Bundle Performance, Finance & Information Governance Committee 30 June 2023

3.8   PF23/90 Special Measures Update
        Chris Stockport
            PF2390 FINAL – 2023-06-29 – PFIG Special Measures Update v02.pdf
3.9   PF23/91 Transformation and Improvement report
        Chris Stockport
            PF2391 FINAL – 2023-06-29 – PFIG T and I Update v01.pdf
3.10   PF23/92 Information Governance Quarter4 KPI report
        Justine Parry
        Caroline Johnson , Head of IG in attendance
            PF2392.1 IG KPI Q4 report v2.docx
            PF2392.2 IG KPI Q4 report Appendix 2 IGG Chair's Assurance Report Feb-May 2023
3.11   PF23/93 Annual review of Information Governance Strategy (IG1)
        Justine Parry
            PF2393.1   IG1 Appendix 2 BCU EqIA Information Governance Strategy 2023 Final.doc
            PF2393.2   IG1 BCUHB Information Governance Strategy V8 Final CDIO-APPROVED – Highlighted changes.docx
4   GOVERNANCE and RISK
4.2   PF23/94 Corporate Risk Register relating to Committee
        Phil Meakin
            PF2394.1 PFIGC Committee Coversheet – Corporate Risk Register v1.0 (002).docx
            PF2394.2 Appendix 1 – Full Corporate Risk Register – Performance Finance and Information Governance Committee (003).docx
5   CLOSING BUSINESS
5.1   PF23/95 Agree Items for referral to Board / Other Committees
        Committee Chair
5.2   PF23/96 Review of risks highlighted in the meeting for referral to Risk Management Group
        Phil Meakin
5.3   PF23/97 Agree items for Chairs Assurance report
        Committee Chair
5.4   PF23/98 Summary of private business to be reported in public
            PF2398   Items previously discussed in private session.docx
5.5   PF23/99 Date of next meeting 31.8.23
6   Exclusion of the Press and Public

DRAFT Minutes of the meeting of the
Performance, Finance and Information Governance Committee
held in public on 12.5.23 in the Boardroom, Ysbyty Gwynedd

Present: Gareth Williams Prof Mike Larvin	Independent Member / Committee Chair Independent Member
In Attendance: Gareth Evans Nick Graham Mandy Jones Jim Mcguigan Phil Meakin Chris Stockport Steve Webster Diane Davies **Observing** David Jenkins Public	Acting Executive Director of Therapies and Health Sciences (part meeting) Associate Director Workforce Planning and Performance Deputy Executive Nurse Director Deputy Executive Medical Director Interim Board Secretary Executive Director of Transformation and Planning Interim Executive Director of Finance Corporate Governance Manager – for minutes Welsh Government Specialist Advisor (via Teams)

Agenda Item Discussed	Action By
PF23/56 Apologies for absence • Jason Brannan for whom Nick Graham Associate Director Workforce Planning and Performance deputised • Nick Lyons for whom Jim McGuigan deputy Executive Medical Director deputised • Angela Woods for whom Mandy Jones Deputy Nurse Director deputised • Dave Harries, Head of Internal Audit	
PF23/57 Declaration of Interests Prof Mike Lavin advised his substantive role to be Executive Head of the Inter-professional School of Health Sciences at Bangor University which is involved in the developing North Wales medical school. He also practices as a consultant surgeon at BCU. Dr Jim Mcguigan advised of his substantive role as partner in a GP practice within a BCU locality.	
PF23/58 Draft Minutes of the previous meetings held on 23.2.23 for approval	

The Committee received the draft minutes of its meetings held on 23.2.23 and these were approved as a correct record.	
PF23/59 Matters arising and table of actions There were no matters arising from the minutes. The table of actions was reviewed and updated and the following principal points noted: • The Interim Executive Director of Finance advised that Planned Care recovery was being taken forward by the Board as a high priority and that monitoring of the Financial Governance/Control Action Plan, previously delegated to the PFIGC Committee, would be undertaken by the Audit Committee. • The Interim Board Secretary advised that further risks would be assigned to the Committee following discussion at the next Risk Management Group	
PF23/60 Notification of matters referred from other Board Committees on this or future agendas No matters were reported.	
Developing strategies and plans	
PF23/61 Planning, Performance and Accountability **PF23/61.1** The Interim Executive Director of Finance presented this item. The report explained the plan to have Integrated Healthcare Communities (IHCs) producing fully integrated plans, including activity plans, performance improvement trajectories, workforce plans and financial plans/budgets, with a defined framework. Performance management and accountability arrangements would be refreshed and improved, based on delivery against agreed local plans. Timelines were set out, however there had been some delays due to later provision of the planning framework and templates. **PF23/61.2** The Committee supported the efforts to engage the IHC's much more closely in developing the Annual Plan but questioned the level of integration between primary and secondary care. The Executive Director of Planning and Transformation advised there were positive developments as to clinical integration in all areas but these would require support to build on moving into the future. It was noted that this integration was the aim of the IHC operating model which had been introduced. A discussion ensued on the background and special measures effect on IHCs. Divisional engagement was recognised. However, the task remained an additional pressure due to capacity and a challenge to implement. The Interim Executive Director of Finance assured that support was being provided however the enabling resource might be affected by progress on the £134m deficit. The Committee also questioned whether there were potential cultural behaviour issues in relation to resistance to change.	

The Committee resolved to note the planned approach and draft timelines	
Monitoring existing strategies and plans	
PF23/62 Finance report **PF23/62.1** The Interim Executive Director Finance presented this report. He highlighted that the provisional month 12 outturn was (marginally) in surplus, meaning that the Health Board had met its duty to break even over a three year period and that the Health Board's historic debts would be written off. This was excellent news, albeit achieved to a significant extent by unplanned non-recurring underspends. The majority of additional pay costs in Month 12 were due to national pay awards and all, or almost all, of the recurrent costs were understood to be met by Welsh Government (WG). The 2023/24 savings targets set in the financial plan were very challenging but not impossible and would be discussed at the May Health Board meeting. Reported savings as at Month 1 were low, linked in part to divisions focussing on their 2023/24 local plans. Receipt of their initial plans would provide greater clarity on the deliverability of the targets. He also advised that there was a residual risk of a Prior Year Adjustment. The probability of this was considered low and WG was well sighted on this risk via an Accountable Officer letter on the forecast outturn position. **PF23/62.2** The Committee questioned achievability of savings targets. It was understood that plans were in place for a substantial element of the target and progress needed to be supported by Executives and actioned through Divisions. There were also opportunities to review previous decision making and crystalise further ideas. The ability to improve performance management and delivery would be key via effective planning. The Associate Director Workforce Planning and Performance indicated that the new IHC structures could be helpful in meeting the challenge of 'reactive mindsets' within the organisation. **PF23/62.3** In regard to the Committee's questions regarding pay costs it was noted that whilst WG funds the annual pay award there was potential risk for up to £1.5m of non-consolidated pay award costs ongoing in 2023/24 to be met by BCU if the cost was not fully funded by WG. Significant discussion ensued on agency spend and comparative expenditure across Wales. It was noted that BCU was in the top three for a variety of reasons in terms of useage including hotspots. It was understood that both short and long term ways of reducing the call on the more expensive forms of agency staff were being actively explored d eg improvements to BCU's current pay system were being introduced to attract existing staff to provide more flexible temporary cover via the 'bank'. **The Committee resolved to** note the report	
PF23/63 *No item*	

PF23/64 People (Workforce) Performance report	
PF23/64.1 The Associate Director Workforce Planning and Performance presented this report which outlined the current workforce performance position as of March 2023 and provided an update on the current position of non-clinical senior interims and the Workforce Optimisation programme update aligned to delivery of savings.	
PF23/64.2 The Committee commended the effective presentation of the data and requested that it be enhanced with more comparative data across Wales going forward. In discussion of retirement data, the Associate Director Workforce Planning and Performance advised that national work was being undertaken to improve understanding which included turnover trends and flexible working.	NG
PF23/64.3 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.	NG
The Committee resolved to note the current performance position and provided feedback on the content for future reporting.	
PF23/65 Performance report **PF23/65.1** The Interim Executive Director of Finance presented the report which provided an update of performance against the Board's Key Performance metrics, the key measures contained within the 2022-23 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in "A Healthier Wales". **PF23/65.2** The Committee Chair advised that work would be undertaken to consider Committee Terms of Reference which would also clarify quality and performance reporting to the PFIG Committee and Quality, Safety and Experience Committee. **PF23/65.3** In discussion of the report the Committee questioned the very significant rises in demand for diagnostic services, the reasons for which were multifactorial (e.g. later presentations to GP services and consequential referrals) and similar to other Health Boards. The Interim Executive Director of Finance emphasised the importance of also understanding demand relevant to population demographics and availability of benchmarking data. **PF23/65.4** The Committee questioned ambulance handover increases in month 12 which were understood to be the subject of WG Delivery Unit ongoing work, along with separate work being led by Welsh Ambulance Service Trust. The Committee also noted the deterioration in emergency care, some stroke services, patients treated within 62 days of suspicion of cancer delivery and some Children & Adolescent Mental	

Health Services (CAMHS) measures, however the mitigations advised were helpful to note. The Committee was pleased to note the positive highlights contained within the report. **PF23/65.5** The Committee concurred with the need for effective local planning and that trajectories would be helpful within future reporting. It was noted that there were significant risks to achieving Planned Care targets but these were being addressed by the Board as a whole. **The Committee resolved to** note the report	
PF23/66 Business Case for a Community Complex Conditions Service (Long Covid Business Case) **PF23/66.1** The Acting Executive Director Therapies and Health Sciences joined the meeting and presented the business case. **PF23/66.2** In response to the Committee, the Acting Executive Director Therapies and Health Sciences confirmed that work had been undertaken to consider increased demands and potential changes in regard to vaccines and variants however, he remained confident in the case provided. **PF23/66.3** The Committee commended the work undertaken to develop the new model, which was patient centred and less medicalised. It provided significant areas of learning for future service developments and was understood to have been recognised externally for the innovative model. **The Committee resolved to** • support Option 4 to establish a Community Complex Conditions Service in BCUHB, integrating Long COVID, Chronic Fatigue Syndrome / Myalgic Encephalomyelitis (CFS/ME), Breathing Pattern Disorders, Persistent Physical Symptoms (PPS), and Frequent Attenders (FA) in order to improve patient outcomes, provide sustainability and address current and future demand for services and gaps in service provision • support submission to the May Health Board for consideration of approval	
Closing business	
PF23/67 Questions submitted by the public 7 working days before the meeting None were received	
PF23/68 Agree items for Chair's Assurance Report. Risks and assurances to be highlighted would include	

- There is a residual risk of a Prior Year Adjustment. There are significant risks to achieving Planned Care targets but these are being addressed by the Board - Positive feedback and suggestions provided on reports - Strong support for Long Covid Business Case and commended the work undertaken to develop the new model which was understood to have been recognised externally for the innovative model. - Divisional engagement in regard to the new divisional planning and performance accountability process was recognised. However, the task remained an additional pressure due to capacity and a challenge to implement. - The provisional month 12 outturn was in surplus, meaning that the Health Board had met its duty to break even over a three year period and that the Health Board's historic debts would be written off. This was excellent news, albeit achieved to a significant extent by unplanned non-recurring underspends. - The majority of additional pay costs in Month 12 were due to national pay awards and all or almost all of the recurrent costs were understood to be met by WG. 2023/24 savings targets set in the financial plan were very challenging but not impossible and would be discussed at the May Health Board meeting. Reported savings as at Month 1 are low linked in part to divisions focussing on their 2023/24 local plans. Receipt of their initial plans would provide greater clarity on the deliverability of the targets. - The People report was commended for the effective presentation of data which would also be enhanced with more comparative data going forward	
PF23/69 Review of Meeting Effectiveness The Committee and attendees reflected that the meeting had - provided safe space for discussion - provided understanding of report production - taken place with mutual respect - provided opportunities for discussion - been helpful to provide more discussion time in taking the 'reports as read' - been a richer experience due to being face to face in the room - good chairmanship style	
PF23/70 Summary of business considered in private session to be reported in Public The Finance, Performance and Information Governance Committee considered the following matters in private session on 23.2.23 - Revised energy governance and procurement arrangements in NHS Wales. These were endorsed and Health Board approval recommended. - Dental contractor request to novate contract was approved. - Draft IMTP update was received - A digital system progress update was received	
PF23/71 Date of next meeting	

The Committee Chair advised the next meeting date was to be confirmed.	
Exclusion of the Press and Public **It was resolved that** 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.	

PEFORMANCE, 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
Actions from 23.2.23 PFIGC						
2b	SW	**PF23/25.3 Finance reports 9&10** Arrange for divisional reports to be scheduled at each future meeting on COB	1.4.23	It is proposed a rolling programme is agreed to start from June 2023. Verbal agenda item 30.6.23, added to workplan	June 2023 Suggest item to close	
6	SW	**PF23/33 Business Tracker** • Meet with Committee Chair to discuss format requirements • Arrange process of prior scrutiny via ET ahead of future submissions to PFIGC	18.4.23	A meeting will be held with the new PFIG Chair to discuss the format of this report. 12.6.23 PFIGC Chair has confirmed meeting to be held on 16.6.23	April 2023 May 2023 Suggest item to close	
Actions from 12.5.23 PFIGC						
1	NG	**People performance report** • Committee requested that the report be enhanced with more comparative data across Wales going forward. • In response to the Committee's concern with the high numbers	August meeting			

		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				
2	SW	**PF23/65.5** Performance report trajectories would be helpful within future reporting.	30.6.23	Formal trajectories will be signed off as part of the 2023/24 plan, and then reporting will be against these trajectories.	July 2023	

Teitl adroddiad: *Report title:*	Updated Financial Plan 2023/24			
Adrodd i: *Report to:*	Performance, Finance & Information Governance Committee			
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023			
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this report is to provide a briefing on the update to the financial plan for 2023/24 from the planned agreed by the Health Board on 30 March 2023. The report attached sets out the resources delegated to the Health Board by Welsh Government, and, based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings and other financial improvements that will be delivered over the year. There have been some amendments to the plan as at 30 March 2023 and these are summarised. The attached report presents an updated financial plan for 2023/24.There remains a requirement for ongoing work through the financial year to improve the financial position.			
Argymhellion: *Recommendations:*	The Committee is recommended to approve the updates to the 2023/24 financial plan			
Arweinydd Gweithredol: *Executive Lead:*	Steve Webster Interim Executive Director of Finance			
Awdur yr Adroddiad: *Report Author:*				
Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐		I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒
Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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:	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	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.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	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. This one-year plan does not meet that obligation.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Not applicable This will be completed for the overall Annual Plan, which the Financial Plan will form part of.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	Not applicable This will be completed for the overall Annual Plan, which the Financial Plan will form part of.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	There are several risks to the initial financial plan and these are detailed in Appendix 3 of the attached report.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	See attached report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:*	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

(or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Proposed actions to deliver the budget are included in separate items on the agenda.

Rhestr o Atodiadau:

List of Appendices:
1. Summary of changes to the 2023/24 financial plan
2. Summary of the updated 2023/24 financial plan
3. Updated Finance section of the 2023/24 Annual Plan

Updated Financial Plan 2023-24 – Appendices 1 and 2

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Appendix 1: Summary of changes to the 2023/24 Financial Plan

	Recurrent £000	Non-recurrent £000	Total £000
Reductions			
Energy inflation not funded - reduced from £13.7m to £8.9m in line with the all-Wales energy forecast		-4,800	-4,800
Total reductions	**0**	**-4,800**	**-4,800**
Increases			
Unavoidable New Cost Pressure: WG Departmental Expenditure Limits (DEL) charge relating to H&SE		4,000	4,000
Unavoidable New Cost Pressure: Emergency Department Home Safe & Wellbeing service	580		580
Unavoidable New Cost Pressure: Complex Care	63		63
Unavoidable New Cost Pressures: RISP all-Wales business case - additional cost	157		157
Total increases	**800**	**4,000**	**4,800**
Total changes to plan	**800**	**-800**	**0**

The changes to the plan do not increase the overall position for 2023/24, which remains a £134.2m over spend. However they do result in an increase of £0.8m in the recurrent position, which is now a deficit of £202.8m.

In addition to these changes, the financial risks to the plan have been refreshed to reflect the latest position.

Appendix 2: Summary of the updated 2023/24 Financial Plan

	March Submission			Adjustments			June Submission		
	Recurrent £m	Non-recurrent £m	Total £m	Recurrent £m	Non-recurrent £m	Total £m	Recurrent £m	Non-recurrent £m	Total £m
Recurrent deficit b/f from 22/23									
Brought forward from 21/22	40.0		40.0			0.0	40.0		40.0
Performance and transformation commitments	42.0		42.0			0.0	42.0		42.0
Undelivered recurrent savings in 22/23	22.7		22.7			0.0	22.7		22.7
Costs pressures in 2022/23 over recurrent budgets	100.5		100.5			0.0	100.5		100.5
Underspends & slippage which could potentially continue	-22.3		-22.3			0.0	-22.3		-22.3
Sub-total	182.9	0.0	182.9	0.0	0.0	0.0	182.9	0.0	182.9
Cost pressures - Covid BAU	13.3		13.3			0.0	13.3		13.3
Total opening recurrent deficit	**196.2**	**0.0**	**196.2**	**0.0**	**0.0**	**0.0**	**196.2**	**0.0**	**196.2**
Demand growth & inflation									
Income									
Allocation growth	-22.3		-22.3			0.0	-22.3		-22.3
Strategic support		-82.0	-82.0			0.0		-82.0	-82.0
Pay awards - excluded from plan as per WG	0.0		0.0			0.0	0.0		0.0
Real Living Wage Care Home impact	-3.0		-3.0			0.0	-3.0		-3.0
Provider Income uplift	-0.9		-0.9			0.0	-0.9		-0.9
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		-15.8	-15.8			0.0		-15.8	-15.8
Planned care recovery		-27.1	-27.1			0.0		-27.1	-27.1
Value Based Healthcare		-3.1	-3.1			0.0		-3.1	-3.1
Total income changes	**-26.2**	**-128.0**	**-154.2**	**0.0**	**0.0**	**0.0**	**-26.2**	**-128.0**	**-154.2**
Expenditure									
Inflation:									
Energy inflation not funded externally		13.7	13.7		-4.8	-4.8		8.9	8.9
Other inflation	34.4		34.4			0.0	34.4		34.4
Pay awards - excluded from plan as per WG	0.0		0.0			0.0	0.0		0.0
Real Living Wage Care Home impact	3.0		3.0			0.0	3.0		3.0
Growth in demand	11.7		11.7			0.0	11.7		11.7
Unavoidable new cost pressures	5.1	0.5	5.6	0.8	4.0	4.8	5.9	4.5	10.4
New cost pressures - Nurse Staffing Act	3.0		3.0			0.0	3.0		3.0
New cost pressures - Planned Care	12.0		12.0			0.0	12.0		12.0
Service developments - TBC	1.5		1.5			0.0	1.5		1.5
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		15.8	15.8			0.0		15.8	15.8
Planned care recovery		27.1	27.1			0.0		27.1	27.1
Value Based Healthcare		3.1	3.1			0.0		3.1	3.1
Total expenditure changes	**70.7**	**60.2**	**130.9**	**0.8**	**-0.8**	**0.0**	**71.5**	**59.4**	**130.9**
Total demand growth & inflation	**44.5**	**-67.8**	**-23.3**	**0.8**	**-0.8**	**0.0**	**45.3**	**-68.6**	**-23.3**
Total demand growth & inflation excluding impact of strategic support	**44.5**	**14.2**	**58.7**	**0.8**	**-0.8**	**0.0**	**45.3**	**13.4**	**58.7**
Financial improvement									
Dis-investments identified	-13.5		-13.5			0.0	-13.5		-13.5
Savings identified	-18.2		-18.2			0.0	-18.2		-18.2
Savings and dis-investment stretch target	-7.0		-7.0			0.0	-7.0		-7.0
Total financial improvement	**-38.7**	**0.0**	**-38.7**	**0.0**	**0.0**	**0.0**	**-38.7**	**0.0**	**-38.7**
Net 2023/24 position before major decisions	**202.0**	**-67.8**	**134.2**	**0.8**	**-0.8**	**0.0**	**202.8**	**-68.6**	**134.2**

Updated Financial Plan 2023-24

Appendix 3: Updated Finance section of the 2023/24 Annual Plan

Overview of the financial plan

Under the Health Board's Standing Orders, the Board before the start of the financial year must approve a budget. This report sets out an initial budget for 2023/24 which represents a significant deficit against the resources which WG has allocated to the Health Board. As such, it will not be acceptable to the Welsh Government (WG), and there is a requirement for ongoing work through the financial year to improve the financial position. Nevertheless, this deficit position does represent an assessment at the current time of the 2023/24 financial position which is considered to be deliverable by the Health Board.

The three key components making up the 2023/24 financial position are as follows:

The 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 disinvestment

The table below provides a high level summary of the overall financial position for 2023/24. The overall position is a £134.2m deficit.

	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	71.5	59.4	130.9
Total demand growth & inflation	45.3	-68.6	-23.3
Financial improvement	-38.7	0.0	-38.7
Net 2023/24 position before major decisions	**202.8**	**-68.6**	**134.2**

Note: demand growth & inflation excluding impact of strategic support	45.2	13.4	58.6

The underlying deficit brought forward from 2022/23

The underlying deficit has been assessed at £196.2m. This is larger in value than the initial assessment in early January, but it does give us a much clearer view of where the deficit is and what the drivers for it are.

	Recurrent £m
Recurrent deficit b/f from 22/23	
Brought forward from 21/22	40.0
Performance and transformation commitments	42.0
Undelivered recurrent savings in 22/23	22.7
Costs pressures in 2022/23 over recurrent budgets	100.5
Underspends & slippage which could potentially continue	-22.3
Sub-total	182.9
Cost pressures - Covid BAU	13.3
Total opening recurrent deficit	**196.2**

Demand growth and inflation in 2023/24 offset by funding growth

The Welsh Government allocation growth for 2023/24 was 1.5%, which equates to £22.3m for BCU. The Health Board receives its income from Welsh Government in the form of an allocation. The additional resources available next year including the allocation growth are shown in the table below:

	Recurrent £m	Non-recurrent £m	Total £m
Income			
Allocation growth	-22.3		-22.3
Strategic support		-82.0	-82.0
Pay awards - excluded from plan as per WG	0.0		0.0
Real Living Wage Care Home impact	-3.0		-3.0
Provider Income uplift	-0.9		-0.9
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		-15.8	-15.8
Planned care recovery		-27.1	-27.1
Value Based Healthcare		-3.1	-3.1
Total income changes	**-26.2**	**-128.0**	**-154.2**

Demand growth and inflation estimates have been assessed using a range of information sources. The total estimated inflation is £34.4m and total estimated growth is £11.7m.

In addition to the assessment of cost increases from growth and inflation in 2023/24, an assessment has also been made of the value of energy costs in 2023/24 over 2022/23 recurrent budgets. This forecast in respect of BCU, based on 2022/23 usage, is £8.9m (as at 1 June 2023). These are unavoidable and new known cost pressures for 2023/24 that BCU cannot avoid. Many of these relate to all-Wales schemes and business cases for which commitments have already been made or are currently being assessed.

