urgent and emergency care.  Living within budgets, high costs associated with temporary workforce and achievement of the cost improvement programme (routine and transformational programs of work). Driving enhanced efficiency and productivity through benchmarking of performance.  Mitigations are required to offset any reduction in income in relation to the Welsh Government Strategic Support Funding for 2024/25.	Internal audit adverse opinion on savings delivery and transformational schemes.  Welsh Government Strategic Support Funding remains non-recurrent.	18 (4x4)	20 (4x5)	12 (4x3)	Review of 2023/24 financial plans to assure risks are mitigated to achieve the planned outturn.  Identification of transformational schemes will be required to support a return to a sustainable financial model during the 2023/24 financial year. The development of an Accountability Framework and initiation of Performance meetings to include assessment of services efficiency and productivity through use of benchmarking.	Ongoing
3. Strategic Objective: Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being													
3.1	Executive Director of Finance	Partnerships, People and Population Health Committee	Failure to 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 through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.	Annual Capital Programme in place, based on priorities as identified by Divisions, core areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the PFIG, with risks escalated to Board and assessments made of fitness for use of the buildings.  Strategic business case development for enhancements supported for key projects identified in key strategies.	Capital Investment Group monitors delivery and oversight is provided by the PFIG.  Risk Register maintained for building maintenance and capital development, further meetings with the Operational Estates Health & Safety meeting.	Regular meetings in place with All Wales Capital Funding, for oversight and review of schemes.  Welsh Government's external review of the capital program following presentation of Health Board plans and routine monitoring of delivery against these plans. In addition, Discretionary Capital developments are submitted to the Welsh Government.	Estates condition survey resultant action plan requires production and alignment with Clinical Services and Quality Improvement Strategy.  Further, develop processes to ensure full alignment with risk registers to assure the Health Board of mitigation of risks within current estate infrastructure.	Assurance over estate condition and estimation of backlog maintenance / risk mitigation. Operational Health & Safety meeting to have oversight of risk registers and alignment with discretionary capital programme.	18 (4x4)	16 (4x4)	12 (4x3)	Implementation of capital programme and estates strategy for seeking bids from Locality and Divisions, prioritising these bids through estate lead officers professional judgment.  Delivery of the capital programme, utilising resources available to the Health Board through management of leakage of schemes. Estates strategy to include reference to a condition survey review of site to identify backlog maintenance (risk and mitigation).	Ongoing

1	2	3	4	5
Insignificant	Minor	Moderate	Major	Extreme
No effect	External standards being met. Minor impact on achieving objectives	Adverse effect on delivery of secondary objective	Major adverse effect on delivery of key objective. Affects Care Quality Commission rating.	Does not meet key objectives. Prevents achievement of a significant amount of external standards
No harm/near miss	Any patient safety incident requiring extra observation or minor treatment and causes minimal harm.	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm.	Any patient safety incident that appears to have resulted in permanent harm.	Any patient safety incident that directly resulted in one or more deaths.
Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed	Lost time injury or RIDDOR /Agency reportable > 3 days absence	Fractures, amputation, extensive injury or long term incapacity/ RIDDOR reportable	Death or major permanent incapacity
Loss / interruption more than 1 hour	Loss / interruption more than 8 hours	Loss / interruption more than 1 day	Loss / interruption more than 1 week	Permanent loss of service or facility
local management tolerance level	Loss less than 0.25% of budgeted operating income	Loss less than 0.5% of budgeted operating income. Improvement notice	Loss less than 1% of budgeted operating income. Significant claim. Prosecution or Prohibition Notice	Loss more than 1% of budgeted operating income. Multiple claims.
Minor non-compliance with internal standards	Single failure to meet internal standards or follow protocol	Repeated failures to meet internal standards or follow protocols	Failure to meet national standards. Failure to comply with IR(ME)R	Gross failure to meet professional standards
Rumours	Local media – Short term. Minor effect on staff morale	Local media – Long term. Significant effect on staff morale	National Media less than 3 days. Major loss of confidence in organisation.	National media more than 3 days. MP Concern (Questions in House). Severe loss of public confidence.