	Recurrent £m	Non-recurrent £m	Total £m
Expenditure			
Inflation:			
Energy inflation not funded externally		8.9	8.9
Other inflation	34.4		34.4
Pay awards - excluded from plan as per WG	0.0		0.0
Real Living Wage Care Home impact	3.0		3.0
Growth in demand	11.7		11.7
Unavoidable new cost pressures	5.9	4.5	10.4
New cost pressures - Nurse Staffing Act	3.0		3.0
New cost pressures - Planned Care	12.0		12.0
Service developments - TBC	1.5		1.5
Covid programme costs (TTP, mass vacc, Long Covid & PPE)		15.8	15.8
Planned care recovery		27.1	27.1
Value Based Healthcare		3.1	3.1
Total expenditure changes	**71.5**	**59.4**	**130.9**

Financial Improvement

This section describes the plans for financial improvement totalling £38.7m. The current position and aim for these plans is summarised in the table below.

Current status (estimated)	Recurrent £m	Non-recurrent £m	Total £m	Status
Savings and cost pressure reduction	-18.2		-18.2	Put forward by divisions - not yet fully validated
Disinvestment identified	-13.5		-13.5	Identified subject to potential QIA
Non-recurring under-spends managed to continue		-22.3	-22.3	Assessed as realistic
Stretch target for further financial improvement	-7.0		-7.0	Not identified
Total	**-38.7**	**-22.3**	**-61.0**	4.1% of controllable expenditure

It should be noted that the £22.3m non-recurring underspends in 2022/23 which will be managed to continue in 2023/24, are already netted off (i.e. deducted) in calculating the recurrent deficit of £196.2m taken as the starting point for 2023/24 planning.

In assessing the level of expectation within the budget of further savings beyond those already identified, a balance needs to be struck between ambition and deliverability. In the context of the relatively low level of recurrent savings delivered in recent years, and the other financial improvement plans outside savings plans, a stretch target for a further £7m of savings and/or dis-investment is included within the budget.

Financial Risks

There are significant risks contained within the Financial Plan, which will need to be monitored and managed throughout the year. In particular, these include the assumptions around anticipated Welsh Government funding noted above (only include this if we have a table of anticipated resources). There is also a risk to the Strategic Support funding of £82m going forward because Welsh Government have not confirmed it will continue in 2024/25 and 2025/26.

In addition to these funding risks, the following are the significant quantifiable and non-quantifiable risks relating to the Financial Plan:

Risks	£m	Likelihood
Quantifiable risks		
Failure to deliver savings not yet identified	7.0	Medium
Disinvestments - QIA reviews result in some planned limitations of developments not being confirmed	2.0	Medium
WG funding for RTC development is not agreed and BCU funds some level of work internally	2.0	Low
Costs of addressing special measures status are incurred and not funded by WG	1.0	Medium
Shortfall on Patient Charge Revenue dental income	3.3	Low
Failure to mitigate recurrent run rate above the plan	4.0	Medium
Total quantifiable risks	**19.3**	
Other non-quantified risks		
Further critical planned care improvement cannot be delivered within the £27m funding		Medium

Limited ability to deliver the clinical strategy and revised patient pathways within available resources		Medium
Inability to effectively manage cost and volume growth due to greater than anticipated inflationary pressures		Medium
New legislative requirements around hospital waste – this cannot be quantified at present		High

Opportunities / mitigations for the identified risks		
Review/reduce current investments	TBC	Low
Achievement of greater savings through the plans and approach outlined in this report – capitalising on the undoubted opportunities for improvement and savings/efficiency		Low
Seek to deliver a greater level of non-recurring underspends	-4.0	Medium
Potential for excess energy costs to be lower than the £8.9m included in the plan	TBC	Medium

In addition to the risks to the financial plan, there is a cash risk that Welsh Government cash support for an initial deficit plan is not available.

Teitl adroddiad: *Report title:*	2023-24 Month 2 PFIG Finance Report
Adrodd i: *Report to:*	Performance, Finance and Information Governance
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this report is to provide a briefing on the financial performance of the Health Board for the year to date as at end of May, 2023/24. In Year and Forecast Outturn position The Health Board's initial financial plan for 2023/24 is to deliver a deficit position of £134.1m. The May position is reporting an in-month deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position. The year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit. This essentially results from a shortfall in savings against plan of c£3.5m, although with an improvement in reported savings schemes on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted Intervention costs continue without a source of mitigating factors. 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, WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it. Savings 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 of £5.7m. Key action required is to significantly develop savings plans, to both move the total plans to the minimum expectation of £25.2m and to increase the green/amber element to at least 50% of more by the end of June. This can be through efficiency savings or dis-investments or reductions to cost pressures funded in the devolved budgets. Whilst progress in month has been made in month in terms of submitting plans, the total plan value falls significantly short of the required £25.2m. At Month 2, the full year plan value of green schemes totals £5.8m, of which £5.1m relates to recurrent savings. The full year plan value of red schemes totals £6.9m, of which £5.4m is recurring, however these require further work before assurance of delivery can be provided.

| | The value of pipeline schemes is £5.4m and this is the total value of green/amber, red and pipeline scheme is £18.1m.

Capital Programme

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 of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL). Work is needed over the next month to assess the value of cost pressures against the programme, relate to the level of uncommitted resources and make any necessary recommendations around reallocation of resources. |
|---|---|
| **Argymhellion:**

Recommendations: | The committee is asked to receive and scrutinise this report and to support the proposed adjustments to the capital programme. |
| **Arweinydd Gweithredol:**

Executive Lead: | Steve Webster, Interim Executive Director of Finance, |
| **Awdur yr Adroddiad:**

Report Author: | Michelle Jones, Head of Financial Reporting
Paula Dixon, Head of Financial Improvement
Daniel Eyre, Head of Capital Development |

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒		I Benderfynu arno *For Decision* ☐		Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	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.

Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	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.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments 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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3. Current risks and mitigations are shown in Appendix A, Slide 12. 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.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:*	**Appendix A & B** **BAF risks** BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

(or links to the Corporate Risk Register)	**Corporate Risk Register:** 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 **Appendix C** **BAF risks** 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 **Corporate Risk Register:** 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
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
Reason for submission of report to confidential board (where relevant)	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Implementation of recommendations

Rhestr o Atodiadau:

List of Appendices:

Ai - 2023/24 PFIG Finance Report - Month 2
Aii - 2023/24 WG Monitoring Return Report – Month 2
B - 2023/24 Savings Report - Month 2
C - 2023/24 Capital Report - Month 1-

Executive Summary

Objective

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.

Positives & Key Assurances

➢ Forecast position is to deliver a deficit of £134.1m, which is in line with the draft financial plan for the year.

➢ Key financial target for Cash is being met with a Closing Balance of £8.3m as at 31st May 2023.

➢ Approved Capital Resource Limit (CRL) for 2023/24 is £18.782m.

Issues & Actions

➢ Current month position is reporting a deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position.

➢ Year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit.

➢ 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 of £5.7m.

➢ Key action required is to significantly develop savings plans, to both move the total plans to the minimum expectation of £25.2m and increase the green/amber element to be 50% of more by the end of June. This can be through efficiency savings or dis-investments or reductions to cost pressures funded in the devolved budgets

Key Messages

➢ The May position is reporting an in-month deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position. The year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit. This essentially results from a shortfall in savings against plan of c£3.5m, although an improvement on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted intervention costs continue without a source of mitigating factors.

➢ WG and Board expectation is to move towards assurance on £134.1m being a worst case, and to incrementally reduce it.

➢ Whilst progress has been made in month in terms of submitting plans, the total plan value falls significantly short of the required £25.2m. At Month 2, the full year plan value of green schemes totals £5.8m, of which £5.1m relates to recurrent savings. The full year plan value of red schemes totals £6.9m, of which £5.4m is recurring, however, these require further work before assurance of delivery can be provided.

Summary of Key Numbers

Month 2 Position

In Month £173.9m against plan of £171.0m.
£2.9m adverse position, actual deficit
£14.1m versus planned deficit of £11.2m

YTD: £334.8m against plan of £330.9m
£3.9m adverse position, actual deficit
£26.3m versus planned deficit of £22.4m

Forecast

Projection held at planned deficit, but this is subject to significant risk around savings without significant improvement

£134.1m deficit

Divisional Performance Month 2

West IHC	£2.1m adverse
Central IHC	£2.8m adverse
East IHC	£1.4m adverse
Womens	£0.2m favourable
MH & LD	£1m adverse
Commissioning Contracts	£0.1m adverse
ICD Primary Care	£0.2m adverse
ICD Regional Services	£0.3m adverse
Support Functions	£1.3m favourable
Other Budgets	£2.4m favourable

Savings

In-month: £0.7m against target of £2.1m
£1.4m adverse

YTD: £0.7m against target of £4.2m
£3.5m adverse

Savings Forecast

£5.8m against target of £25.2m

£19.4m adverse worst case if no further savings delivered beyond current green schemes

COVID-19 Impact

£1.9m cost YTD

£16.6m forecast cost.
Funded by Welsh Government

£NIL impact

Income

£24.1m against budget of £23.1m

£1.0m Favourable

Pay

£166.4m against budget of £155.8m

£10.6m Adverse

Non-Pay

£192.5m against budget of £198.2m
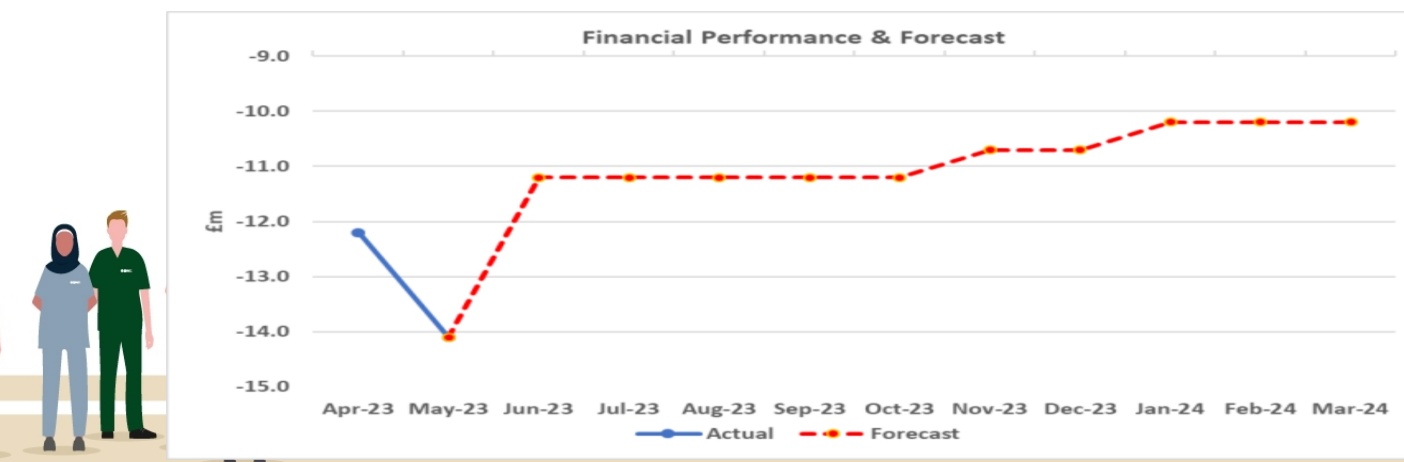
£5.7m Favourable

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:

- ➤ Actions to develop 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.
- ➤ Develop a considered list of potential further cost reduction options, which would require WG support or could only be taken on a cross-Wales basis.
- ➤ Develop local divisional integrated plans, and develop and implement an updated performance and accountability framework.

	Actual M1 £m	Actual M2 £m	2023/24 Cumulative				Forecast Actual £m
			Budget £m	Actual £m	Variance £m	Variance %	
Revenue Resource Limit	(148.7)	(159.8)	(308.5)	(308.5)	0.0	0.0%	(1,888.7)
Miscellaneous Income	(12.2)	(11.9)	(23.1)	(24.1)	-1.0	4.3%	(146.0)
Health Board Pay Expenditure	81.1	85.3	155.8	166.4	10.6	6.8%	1,011.6
Non-Pay Expenditure	92.0	100.5	198.2	192.5	-5.7	(2.9)%	1,157.2
Total Deficit / (Surplus)	12.2	14.1	22.4	26.3	3.9		134.1

- May position is reporting an in-month deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position. Year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit.
- This essentially results from a shortfall in savings against plan of c£3.5m, although an improvement on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted intervention costs continue without a source of mitigating factors.

Financial Performance & Forecast

(Chart: £m on y-axis from -9.0 to -15.0, months Apr-23 to Mar-24 on x-axis, showing Actual and Forecast lines.)

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	£000
WG RESOURCE ALLOCATION	(159,794)	(159,794)	0	0%	(148,705)	(148,705)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	(479)	93	(572)	-119%	(985)	185	(1,170)	-119%	(3,504)
West Area	15,537	15,604	(67)	0%	30,607	30,479	128	0%	(1,750)
Ysbyty Gwynedd	10,458	11,087	(629)	-6%	20,598	21,524	(927)	-4%	(6,305)
Facilities	1,140	1,162	(22)	-2%	2,133	2,238	(106)	-5%	(634)
Total West	26,656	27,946	(1,289)	-5%	52,353	54,427	(2,074)	-4%	(12,193)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	(608)	95	(703)	-116%	(1,216)	188	(1,404)	-115%	(8,984)
Central Area	20,107	20,245	(138)	-1%	39,350	39,183	167	0%	188
Ysbyty Glan Clwyd	13,181	14,126	(945)	-7%	26,003	27,534	(1,531)	-6%	(7,071)
Facilities	1,371	1,335	36	3%	2,593	2,602	(9)	0%	(52)
Total Central	34,051	35,801	(1,749)	-5%	66,731	69,508	(2,777)	-4%	(15,919)
EAST INTEGRATED HEALTH COMMUNITY									
Management	553	87	466	-84%	(122)	191	(312)	-257%	(1,750)
East Area	22,375	23,038	(663)	-3%	44,544	44,803	(259)	-1%	0
Ysbyty Wrexham Maelor	10,763	11,318	(555)	-5%	21,440	22,062	(621)	-3%	(5,052)
Facilities	1,187	1,268	(81)	-7%	2,267	2,450	(182)	-8%	(1,091)
Total East	34,878	35,711	(834)	-2%	68,130	69,504	(1,375)	-2%	(7,893)
Total Midwifery and Women's Services	3,926	3,753	174	4%	7,530	7,341	189	3%	18
Total Mental Health and LDS	13,343	14,141	(798)	-6%	26,181	27,154	(974)	-4%	(1,771)
Total Commisioning Contracts	23,273	23,260	13	0%	44,942	45,052	(110)	0%	(0)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	844	746	98	12%	1,639	1,542	97	6%	392
Dental North Wales	2,608	2,656	(48)	-2%	5,216	5,331	(115)	-2%	(0)
Community Dental Services	416	499	(83)	-20%	815	968	(153)	-19%	(918)
Other Primary Care	1,433	1,450	(17)	-1%	3,053	3,070	(17)	-1%	0
Total Integrated Clinical Delivery Primary care	5,301	5,350	(50)	-1%	10,723	10,912	(189)	-2%	(526)
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,897)	(1,893)	(3)	0%	(3,704)	(3,701)	(3)	0%	(0)
Diagnostic and Specialist Clinical Support	6,427	6,672	(245)	-4%	12,638	13,193	(555)	-4%	(3,814)
Cancer Services	5,218	5,106	112	2%	9,839	9,556	283	3%	(221)
Total Integrated Clinical Delivery	9,748	9,885	(137)	-1%	18,773	19,048	(275)	-1%	(4,035)
Total Service Support Functions	12,617	12,776	(158)	-1%	26,052	24,795	1,257	5%	745
Total Other Budgets	7,177	5,281	1,896	26%	9,441	7,038	2,403	25%	41,574
Total	11,178	14,110	(2,932)	-26%	22,355	26,280	(3,924)	-18%	(0)

Integrated Health Community Positions at Month 2
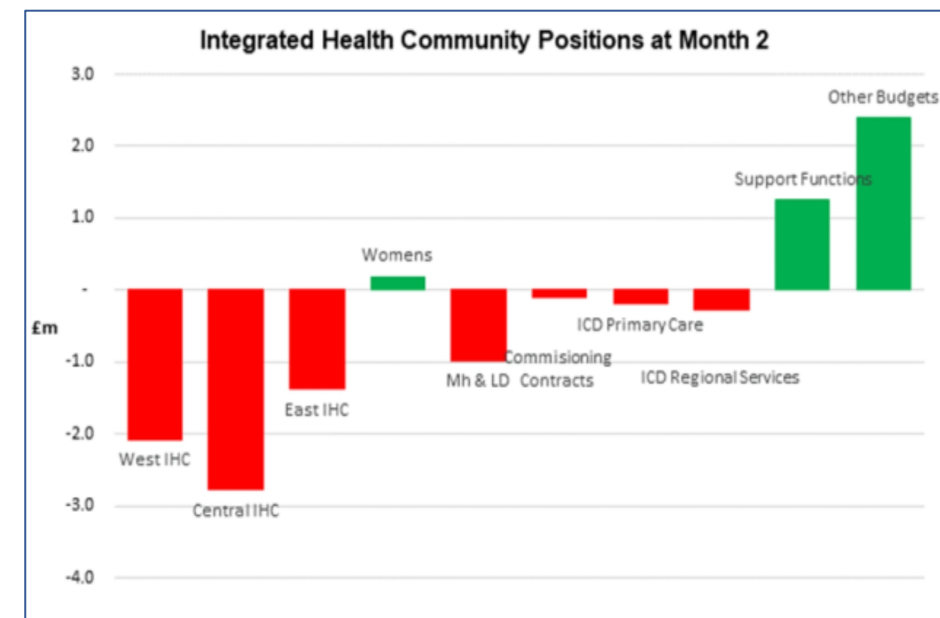
- May position is reporting an in-month deficit of £2.9m higher than the profiled financial plan deficit of £11.2m for Month 2.

- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.

- Non Pay pressures continue within CHC and Out of Area placements due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.

- Non delivery of CRES is also having an impact.

Income

Description	£m
Allocations Received	1,835.2
Total Allocations Received	**1,835.2**

Description	£m
Allocations anticipated	
Capital Depreciation - Imparirment	1.6
COVID-19	15.8
Real Living Wage (Care Homes)	3.0
Substance Misuse	6.0
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
SDEC	1.6
MSK Orthopaedic funding	1.2
Dispensing Fees increasing	1.5
Service Transfer of LPHT to Health Boards	1.8
WRP Contribution	- 5.2
CAMHs In-Reach	1.8
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 recurrent wage award (to be queried)	1.3
EASC recurrent wage award (to be queried)	2.7
WHSSC English/ Cross border cost uplift 1.9%	0.6
Other	2.0
Total Allocations Anticipated	**53.5**

	£m
Total Allocations Received	1,835.2
Total Allocations Anticipated	53.5
Total Welsh Government Income	**1,888.7**

- 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 £1,888.7m. £308.5m of the RRL has been profiled into the cumulative position, which is £6.3m less than an equal twelfth.

- Confirmed allocations to date is £1,835.2m, with further anticipated allocations in year of £53.5m. This includes anticipated allocation of £16.6m for COVID-19, with £2.8m of COVID-19 income profiled into the cumulative position.

- 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
Total 23/24 COVID-19 Forecast Expenditure	16.6
Received	0.9
Anticipated	15.7

Expenditure – Pay & Non-Pay

Pay Costs	2022-23				2023-24		Cumulative			Full Year Forecast Expenditure
	M9	M10	M11	M12	Actual M01	Actual M02	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	11.7	12.0	11.9	21.4	11.7	12.2	21.7	23.9	(2.2)	147.2
Medical & Dental	16.7	18.6	18.6	31.1	18.8	19.5	35.4	38.3	(2.8)	236.9
Nursing & Midwifery Registered	22.9	24.5	24.9	43.1	24.6	26.3	49.0	50.9	(1.8)	306.4
Additional Clinical Services	10.8	11.8	12.2	22.0	12.0	12.9	22.2	24.9	(2.7)	40.1
Add Prof Scientific & Technical	3.0	3.1	3.1	6.1	3.2	3.3	6.8	6.5	0.3	148.1
Allied Health Professionals	5.2	5.4	5.4	10.0	5.6	5.6	10.1	11.3	(1.2)	68.6
Healthcare Scientists	1.1	1.3	1.3	2.2	1.3	1.4	2.8	2.8	0.0	16.3
Estates & Ancillary	3.7	3.8	3.9	6.7	3.8	4.0	7.7	7.8	(0.1)	47.1
Students	0.0	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.0	0.8
Health Board Total	75.1	80.8	81.5	142.6	81.1	85.3	155.8	166.4	(10.6)	1,011.6
Other Services (Incl. Primary Care)	2.6	2.6	2.9	3.1	2.1	2.8	4.1	4.9	(0.8)	29.4
Total Pay	77.7	83.4	84.4	145.7	83.2	88.1	159.9	171.3	(11.4)	1,041.0

Non-Pay Costs	2022-23				2023-24		Cumulative			Full Year Forecast Expenditure
	M9	M10	M11	M12	Actual M1	Actual M2	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	18.3	37.3	36.9	0.3	222.5
Primary Care Drugs	10.2	10.4	10.3	11.8	9.3	10.4	20.6	19.7	0.9	126.4
Secondary Care Drugs	7.1	7.4	7.5	5.7	6.5	7.6	14.7	14.1	0.5	89.6
Clinical Supplies	6.7	6.0	6.0	7.3	6.4	7.1	13.1	13.5	(0.4)	78.6
General Supplies	6.1	2.9	4.8	6.8	3.6	3.6	7.4	7.2	0.1	42.3
HC Services Provided by Other NHS	27.9	27.2	31.1	26.1	26.2	28.1	53.8	54.3	(0.5)	325.0
Continuing Care and FNC	8.9	7.0	6.9	10.3	10.1	10.2	19.1	20.3	(1.1)	117.5
Other	9.0	10.2	9.8	10.2	8.7	10.7	25.2	19.4	5.9	113.1
Non-pay costs	94.7	90.7	95.4	95.8	89.5	96.0	191.2	185.5	5.7	1,115.1
Cost of Capital	3.1	3.1	3.1	8.4	2.5	4.5	7.0	7.0	0.0	42.2
Total non-pay	97.8	93.8	98.5	104.2	92.0	100.5	198.2	192.5	5.7	1,157.2

- **Provided Services Pay:** Health Board Provided Services Pay Expenditure has increased by £4.2m (4.9%), of which £1.2m is increase in Pay enhancements and £2.0m due to the 22/23 1.5% recurrent pay award backdated to April paid in May.

- Pay expenditure excludes the additional cost of 2023/24 Pay Award impact, which is expected to be fully funded by WG. However, there is a risk that this will not be the case, as the actual cost of the 2022/23 is greater than the funding provided.

- Variable Pay has increased by £1.4m from April and is £0.5m higher than the 2022/23 monthly average. (Further detail om Variable Pay is included in Slide 8)

- **Non-Pay Expenditure (excluding Capital Charges)**: May expenditure is £96.0m, an increase of £6.5m from April (Further detail on Non-Pay costs included on Slide 10)

Pay Costs

- Variable Pay has increased by £1.4m from April and is £0.5m higher than the 2022/23 monthly average. Variable Pay in month increases includes Agency (£1.0m), Bank (£0.4m) and Overtime is in line with previous month.

- All three sites are reporting an increase in Nursing staffing costs due to vacancies, and an increase in Agency Nursing to maintain NSA staffing levels on Wards. PAAR payments are also contributing towards pay pressures.
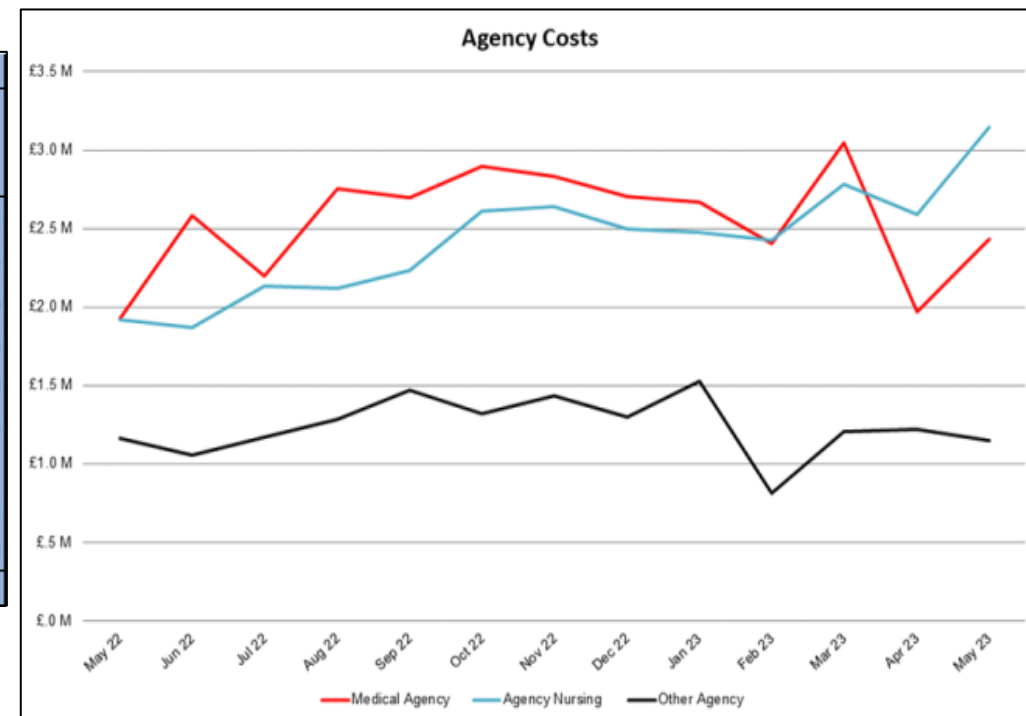
| | 2022-23 | | | | | 2022-23 | 2023-34 | | |
| Variable Pay | M8 | M9 | M10 | M11 | M12 | Monthly Average Spend | M1 | M2 | Total |
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	6.9	6.5	6.7	5.6	7.0	6.1	5.8	6.7	12.5
Overtime	1.3	1.2	0.9	1.5	1.7	1.4	1.1	1.2	2.3
Locum	2.5	2.2	2.1	2.3	2.6	2.2	2.2	2.4	4.5
WLIs	0.6	0.5	0.4	0.5	0.5	0.4	0.4	0.4	0.9
Bank	2.4	2.0	2.5	2.8	4.4	2.6	2.3	2.7	5.0
Other Non Core	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.2
Additional Hours	0.4	0.4	0.3	0.1	0.4	0.3	0.4	0.4	0.8
Total	14.1	12.8	13.0	13.1	16.7	13.1	12.4	13.8	26.2

Pay Costs – Agency

- Agency expenditure for May is £6.7m, representing 7.6% of total pay. May Agency expenditure is reporting an increase of £0.9m from April and is £0.6m higher than the average monthly cost for 2022/23 mainly due to the increase in Nurse Agency costs. Of the £6.7m, the 3 hospital sites accounted for £3.7m of the costs.

- Medical Agency costs have increased by £0.4m to an in-month spend of £2.4m. The average monthly medical agency expenditure for 2022/23 was £2.5m.

- Nurse agency costs totalled £3.1m for the month, £0.5m higher than costs in April and £1.0m higher than the monthly average of £2.1m for 2022/23. The increase in Nurse Agency costs is due to vacancies, maintaining Nurse Staffing Act Ward staffing levels and the need to source off-contract agency.

- Other agency costs totalled £1.2m in May, which is in line with the previous month.

	22-23 Actual					23-24 Actual		
	Dec-22	Jan-23	Feb-23	Mar-23	Total Full Year Actual	Apr-23	May-23	Total Year to Date
West Area	127	112	211	155	2,136	148	281	428
Central Area	508	561	154	638	5,092	416	527	943
East Area	879	814	893	733	9,425	676	879	1,555
Ysbyty Gwynedd	776	809	844	1023	8,644	884	1024	1,908
Ysbyty Glan Clwyd	1,365	1552	1066	1807	16,648	1323	1757	3,080
Ysbyty Maelor Wrexham	1,000	1105	1029	1041	11,700	851	922	1,773
Mental Health & LDS	774	740	665	827	7,593	629	602	1,231
Womens	336	245	265	314	2,704	226	130	356
Other	731	731	515	1021	8,797	619	600	1,219
Total Agency	6,495	6,669	5,642	7,559	72,740	5,771	6,721	12,492

Agency Costs

Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)

Legend: Primary Care Contractors, Primary Care Drugs, Secondary Care Drugs, Clinical Supplies, General Supplies, HC Services Provided by Other NHS, Continuing Care and FNC, Other
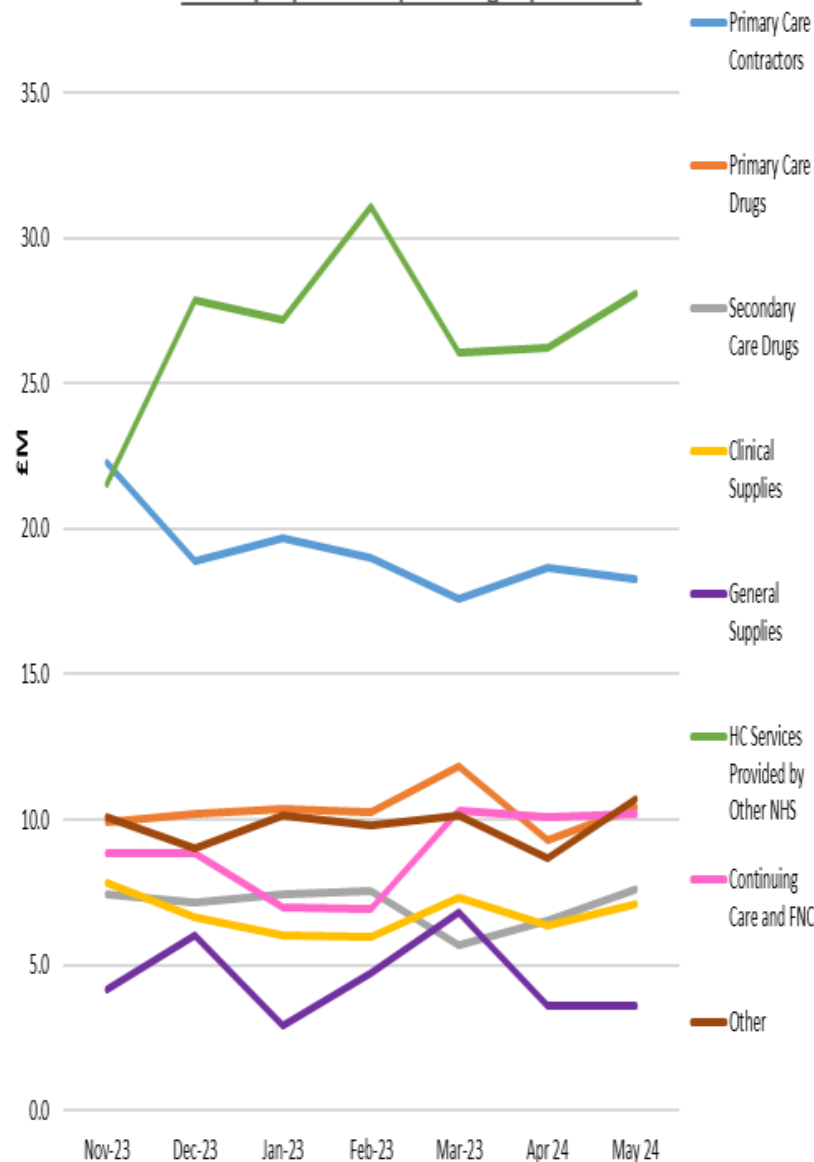
- **Primary Care Contractor: E**xpenditure is £0.4m (2.2%) less than April, however pressures remain within General Medical Services (GMS) arising from dispensing cost of drugs and fees. Additional funding of £1.7m was received in 2022/23 for the increased costs of GMS Dispensing Fees, but no additional funding has yet been received for 2023/24. The Health Board is significantly impacted due to the high number of Dispensing Practices within rural areas. 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. The £3.3m shortfall on PCR (Patient Charge Revenue) is offset by a £2.3m benefit in contract handbacks, thus resulting in a net risk of £1.0m.

- **Primary Care Drugs: E**xpenditure has increased by £1.1m (10.2%) from April. The in-month movement is predominantly due to additional prescribing days, 21.5 prescribing days in May compared to 19 in April. Also, significant pressures remain due to a high number of common products such as antibiotics included on the No Cheaper Stock Obtainable (NCSO) List.

- **Provider Services Non Pay:** May expenditure is £2.4m (13.0%) higher than previous month, and is £1.5m less than the 22/23 monthly average. Activity has increased across the three acute sites, in particular increased Theatre activity leading to an increase of £0.7m in Clinical Services & Supplies M&SE consumables and implants expenditure.

- **Secondary Care Drugs: E**xpenditure is £7.6m, an increase of £1.1m (14.2%) from previous month and £0.7m increase from 2022/23 monthly average spend. There is a general increase in drugs expenditure across several specialities due to increased activity and specifically in Oncology and Haematology Drugs spend has shown an in month increase of £0.5m. Cancer drugs costs are also volatile due to changing protocols, case mix start dates and NICE guidelines.

- **Healthcare Services provided by Other NHS Bodies**: Expenditure is £1.8m (6.6%) higher than previous month and £2.1m (7.8%) higher than the monthly average for 2022/23. Of the in-month increase £1.3m is WHSCC recurrent pay award and £0.6m WHSSC cross border cost 23/24 uplift, for which income has been anticipated.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure in May is £0.2m (1.7%) higher than April. There's an overall increase of 35 Packages of Care in the Integrated Health Communities (IHC's). Despite no overall change in MHLD Packages of Care numbers, Mental Health Out of Area Placements continues to be an area of high concern due to increase in Delayed Transfers of Care and increase in complexity of packages is also leading to higher costs. MHLD is reporting a £0.5m adverse variance on Out of Area placements at Month 2.

Impact of COVID-19

- Total year to date COVID expenditure for WG funded programmes is £1.9m and full year forecast spend is £16.8m. 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 for the WG funded programmes and subject to firming up forecasts, internal movements of £0.123m will be actioned to cover cost of payawards within the COVID-19 Vaccination programme.

- All WG COVID programmes are forecast to spend the maximum funding. Expenditure plans are still to be finalised and work is ongoing to firm up all COVID forecast costs, but currently suggests that COVID will have a shortfall of £0.1m. Any underspends on WG COVID funding will need to be returned, unless there is prior agreement with WG Policy Leads.

- As per the Financial Plan, additional funding of £13.348m has been allocated for COVID costs outside of Welsh Government COVID funding. The year-to-date expenditure against this is £1.0m. However, these figures are being challenged to ensure that all divisions are capturing the full costs.

	Year to Date Expenditure £m	Forecast at Month 2 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.2	3.4
COVID-19 Vaccination (Immunisation) Programme	1.4	9.6
Nosocomial, PPE, Long COVID & Other	0.3	3.8
Total COVID-19 Expenditure	**1.9**	**16.8**
Welsh Gov COVID-19 Income	1.9	16.6
Internal Virement - Payaward	0	0.1
Impact of COVID-19 on Position	**0.0**	**(0.1)**

Risks and Opportunities (not included in position)

RISKS		£m	Level
1	Failure to deliver additional savings not yet identified	£7.0m	Medium
2	Assumed Disinvestment - QIA reviews result in some limitations to planned dis-investments	£2.0m	Medium
3	Costs of addressing special measures status are incurred and not funded by WG	£1.0m	Medium
4	Dental - Net shortfall of £3.3m PCR receipts offset by benefits from Contract Handbacks	£1.0m	High
5	Failure to mitigate the run rate above plan (operational pressures)	£4.0m	Medium
	Total Quantifiable Risks	**£15.0m**	
	Other non-quantified risks		
	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
	Inability to effectively manage cost and volume growth due to greater than anticipated inflationary pressures	TBC	Medium
	New legislation requirements around hospital waste	TBC	High
	Risk of Pressures on the New Treatment Fund	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	£4.0m	Medium
4	Potential for excess energy costs to be lower than the £8.9m included in the plan	TBC	Medium
	Total Opportunities	**£4.0m**	
	NET RISK	**£11.0m**	

- 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).

MONITORING RETURN

Month 2 2023/24

Steve Webster
Interim Executive Director of Finance

Betsi Cadwaladr University Health Board

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
Net 2023/24 position before major decisions	**202.7**	**-68.6**	**134.1**

1.2 Actual Year to Date Position

- The in-month position is reporting a deficit of £14.1m, which is £2.9m higher than the profiled Financial Plan for Month 2 and an increase of £1.9m from April's position. The year to date position as at the end of May is reporting a deficit of £26.3m, this represents a £3.9m adverse variance compared to 2/12th of the £134.1m core plan deficit.

- This essentially results from:

  - A shortfall in savings against plan of c£3.5m, although an improvement on Month 1. Therefore, a range of other cost pressures including CHC, out of area mental health placements, faster than planned shift fill towards assessed requirements under the Nurse Staffing Act, and YGC Targeted intervention costs continue without a source of mitigating factors.

1.3 Forecast Position

- The forecast position is to deliver a deficit of £134.1m, which is in line with the financial plan for the year.

1.4 Income (Table B)

- Income totals £171.7m for May, an increase of £10.8m (6.3%) from April. The Revenue Resource Limit (RRL) is £159.8m, an increase of £11.1m (6.9%) from April. Further details are included in Section 7 (Table E).

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

- Expenditure totals £185.8m for May, an increase of £12.7m (6.9%) from April. This compares to a monthly average of £178.6m in 2022/23.

- The areas of significant increase in spend are Primary Care-Drugs & Appliances (£1.1m), Provided Services Pay (£4.2m), Provider Services Non-Pay (£2.4m), Secondary Care Drugs (£1.1m), Healthcare Services provided by Other NHS Bodies (£1.8m) and DEL Depreciation (£2.0m). Further detail on key movements in spend is provided in the below table.

- Expenditure of £1.4m is directly related to COVID-19 in May, an increase of £0.1m from April.

| Primary care Contractor | • May expenditure is £0.4m (2.2%) less than April, however pressures remain within General Medical Services (GMS) arising from 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. |

	• 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. As per Section 3.1, a £3.3m shortfall on PCR (Patient Charge Revenue) is offset by a £2.3m in contract handbacks benefits resulting in a net risk of £1.0m.
Primary care – Drugs & Appliances	• Month 2 expenditure is £1.1m (10.2%) higher than the previous month, with a £2.3m (1.8%) increase in annual forecast from Month 1. The in-month movement is predominantly due to additional prescribing days, 21.5 prescribing days in May compared to 19 in April. Also, significant pressures remain due to a high number of common products such as antibiotics included on the No Cheaper Stock Obtainable (NCSO) List. • Following receipt of March prescribing data, the Average Cost per Prescribing Day has marginally reduced by 0.6%, March was £0.520m compared to £0.523m for February, however the Average Cost per Item prescribed increased in March to £7.52 per item compared to £7.48 per item for February. • The 3-month Average Cost per Item also increased from £7.50 to £7.54 (+0.6%).
Provided Services – Pay	• Provided Services Pay expenditure has increased by £4.2m (4.9%), of which £1.2m is increase in Pay enhancements and £2.0m due to the 22/23 1.5% recurrent pay award backdated to April paid in May. • Provided Services Pay expenditure excludes the additional cost of 2023/24 Pay Award impact, which is expected to be fully funded by WG. However, there is a risk that this will not be the case, as the actual cost of the 2022/23 is greater than the funding provided. • Variable Pay has increased by £1.4m from April and is £0.5m higher than the 2022/23 monthly average. Variable Pay in month increases includes Agency (£1.0m), Bank (£0.4m) and Overtime is in line with previous month. All three sites are reporting an increase in Nursing staffing costs due to vacancies, and an increase in Agency Nursing to maintain NSA staffing levels on Wards. PAAR payments are also contributing towards pay pressures. • Further detail on Agency spend is included in Section 5.1.
Provider Services Non-Pay	• May expenditure is £18.4m, which is £2.4m (13.0%) higher than previous month and £0.5m higher than the MDS forecast for May. However, April expenditure was £1.5m less than the monthly average for 2022/23. • Activity has increased across the three acute sites, in particular increased Theatre activity leading to an increase of £0.7m in Clinical Services & Supplies M&SE consumables and implants expenditure.

Secondary care Drugs	• Month 2 expenditure is £7.6m, an increase of £1.1m (14.2%) from previous month and £0.7m increase from 2022/23 monthly average spend. • There is a general increase in drugs expenditure across several specialities due to increased activity and specifically in Oncology and Haematology Drugs spend has shown an in month increase of £0.5m. Cancer drugs costs are also volatile due to changing protocols, case mix start dates and NICE guidelines.
Healthcare Services provided by other NHS Bodies	• Month 2 expenditure is £1.8m (6.6%) higher than previous month and £2.1m (7.8%) higher than the monthly average for 2022/23. Of the in-month increase £1.3m is WHSCC recurrent pay award and £0.6m WHSSC cross border cost 23/24 uplift, for which income has been anticipated. WHSCC funding may change when the English value is agreed, as the income is based upon a commissioner allocation rather than a provider allocation. • Contracts have not yet been agreed, which are subject to risk around growth assumptions.
Continuing Health care (CHC) and Funded Nursing care (FNC)	• Expenditure in May is £0.2m (1.7%) higher than April. • There's an overall increase of 35 Packages of Care in the Integrated Health Communities (IHC's). Despite no overall change in MHLD Packages of Care numbers, Mental Health Out of Area Placements continues to be an area of high concern due to increase in Delayed Transfers of Care and increase in complexity of packages is also leading to higher costs. MHLD is reporting a £0.5m adverse variance on Out of Area placements at Month 2.
Other Private and Voluntary Sector	• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers. • May expenditure is in line with previous month and last year's monthly average.
Joint Financing	• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget. • Expenditure is £0.1m less than April expenditure.
Losses, Special Payments and Irrecoverable Debts	• Includes Redress, Clinical Negligence, Personal Injury and loss of property. • Expenditure is £0.4m higher than April. This is due to the Month 1 return Welsh Risk Pool (WRP) top slice was shown in Month 2 as per the MDS, which has now been correctly adjusted through anticipated income, rather than expenditure.

	• Also, in Month 2, 2/12ths of the H&SE fine has been accrued for (£0.6m), this has been mitigated via the benefit from the revised energy forecast received 1st of June. The value of the fine is currently the estimated value based upon the information as at M12. Further information will be known after the hearing takes place in August. • Due to timing, we will anticipate the full return of the AME funding from 22/23 at Month 3.
Capital	• Includes depreciation and impairment costs. The £2.0m increase from Month 1 has been fully funded.

- The forecast expenditure excludes the additional 2023/24 Pay Award impact. WG has committed to fully fund pay rises during the year. The value of these is not known, 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 on the 1 June 23 has reduced the pressure by £4.8m, to £20.1m and this has been reflected in the revised Opening Plan. The resulting benefit has mitigated additional cost pressures that have also been reflected in the revised Opening Plan (predominately the reflection of the DEL charge relating to H&SE).

- Primary Care Prescribing Annual Forecast has increased by £2.3m due to the continued trend of high climb in costs, mainly driven by NCSO tariffs and the current Category M price with costs being £9.2 million higher than the same period last year. This trend is consistent with other Health Boards across Wales. Items prescribed on a rolling average showed the general upward trend over time, 18,287 million items. This is just under 1.6% growth over the period and again, just about average when compared across Wales. Further to a comparison of the actual February & March prescribing, dispensing and community pharmacy contract out-turn costs for 22/23 to the estimates in the 2022/23 accounts, there will be a net under accrued cost pressure of £0.26m to pick up in 23/24. GP Dispensing activity levels (and costs) were far higher than modelled and significantly above previous trend levels leading into Feb and March.

- The Health Board has significantly revised the SOCNE data at Month 2 compared to the initial draft plan. Going forward we will describe the movements compared to the new month 2 baseline (table B1).

1.6   Performance and Transformation Strategic Support and Other Ring-fenced Funds

- As per the financial plan it is forecast that the 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) will be spent in full. Actual performance against plans will be monitored monthly and used to inform future forecasts.

- Plans still need to be refined for a small number of schemes and a full update and profile will be provided in Month 3.

1.7   Accountancy Gains (Table B)

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

1.8   COVID-19 (Table B3)

- Total year to date COVID expenditure for WG funded programmes is £1.9m and full year forecast spend is £16.8m. 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. This is funded by £16.6m of Welsh Government (WG) funding for the WG funded programmes and internal movements of £0.123m have been actioned to cover cost of payawards within the COVID-19 Vaccination programme.

- In Month 1, the tables included a value of £0.4m relating to COVID costs not funded by WG, these have been removed and the below table only shows the WG funded programmes.

- All COVID programmes are forecast to spend the maximum funding. Expenditure plans are still to be finalised and work is ongoing to firm up all COVID forecast costs, but currently suggests that COVID will have a shortfall of £0.1m. Any residual Covid-19 costs outside of the confirmed 23/24 funding areas is now reported as part of the Health Board's Operational pressures position on Table B. Further internal challenge next month, on the future profile of spend, may result in being able to contain spend within the confirmed WG Allocation.

- A summary of COVID-19 year to date expenditure and forecast as per Table B3 is provided below:

	Year to Date Expenditure £'m	Forecast at Month 2 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.2	3.4
COVID-19 Vaccination (Immunisation) Programme	1.4	9.6
Nosocomial, PPE, Long COVID & Other	0.3	3.8
Total COVID-19 Expenditure	**1.9**	**16.8**
Welsh Gov COVID-19 Income	1.9	16.6
Internal Virement - Payaward	0.0	0.1
Impact of COVID-19 on Position	**0.0**	**(0.1)**

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.

- 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:

    - ➢ Actions to develop 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.
    - ➢ Develop a considered list of potential further cost reduction options, which would require WG support or could only be taken on a cross-Wales basis.
    - ➢ Develop 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 on 7 June.

- Table A has been updated to reflect the latest Energy forecast, which has resulted in a non-recurrent reduction of cost pressures of £4.8m compared to the Month 1 forecast. Additional costs relating to the DEL charge for H&SE (non-recurrent) plus a number of other pressures (£0.8m recurrent) have also been included. Following this amendment, the Health Board's revised underlying position has been revised to reflect a carried forward underlying deficit of £202.7m.

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. Where we are clear of specific costs for both risks and opportunities, these are incorporated into the forecasts.

	£m	Level
Risks		
Failure to deliver planned savings not yet identified	£7.0m	Medium
Assumed Disinvestment - QIA reviews result in some limitations to planned dis-investments	£2.0m	Medium
Costs of addressing special measures status are incurred and not funded by WG	£1.0m	Medium
Dental – Net shortfall of £3.3m PCR receipts offset by benefits from Contract Handbacks	£1.0m	High
Failure to mitigate the run rate above plan (operational pressures)	£4.0m	Medium
Total Quantifiable Risks	**£15.0m**	
Other non-quantified risks		
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
Inability to effectively manage cost and volume growth due to greater than anticipated inflationary pressures	TBC	Medium
New legislative requirements around hospital waste,	TBC	High
Risk of Pressures on the New Treatment Fund	TBC	Medium

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

	£m	Level
Opportunities / mitigations for the identified risks		
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	£4.0m	Medium
Potential for excess energy costs to be lower than the £8.9m included in the plan	TBC	Medium
Total Opportunities	**£4.0m**	

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.