1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost Certain
Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Less than 1%	1 – 5%	6 – 20%	21 – 50%	Greater than 50%
Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

Consequence (C)				
1	2	3	4	5
Insignificant	Minor	Moderate	Major	Extreme
1	2	3	4	5
2	4	6	8	10
3	6	9	12	15
4	8	12	16	20
5	10	15	20	25



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report – risks relating to PFIGC			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Friday, 01 September 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this standing agenda item is to highlight and to note the progress on the management of the Corporate Risk Register and any new escalated risks, and discussions which took place during the Risk Management Group meeting on the 8 <sup>th</sup> August 2023 as they relate to this Committee.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to:  Review and discuss the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Nick Lyons, Executive Medical Director			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge, Head of Risk Management & Phil Meakin, Interim Board Secretary			
<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 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 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 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>  <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>  The partial assurance is in place because the report highlights that financial risks have not been fully updated on the Corporate Risk Register. The actions taken as highlighted will improve this rating by the end of September and be reported to the Risk Management Group in October 2023				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	See the individual risks for details of the related links to Strategic Objectives.			



<b>Link to Strategic Objective(s):</b>	
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	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.
<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>	No
<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 and undertaken?</b>	No
<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>	See the individual risks for details of the related links to the Board Assurance Framework.
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	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.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	The Risk Management Group met on the 8 <sup>th</sup> August 2023 and further updates to the risks have been incorporated. Please see the individual progress notes on each risk.
<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.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Not applicable
<b>Camau Nesaf:</b>  <b><i>Next Steps:</i></b> The Risk Management Group will be meeting on the 3 <sup>rd</sup> October 2023, therefore an updated position of the risks will be presented during the Performance, Finance and Information Governance Committee on the 2 November 2023.	
<b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices:</i></b> Appendix 1 – Full Corporate Risk Register Report - Performance, Finance and Information Governance Committee	

**Performance, Finance and Information Governance Committee**  
**31<sup>st</sup> August 2023**  
**Corporate Risk Register Report**

**1. Introduction/Background**

- 1.1 The Corporate Risk Register (CRR) needs to reflect the Health Board's continuous drive to foster a culture of constructive challenge, agile, dynamic and proactive management of risks while encouraging staff to regularly horizon scan for emerging risks, assess and appropriately manage them.
- 1.2 Following recent feedback from the Board and Committees, this report is reporting and referencing four risks that **only** relate to the Performance, Finance and Information Governance Committee (PFIG).

**2. Risk Management Group Updates Related to PFIG Committee**

- 2.1 The Risk Management Group met on the 8<sup>th</sup> August 2023 to review the Corporate Risk Register. The four financial risks were not reviewed and it was known that they had not been updated since April 23 and they were due to be updated following RMG. Meetings have been arranged with the risk leads to update the risks in line with the next Risk Management Group meeting which is scheduled for the 3<sup>rd</sup> October 2023.
- 2.2 The following risks have been incorporated onto the Health Board's Corporate Risk Register following presentation of the risks to the group by the relevant risk leads. It is identified that these risks will fall under the remit of the Performance, Finance and Information Governance Committee. **The full risk description and detail is available in Appendix 1.**
- CRR23-49 – Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget
  - CRR23-50 – Financial outturn for 2022/23
  - 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
  - CRR23-52 – WG cash funding for 2023/24

**3. Recommendation**

Financial risks had not been updated since April 2023. It is recommended that a service risk lead is identified and consistent meetings scheduled with the risk team to review. This meeting to review the above risks has since taken place with the Interim Executive Director of Finance and Risk Team, these updates should be presented to RMG in October 23 and subsequently PFIG.

#### **4. Budgetary / Financial Implications**

- 4.1 These four particular risks will have detailed financial implications and related to budget risks. However there are no specific budgetary implications associated with this paper.

#### **5. Risk Management**

- 5.1 See the full details of individual risks related to this Committee in Appendix 1.

#### **6. Equality and Diversity Implications**

- 6.1 A full Equality Impact Assessment has been completed in relation to the new Risk Management Strategy to which CRR reports are aligned.
- 6.2 Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

## Appendix 1 – Full Corporate Risk Register - Performance, Finance and Information Governance Committee

*\*Please note some actions were attributable to Steve Webster, the previous Interim Executive Director of Finance. These actions will be now delivered by Russell Caldicott, Interim Executive Director of Finance.*

CRR23-49	<b>Director Lead:</b> Interim Executive Director of Finance	<b>Date Opened:</b> 24 April 2023
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee	<b>Date Last Reviewed:</b> 24 April 2023
	<b>Risk:</b> Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget	<b>Date of Committee Review:</b> New Risk
		<b>Target Risk Date:</b>
The need to reduce the size of waiting lists to meet WG expectations and avoid harm to patients waiting, whilst the Health Board is still not able to achieve and improve on it's pre-Covid core 2019-20 activity levels, could require a level of investment in insourced and outsourced activity which would cost in excess of the £27.1m funding available.		

		Impact	Likelihood	Score
	Inherent Risk Rating	5	5	25
	Current Risk Rating	4	5	20
	Target Risk Score	3	3	9
	Risk Appetite	low level		1-8
	<b>Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board</b>	New Risk		

<b>Controls in place</b>	<b>Assurances</b>
Oversight from the Planned Care Board and PFIG. Performance reporting. Existing	Limited at present

performance and accountability arrangements including IHC/other performance review meetings. The new local integrated planning process being undertaken over Q1 has a particular emphasis on planned care. After check and challenge sessions with IHCs on 18 April, IHC/SLT updated planned care plans will be reviewed at the accountability review meetings around 28 April.	
---	--

<b>Gaps in Controls/mitigations</b>
Limitations on the ability of divisions and clinical teams to deliver the scale of productivity and utilisation improvements needed. Resource constraints impacting on the ability to further outsource.

<b>Progress since last submission</b>
New Risk

Links to	
Strategic Priorities	Principal Risks

<b>Risk Response Plan</b>	<b>Action ID</b>	<b>Action</b>	<b>Action Lead/ Owner</b>	<b>Due date</b>	<b>State how action will support risk mitigation and reduce score</b>	<b>RAG Status</b>
Actions being implemented to achieve target risk score		A Performance Delivery Group will be set up, with clinical and other executive membership, the brief for which will include oversight of planned improvement including productivity, utilisation and	Steve Webster, Interim Executive Director of Finance	During May, but performance improvement actions already	Improved scrutiny and oversight of improved performance and associated costs	Completed



		waiting list management. The Planned Care Board will be a sub-group of the Performance Delivery Group. This will report to both HBLT and the Special Measures Oversight Group, and on to PFIG.		taking place as indicated above		
		A performance and accountability framework, and IHC/other performance review meeting arrangements are already in place. But these will be strengthened through a new framework for integrated local planning and associated performance management arrangements – termed Planning, Performance and Accountability. An action plan for the implementation of this over Q1 23/24 has been agreed. Given the level of risk around planned care, there is a specific section of the plan around planned care, including a process for setting corporate expectations around productivity and other improvement, and running check and challenge meetings with IHCs.	Steve Webster, Interim Executive Director of Finance	Target completion end June, but timescales challenging	Greater clarify on and ownership of, local delivery	On track

CRR23-50	<b>Director Lead:</b> Interim Executive Director of Finance	<b>Date Opened:</b> 24 April 2023
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee	<b>Date Last Reviewed:</b> 24 April 2023
	<b>Risk:</b> Financial outturn for 2022/23	<b>Date of Committee Review:</b> New Risk
		<b>Target Risk Date:</b>
<p>At Month 11 the Health Board forecasted full-year break-even, which is key to achieving key Health Board duties, and building stakeholder confidence. There is a risk that the full-year 2022/23 outturn is different from the projected breakeven position as at Month 11, especially given uncertainties around accruals for:</p> <ul style="list-style-type: none"> <li>• annual leave (particularly medical staff) due to sub-standard recording by on ESR;</li> <li>• purchase orders, particularly because of incorrect receipting practice by system users (and correcting journals).</li> </ul> <p>There is also a risk that the external auditor may find additional errors relating to last year which are material, requiring re-statement of the Health Board's 2021/22 accounts and consequential revision of the draft 2022/23 outturn.</p>		