5. AGENCY/LOCUM EXPENDITURE

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

- Agency expenditure for Month 2 is £6.7m, representing 7.6% of total pay. May Agency expenditure is reporting an increase of £0.9m from April and is £0.6m higher than the average monthly cost for 2022/23 mainly due to the increase in Nurse Agency costs.

- Medical Agency costs have increased by £0.4m to an in-month spend of £2.4m. The average monthly medical agency expenditure for 2022/23 was £2.5m.

- Nurse agency costs totalled £3.1m for the month, £0.5m higher than costs in April and £1.0m higher than the monthly average of £2.1m for 2022/23. The increase in Nurse Agency costs is due to vacancies, maintaining Nurse Staffing Act Ward staffing levels and the need to source off-contract agency.

- Other agency costs totalled £1.2m in May, which is in line with the previous month.

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

- 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 of £5.7m. The requirement is for savings to be cash releasing and recurring.

- The Savings Target has been profiled on a flat 1/12 basis, therefore the Target for the month totalled £2.1m. This excludes stretch targets.

- At Month 2, the full year plan value of green schemes totals £5.8m, of which £5.1m relates to recurrent savings. There are currently no Amber schemes. These values relate to 13 Green schemes, an increase on the 3 Green schemes with a FY Plan of £0.6m reported at Month 1.

- Whilst progress has been made in month in terms of submitting plans, the total plan value falls significantly short of the required £25.2m.

- Being 2 months into the financial year, this, and the lack of developed schemes to address the shortfall, is a concern. Detailed actions have been assigned and are being tracked. Executive support is needed to ensure that progress is made in an accelerated timescale.

- The Year to Date (YTD) Plan totals £0.9m. YTD achieved savings total £0.7m. The adverse variance against Plan totals £0.2m. Of this, £0.1m (Procurement) will be reported in Month 3 and £65k (MHLD) will be recovered over the year. West and Womens have reduced their Full Year Forecasts.

- The Plan for Month 2 (in month) also totalled £0.9m and actual savings delivered in month totalled £0.7m, of which £0.6m was recurring. Some Integrated Healthcare Communities (IHC's) and Services reported verbally that savings are being achieved and reflected in their position, but not reported as a saving as schemes have not yet been submitted or converted to Amber or Green. The value of such savings has not been provided.

- The full year plan value of red schemes totals £6.9m, of which £5.4m is recurring. The full year plan for green and red schemes is therefore £12.7m, of which £10.5m is recurring.

- The estimated full year plan value of further pipeline opportunities totals £5.4m, of which £5.1m is recurring. Including these opportunities, the total full year plan stands at £18.1m of which £15.6m is recurring. Including these schemes, the shortfall compared to the £25.2m is £9.6m. However, assurance cannot be provided on Red and Pipeline schemes. Summary next steps are outlined below.

- Key to success will be the Health Board's ability to effectively mobilise and deliver large and cross-cutting programmes. The programmes identified last year need further action to enable them to progress.

- Recovery actions:-
  - 'Check and Challenge' sessions are commencing w/c 12/6 with the Divisions, to reiterate expectations for all schemes to be identified by end of June, with a minimum of 50% meeting the G/A status.
  - A new Performance and Finance Delivery Group is being established which will receive and challenge local expenditure, savings, workforce and performance plans and delivery. With escalation, if mitigation actions do not materialise within the financial position. First Meeting end June/early July.
  - A 'Star Chamber' approach to reviewing cost pressures and investments that are already in the run rate; agree disinvestment schemes, work up exit strategies and identify a pipeline of savings for 24/25. Three sessions to be held by end of July.

7.1   Income/Expenditure Assumptions (Table D)

- All figures included in Table D are based on 2022/23 outturn.

7.2   Resource Limits (Table E & E1)

- The Revenue Resource Limit (RRL) for the year is £1,888.7m. £308.5m of the RRL has been profiled into the cumulative position, which is £6.3m less than an equal twelfth.

- Confirmed allocations to date is £1,835.2m, with further anticipated allocations in year of £53.5m. This includes anticipated allocation of £16.6m for COVID-19, with £2.8m of COVID-19 income profiled into the cumulative position.

- Anticipated income of £1.276m has been included for WHSCC recurrent pay award, £2.676m for WAST/EASC pay award and £0.6m for cross border 23/24 uplift. The anticipated income is based upon a commissioner allocation rather than a provider allocation and may need to be revised when the English value is agreed.

- In relation to AME & DEL non cash (including IFRS 16), the latest forecasts and funding requirements will be provided in the M3 submission and will link to the WG Non Cash Submission due at the end of June 23.   In addition, the Forecast IFRS 16 Revenue Recovery value and associated Capital Working Balances Cash request, will also be reflected in the M3 submission.

8.1 Welsh NHS Contracts

- Work is progressing with signing off all Welsh agreements and it is not anticipated that there will be an issue with meeting the deadline for completion of 30th June 2023.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table F)

- Table not required in Month 2.

9.2 Welsh NHS Debtors (Table M)

Aged Debtors (Table M)

- At the end of Month 2 2023-24 the Health Board held two outstanding NHS Wales invoice for £8,069.20 that were over eleven weeks old and had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales. Both of these invoices were agreed at the 2021-22 year-end and the Health Board is continuing to pursue for payment as we are not aware of any change in circumstances or reason why they should not be paid.

10. CASH

10.1 Monthly Cash Flow Forecast (Table G)

- The closing cash balance as at 31st May 2023 was £8.314m, which included £6.423m cash held for revenue expenditure and £1.891m for capital projects.

- The Health Board is currently forecasting a closing cash balance for 2023-24 of £2.913m made up of £1.513m revenue cash and £1.400m capital cash.

- This forecast balance assumes cash support for the Health Board's forecast deficit position as well as working balance supports relating resource not drawn in 2022-23 and allocations funded on a resource only basis in 2022-23. This additional cash funding has been included on Table E – Resource Limits

- Table G does not include the cash impact of pay awards being made in June and July 2023 as these have not yet been reported on either Tables B or E of the Monitoring Tables. Additional cash resource has been drawn to meet these 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	(16.895)
Forecast cash support for the 2023-24 deficit position	134.133
Forecast revenue working balances support	18.665
Forecast closing revenue cash balance	**1.513**
Capital cash forecast 2023-24	**£m**
Opening capital cash balance	1.400
Confirmed Capital Resource Limit funding	18.782
Forecast movement in opening capital payables	0

Forecast capital cash spend	(18.782)
Forecast closing capital cash balance	**1.400**
Total cash forecast 2023-24	**£m**
Opening cash balance	2.913
Forecast reductions in revenue payables and outturn position	(152.798)
Forecast support for revenue payables and outturn position (Table E)	152.798
Forecast CRL cash spend	(18.782)
Forecast CRL funding	18.782
Total forecast closing balance	**2.913**

11.1 . Public Sector Payment Policy PSPP (Table H)

- Table not required in Month 2.

12.1   Capital Resource Limit (Table I)

- The approved Capital Resource Limit (CRL) for 2023/24 is £18.782m.

- Conwy West H&WBC is currently showing a £0.32m forecast underspend, spend is likely to be £0.60m as opposed to £0.92m therefore a potential reduction in 23/24 CRL is being discussed with WG Capital Team (also moving some Capital funding to April 24/25). 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 May was £0.973m.

- 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 May.

13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.

- The Month 2 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the July meeting.

- 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

Steve Webster
Interim Executive Director of Finance

Underlying Position (Table A) - Action Point 1.1.

The narrative states that the reported YTD deficit of £12.1m is £1.0m higher than planned with outsourcing costs (investments since paused) being a key factor. Table A reports that the YTD deficit is c.£2.0m higher than planned and is predominantly due to planning assumptions yet to be finalised. Please ensure the YTD position is consistently explained in the narrative and Tables. **(Action Point 1.1)**

Response

Noted.

Underlying Position (Table A) - Action Point 1.2.

A contributing factor for the above inconsistency could be months 1- 3 of the financial plan not being equally phased in Table A (Line 14). Please consider the phasing of the plan in future returns (M2 may require adjustment to compensate for Month 1) – the WHC states that an explanation must be provided if the straight-line approach is not adopted by the HB. **(Action Point 1.2)**

Response

Noted. Due to timing the phasing for Month 2 has not been amended, but it is acknowledged that the remaining months are equally phased.

Underlying Position & COVID-19 (Table A/B3) - Action Point 1.3.

As summarised in the Table below, you are currently reporting a Covid-19 annual pressure of £2.827m:

	Anticipated Annual Funding	Annual Forecast Spend	+Over/-under spend
	£000	£000	£000
Health Protection (including Testing, Tracing and Surveillance)	3,400	2,196	-1,204
COVID-19 Vaccination (Immunisation) Programme	9,400	9,575	175
PPE	1,058	430	-628
Long Covid (assume spend matches funding)	1,893	1,893	0
Nosocomial (assume spend matches funding)	879	879	0
Other	0	4,484	4,484
Total	**16,630**	**19,457**	**2,827**

Please note the following comments and take corrective action for Month 2:
1. Health Protection costs will be funded based on actuals up to the maximum indicative funding amount of £3.400m. If you are not forecasting to spend to this level, then please lower the anticipated income value accordingly. **(Action Point 1.3a)**

2. Covid-19 Vaccination costs will be funded based on actuals up to the confirmed maximum indicative funding amount of £9.400m. Therefore, if the rest of your Table B3 submission was completed as per the guidance, the pressure of £0.175m would feed through to Table A. To maintain the current Forecast Outturn Position, mitigating actions would have to be described on Table A as part of the Operational position. **(Action Point 1.3b)**

3. Covid-19 related PPE costs will be funded based on actual spend. Therefore, the PPE funding value should be revised to match the current annual forecast spend. **(Action Point 1.3c)**

4. Only Covid-19 costs that relate to the 23/24 Covid-19 funding areas should be reported within Table B3. Any residual Covid-19 costs outside of the confirmed 23/24 funding areas, should now be reported as part of your Operational pressures position on Table A (which is where you are reporting the proposed mitigating actions to recover the spend). Please therefore remove these costs from the B3 Table at M2. **(Action Point 1.3d)**

Response

The above have been actioned.

Underlying Position (Table A & A1) - Action Point 1.4.

Following separate correspondence with your colleagues, please ensure that the latest forecast c/f underlying position is reported in Tables A/A1 and aligns to position reported in the narrative. **(Action Point 1.4).**

Response

This relates to the amendment on the underlying position re Covid expenditure as per e-mails and has been corrected and updated for month 2.

Underlying Position (Table A1) - Action Point 1.5.

Please review the completion of this Table for M2; I kindly suggest the net deterioration in the underlying position is fully shown in the end column (G). **(Action Point 1.5)**

Response

This has been amended for month 2.

Risk Management (Table A2) – Action Point 1.6.

Please ensure opportunities are reported in Table A2 using the '£000s' format. **(Action Point 1.6)**

Response

Figures in Table A2 have been amended to reflect the correct £'000 format.

Actual Year to Date and Forecast Expenditure (Table B) - Action Point 1.7.

The SoCNE reports a non-recurring (c. £4.6m) step up in Losses and Special payments (Line 18) expenditure in May. Please clarify if this relates to the forecast unwind of the AME provision relating to the HSE, which would also impact entries on Table E. **(Action Point 1.7)**

Response

The step up in May in the month 1 return related to the WRP top slice, as this is where it was in the MDS. The top slice has been adjusted correctly in month 2, however costs for the H & SE fine are now being included on this row. Please see narrative above.

Actual Year to Date and Forecast Expenditure (Table B) - Action Point 1.8.

The uncommitted reserves and contingencies line (24) has a negative spend profile in future months, which suggests that this line has been used to reflect an element of the unidentified savings/spend reductions which are reported in Table A. Please ensure the narrative clarifies what the items on this line relate to (to enable easy correlation to Table A). **(Action Point 1.8)**

Response

This related to the MDS forecast, which has now been replaced with a more robust forecast and this line has now been removed.

Actual Year to Date and Forecast Expenditure (Table B) - Action Point 1.9.

The narrative confirms that the Healthcare Services provided by other NHS bodies annual forecast spend, is £3.3m higher than the MDS forecast. Acknowledging contracts have yet to be agreed (deadline 30th June), please confirm your current assumptions on how this additional pressure will be managed. **(Action Point 1.9)**

Response

This relates to additional outsourcing activity contracts which have been paused, but activity had already been passed over to the provider in 22/23, and was completed in early 23/24. There are movements within insourcing activity that have mitigated this expenditure.

Savings (including Accountancy Gains and Income Generation) (Table C) - Action Point 1.10.

I note the HB has finalised (green/amber) only a modest savings plan to date totalling £0.631m, with £0.019m delivered in April. I trust that there will be a significant step up in the value of finalised savings at Month 2. **(Action Point 1.10)**

Response

See narrative above.

Resource Limits (Table E) - Action Point 1.11.

Please ensure that the anticipated RRL reduction relating to the latest WRP risk sharing agreement is reported in Table E from Month 2. **(Action Point 1.11)**

Response

This has been adjusted for in month 2.

Resource Limits (Table E) - Action Point 1.12.

Please include the latest annual forecast IFRS16 Revenue Recovery (negative) value on Line 14 and a best estimate for the IFRS 16 WBC request (Line 62). **(Action Point 1.12)**

Response

This will be reviewed for month 3.

Resource Limits (Table E) - Action Point 1.13.

Please also ensure that Line 1 of Table E reflects the latest allocation reference numbers. **(Action Point 1.13)**

Response

On Table E the allocation values had been included in Line 1 rather than the letter reference numbers. This will be corrected to include the letter reference numbers within Table E in Month 2.

Savings Month 2
June 2023

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Savings Executive Summary

In order to meet the Health Board's Financial Plan for 2023-24, savings of £25.2m must be delivered. The requirement is for savings to be cash releasing and recurring. The total FY Savings Target is £30.9m, which includes an additional stretch target of £5.7m.

As at Month 2, the Full Year (FY) Plan totals £18.1m, down £0.1m compared to Month 1. The total includes Green, Amber, Red and 'Pipeline' opportunities, where 'Pipeline' refers to schemes noted in summary plans that are not supported by the preliminary information required to assign a Red RAG status.

Only Green and Amber schemes may be included in savings reported in the Monitoring Return and Board reports must reflect the same.

As at Month 2, the FY Plan value of Green and Amber schemes totals £5.8m of which £5.1m relates to recurring savings. This represents a shortfall of £20.1m compared to the £25.2m required to meet the Financial Plan. There are no Amber schemes and 13 Green schemes, an increase on the 3 Green schemes with a FY Plan value of £0.6m reported at Month 1.

£'000's		Full Year Plan				Variance FY Plan (Green/Amber) vs Target
	FY Target	Green / Amber	Red	Pipeline	Total	
Recurring	25,200	5,094	5,448	5,081	15,623	(20,106)
Non Recurring		664	1,479	320	2,463	664
Total	25,200	5,758	6,927	5,400	18,086	(19,442)

The increased focus on savings shown in month 2 is continuing. Savings reviews were conducted after the close and actions agreed with all IHC's and Services to identify further recurring savings and submit individual scheme plans to provide the assurance required to include identified schemes in reported figures. Actions required to close the gap are summarised in this report.

Savings plans continue to reflect local initiatives. Key to success will be the Health Board's ability to effectively mobilise and deliver large and cross-cutting programmes. Cross-cutting savings opportunities identified last year have not progressed at the required pace; the blockers need to be clearly defined, escalated and resolved without further delay.

The purpose of this document is to provide a summary of the position at Month 2.

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FY Plan Versus Target   Month 2

£'000's	Savings Target	Saving Schemes				
		Schemes in Delivery Green and Amber FY Plan	Red FY Plan	Pipeline	Total	Savings Gap
West Integrated Health Community						
Area - West		944	920		1,864	
Ysbyty Gwynedd		96	1,579		1,675	
Facilities		12	0		12	
Total West	**6,046**	**1,051**	**2,499**	**0**	**3,550**	**(2,496)**
Central Integrated Health Community						
Area - Centre		67	0		67	
Ysbyty Glan Clwyd		104	0		104	
Facilities		15	0		15	
Total Centre	**7,950**	**186**	**0**	**2,720**	**2,906**	**(5,044)**
East Integrated Health Community						
Area - East		76	1,650		1,726	
Ysbyty Wrexham Maelor		474	650		1,124	
Facilities		20	0		20	
Total East	**8,070**	**570**	**2,300**	**0**	**2,870**	**(5,200)**
PAN North Wales Services						
MHLD	3,267	1,561	1,719		3,280	13
Womens Services	915	744	181		924	9
Diagnostic and Specialist Clinical Support	1,015	482			482	(533)
Cancer Services	755	997	228		1,226	471
Primary Care	354	19	0		19	(335)
Contracts	0	0	0		0	0
Provider Income	0	0	0		0	0
Total PAN North Wales	**6,306**	**3,802**	**2,128**	**0**	**5,931**	**(375)**
Corporate	2,495	148	0	1,430	1,579	(916)
Reserves / Stretch Target	(5,667)	0			0	5,667
Total for Services	**25,200**	**5,758**	**6,927**	**4,150**	**16,836**	**(8,364)**
Other Workstreams						
Procurement - to be allocated				1,250	1,250	1,250
						0
				1,250	1,250	1,250
Total Programme	**25,200**	**5,758**	**6,927**	**5,400**	**18,086**	**(7,114)**
Recurring Savings	25,200	5,094	5,448	5,081	15,623	(9,577)
Non Recurring Savings		664	1,479	320	2,463	2,463
	25,200	**5,758**	**6,927**	**5,400**	**18,086**	**(7,114)**

The Financial Plan requires £25.2m *recurring* savings.

The FY Plan value of Green and Amber schemes now totals £5.8m. Of this, £5.1m relates to recurring savings.

This represents a shortfall of £20.1m compared to the £25.2m required to meet the Financial Plan.

Non-recurring savings identified total £2.7m, including:
- IHC East £1.1m
- IHC West £0.9m
- Corporate £0.4m

MHLD, Womens and Cancer Services plans exceed target.

Challenges:
- Savings one of many competing pressures
- Lack of developed plans and schemes presents risks:
  - lack of assurance on robustness of estimates
  - risk that the ideas will not be taken forward
  - risk that delivery of savings will be delayed
- Ongoing reliance on smaller scale local initiatives. Plans for cross-cutting programmes not evidenced.
- Programme/ project delivery capacity and capability. Services report a lack of programme delivery support.

Movements in RAG Status in Month

2023/24 Risk Rated Savings Plans

Legend: 23/24 Pipeline, Red, Green, Recurring, Non Recurring
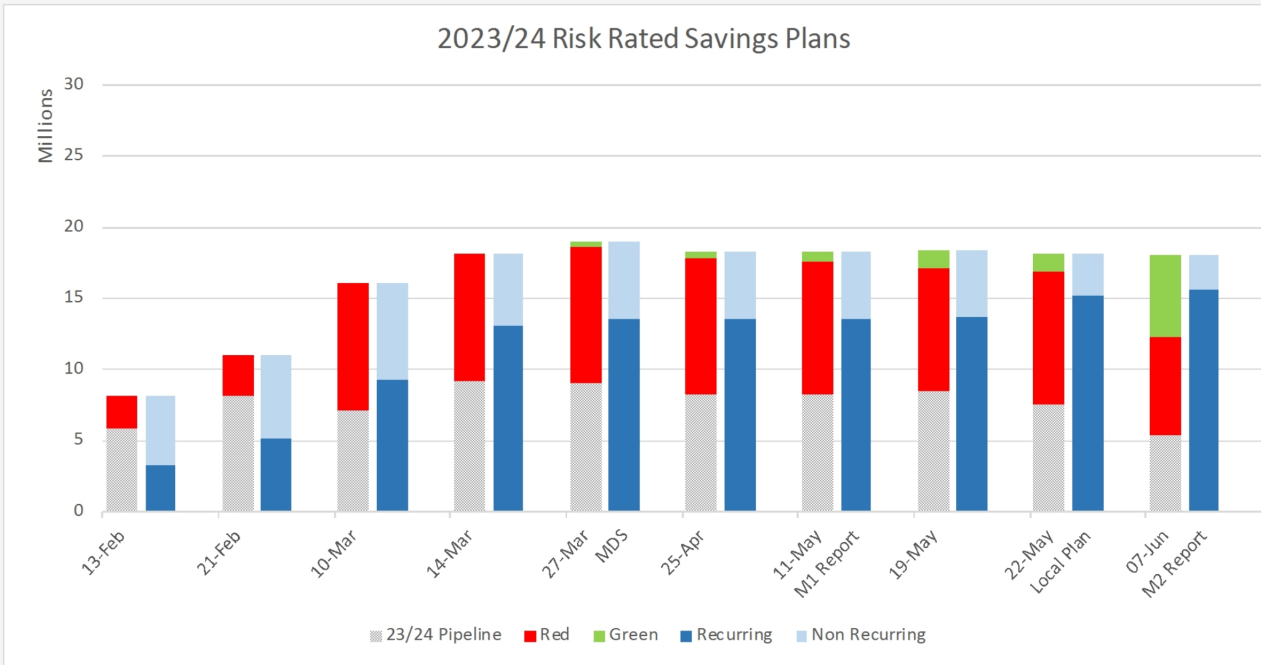
Sum of Current Year Annual Plan (RAG Rating				
Service	23/24 Pipeline	Red	Green	Grand Total
Cancer		228,436	997,391	1,225,827
Corporate and Estates	1,430,150		148,495	1,578,645
DSCS			481,848	481,848
HC - Centre	2,720,000		186,352	2,906,352
HC - East	0	2,300,000	569,817	2,869,817
HC - West	0	2,498,886	1,051,431	3,550,317
MH&LDS		1,719,055	1,560,874	3,279,929
Midw & Womens	0	180,698	743,533	924,231
* Procurement	1,250,000			1,250,000
Primary Care			18,704	18,704
Grand Total	**5,400,150**	**6,927,075**	**5,758,444**	**18,085,669**

The Procurement Green scheme totalling with a FY Plan value of £1.1m has been allocated across IHC's and Services.

Progress has made on the development and documentation of individual scheme plans in Month 2 with the addition of 10 new Green schemes.

However, approximately two thirds of the £18.1m FY Plan value identified remains unsupported by fully defined schemes, plans or robust estimates.

Pipeline' opportunities total FY Plan £5.4m. To convert these to Red, a complete Savings Plan (standard template) is required.

Red schemes total FY Plan £6.9m. To convert to Green, an approved savings scheme is required.

There are currently no Amber schemes.

IHC Centre, Corporate and YG have not yet submitted any schemes.

MHLD, Womens and Cancer Services have submitted schemes that exceed target. Some schemes were still being worked on, rated Red at the Month 2 close.

All IHC's and Services are required to submit improved recurring savings plans and covert 50% of their plans to Amber/ Green by 30.06.23

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

FY Plan vs FY Forecast & Recurring/ Non Recurring   Month 2

£'000's	IY PLAN				FY OUTTURN (M2)				VARIANCE		
	Recurring	Non Recurring	Total	Recurring FYE Plan	Recurring	Non Recurring	Total	Recurring FYE Forecast	Recurring	Non Recurring	Total
Amber and Green Schemes											
Cash Releasing - Budget	5,094	664	5,758	6,456	5,047	622	5,668	6,473	(48)	(42)	(90)
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
	5,094	664	5,758	6,456	5,047	622	5,668	6,473	(48)	(42)	(90)
Red Schemes											
Cash Releasing	5,448	1,479	6,927	7,565	5,448	1,479	6,927	7,565	0	0	0
Cost Avoidance			-		-	-	-		0	0	0
Income Generation			-		-	-	-		0	0	0
	5,448	1,479	6,927	7,565	5,448	1,479	6,927	7,565	0	0	0
Total - Red, Amber and Green Schemes	10,542	2,143	12,686	14,021	10,495	2,101	12,595	14,038	(48)	(42)	(90)

At Month 2, the FY Plan value of Green totals £5.8m, of which £5.1m relates to recurring savings. There are currently no Amber schemes.

The FY Forecast stands at £5.7m, of which £5.0m is recurring.

The adverse variance of FY Forecast vs FY Plan for 'Green' savings schemes is £0.1m. This includes:

- IHC West Pay Grip and Control: scheme added this month, FY Plan £250k, FY Forecast reduced by £43k
- Womens Birth Choices has delivered nil YTD as block contract directive has not been lifted. FY Forecast reduced by Q1 value - £64k

Year to Date (YTD) achieved savings total £0.7m against a YTD Plan £0.9m. The adverse variance against Plan totals £0.2m.
Of this, £0.1m (Procurement) will be reported in Month 3 and £65k (MHLD) will be recovered in the course of the year. IHC West and Womens have reduced their Full Year Forecasts as noted above.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Actions Required

Actions Required		Responsibilty
Close the savings gap - £25.2m recurring savings required	All IHC's and Services were asked to provide updated Savings Plans ('Savings Proposal Lists') by 19.05. These were delivered on time. Womens, MHLD and Cancer Services have identified recurring savings that meet target. IHC Centre's submission incomplete; savings held in 'Pipeline'. Corporate savings plan required.	
	Savings plans have been reviewed and feedback and challenge provided. Responses/ actions by 30.06.23	All except Womens, Cancer Services and MHLD
	Submit updated savings plans to meet the full target on a recurring basis by 30.06.23	All IHC's and Services except Womens, Cancer, MHLD
Convert Pipeline opportunities to Red	Fully complete the savings plan template when submitting updated plan by 30.06.23	IHC Centre, Corporate
Convert to Green	Convert 50% of savings plans to Amber/ Green by 30.06.23 Submit individual savings scheme plans or action the feedback provided on schemes submitted to date	All IHC's and Services except Womens, Cancer, MHLD
Reviews	Local reviews conducted with IHC/ Divisional Director and CFO after the Month 2 close to review latest savings plans; status at M2; action plans to mitigate any savings shortfall (if applicable); delivery risks and mitigating strategies. Complete actions assigned by 30.06.23.	All
Savings delivery risks	All IHC's and Services were asked to provide their assessment of savings delivery risks and the strategies required to mitigate those risks by 05.06.23. Complete and return with updated savings plan by 30.06.23	All IHC's and Services except Womens, Cancer, MHLD
Cross-cutting programmes	Fully mobilise the cross-cutting programmes that were established to deliver significant, incremental savings, over and above those delivered year on year locally. Complete Opportunity Assessment (including cost benefit analysis and implementation plan) by 30.06.23 Define any issues that continue to hinder progress and escalate via Programme governance structure.	Programme SRO's Programme Leads
Governance	Agree and mobilise accountability and review frameworks	Executive

Teitl adroddiad: *Report title:*	Finance report Appendix C Capital Programme Report - Month 1&2 2024 and 2023/24 Programme Update
Adrodd i: *Report to:*	PFIGC
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023
Crynodeb Gweithredol: *Executive Summary:*	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).
Argymhellion: *Recommendations:*	The committee is asked to receive and scrutinise this report and support the proposed adjustments to the capital programme.
Arweinydd Gweithredol: *Executive Lead:*	Steve Webster, Interim Executive Director of Finance
Awdur yr Adroddiad: *Report Author:*	Daniel Eyre – Head of Capital Development

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects	
Cyswllt ag Amcan/Amcanion Strategol:	The capital programme is in accordance with the Integrated Medium Term Plan (IMTP).

Link to Strategic Objective(s):	
Regulatory and legal implications:	The planned projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	The Health Board continues to assess the requirement for carrying out Equality Impact Assessments on a project by project basis
In accordance with WP68, has an SEIA identified as necessary been undertaken?	The Health Board continues to assess the requirement for carrying out Social-economic and Impact Assessments on a project by project basis.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	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.
Financial implications as a result of implementing the recommendations	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.
Workforce implications as a result of implementing the recommendations	
Feedback, response, and follow up summary following consultation	
Links to BAF risks: *(or links to the Corporate Risk Register)*	**Board Assurance Framework** 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

	Corporate Risk Register: 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
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:
Implementation of recommendations

1. ***List of Appendices:***

Capital Investment Group

Capital Programme Report Month 1&2 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 agreed capital funding from all sources may be summarised as follows:

Capital Programme	£ '000
All Wales Capital Programme	7.383
Discretionary Capital	11.399
Total Welsh Government CRL	**18.782**
Capital Receipts	
Donated Funding	0.00
TOTAL	**18.782**

Adjustments since last Capital Review Meeting

+ £0.071m Ambulance Shorelines

£0.920m for Llandudno **** reduced to £0.6m

+ £0.839m Orthopaedic Plan

3.   Expenditure Planned/Actual 2023/24

	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	18,782	1,144	2,117	1,144	2,117
Jul	18,782	758	2,875	769	2,886
Aug	18,782	1,870	4,745	1,870	4,756
Sep	18,782	1,648	6,393	1,648	6,404
Oct	18,782	2,693	9,086	2,693	9,097
Nov	18,782	963	10,049	963	10,060
Dec	18,782	1,431	11,480	1,431	11,491
Jan	18,782	2,186	13,666	2,186	13,677
Feb	18,782	2,428	16,094	2,428	16,105
Mar	18,782	2,688	18,782	2,677	18,782

CRL Planned, Actual/Forecast Monthly Performance

CRL Planned, Actual/Forecast Cumulative Performance

CRL Planned and Actual Cumulative Performance
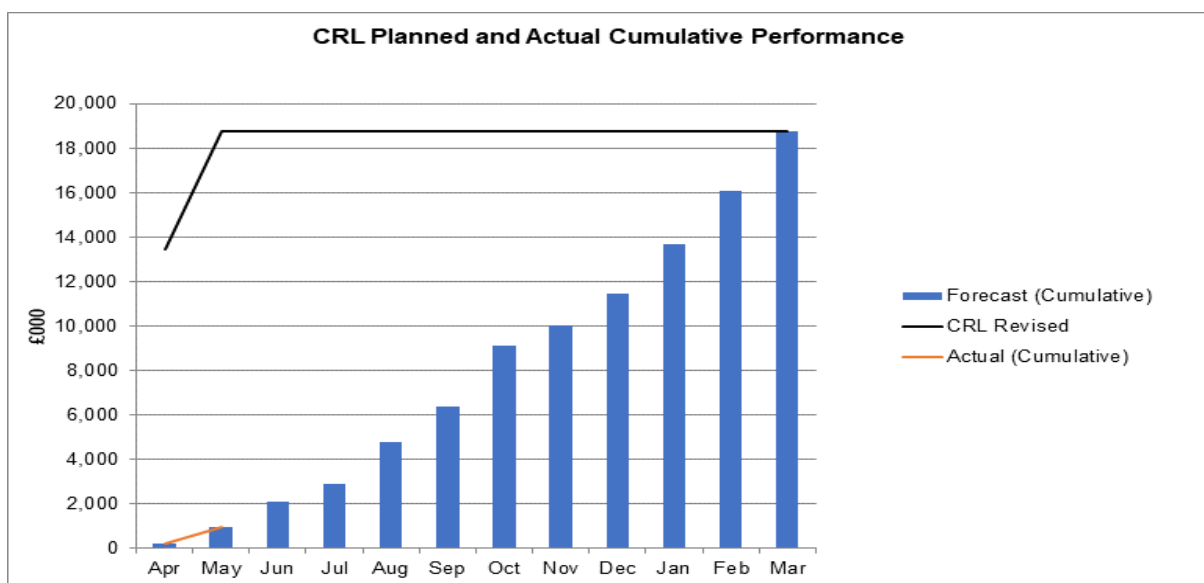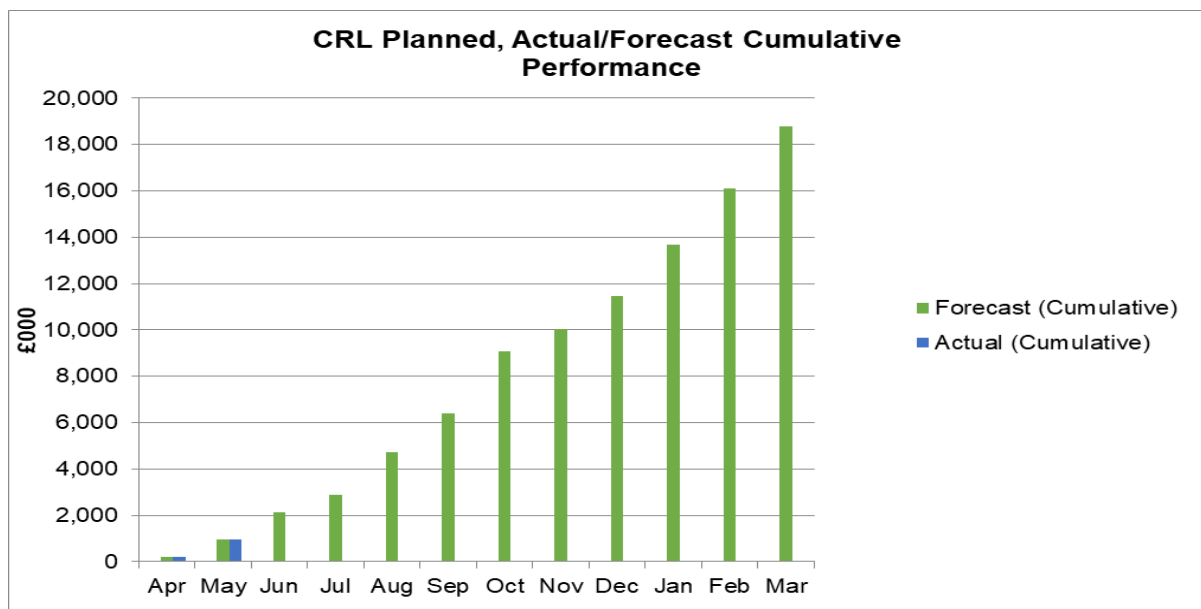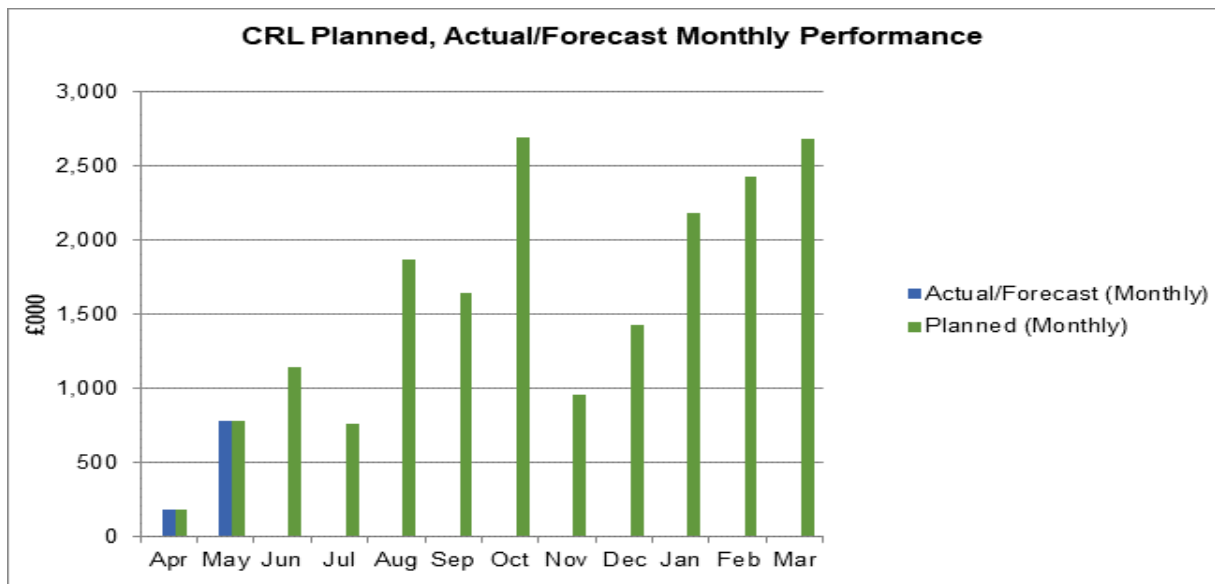
4. Major Capital Schemes >£1m

Scheme	Stage	Value (£m)	Comment
Royal Alexandra Hospital Redevelopment	FBC	67 + inflation	FBC with Welsh Government,
Adult and Older Persons Mental Health Unit	OBC	84	Work has commenced to develop the Full Business Case (FBC).
Wrexham Continuity Phase 1	PBC	54	FBC approved at March 2023 Board, and has been submitted to Welsh Government
Ysbyty Gwynedd Compliance Programme	PBC	250+	Restarting project board to respond to Gateway review request.
Nuclear Medicine	SOC	13	Work is ongoing to develop the Outline Business Case and the option appraisal to determine the preferred location.
Conwy/Llandudno Junction Primary Care Development	SOC	17	Welsh Government approved and funded development of OBC
Orthopaedic Plan, Llandudno Hospital	BC	27	Work is ongoing on Business Case preparation

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.

Since the last report there have been cost pressures to the following Capital Schemes.

- Plas Gororau Phase 1, cost pressure variations due to ventilation strategy, fire protection works, and works to ceilings totalling £300,000
- The new Dental Unit at Bryn Beryl has been impacted by site delays and additional cost due to variations. The latest estimated final account indicates an overspend of £70,000.
- The outturn cost for Enlli Ward Phase 2 has increased by £130,000 to cover under spend during 22/23 and project variations.

It's proposed that this over commitment is managed by a value engineering and scope reduction exercise on the Plas Gororau scheme, and by not entering into any further contracts until further funding is confirmed. The mental health projects are still on hold awaiting prioritisation direction from the division.

In addition to the pressures on the approved programme, below lists in year pressures:

- Cost pressure on the existing schemes, WMH Endoscopy unit (increase in washer cost)
- Facilities priorities, list to be provided.
- Replacement of HSDU Electrical van for YGC, procurement to be refreshed and lead-in confirmed.
- Abergele CAMS Unit – Kingfisher ward challenges around differing service users may require financial support.
- Elms SMS Building requires urgent works to address a dry rot outbreak, indicative cost 50k. CPMT agreed this pressure would be managed within the Capital Estates programme.
- Medical Physics YGC urgent upgrade works following HIW report, estimated cost 20k. CPMT agreed this pressure would be managed within the Capital Estates programme
- Resus Training in YGC – 30k for minimal works.

Teitl adroddiad: *Report title:*	Finance – Special Measures Action Plan (update 15 June 2023)
Adrodd i: *Report to:*	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023
Crynodeb Gweithredol: *Executive Summary:*	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 – 1st 90 Days, for Outcome 2: A clear, deliverable plan for 23/24. 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 15 June 2023. • 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
Argymhellion: *Recommendations:*	The Committee is asked to receive and note the Action Plan as at 15 June 2023.
Arweinydd Gweithredol: *Executive Lead:*	Steve Webster Interim Executive Director of Finance
Awdur yr Adroddiad: *Report Author:*	Andrea J Hughes, Interim Finance Director – Operational

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	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.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	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.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	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.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

Links to BAF risks: *(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
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Further progress the actions set out in the Action Plan.

Rhestr o Atodiadau:

List of Appendices:
1. Finance - Special Measures Action Plan – Outcome 2: A clear, deliverable plan for 23/24 (15 June 2023)

Finance - Special Measures Action Plan 1st 90 Days (June to August 2023)

As part of the Health Board Special Measures Action Plan for the 1st 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: 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:	Interim DoF	30 June 2023		Expectations communicated to HBLT 9th June & to CFOs 14 June o Plans required for the full targets by 30th June, with at least 50%

Actions	Lead	Timescale	Progress Status	Achievement to date
• Initial round of Check & Challenge sessions - Finance Directors & WoD Director to meet with each divisional CFO and IHC /Divisional Director during June ○ Divisions to undertake a further review of local plans ○ Further round of Check & 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		31 July 2023		green or amber. With further progression thereafter (no red after July). Expectation that by end of August, delivery will be in line with the Plan profile. ○ Non-recurring budget reductions allocated to budgets by M4; establish what can be achieved and introduce a Tracker to assess delivery
Corporate Directorate Plans inc. Savings: ○ Issue templates and finalise Finance and Workforce plans within the budgets set.	Corporate Directors	30 June 2023		M2 Finalised Savings Plans: c£5.8m assessed as Green/Amber, which are delivering c£0.7m year to date.
Undertake a review of the current 'interims' and develop agreed costed actions.	iCEO/iDoF/ WOD	30 June 2023		Initial Check & Challenge Meetings progressing w/c 12/6
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: ○ Agree Membership and hold an initial 3 sessions. ○ From the Financial Control Environment Action Plan, feed through the findings from the 22/23 cost pressures review exercise. ○ Establish the potential to stop, reduce or deliver at reduced cost. ○ Enact exit strategies for lower value schemes at pace. ○ Reinsert the governance requirements for the applicable schemes that will continue to be invested in.	All	31 August 23		Established a listing of major 22/23 investments and created a Tracker to monitor 23/24 YTD actual spend. Nick Lyons and Gareth Evans to ensure consideration of QIA.
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
Clarify the contribution that cross cutting themes will have on the ability of Divisions to finalise their savings plans. o Reports to go to the new Performance and Finance Delivery Group defining opportunity assessments, enabling plans and governance arrangements – 3rd Wednesday each month.	Relevant Execs & Leads	31 July 2023		Established a listing of cross cutting themes, with outline scopes, high-level estimated opportunity values and assigned leads.

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 2nd 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
Expectation of a savings pipeline identified for 2024/25 of at least 75% of the 2023/24 target (various routes): o Draw on costing and programme cost comparisons, NHSBN comparisons, CHKS, and previous external and internal benchmarking comparisons undertaken (potentially 2nd 90 days) o Outcomes from Star Chamber – proposals that have a longer lead time to release savings/reduce expenditure, that will commence delivery in 24/25.	Divisions & Corps In conjunction with NHS Executive and Costing Team All	31 August 2023		Discussion at Execs (7th June)

Actions	Lead	Timescale	Progress Status	Achievement to date
o Consider the need for/benefit of, additional senior resource to focus on driving financial improvement during a period of turnover of senior finance staff	WG, CE and Interim DoF	30 June 2023		
Develop greater awareness of VBHC principles deeper into the organisation: Embed strengthened principles into the HB decision making processes (e.g., business cases)	Director of Planning & Service Trans.	31 August 2023		Paper going to HBLT in June with update on achievements and 23/24 plans, and proposing VBHC oversight group.
Develop the VBHC approach and programme of work within BCU, with clarity on how it will support planning and resource allocation for 2024/25 and 2025/26: Produce initial proposals	Director of Planning & Service Trans.	31 August 2023		

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
Contract Procurement Review: o Finalise scope, commence review and receive first draft of findings (consider factual accuracy) and issue comments. o Receive final findings/report. To be taken to the Finance Delivery Group, and subsequently to the Special Measures Oversight Group and the Audit Committee	Interim DoF	Mid July 2023 31 July 2023		Draft 'Contracting and Procurement Review' scope document produced and shared with WG for comment w/c 5th June. Suggestions for amendment received 12th June and document recirculated 15th June.

○ Incorporation of agreed recommendations into the Financial Control Environment Action Plan and address areas considered 'urgent' by end of August		31 August 2023		

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 (Business Partnering & Planning) by the end of June

Actions	Lead	Timescale	Progress Status	Achievement to date
Stabilising and developing capacity: ○ Agree scope of two band 9 roles, pending restructure, amend JD and permanently recruit to Band 9 (Business Partnering & Planning) and appoint interim solution for Band 9 (Operational) pending investigation and outcome. ○ Complete staff investigations and associated outcomes	Interim DoF	End of June 23		Advertised permanent Band 9 (Business Partnering & Planning) closing date 15th June. Plan to complete SIFT, Stakeholder Panel and Interview before 21st June. An interim Band 9 (Operational) has commenced in post on the 1 June (secondment for up to 12mths).

2.7.2 Approval decision regarding initial supplementary resourcing for Finance Department by 21 June 2023

Actions	Lead	Timescale	Progress Status	Achievement to date
Stabilising and developing capacity: ○ Make recommendations to the Chief Executive regarding initial supplementary resourcing of the finance department pending a full restructure plan to be put forward.	Interim DoF	21 June 2023		Case for change/investment currently being drafted.

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

Stabilising and developing capacity: ○ 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.) ○ Develop a new Operating Model (& 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.	Interim DoF	30 August 2023		Initial review undertaken; further work required.
2nd 90 Days (September to November 2023) – Deliverable and Milestones TBA				
Developing capability and staff development: ○ Work up a finance development programme (linked to Finance Academy but consider a potential role for Bangor University) ○ Continue training and enforcement around accounting practice and raising concerns	Interim DoF	30 November 2023		

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) ○ Create Local level SORDs ○ Agree formalisation process to feed into HB SORD ○ Feed through learning into the National SORD	Interim DoF	 30 June 2023 TBC TBC		Further progressed including the local SORDs with CFOs and local management.

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: o Conduct a review of the current routine reporting process within the Finance Department o Establish a regular challenge of forecasts with the CFOs	Interim DoF	31 July 2023		Initial scoping of revised approach has been discussed.
2.8.3 Agree the financial framing of the plan for planned care by end of June				
Actions	Lead	Timescale	Progress Status	Achievement to date
Agree the financial framing of the plan for planned care to ensure costs remain within the £27m budget.	Interim DoF	30 June 2023		Agreed with Assistant Director for Planned Care on 6th June. 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.
2.8.4 Establish a new monthly Performance & Finance Delivery Group by end of July				
Actions	Lead	Timescale	Progress Status	Achievement to date
Define the oversight, performance review and accountability arrangements - link to reporting against the Special Measures requirements: Establish a Performance & Finance Delivery Group, to act as the Integrated (HB wide role) performance meetings, with sufficient time on the agenda for financial performance: o Define detailed ToR o Diarise first meeting to agree ToR; receive M2/3 savings report; receive summary of 30 June updated Divisional and Corporate plans – Finance & Workforce	CEO and Director of Performance DoF & Director of Performance with CEO	Early July 2023 30 June 2023 30 June 2023 July 2023		Draft ToR progressed.

(further iterations may be required during 2nd 90 Days); receive initial plans from each cross-cutting saving themes; assess risk and assign mitigating actions. o Activity performance - to receive report on Divisional performance against trajectories and overall BCU performance.				