		Impact	Likelihood	Score
	Inherent Risk Rating	5	4	20
	Current Risk Rating	5	3	15
	Target Risk Score	5	0	0
	Risk Appetite	low level		1-8
	<b>Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board</b>	New Risk		

<b>Controls in place</b>	<b>Assurances</b>
--------------------------	-------------------

<p>Intensive work was planned and completed during Month 12 by Corporate Finance to:</p> <ul style="list-style-type: none"> <li>investigate and identify annual leave data available as the basis for reasonable year end estimates;</li> <li>further cleanse open purchase orders that have been receipted by system users;</li> <li>test manual journals at year end in conjunction with area/divisional CFOs.</li> </ul> <p>Internal Audit have also been sample testing the receipting of purchase orders around year end.</p>	
--	--

Gaps in Controls/mitigations
<p>The recording of annual leave for medical staff (as against non medical staff) is poor. There is a no reliable other source of data, and thus the accounting for annual leave for medical staff has had to be based on the ESR records in the absence of other alternatives. It is important that this system weakness is addressed in 2023/24, but this cannot mitigate the risks in accounting for 2022/23.</p> <p>While significant improvements have been made in cleansing of open purchase orders, and closing of several thousand old purchase orders, there is residual risk from the poor quality receipting practice. Again it is important that this system weakness is addressed in 2023/24 through training and review processes.</p>

Progress since last submission
New Risk

Links to	
Strategic Priorities	Principal Risks

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
--------------------	-----------	--------	--------------------	----------	--	------------

Actions being implemented to achieve target risk score		Initial reporting to WG shows a small underspend of £0.2m (draft subject to audit) – ie in line with M11 forecast. An Accountable Officer letter has also been provided – highlighting a new risk that arose during March (fine arising from H&SE investigation) that could lead to further expenditure of up to £6m. If not funded by WG, this could adversely impact the full-year out-turn.	Steve Webster, Interim Executive Director of Finance	Complete	The final draft underspend is £389,000 (subject to audit). A provision has been made the fine and the cost of this is met through AME funding for WG in 2022/23, but this may be repayable in 2023/24.	Completed
		A formal response is awaited from WG to the Health Board's reporting of the initial out-turn. Informal feedback from WG is that will a clear explanation from us of the effective utilisation of funding to support the overall reported position.	Steve Webster, Interim Executive Director of Finance	May 2023	Informal explanations has been provided regarding use of performance and transformation funding. The need for any further AO letter is being clarified with WG, and this will be provided as necessary. This will increase the assurance of the Health Board retaining all funding provided in 2022/23, but this is secure in practice already.	On track
		The external audit of year-end accounts is ongoing	Steve Webster,	Ongoing during the	This will enable good communication and	

	and regular engagement and communication arrangements with the team are in place to address emerging issues.	Interim Executive Director of Finance	audit to end July	resolution of any issues arising during the audit.	On track
--	--	---------------------------------------	-------------------	--	----------

CRR23-51	<b>Director Lead:</b> Interim Executive Director of Finance	<b>Date Opened:</b> 24 April 2023
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee	<b>Date Last Reviewed:</b> 24 April 2023
	<b>Risk:</b> 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>Date of Committee Review:</b> New Risk
		<b>Target Risk Date:</b> 31 December 2023
The initial financial plan for 2023-24 has identified a forecast deficit of £134.2m. This includes a target for Financial Improvement of £38.7m, which is based on the following:		
<ul style="list-style-type: none"><li>Disinvestment identified £13.5m</li><li>Savings identified £18.2m</li><li>Savings and disinvestment stretch target £7m</li></ul>		
Failure to deliver the target for Financial Improvement could adversely impact on the achievement of the initial financial plan and increase the deficit.		

		Impact	Likelihood	Score
	Inherent Risk Rating	5	4	20
	Current Risk Rating	4	4	16
	Target Risk Score	3	3	9
	Risk Appetite	low level		1-8
	<b>Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board</b>	New Risk		

Controls in place	Assurances
Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions has been agreed with senior leadership teams at HBLT. Additional cross cutting themes with Executive leadership have also been agreed to support IHC/other delivery, and a process of further review of investments by the relevant Executives. Savings delivery is reported monthly to PFIG.	None at present

Gaps in Controls/mitigations
The various measures and steps to deliver further financial improvement are not yet in place. They are need to be put in place over Q1.