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
Following the completion of the 22/23 Audit: o Summarise all learning from 21/22 year-end and Audit and 22/23 year-end and Audit. o Inform a development programme for all Finance staff, and all other staff exercising financial responsibilities on behalf of the HB, injecting values and standards.	Interim DoF	31 August 2023 2nd 90 Days		
To be assigned a milestone reference number				
Define the Accountability Framework & Delegations for oversight of Divisional delivery against their plans: o Update the current Accountability Framework	CEO & Dir of Performance	Draft Mid July 2023 (September sign off)		Reported via CEO & Dir of Performance. (Progress being made on draft)

Teitl adroddiad: *Report title:*	Performance Report – Month 2, 2023/24
Adrodd i: *Report to:*	Health Board
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023
Crynodeb Gweithredol: *Executive Summary:*	This Report relates to the Month 2, 2023/24 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". Final documents published 20 June 2023. Key areas of improvement are identified with actions and mitigations being taken by operational teams detailed in the 'Exception Reports' contained within Appendix 1 (IQPR Report) of this paper.
Argymhellion: *Recommendations:*	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.
Arweinydd Gweithredol: *Executive Lead:*	Steve Webster, Executive Director of Finance and Performance
Awdur yr Adroddiad: *Report Author:*	Barbara Cummings, Interim Director of Performance

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiola eth o ran darparu'r	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiola eth o ran darparu'r mecanweithia	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiola eth o ran y ddarpariaeth

		mecanweithia u / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	u / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	*No confidence / evidence in delivery*
	High level of confidence/evidenc e in delivery of existing mechanisms/objecti ves			

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	The performance measures included in this report are from the NHS Wales Performance Framework 2022-23.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	This report will be available to the public once published for Performance, Finance and Information Governance Committee
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	The pandemic has produced a number of risks to the delivery of care across the healthcare system
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* *Financial implications as a result of implementing the recommendations*	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.
Goblygiadau gweithlu o ganlyniad i roi'r *argymhellion ar waith*	The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current

Workforce implications as a result of implementing the recommendations	and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	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.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	This QP report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Amherthnasol Not applicable

Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations:* Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.
Rhestr o Atodiadau: *List of Appendices:* *Quality and Performance Report*

PERFORMANCE, FINANCE & INFORMATION GOVERNANCE COMMITTEE
30 JUNE 2023
PERFORMANCE REPORT, MONTH 2 – 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". To note final confirmation of the content of the 2023/24 Framework was released to Health Boards' on 20 June 2023.

Issues to be reported upon in this report:

- Summary of any changes to the 2023/24 National Performance Framework and Welsh Government Ministerial Priority Measures under the Quadruple Aims set out in a Healthier Wales". (Appendix 1)
- The latest published organisation performance reports (June 23) of the Board produced by Welsh Government.
- Service performance currently subject to monthly performance meetings with Welsh Government or NHS Wales colleagues.
- Confirmation of BCU trajectory metrics being submitted to NHS Wales for performance monitoring purposes. Reporting against these trajectories will be included in M3 reporting to the Board.
- Key adverse performance improvement metrics, supplemented by Exception Reports provided by operational management teams and included in the respective sections of the Integrated Quality and Performance Report. (Appendix 2)

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.   2023/24 National Performance Framework and Welsh Government Ministrerial Priority Measures

On 20 June 2023, the Director of Operations for NHS Wales published to Health Boards the 2023/24 National Performance Framework.

The number of performance measures in this document has reduced from previous years (50 in total with 3 WAST standalone metrics) to reflect a focussed planning framework. However, of these:

- 9 have had either their data source changed or the definition altered – including ambulance handover delays being reported from WAST system returns; and
- 19 'new' metrics – with most planned care waiting time metrics either having additional reporting data sets included in the calculation and a large number of new indicators from Public Health and primary care. New indicators on coding depth, N&M turnover rates and a NRI metric.

A full impact assessment will be undertaken within the next month to allow reporting systems to be amended as required, identified any change (known or unknown) in relation to volume/performance changes with colleagues in Informatics and service teams as required.

Additionally, this Guidance includes a requirement for submission of NHS Wales Policy Assurance Assessments 2023-2024 (which are qualitative responses) in the following areas:

- Implementation of Help Me Quit in Hospital smoking cessation services
- Progress to reduce smoking during pregnancy
- The Health Boards' plan to deliver the NHS Wales Weight Management Pathway
- Assurance on GP access improvement
- Allied Health Professionals accessible and available to clusters by Health Board/Regional Partnership Board footprint
- Progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway
- Progress to develop a whole school approach to CAMHS in reach services
- Progress made in preparation to embed and report against the Workforce Race Equality Standards (WRES) indicators
- Progress made against the organisation's prioritised Strategic Equality Plan's equality objectives
- Progress to improve dementia care (providing evidence of training and development in line with Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis
- Evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme
- Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes
- Progress against the health boards' plans to reduce pathways of care delays
- Progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
- Progress against the priority areas to improve the lives of people with learning disabilities

Welsh Government is in the process of developing the NHS Wales Assurance and Oversight Framework. This will set out the mechanism and approach for gaining assurance from NHS Wales organisations, as well as setting out the parameters of how the Health and Social Services Group in the Welsh Government will work with NHS Wales.

3   Organisation Performance Report Published June 2023 by NHS Wales

Monthly NHS Wales Board performance against the performance measures contained within the Operating Framework.

The Performance Report (Appendix 2) provides detail of performance for each performance measure with the latest published data/assurance information on p4-6. Below is at summary level BCU achievement status against these metrics in the latest published information (June 23).

BCU Operating Framework KPI Summary
(published position June 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
Quadruple Aim 1: People in Wales have improved health and well being with better prevention and self management	4	1	10
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	24	3	24
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	3	-	4
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	3	2	5
Summary	34	6	43

* Please note this publication is based on 22/23 Performance Metrics

4   Monitoring Board Performance

4.1   Performance Trajectories

In line with the production of the Health Board's Annual Plan and at the request of NHS Wales a schedule of BCU level trajectories are being signed of by Executive colleagues to be submitted for their review.

Local IHC or site level trajectories have also been produced to monitor delivery at local level.

Effective from M3 reporting tracking performance against said trajectories will be included within this report for the Board.

4.2   Adverse Performance Concerns

a) Unscheduled Care

BCUHB representatives meet monthly (individual A&E site separate meetings) with NHS Wales colleagues in performance recovery meetings.

- Performance delivery against the 4 hour target in May improved to 67.3% an increase of 2.5% on April 23. However, there was no correspondence improvement in over 12 hours waits for admission or 1 hour ambulance handover delays.
- The number of over 12 hour trolley waits in May was 3,022 and increase of 210 on the number reported in April (2,812) the highest number and largest proportion of the all Wales total.
- The number of over 1 hour handover delays in May 2,033 a marginal (-15) reduction on April's total of 2,048 which was 35% of the all Wales total. This total was 1,032 higher than the next highest health board total (993) Comparative performance across Wales[1] indicates BCU as worst performer in terms of overall volume of 1 hour handover delays.
- In May, the percentage of diagnosed stroke patients who had direct admissions to an acute stroke unit in 4 hours improved to 27.3% (+3.7% v expected 40% threshold/aim. Thrombectomy rates of 1% pan BCU were also reported.
- Gradual improvement continues to 56.5% of patients aged 60 and over presenting with hip fracture that received an ortho-geriatrician assessment within 72 hours.

Medically fit for Discharge numbers continue to remain excessive at 300, which in essence reflects the full occupancy of a DGH, alongside the discharge profile still occurring at peak during 1700-1800hrs each day, as opposed to earlier in the day.

WAST arrivals have reduced but the data reflects an increase in delays >1hr with the majority occurring during the out of hours period. March performance has been the worst month year to date:

Recovery Actions include:

a. UEC workshop on 15th June to review current focus in line with special measures and support the next 90 day process led by CEO.
b. Recovery trajectories for reducing 12 hour waits and 4 hour ambulance handover delays agreed at IHC level
c. Time to clinician – Noticeable variance in local reporting v national reporting for mean average which has been escalated via appropriate channels.
d. Ambulance performance – On going work with WG support to utilise alternative routes with a focus on Amber 1 calls.
e. All IHC's have been requested to confirm hospital full process and escalation process to support a planned approach when demand increases [2]this in turn supports the 4hr / 12 hr and time to clinician metrics.

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[1] Calculated from Organisation Performance Report published by NHS Wales

b) Planned Care

Elective Care / Waiting List Reduction

BCUHB undertakes Planned Care Improvement and Recovery Meetings monthly with NHS Wales' Delivery Unit colleagues. These meetings are to review the overall waiting list of the Board and the actions and subsequent progress the Board is making in reducing patient waits in excess of 52 weeks, 104 weeks and 156 weeks wait for appointment or treatment.

Correspondence from the Deputy Chief Executive of Wales dated 6 June 2023, identified a number of actions NHS Wales expected Health Boards to take to improvement the Wales position on Planned Care, requiring:

- By the end of August 2023, any patient waiting over 156 weeks for a first outpatient appointment to have been given a booked appointment.
- By the end of December 2023, 97% of all open pathways waiting should be waiting less than 104-weeks; and
- By the end of March 2024, 99% of all open pathways waiting should be waiting less than 104-weeks.
- The letter also stated the total number of open pathways should be reduced, through the work of pathway redesign.

Tracking delivery against these requirements will monitoring in 1:1 meetings with all Boards (for note such meeting is already in place, though attendance may need review). The data for these meetings will come from the weekly PTL that is submitted to NHS Executive colleagues via Informatics Teams. It is anticipated this targeted focus will reduce the need for this area to be covered in the IQPD meetings, the notes however will be added to them for a complete record.

At BCU the planned care (Referral to Treatment) waiting list continues to grow At the end of May 23, there were 176,254 patients on an open pathway. The pathway stage with the largest growth is stage 4 (treatment) at just under 32,000. This is as a result of the high levels of stage 1 activity (OP) in the last quarter of 22/23 (insourcing/outsourcing activities). (see below graph). There remain over 2,800 patients whose RTT treatment time is over 156 weeks.
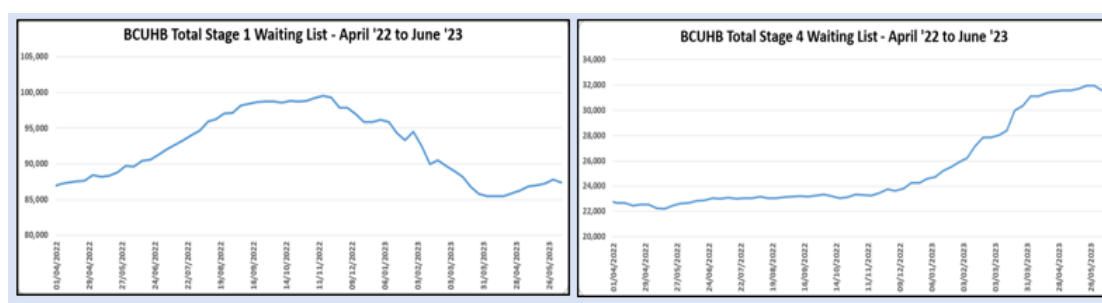
Referral demand is just under 7,000 weekly an increase from an average of circa 5,000 pre-COVID.
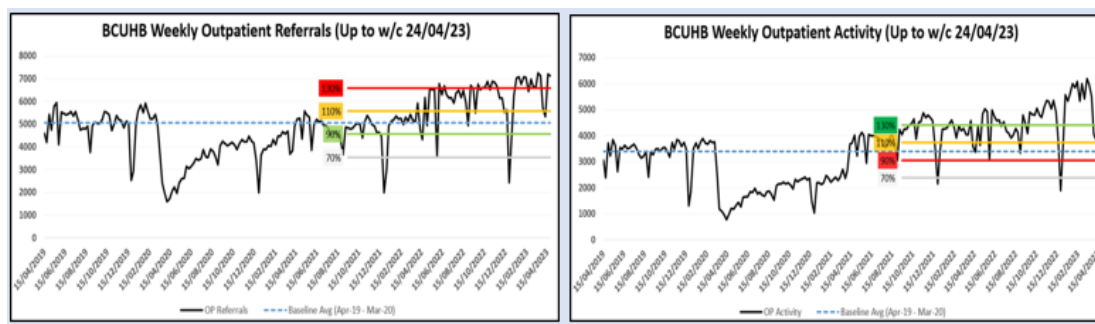
Activity volumes in April for DC / IP activity were below the same period last year. The impact of the cessation of some insourcing/outsourcing contracts will impact on throughput in Q1, 23/24 v Q4, 22/23.

At the end of May 2023:

- The number of patients waiting in excess of 156 weeks for referral to treatment is 2,869.
- The number of patients waiting in excess of 52 weeks for their 1st OP appointment was 12,001 a deterioration of 498 on the number reported in April (11,503)
- The number of patients waiting more than 104 weeks for referral to treatment reduced to 9,182, the lowest number year to date, a reduction of on the number reported in Apirl (9,425)
- The number of patients waiting over 36 weeks for referral to treatment was 57,173 a slight deteriation (100) from the position reported in April 57,073.
- The number of patients who are 100% passed their follow-up OP due date has slightly decreased in May, reporting 80,798, a 2,089 reduction on the position reported in April (82,887)
- The number of ophthalmology R1 appointment which were within their clinical target date or within 25% of their clinical target date was 50.4% a reduction in performance of 4.1% on that reported in April (54.5%)

The establishment of re-set Planned Care programme with focussed plan on driving down waits and optimising pathways from referral to treatment and post hospital management.

Activity plans and waiting time reduction trajectories have been produced at BCU Level, IHC level and at specialty level. Final executive signoff for those are at an advanced stage and performance tracking will commence and be reported in next months Integrated Performance Report.

Focussed areas of improvement have also been aligned with the Special Measures requirements.

In addition to Quarterly Performance Reviews, IHC/service will attend the Executive Delivery Group, Finance and Performance to be held monthly and chaired by the CEO.

Key programmes of work already underway include:

i. Referral booking and scheduling business case, Orthopaedic programme board to drive effective use of BCU capacity,
ii. Pan BCU Theatre Utilisation Group 7 GiRFT led improvement work, and
iii. A review of operational weekly assurance of delivery

c) Stroke Services and Fractured Neck of Femur Pathway Metrics

Metrics for both these pathways have been removed from the Operating Framework in 2023/24.

Monitoring service delivery standards / expectations will take place as currently – using national data audit systems which require patient level outcome measure submission daily.

d) Diagnostic Waits

At the end of May 2023:

- The total number of patients in excess of the 8 week target waiting for their specified diagnostic is 9,099 a deterioration (-413) on the position reported in April 23.   Performance against the 8 week target by diagnostic service type is provided below:

    o <u>Endoscopy</u> is not currently meeting the 8 week target. However, the overall over 8 week diagnostic endoscopy position continues to improve and now stands at just over 2,580. Competing challenges to this continue, due to surveillance patient demand and an increase in urgent suspected cancer (USC) demand. Additionally, there are estate risks to decontamination services that need to be addressed. Actions being taken to address these challenges include:

        ▪ Insourcing will continue on each site to support the backlog reduction with a phased approach to reduce as we appoint staff to support a 7 day working model.
        ▪ The new Endoscopy management system (Medilogik) is now live in two of our endoscopy units, this will support the overall performance reporting and create the ability to manage patients across BCU.

        <u>Radiology:</u> At 31.05.2023, the number of patients waiting over 8 weeks for radiology diagnostics is 4553 (+321) - in the three main modalities as follows: CT 178 (+44); MRI 1013 (-116); Ultrasound 3362 (+394). For this period, demand compared to the year-on-year forecast plan was: CT (+896 / +13.7%); MRI (+254 / +15%) and ultrasound (-851 / 4.17%).

        Activity compared to the year-on-year forecast plan was CT (+1481 / 13%); MRI (+1003 / 49%) and ultrasound (+735 / +6.15%). DNA rates have also increased compared with the same period last year. Residual diagnostic requests arising from Health Board weekend insourcing

(through SHS) has led to an increase in demand from this source of 381 requests in April and May.

Demand increases above that forecast has prevented overall backlog waiting time reduction in the period. However, unfunded increased activity has significantly offset the overall increase.

Neurophysiology: The performance trend for Neurophysiology waiting times has deteriorated in line with expectations at this early stage of 2023-24. The number of patients waiting over 8 weeks is 1002, an increase of 106 from the end of March 2023 position. There are 741 consultant-led EMG breaches (+74) and 261 physiologist-led NCS breaches (+32).

Recruitment to the two vacant physiologist posts is progressing, with a starting date of October for an overseas appointee. The vacant service manager post has been advertised in June. A tender for insourced staffing support is progressing, likely to be a direct framework award. 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.

Cardiology: Waits for cardiac diagnostic tests are significant. The longest waits are for echocardiograms, and we have 1095 patients breaching, with the longest wait being 36 weeks (improved position).

- Actions being taken include expansion of the physiologist led pathways in both community and secondary care. East community diagnostics is now permanently recruited to. Short-term utilisation of locum staff and additional waiting lists are ongoing across BCU.

e) Cancer

BCUHB representatives meet monthly in Performance and Escalation Meetings with Welsh Government representatives.

Performance has been consistent at between 58% and 67% of patients treated within 62 days of suspicion of cancer since April 2022 – in May performance was 62.5% BCUHB remains one of the highest performing Health Boards in Wales against this performance measure but performance is still below the 75% target.

SCP Pathway Monthly Performance
Betsi Cadwaladr UHB

62.54%
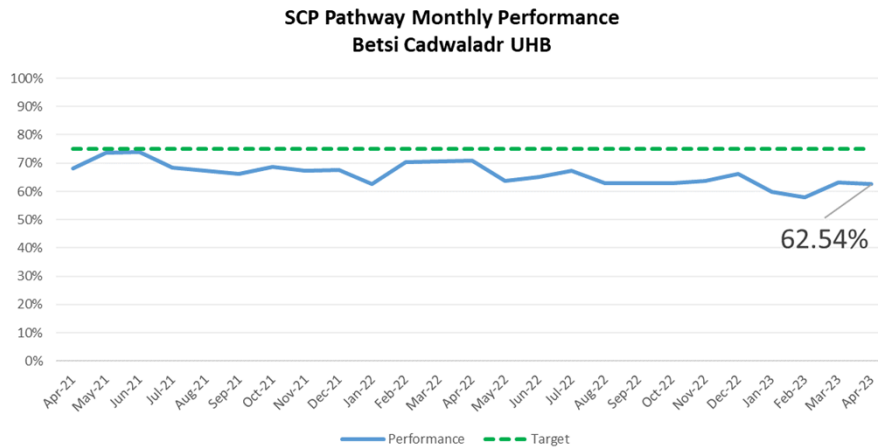
The number of patients on an open pathway who are waiting in excess of 62 days is 963 (reported weekly to NHS Wales via cancer PTL)

Total Active Waits Greater than 62 Days

963
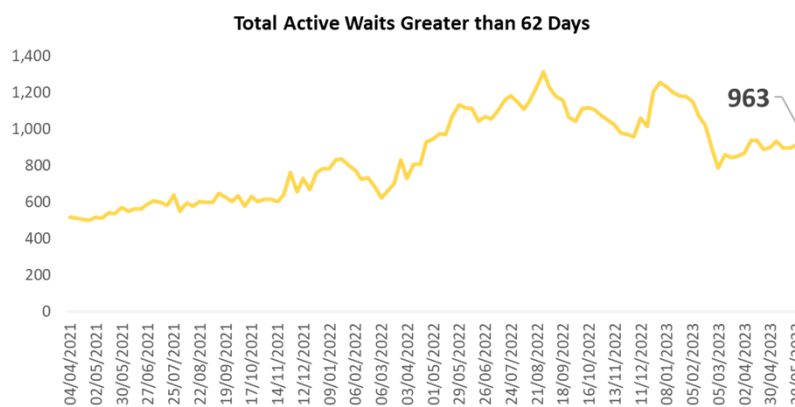
And the number of these patients waiting in excess of 104 days on an open pathway is 322 (reported weekly to NHS Wales via cancer PTL)
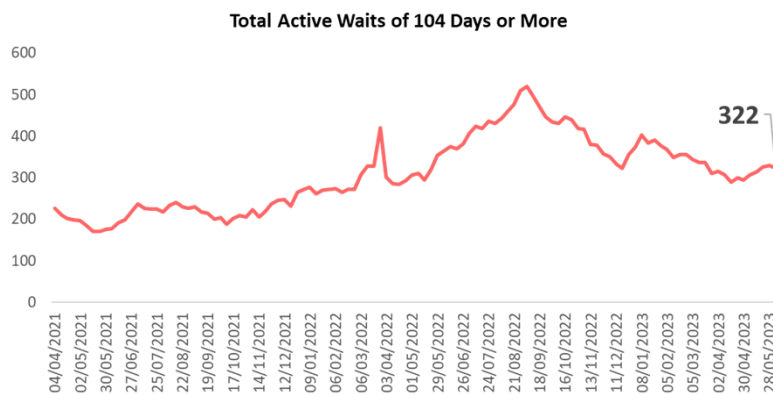
Total Active Waits of 104 Days or More

322

The main challenges remain:

- A consistent increase in suspected cancer referrals meaning patients are not seen within the local 10 day target for 1st appointment
- Continuing pressures in diagnostic capacity in particular in endoscopy and urology services
- Reduced dermatology capacity in particular in the West

Actions being taken:

- Rebalancing of capacity to increase the percentage of USC patients seen within 10 days of referral – most specialties have amended clinic templates in line with latest 80th or 95th percentile demand in order to ensure suspected cancer patients are seen within 10 days. Aiming for a 20% improvement over 22/23.
- Work is ongoing in dermatology and gynaecology in order to achieve this level of capacity.
- Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report
- Increased prostate biopsy capacity in West and East.
- Improvement work to streamline cancer pathways continues including:
    i. Straight to scan pathway for suspected prostate cancer patients commenced in West in May 2023 with plans to roll out to East and Central over the next quarter
    ii. 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
    iii. Teledermoscopy project being led by Central IHC with support from national team – aim to complete business case by end of June 2023
    iv. Pathway review programme commenced in gynaecology and breast

f) Mental Health & Learning Disability (Adult) Services

Mental Health performance is reported one month in arrears. The latest performance for April 2023:

- Demand into the Mental Health Measure (MHM) part 1a, although relatively static in terms of overall numbers, is subject to a number of peaks in year (Quarter 1 and Quarter 3) and is based on the acuity of need. Pressures, due to levels of staffing, have not given us the flexibly to meet peaks in demand and has contributed to an increase in waiting lists.
- Through 2022 and 2023 there was an average waiting list of around 1,440 patients per month with peaks of over 1,500 in five months.
- The waiting list has reduced to 1,359 patients, bringing us closer to the target waiting list of around 1000 patients per month.
- The percentage of mental health assessments undertaken within 28 days of receipt of referral reduced to 70.3% from 74.4% in March 2023.
- The percentage of therapeutic interventions started within 28 days following an assessment – performance increased to 86.3% - maintaining target achievement.
- The percentage of health board residents in receipt of secondary care services who have a valid care and treatment plan remains above target level at 84.1% a reduction of 0.6% from the previous month and still adrift of target.

MHM P1 Referrals Adult (18+) Services

MHM 1(a) Assessments - Time taken from Referral 18+yrs

MHM Part 2 - MI

Source:StatsWales
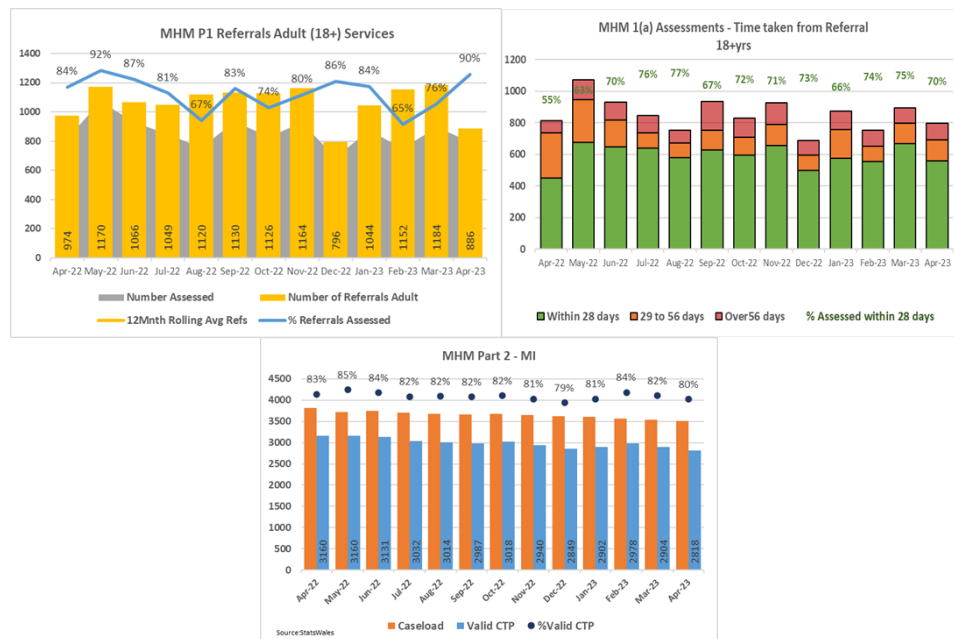
g) **Children and Adolescent Mental Health Services (CAMHS)**

April 2023 position against part 1a improved, target met of 80%, with trajectories in place indicating position will be sustained across the three IHCSs.

CAMHS Mental Health Measure Part 1b improvement seen in month, identification through revised trajectory indicate that initial forecast of September 2023 will not be met.

Trend in compliance for SCAMHS variable due to reduction in staffing for allocation of care coordination due to staff vacancies.

Trajectories identify lack of capacity across all IHCs to deliver Part 1b target. Recovery plans in development in each IHC

h) **Neurodevelopment Waiting Times**

The overall waiting list stands at 3,306, with 2,207 waiting over 26 weeks. The service has had a 23% Year to date increase in total referrals, receiving an average of 161 accepted per month. Demand significantly outweighs capacity. The core capacity gap within the ND Service is between 16-1800 assessments per annum (c 150 per month).

The service is largely reliant on external provider contracts, to go some way towards meeting the demand. Our private provider contract ended on 31.3.23 and we are currently working through the tender process for a further supplier.

Similar issues are being experienced by other Health Boards across Wales. Locally a service improvement and development plan is in place. Significant funding for key posts will be essential to enable this, along with investment to modernise the service. The interim Programme Manager is prioritising work streams, and a 3-5 year Recruitment and Retention Plan will be developed to support the building of sustainable teams across the region

i) Workforce

Absence: Sickness performance is showing an improving trend with a decrease of 0.17% on the April figure and an improvement of 0.33% on the May 2022 rolling sickness absence figure.

Anxiety, stress, depression and other psychiatric illnesses remains the main cause of absence accounting for 7,705 working days lost, this equates to 25.9% of all absences. As at the 31st May 2023, 1,133 staff were unavailable for work due to sickness, of which 549 were classified as long term sick as they had been off work for more than 28 days. The average length of absence is 26.7 days.

The staff group with the highest absence levels are the HCSW at 8.15% in month an improvement from 8.51% in the previous year. 298 staff were off sick at the end of May with 140 classed as long term sickness. 361 nurses were off sick, with 177 long term accounting for 6.07% of the workforce being unavailable.

PADR: Compliance has seen a slight decrease of 0.5% in May from 74.4% in April to 73.9%. Despite this slight decrease in compliance, this is 8.6% higher than compliance was in May 2022. Apart from this slight decrease, organisational compliance has seen a month on month increase since August 2022, highlighting that the National Pay Progression Policy is driving an increase in compliance.

Mandatory Training: At level 1 currently illustrates a compliance of 87.7%, a decrease of 0.4% on last month's figure and remaining above the national target of 85%. This is the first time in seven (7) months that compliance across level 1 subjects had decreased. Training at level 2 is currently showing a compliance figure of 81.5% illustrating a maintenance as level 2 training has consistently increased by by 0.3% to 0.4% each month for 2023.

j) Primary care

The dashboard shows data around primary care performance, work continues to include an improved overview of primary care activities/performance

3   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

NHS Wales Performance Framework 2023-2024

June 2023
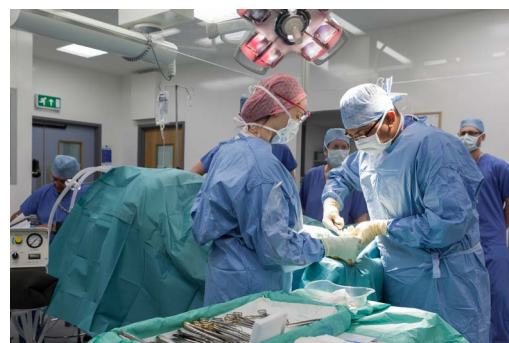
Introduction

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 are:

Ministerial Priorities

1. Access to Primary Care Services

2. Cancer Recovery

3. Delayed Transfers of Care

4. Mental Health & CAMHS

5. Planned Care Recovery, Diagnostics and Pathways of Care

6. Urgent and Emergency Care

Core Support Functions

1. Digital, innovation, technology and transformation

2. Workforce and well-being

3. Financial sustainability

4. Anchor institutions

In addition, a small set of measures focusing on key areas of health prevention and the delivery of quality and safe services has been included.

To support the performance measures, NHS organisations will also be required to complete Policy Assurance Assessments. These assessments provide further assurance on some of the Ministerial priorities and key Welsh Government strategies and pathways that cannot be monitored via traditional quantitative measurement.

All of the performance measures and policy assurance assessments in the NHS Performance Framework have been mapped to 'A Healthier Wales' quadruple aim:

People in Wales have improved health and well-being with better prevention and self-management	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
A Healthier Wales Quadruple Aim	
The health and social care workforce in Wales is motivated and sustainable	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Links with the NHS Wales Assurance and Oversight Framework

Welsh Government is in the process of developing the NHS Wales Assurance and Oversight Framework. This will set out the mechanism and approach for gaining assurance from NHS Wales organisations, as well as setting out the parameters of how the Health and Social Services Group in the Welsh Government will work with NHS Wales.

The following principles will underpin the Assurance and Oversight Framework:

- **Creating an improvement culture**: The arrangements are intended to support the ongoing development of a culture of quality assurance, delivered for the benefit of patients. This will be supported by clear objectives which will drive a culture of high performance and accountability.

- **Transparency:** The measures and deliverables set in NHS Wales frameworks are clearly articulated to NHS Wales organisations so that they know what is required; understand how they will be assessed and; the process that will happen if deliverables fall below expected levels.

- **Delivery focus:** The quality control approach will be integrated, action-oriented and focussed on delivering improvements agreed bilaterally (between Welsh Government and NHS organisations).

- **Proportionality and balance:** The Assurance and Oversight arrangements will seek to ensure that interventions and actions are proportional to the scale of the risk and that a balance between challenge and support is maintained.

- **Clear lines of accountability**: Quality assurance arrangements will ensure that Chairs and Accountable Officers nominate lead officers who are accountable for delivery and the main interface with the oversight approach.

- **Earned autonomy**: Delivery against plans and agreed trajectories will result in greater levels of autonomy. As organisations deliver against target expectations, frequency and intensity of oversight arrangements will be reviewed. Conversely, greater levels of support and quality assurance interventions will be in place where required and could be assessed as part of organisational escalation.

The Assurance and Oversight Framework is being designed to promote a 'no surprises' culture, ensuring early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further.

Organisations will be expected to maintain relationships with the NHS Executive and Welsh Government so that actual or prospective changes in performance are shared in a timely manner. Where quality risks are material to the delivery of safe and sustainable services, these should be managed and escalated to Welsh Government.

The new accountability arrangements, supported by a revised escalation framework, will be introduced later this year.

NHS Wales Performance Measures 2023-2024

<table>
<tr><td colspan="2" style="text-align:center">Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management.

People will take responsibility, not only for their own health and well-being, but also for their family and for people they care for, perhaps even for their friends and neighbours.

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.</td></tr>
</table>

Quadruple Aim Theme	Performance Measure
Prevention	1. Percentage of adult smokers who make a quit attempt via smoking cessation services
	2. Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)
	3. Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)
	4. Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15
	5. Percentage uptake of the influenza vaccination amongst adults aged 65 years and over
	6. Percentage uptake of the COVID-19 vaccination for those eligible
	7. Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment
	8. Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks
	9. Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

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

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end.

Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly.

Quadruple Aim Theme	Performance Measure
Services Delivered Close to Home	10. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours
	11. Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)
	12. Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services
	13. Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)
	14. Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years
	15. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years
	16. Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over
	17. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over

Quadruple Aim Theme	Performance Measure
Access Hospital Services Quickly	18. Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
	19. Median emergency response time to amber calls
	20. Median time from arrival at an emergency department to triage by a clinician
	21. Median time from arrival at an emergency department to assessment by a senior clinical decision maker
	22. 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
	23. Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge
	24. Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
	25. Number of patients waiting more than 8 weeks for a specified diagnostic
	26. Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional
	27. Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)
	28. Number of patients waiting more than 52 weeks for a new outpatient appointment
	29. Number of patients waiting more than 36 weeks for a new outpatient appointment
	30. Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%
	31. Number of patients waiting more than 104 weeks for referral to treatment
	32. Number of patients waiting more than 52 weeks for referral to treatment
	33. Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)
	34. Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment
	35. Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

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

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals.

Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnership will support this with education providers and learning academies focused on professional capability and leadership.

Quadruple Aim Theme	Performance Measure
Motivated & Sustainable Workforce	36. Percentage of sickness absence rate of staff
	37. Turnover rate for nurse and midwifery registered staff leaving NHS Wales
	38. Agency spend as a percentage of the total pay bill
Training and Development	39. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)

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.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people-centred, timely, efficient and equitable. This will bring the individual to the fore and consider the relative value of different care and treatment options, in line with Prudent Health.

Research, innovation and improvement activity will be brought together across regions – working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

Quadruple Aim Theme	Performance Measure
Effective Services	40. Percentage of episodes clinically coded within one reporting month post episode discharge end date 41. Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification
Efficient Services	42. Percentage of calls ended following WAST telephone assessment (Hear and Treat) 43. Number of Pathways of Care delayed discharges
People Centred Care	44. 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 45. 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 46. Number of patient experience surveys completed and recorded on CIVICA

Quadruple Aim Theme	Performance Measure
Safe Services	47. Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa
	48. Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)
	49. Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population
	50. Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)
	51. Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date
	52. Number of ambulance handovers over one hour
	53. Number of National Reportable incidents that remain open 90 days or more

NHS Wales Policy Assurance Assessments 2023-2024

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management.
People will take responsibility, not only for their own health and well-being, but also for their family and for people they care for, perhaps even for their friends and neighbours.

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health. |

Quadruple Aim Theme	Policy Assurance Assessment
Prevention	a. Qualitative report detailing implementation of Help Me Quit in Hospital smoking cessation services b. Qualitative report detailing progress to reduce smoking during pregnancy c. Qualitative report detailing the Health Boards' plan to deliver the NHS Wales Weight Management Pathway

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

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end.

Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly.

Quadruple Aim Theme	Policy Assurance Assessment
Services Delivered Close to Home	d. Qualitative report providing assurance on GP access improvement e. Allied Health Professionals accessible and available to clusters by Health Board/Regional Partnership Board footprint f. Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway g. Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services

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

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals.

Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnership will support this with education providers and learning academies focused on professional capability and leadership.

Quadruple Aim Theme	Policy Assurance Assessment
Motivated & Sustainable Workforce	h. Qualitative report detailing the progress made in preparation to embed and report against the Workforce Race Equality Standards (WRES) indicators i. Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives
Training and Development	j. Qualitative report detailing progress to improve dementia care (providing evidence of training and development in line with the Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis

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.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people-centred, timely, efficient and equitable. This will bring the individual to the fore and consider the relative value of different care and treatment options, in line with Prudent Health.

Research, innovation and improvement activity will be brought together across regions – working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

Quadruple Aim Theme	Policy Assurance Assessment
Effective Services	k. Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme l. Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes
Efficient Services	m. Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays n. Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
People Centred Care	o. Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities

Table of Contents

Section 1

BCU Performance

Operating Framework Metrics
(published early June 2023 by WG)

NHS Welsh Government Operating Framework Metrics (Latest data published May 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**
% uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents	75%	Mar-23	67.5% ● ○	% adults losing clinically significant weight loss (5% or 10% of their body weight)		Annual Improvement	New measure - awaiting data	
Qualitative report detailing progress against HB plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Sep-22 to Mar-23	N/A ● ⇨	% of babies who are exclusively breastfed at 10 days old		Annual Improvement	2021/22	35.4% ● ⬇
% of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Q1-Q3 22/23	2.92% ● ⬇	% of adults (aged 16+) reporting that they currently smoke either daily or occasionally		Annual reduction toward 5% prevalence by 2030	2021/22	13.4% ● ⬆
% of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Qtr imp of 2.5% against 20-21 baseline	Q3 22/23	33.0% ● ⬆	% patients (12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months		1% annual increase from 20-21 baseline	2021/22	26.5% ● ⬆
EASR of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 quarter reduction trend	Q3 22/23	437.1 ● ⬇	Percentage uptake of 2022-23 influenza vaccination in all eligible Welsh residents		75%	New measure - awaiting data	
% of people who have been referred to HB services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q4 22/23	67.8% ● ⬇	Cancer screening coverage for:	Cervical	80%	2019/20	74.2% ● ⬆
% of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Q4 22/23	94.8% ● ⬆		Bowel	60%	2019/20	58.4% ● ⬆
% of children who received 2 doses of the MMR vaccine by age 5			91.7% ● ⬇		Breast	70%	2019/20	72.2% ● ⬇
Implementing Help Me Quit in Hosp smoking cessation services and to reduce smoking during pregnancy	Evidence of improvement	Sep-22 to Mar-23	N/A ● ⇨					

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 Period	Value
% 111 patients prioritised as P1CHC that started definitive clinical assessment <1hr of call completed		90%	Mar-23	87.4%
% compliance with stroke quality improvement measures:	Direct admission to a stroke unit (<4 hrs)	Most recent SSNAP UK qrtly average	Apr-23	23.5%
	Stroke patients receive mechanical thrombectomy	10%		2.4%
	Patients receiving at least 45 mins of SALT 5 out of 7 days	50%		16.3%
% of patients spend less than 4 hrs in emergency care from arrival until admit, transfer or discharge		95%	Apr-23	65.9%
Number patients spent 12 hrs or more in emergency care from arrival to admit, transfer or discharge		0		2,827
Median time from arrival at an emergency department to triage by a clinician		12 month reduction trend	Apr-23	26
Median time from arrival at an emergency department to assessment by a senior clinical decision maker				140
% of patients (age 60+) with a hip fracture that received an orthogeriatrician assessment <=72 hours		Improvement (12 month trend)	Apr-23	68.3%
% of emergency responses to red calls arriving within (up to and including) 8 minutes		65%	May-23	56.5%
Number of ambulance patient handovers over 1 hour		0	May-23	2,025
% of patients starting first definitive cancer treatment within 62 days from point of suspicion		Improvement (12 month trend)	Apr-23	62.5%
Number of patients waiting over 8 weeks for a diagnostic endoscopy		12 month reduction trend	Apr-23	2,324
Number of patients waiting more than 8 weeks for a specified diagnostic		12m reduction trend towards 0 by spring 2024		8,686
Number of patients waiting more than 14 weeks for a specified therapy				1,791
Number of patients waiting over 52 weeks for a new outpatient appointment		12 month reduction trend	Apr-23	11,503
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%		12 month reduction trend	Apr-23	77,319
% R1 ophthalmology appointments attended within target date or within 25% beyond of clinical target date		95%	Apr-23	59.6%
Number of patients waiting more than 104 weeks for referral to treatment		12 month reduction trend	Apr-23	9,188
Number of patients waiting more than 36 weeks for referral to treatment				56,699
% of patients waiting less than 26 weeks for referral to treatment		Improvement (12 month trend)		57.4%
% of MH assessments undertaken <=28 days from the date of receipt of referral	Under 18 years	80%	Apr-23	80.2%
	18 years and over			70.2%
% of therapeutic interventions started <=28 days following an LPMHSS assessment	Under 18 years			54.4%
	18 years and over			86.3%
% of HB residents in receipt of secondary MH services who have a valid CTP	Under 18 years	90%	Apr-23	93.6%
	18 years and over			83.8%

Measure		Target	Current Data Period	Value
% of patients waiting less than 28 days for a first appointment for CAMHS		80%	Apr-23	33.3%
% of children/young people waiting <26 weeks to start an ADHD/ASD neurodevelopment assessment		80%	Apr-23	37.0%
% of patients waiting <26 weeks to start a psychological therapy in Specialist Adult MH			Apr-23	91.9%
% adults admitted to psych hosp between 9am-9pm that received assessment by CRHT prior to admission		95%	Mar-23	100.0%
% adults admitted to psych hosp without assessment by CRHTS that received a follow-up <24hrs admission		100%		100.0%
Cumulative number of laboratory confirmed bacteraemia cases:	Klebsiella sp	513	Apr-23 to May-23	16
	Aeruginosa	165		8
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population:	E-coli	67.00		65.68
	S.aureus bacteraemias (MRSA and MSSA)	20.00		22.18
	C.difficile	25.00		41.80
% of confirmed COVID cases within hospital which had a definite hospital onset of COVID		Reduction against the same month in 2021-22	Apr-23	38.0%
% of confirmed COVID cases within hospital which had a probable hospital onset of COVID				22.1%
Number of Urgent Primary Care Centres (UPCC) established in each HB footprint (i.e. both UPPC models)		As outlined in the HB's Six Goals Prog Plan	Q3 22/23	3
Number of new patients (children aged under 18 years) accessing NHS dental services		4 quarter improvement trend	Q4 22/23	3,609
Number of new patients (adults aged 18 years and over) accessing NHS dental services				6,078
Number of existing patients accessing NHS dental services				27,213
% of total conveyances taken to a service other than a Type One Emergency Department		4 quarter improvement trend	Q4 22/23	2.4%
Qualitative report detailing progress against HB plans to deliver Same Day Emergency Day Care Service		7 day wk/12hr day -Same Day Emerg Care	Q2 22/23	N/A
Number of people admitted as an emergency who remain in acute or community hosp over 21 days since admission		12 month reduction trend	Apr-23	1,077
% of total emergency bed days accrued by people with a length of stay over 21 days				54.3%
% of people assigned a D2RA pathway within 48 hours of admission		4 qtr improvement trend (working towards 100%)	New measures - awaiting data	
% of people leaving hospital on a D2RA pathway		4 quarter improvement trend		
Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services		Evidence of improvement	Sep-22 to Mar-23	N/A
Qualitative report detailing progress to improve dementia care and increasing access to timely diagnosis			Sep-22 to Mar-23	N/A
Qualitative report detailing progress against priority areas to improve the lives of people with learning disabilities			Sep-22 to Mar-23	N/A
% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%	2021/22	77.1%
Rate of hosp admissions with mention of intentional self harm for children/young people per 1,000 pop		Annual reduction	2021/22	5.87

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
Agency spend as a percentage of total pay bill	12 month reduction trend	Mar-23	7.7% 🔴⬇	% staff recorded Welsh language on ESR who have Welsh lang listening/speaking skills level 2 and above	Bi-annual improvement	6 mnths ending Mar-23	34.58% 🟢⬆
% of sickness absence rate of staff			6.33% 🟢⬆	Overall staff engagement score	Annual improvement	2020	73% 🔴⬇
% compliance for all completed level 1 competencies of the Core Skills and Training Framework	85%		87.9% 🟢⬆	% of staff who report that their line manager takes a positive interest in their health and well-being			62.8% 🔴⬇
% headcount by organisation who have had a PADR/medical appraisal in the previous 12 months			76.4% 🔴⬆				

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
Percentage of episodes clinically coded within one reporting month post episode discharge end date	Maintain 95% target or imp trend over 12mths	Mar-23	70.5% 🔴⬇	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q3 22/23	4,788.4 🔴⬇
Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust	4 quarter improvement trend	Q4 22/23	585,486 🟢⬆	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation outlined in org's plan	Evidence of improvement	Sep-22 to Mar-23	N/A 🔴⬇
Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust			77 🟢⬆	Qualitative report detailing evidence of NHS Wales advancing its understanding/role in foundational economy		Sep-22 to Mar-23	N/A 🟡➡
Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs)	Qrtly reduction of 5% against 19-20 baseline	Q3 22/23	348.5 🔴⬇	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational plans	Evidence of a Value Based H.Care approach	Sep-22 to Mar-23	N/A 🟡🟢
% of secondary care antibiotic usage within the WHO Access category	Due to issues with the data, this measure has been removed from the framework until further notice			Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025	2021/22	156.13 🟢⬆
Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q3 22/23	2,409 🔴⬇				

Report as at: 14 Jun 23

Numerical measures				Performance has improved over the last 12 mths:	⬆	Trend / target compliance not currently available	⚪
Target delivered:	🟢	Target not delivered:	🔴				
Qualitative measures		Majority are not on track and improvement needs to be made	🔴	Performance has deteriorated over the last 12 mths:	⬇		
On Track:	🟢	Majority on track but scope to improve:	🟡	Performance has remained static over last 12 mths:	➡	blank cell = no data available for period	

Section 2
Exception Reports

Quadruple Aim 2:

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

GIG
CYMRU
NHS
WALES
| Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Primary and Community Care

| QA	Theme	Measure	Reporting Frequency	Target	Latest Position	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23	Q3 22-23	Q4 22-23
QA 2	Primary & Community Care	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Quarterly	As outlined in Health Board's Six Goals Programme Plan	3		1	1	2	2	2	2	3	3	3	3	Latest Data Reported
QA 2	Primary & Community Care	Number of new patients (children aged under 18 years) accessing NHS dental services	Quarterly	4 quarter improvement trend	3,609	New Measure for 2022-23								2,154	3,244	3,934	3,609
QA 2	Primary & Community Care	Number of new patients (adults aged 18 years and over) accessing NHS dental services	Quarterly	4 quarter improvement trend	6,078	New Measure for 2022-23								3,481	4,803	6,065	6,078
QA 2	Primary & Community Care	Number of existing patients accessing NHS dental services	Quarterly	4 quarter improvement trend	27,213	New Measure for 2022-23								34,224	37,726	35,057	27,213
QA 2	Urgent & Emergency Care	Percentage of total conveyances taken to a service other than a Type One Emergency Department	Quarterly	4 quarter improvement trend	2.40%	2.08%	2.56%	2.10%	1.95%	2.20%	2.20%	2.04%	2.15%	2.28%	2.70%	1.96%	2.4%

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	2019-20	2020-21	2021-22	2022-23	2023-24
QA 2	Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Annually	100%	77.1%	41.6%	59.8%	77.1%	Latest Data Reported	

Urgent and Emergency Care

Aim 2: Urgent & Emergency Care Indicators

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	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
14	QA 2	Urgent & Emergency Care	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patients clock start time	Monthly	Most recent SSNAP UK Qtr mean (40.9%)	27.3%	10.6%	13.6%	27.2%	38.3%	32.4%	21.9%	14.7%	27.5%	25.9%	29.30%	22.2%	22.4%	23.5%	27.3%
14	QA 2	Urgent & Emergency Care	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	Monthly	95%	67.3%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	70.3%	65.6%	64.7%	67.3%
14	QA 2	Urgent & Emergency Care	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Monthly	0	3022	3,584	3,249	3,124	3,462	3,507	3,106	3,178	2,802	3,384	2,302	2,057	2,870	2,812	3,022
13	QA 2	Urgent & Emergency Care	Median time (minutes) from arrival at an emergency department to triage by a clinician	Monthly	12 month reduction trend	26	43	37	34	34	27	28	27	26	32	22	24	30	26	25
13	QA 2	Urgent & Emergency Care	Median time (minutes) from arrival at an emergency department to assessment by a senior clinical decision maker	Monthly	12 month reduction trend	140	188	177	154	175	166	143	142	135	155	93	109	137	140	137
13	QA 2	Urgent & Emergency Care	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Monthly	12 month improvement trend	68.3%	72.4%	71.1%	69.3%	68.7%	67.2%	66.2%	65.8%	65.3%	64.6%	66.2%	66.6%	68.0%	68.3%	Latest Data Reported
14	QA 2	Urgent & Emergency Care	Percentage of stroke patients who receive mechanical thrombectomy	Monthly	10%	1.0%	0.0%	5.9%	1.9%	0.0%	0.0%	3.0%	2.5%	1.0%	0.0%	1.0%	2.0%	2.0%	2.0%	1.0%
14	QA 2	Urgent & Emergency Care	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Monthly	65%	56.5%	46.2%	49.7%	45.6%	42.9%	46.2%	45.5%	45.0%	44.8%	37.7%	53.2%	51.3%	44.3%	54.9%	56.5%
14	QA 2	Urgent & Emergency Care	Number of ambulance patient handovers over 1 hour	Monthly	0	2033	1749	1884	1932	2037	1898	1908	2027	1871	2125	1646	1466	2192	2045	2033

Operational Performance Report:

- 4hr performance remains >65% (Un-validated) across BCUHB with noticeable periods of decrease in performance.
- Time to triage remains >15minutes across BCUHB but noticeable improvement during working hours.
- There is an ongoing issue in relation to flow out of ED's that impacts on 4hr/12hr and ambulance off loads with a noticeable constant stream of arrivals/per hour.
- Average occupancy remains high across all 3 IHC's at 67 (Previous 71 due to IP issues)
- 12 hr performance across BCUHB remains poor with noticeable impact on flow.
- MFFDs remain excess of 300 daily which equates to a loss of 3 Wards per IHC.