Progress since last submission
New Risk

Links to Strategic Priorities	Principal Risks

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
--------------------	-----------	--------	--------------------	----------	--	------------

Actions being implemented to achieve target risk score		A Finance Delivery Group will be set up, with both senior finance membership and clinical and other executive membership outside finance, the brief for which will include oversight of financial improvement. This will report to both HBLT and the Special Measures Oversight Group, and on to PFIG.	Steve Webster, Interim Executive Director of Finance	May 2023	Increase the focus and traction on putting in place the enablers for delivery and delivery itself.	On track
		A performance and accountability framework, and IHC/other performance review meeting arrangements are already in place. But these will be strengthened through a new framework for integrated local planning and associated performance management arrangements – termed Planning, Performance and Accountability. An action plan for the implementation of this over Q1 23/24 has been agreed.	Steve Webster, Interim Executive Director of Finance	Target completion end June 2023, but this is a challenging timescale	Increase local ownership and clarity of performance management/accountability	On track



CRR23-52	<b>Director Lead:</b> Executive Director of Finance	<b>Date Opened:</b> 24 April 2023
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee	<b>Date Last Reviewed:</b> 24 April 2023
	<b>Risk:</b> WG cash funding for 2023/24	<b>Date of Committee Review:</b> New Risk
		<b>Target Risk Date:</b>
<p>The majority of the Health Board’s cash incomings are WG funding. In the context of the Health Board’s scale, there are only relatively small opportunities to readily restrict cash outgoings should that be necessary. Most outgoings are workforce related (including tax and pensions), healthcare related and commercially committed. Income generation and receivables management opportunities are also relatively small.</p> <p>There is a risk that Welsh Government may not cash fund the planned deficit resulting from the Health Board’s operations. For 2023/24, this risk is heightened because the Health Board has submitted a significant deficit plan(£134m), which has not yet been confirmed.</p>		

		Impact	Likelihood	Score
	Inherent Risk Rating	5	4	20
	Current Risk Rating	5	4	20
	Target Risk Score	4	3	12
	Risk Appetite	low level		1-8
	<b>Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board</b>	New Risk		

Controls in place	Assurances
The Health Board has established processes for notifying plans and forecasts (including cash flow implications), progress against them, and for drawing down cash as required in line with All-Wales requirements set by Welsh Government.	

Gaps in Controls/mitigations
The Health Board will seek to improve on the £134.2m planned deficit if possible, and will identify potential options to internally cash finance an element of it. However, this will be at the margin, and there is no realistic internal mitigation of the bulk of the £134.2m cash funding requirement.

Progress since last submission
New Risk

Links to	
Strategic Priorities	Principal Risks

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
--------------------	-----------	--------	--------------------	----------	--	------------

Actions being implemented to achieve target risk score		Effective management of established cash-flow processes is ongoing, including the need to escalate actions as required.	Steve Webster, Interim Executive Director of Finance	Complete	This action will not materially impact on the risk score. It will support the Health Board in making clear to WG in a timely way the implications of an absence of cash funding for the deficit.	Completed
		Reporting a cash shortfall equal to forecast deficit from the first monitoring return that includes cash reporting (Month 2) and monitoring responses to enable any appropriate and available action to be taken timely within the Health Board.	Steve Webster, Interim Executive Director of Finance	Mid June	This action will not materially impact on the risk score. It will support the Health Board in making clear to WG in a timely way the implications of an absence of cash funding for the deficit.	On track



<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>	Friday, 01 September 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 30.6.23 meeting</p> <ul style="list-style-type: none"> <li>• External Contracts update</li> <li>• RTC Programme closure report</li> <li>• Approval of surplus Health Board asset disposals in Pwllheli</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"/> 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>
<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>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>				
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>		Standing Order 6.5.3 requires the Board to formally report any decisions taken in private 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
Camau Nesaf: Gweithredu argymhellion Next Steps: <i>Implementation of recommendations</i> Advised in private session reports where appropriate	
Rhestr o Atodiadau: Dim <i>List of Appendices: None</i>	