Performance Recovery Actions Being Taken:

- UEC workshop on 15th June to review current focus in line with special measures and support the next 90 day process led by CEO.
- Recovery trajectories for reducing 12 hour waits and 4 hour ambulance handover delays agreed at IHC level
- Time to clinician – Noticeable variance in local reporting v national reporting for mean average which has been escalated via appropriate channels.
- Ambulance performance – On going work with WG support to utilise alternative routes with a focus on Amber 1 calls.
- All IHC's have been requested to confirm hospital full process and escalation process to support a planned approach when demand increases this in turn supports the 4hr / 12 hr and time to clinician metrics.
- SDEC capacity at the start of each day in place for the last 60 days

Supporting very high-level Data

Measure: ED/MIU 4 Hour Waits

Target	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
95%	54.9%	59.8%	61.8%	58.4%	60.7%	62.9%	61.9%	64.1%	58.8%	68.5%	70.3%	65.6%	64.7%	67.3%
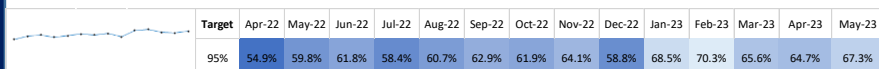
Measure: Patient ambulance handovers over 1 hour

Target	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-2
0	1749	1884	1932	2037	1898	1908	2027	1871	2125	1646	1466	2192	2048	2033
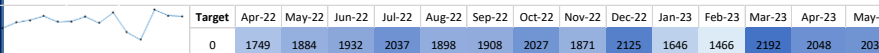
Risks to Operational Recovery

- Capacity and flow within IHC demographics.
- Seasonal demand.
- WAST Operational changes
- Further nursing/residential home closures
- Further industrial action

Mitigating Clinical Risk - Actions Being Taken

- Review of USC systems (MIU/UPCCS/SICAT) along with escalation process.
- Resilience planning on going to support demand
- Surge plans in place

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Operational Performance Report

- Slight performance improvement continues for admission to stroke unit within 4 hours. Improvement gains were realised across all 3 sites in April 23 as pathways are embedded, demand however remains higher than planned, although there is variability between the highest performer YC (42%) and WM (8%).
- Mechanical Thrombectomy referrals (Repatriation of patients from Walton have taken place) were reported in April 23. Performance for April is on par with March at 2%
- 1005 of eligible patients received Thrombolysis – 80%.

Performance Recovery Actions Being Taken

- Specialist Inpatient Rehabilitation Units and Early Supported Discharge for stroke operational in all 3 IHC locations. Reporting activity into SSNAP from these Units will commence in Q1, 2023/24. Targeted work to support flow within these Units has taken place to free up capacity in the Acute Stroke Units based on the secondary care hospital sites.
- Recruitment continues across Therapy services, to improve the response at all parts of the Pathway and staff recruited with funding from 2023/24 business case funding for Stroke Services have been 'ring'-fenced' to work across the stroke pathway.
- Direct to CT imaging pathway being rolled out across all sites by Q3.
- Review of all Walk In Stroke patients and the pathway will start shortly.
- Aiming to implement "e stroke" software from Brainomix in Quarter 2 which enables improved images from CT Head and CT Angiography scans which in turn improves decision making on referral for Thrombolysis and Thrombectomy. This is almost ready for implementation pending agreement of clinical safety standards, testing and some funding implications beyond 2023/24.
- Review of 2023/24 action plans under way across Each IHC to address improvements against the outcome of the Business Case, performance reporting via IHC with overview from the Stroke programme

Supporting very high-level Data

Measure: Stroke unit 4 hour direct admissions

	Target	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
	Most recent SSNAP UK Qtr mean (40.9%)	10.6%	13.6%	27.2%	38.3%	32.4%	21.9%	14.7%	27.5%	25.9%	29.3%	22.2%	22.4%	23.5%	27.3%
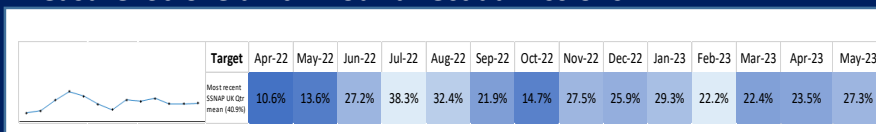
Measure: Percentage of Thrombolysis Rates for Eligible Patients

	Target	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
	100%	100%	100%	100%	94%	82%	100%	92%	100%	100%	100%	100%	83%	100%	89%
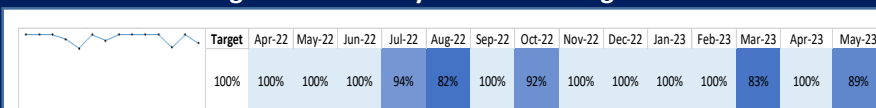
Risks and Mitigations

- Staffing levels remain challenging against the original phase 1 BC– ongoing recruitment activities in progress
- Overall pressure on EDs continue to 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 likely relaxation of the existing 6 hour window for mechanical Thrombectomy. This may enable more referral. Confirmation on assurance compliance with this guidance during May will take place across all sites.
- Site pressures and MFFDs continue to impact flow across the whole Stroke pathway.

Elective and Planned Care

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	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
13	QA 2	Elective & Planned Care	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Monthly	Improvement trajectory towards a national target of 80% by 2026	62.5%	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	58.0%	63.1%	62.5%	Latest Data Reported
14	QA 2	Elective & Planned Care	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Monthly	Improvement trajectory towards a national target of zero by Spring 2024	2580	2,667	2,563	2,463	2,306	2,260	0	1,964	1,745	1,995	2,093	2,136	2,098	2,324	2,580
14	QA 2	Elective & Planned Care	Number of patients waiting more than 8 weeks for a specified diagnostic	Monthly	0	9099	8,168	8,761	8,848	9,078	9,776	9,464	8,068	8,034	9,377	9,333	8,057	8,119	8,686	9,099
14	QA 2	Elective & Planned Care	Number of patients waiting more than 14 weeks for a specified therapy	Monthly	12 month reduction trend towards zero by spring 2024	1704	6,364	6,682	6,602	6,151	5,837	5,450	5,087	4,271	3,651	2,387	2,663	2,192	1,791	1,704
14	QA 2	Elective & Planned Care	Number of patients waiting over 52 weeks for a new outpatient appointment	Monthly	Improvement trajectory towards eliminating over 52 weeks by 31.12.22	12001	24,223	24,405	24,641	25,379	26,515	26,475	25,419	23,704	21,606	18,327	15,423	12,090	11,503	12,001
14	QA 2	Elective & Planned Care	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Monthly	Improvement trajectory towards a reduction of 30% by 31.03.23 against a baseline of 31.03.21	80792	55,708	56,714	59,128	61,480	64,371	63,286	64,927	65,834	70,082	75,926	77,334	80,322	82,887	80,792
14	QA 2	Elective & Planned Care	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Monthly	95%	50.4%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%	50.6%	50.9%	54.5%	50.4%
14	QA 2	Elective & Planned Care	Number of patients waiting more than 104 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of zero by 2024	9182	17795	16824	15943	15301	15392	14677	13922	12947	12667	12012	11011	9769	9425	9182
14	QA 2	Elective & Planned Care	Number of patients waiting more than 36 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of zero by 2026	57173	61685	62866	63273	64871	65959	64788	64070	63356	62626	62728	62045	56754	57073	57173
14	QA 2	Elective & Planned Care	Percentage of patients waiting less than 26 weeks for referral to treatment	Monthly	Improvement trajectory towards a national target of 95% by 2026	56.5%	50.5%	50.8%	47.0%	54.0%	46.6%	46.9%	53.4%	53.7%	52.7%	53.0%	54.79%	57.71%	56.73%	56.48%

Operational Performance Report

The planned care (Referral to Treatment) waiting list continues to grown. At the end of May 23, there were 176,254 patients on an open pathway. The pathway stage with the largest growth is stage 4 (treatment) at just under 32,000. This is as a result of the high levels of stage 1 activity (OP) in the last quarter of 22/23 (insourcing/outsourcing activities). There remain over 2,800 patients whose RTT treatment time is over 156 weeks.
Referral demand is just under 7,000 weekly an increase from an average of circa 5,000 pre-COVID.
Activity volumes in April for DC / IP activity were below the same period last year.
The impact of the cessation of some insourcing/outsourcing contracts will impact on throughput in Q1, 23/24 v Q4, 22/23.

Performance Recovery Actions Being Taken

The establishment of re-set Planned Care programme with focussed plan on driving down waits and optimising pathways from referral to treatment and post hospital management.
Activity plans and waiting time reduction trajectories have been produced at BCU level and at IHC level and at specialty level. Final executive signoff for those are at an advanced stage and performance tracking will commence to be reported to the Board for its next meeting.
Focussed areas of improvement have also been aligned with the Special Measures requirements.
As well as Quarterly Performance Reviews, IHC/service will attend the Executive Delivery Group, Finance and Performance to be held monthly and chaired by the CEO.
Key programmes of work already underway include:
- Referral booking and scheduling business case, Orthopaedic programme board to drive effective use of BCU capacity, pan BCU Theatre Utilisation Group 7 GiRFT led improvement work, and a review of operational weekly assurance of delivery

Supporting very high-level Data

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

	Target	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
	Improvement trajectory towards a national target of zero by 2026	61685	62866	63273	64871	65959	64788	64070	63356	62626	62728	62045	56754	57073	57173

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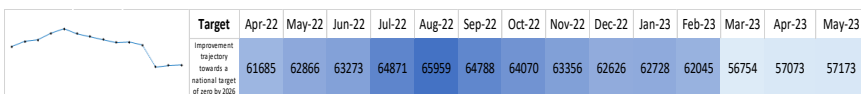
Risks and Mitigations

Decision to stop in/out sourcing for 2 largest waiting services will have a significant negative impact and further delay timeliness to treatment.
Using alternative roles and working with national programmes to ensure all services remain safe and pathways are fully optimised
Impact of USC demand displacing elective activity – 'winter' planning begun early
Referral demand continues to grow.

Operational Performance Report

Our follow up list waits have grown over the last year by 27,179. This is against a target reduction of 30% which should have equated to 16,721 patients being removed.

Performance Recovery Actions Being Taken

- Reduction trajectories have been agreed at BCU and IHC level forming part of the individual IHC's local plans.
- Validation rates, both administrative and clinical remain low. We know that we can remove up to 10% from follow ups just by undertaking administrative list validation.
- Bid in to WG for non recurring funding for fixed term advanced practitioner roles in orthopaedic follow up (instead of consultant led).
- Using innovative technology (chat bot) to maintain patient contact
- Moving more patients to 'Patient initiated follow up' (PIFU) or 'See on symptoms' (SOS) pathways

Supporting very high-level Data

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

Target	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
Improvement trajectory towards eliminating over 52 weeks by 31.12.22	24223	24405	24641	25379	26515	26475	25419	23704	21606	18327	15423	12090	11503	12001

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

Target	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
Improvement trajectory towards a reduction of 30% by 31.03.23 against a baseline of 31.03.21	55708	56714	59128	61480	64371	63286	64927	65834	70082	75926	77334	80322	82887	80792

Risks and Mitigations

Increasing Waiting List Initiatives and other additional procedure activity will increase demand on follow up activity unless we embed PIFU/SOS and make better use of advanced health practitioner roles to undertake routine follow up in order to free up more consultant capacity for treatment procedures.

Invalidated follow up's carry inherent clinical risk of unnecessary appointments, the time for which could have been spent on diagnostics and treatment

Operational Performance Report

Performance has been consistent at between 58% and 67% of patients treated within 62 days of suspicion of cancer since April 2022. In the last 2 months performance has been in the middle of this range. BCUHB remains one of the highest performing Health Boards in Wales against this performance measure but performance is still below the 75% target.

The main challenges remain:

- A consistent increase in suspected cancer referrals meaning patients are not seen within the local 10 day target for 1st appointment
- Continuing pressures in diagnostic capacity in particular in endoscopy and urology services
- Reduced dermatology capacity in particular in the West

Performance Recovery Actions Being Taken

Rebalancing of capacity to increase the percentage of USC patients seen within 10 days of referral – most specialties have amended clinic templates in line with latest 80th or 95th percentile demand in order to ensure suspected cancer patients are seen within 10 days. Work is ongoing in dermatology and gynaecology in order to achieve this level of capacity

Increased diagnostic capacity through implementation of the endoscopy business case (see separate endoscopy report) and increased prostate biopsy capacity in West and East

Improvement work to streamline cancer pathways continues including:

- Straight to scan pathway for suspected prostate cancer patients commenced in West in May 2023 with plans to roll out to East and Central over the next quarter
- 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 project being led by Central IHC with support from national team – aim to complete business case by end of June 2023
- Pathway review programme commenced in gynaecology and breast

Supporting very high-level Data

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

	Target	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
	Improvement trajectory towards a national target of 80% by 2026	67.2%	62.3%	63.3%	66.1%	61.7%	61.8%	62.3%	59.6%	64.8%	59.8%	58.0%	63.1%	62.5%	Latest Data Reported
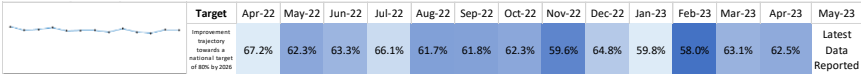
Risks and Mitigations

The Cancer Partnership Board (clinical lead posts) remains unfunded from April 2023 onwards leading to a risk of losing momentum on pathway improvement work. Funding bid submitted as part of annual planning process Clinical oncology consultant vacancies partially mitigated with locums and new substantive consultant to commence in Q2 2023/24. Capacity secured in North West England to ensure continuity of service Reduced ENT cancer surgery capacity for a period of 6 months. Insourcing secured to ensure continuity of service.

Operational Performance Report

Radiology: At 31.05.2023, the number of patients waiting over 8 weeks for radiology diagnostics is 4553 (+321) - in the three main modalities as follows: CT 178 (+44); MRI 1013 (-116); Ultrasound 3362 (+394). For this period, demand compared to the year-on-year forecast plan was: CT (+896 / +13.7%); MRI (+254 / +15%) and ultrasound (-851 / 4.17%). Activity compared to the year-on-year forecast plan was CT (+1481 / 13%); MRI (+1003 / 49%) and ultrasound (+735 / +6.15%). DNA rates have also increased compared with the same period last year. Residual diagnostic requests arising from Health Board weekend insourcing (through SHS) has led to an increase in demand from this source of 381 requests in April and May.
The performance trend for Neurophysiology waiting times has deteriorated in line with expectations at this early stage of 2023-24. The number of patients waiting over 8 weeks is 1002, an increase of 106 from the end of March 2023 position. There are 741 consultant-led EMG breaches (+74) and 261 physiologist-led NCS breaches (+32).

Performance Recovery Actions Being Taken

For radiology, demand increases above that forecast has prevented overall backlog waiting time reduction in the period. However, unfunded increased activity has significantly offset the overall increase. By modality, CT activity continues to match 13% year-on-year demand; and the sustained reduction in the MRI waiting list continues in spite of 15% year on year increased demand. Increases over the 2019-20 baseline core demand are 25% / %50% respectively. Hence, there is concern as to the sustainability of this level of increase in cross-sectional imaging. Ultrasound waits continue to fluctuate as in previous months, with the annual 4% increase in demand also a concern (12% over core 2019-2020 levels). 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 a starting date of October for an overseas appointee. The vacant service manager post has been advertised in June. A tender for insourced staffing support is progressing, likely to be a direct framework award. 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

	Target	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
	0	8168	8761	8848	9078	9776	9464	8068	8034	9377	9333	8057	8119	8686	9099
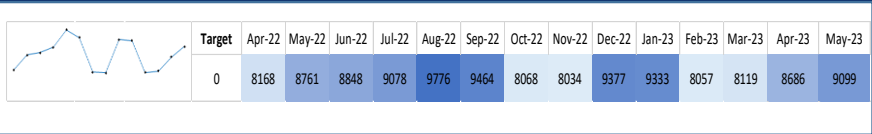
Risks and Mitigations

Radiology: As expected, In spite of sustained record activity, 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.

Neurophysiology: Recruitment to vacant posts remains the main risk, with other actions set to completed by end Q2 2023-24.

Operational Performance Report

Endoscopy are not currently meeting the 8 week diagnostic target. Trajectories have been devised to understand the landing point at March 2024, which is currently showing approx. 1000 over 8 week breaches.

Competing challenges to this continues due to other patient cohorts; overdue surveillance patients, bowel screening Wales optimisation and an increase in the urgent suspected cancer (USC) demand. Stage 1 additional waiting list initiative (WLI) activity in both colorectal and gastroenterology is creating an influx of referrals into the endoscopy units.

Performance Recovery Actions Being Taken

- Insourcing will continue on each site to support the backlog reduction with a phased approach to reduce as we appoint internal staff to support a 7 day working model

- The new Endoscopy management system (Medilogik) is now live in two of our endoscopy units, this will support the overall performance reporting and create the ability to manage patients across BCU.

- Our key performance indicators for endoscopy continue to be measured to ensure best utilisation and efficiency of the endoscopy lists.

- The endoscopy Demand & Capacity model has been refreshed and submitted to the National Endoscopy programme team. Work continues to ensure the solutions within this are met.

- Validation of waiting lists to ensure accuracy of lists is ongoing.

Supporting very high-level Data

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

Target	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
0	8168	8761	8848	9078	9776	9464	8068	8034	9377	9333	8057	8119	8686	9099

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

Target	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
Improvement trajectory towards a national target of zero by Spring 2024	2667	2563	2463	2306	2260	0	1964	1745	1995	2093	2136	2098	2324	2580

Risks and Mitigations

Risks
- Further reduction in workforce, extremely fragile gastro position in Centre.
- There are estates risks in relation to decontamination facilities on two of our sites.
- Remaining posts as part of the endoscopy business case to ensure a 7 day in-house model can be achieved.

Mitigations
- Solutions identified for decontamination services, capital investment required.
- Continuation of insourcing required as a phased approach to ensure weekend activity continues until substantive recruitment is completed.

Operational Performance Report

We service are unable achieve the eight-week diagnostic target based on the current mismatch in capacity and referral demand. The current shortage of cardiac physiologists is a UK-wide problem, and is wider than North Wales. Demands on cardiac services were building pre-COVID in part due to an ageing population and the increase in conditions such as heart failure and atrial fibrillation, and also because many treatment pathways now include the requirement for cardiac investigations. This rising demand had been predicted and at the last formal manpower review of cardiac physiology in 2006 a significant uplift in staff had been recommended but had not taken place.

The longest waits are for echocardiograms, and we have 1095 patients breaching, with the longest wait being 36 weeks (improved position).

Performance Recovery Actions Being Taken

- The service is undergoing demand and capacity modelling for future service provision.
- We are expanding our physiologist led pathways in both community and secondary care.
- East community diagnostics is now permanently recruited to.
- Short-term utilisation of locum staff.
- Additional waiting lists are ongoing across BCU.
- Ongoing work utilising NT-proBNP
- Ongoing validation to resolve data issues, and by end of April, we will be at 30 weeks wait for echocardiograms

Risks and Mitigations

Risk-

A continued increase in referrals for cardiac diagnostics and this delays timely assessment.

Known national workforce recruitment challenges and no funding agreed to over recruit to for fill all-Wales cardiac physiology plan.

Following the West data migration, surveillance patients are being over-reported on referral to treatment (RTT) waiting lists, (being reviewed)

Mitigation-

Ongoing pathway work with the introduction of 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.

Operational Performance Report

A. Integrated pathway capacity gaps. (Primary care partner, Hospital Medic Virtual review & Admin capacity.

B. Data Completeness & quality negative impact on modelling/forecasting/planning/delivery and performance review.

C. ↓ Resources (staffing and estates) impact on capacity to deliver performance.

D. National Digital "Go Live" delay and cybersecurity challenges . (Key enabler of performance improvement and Integrated Pathway expansion).

E. Clinical Leadership vacancy and conflicting demand impacts on leadership for change planning and delivery of All Wales and transformational pathways that deliver performance improvement

Performance Recovery Actions Being Taken

A. Ophthalmology Teams progressing >100% Pre-Covid capacity delivery plans. Integrated Teams progressed Transformational pathway expansion (Glaucoma and Retinopathy).

B. Ophthalmology Teams to redress Clinical Condition data gaps to tolerance of ≤300 null entries by close of November 2022. Target reset to April 23. Further reset to July 2023: due to Administration capacity gaps. (Report attached)

C. Cataract "complex" patient theatre utilisation "staged" improvement: IHCs to deliver ≥5 complex patients/theatre

D. BCU Digital Team progressing expanded option appraisal following testing concept "interim" Local Digital Solution.

E. BCU Medical Directors Office progressing Clinical Lead recruitment and role review solutions.

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

	Target	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
	95%	47.4%	50.0%	54.0%	54.0%	54.5%	52.2%	52.5%	51.0%	55.2%	49.4%	50.6%	50.9%	54.5%	50.4%
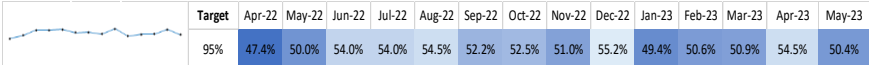
Risks and Mitigations

Organisational and Service User Risks from delayed access to care from:-
A. Ophthalmologist Clinician Virtual review and 20% Optometry capacity gaps**. Mitigation**: *Expanded (10 additional) Primary Care partners. Funded/Pump-primed 120 additional Ophthalmologist "Virtual review appointments".
B. Admin capacity impact on priority data redress and Pathway delivery. Mitigation: Fixed term posts in recruitment phase.
C. Estates impact (clinics & surgery). Mitigation: Hospital Twilight sessions and Integrated "Care Closer to Home pathways.
D. Delayed Integrated Pathway delivery with Primary Care Optometry. Mitigation: Interim local Digital solutions appraisal
E. Reduced engagement and delivery. Mitigation: Interim clinical leadership support from Office of Medical Director

Adult Mental Health Services

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	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
QA 2	Adult MHS	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	Monthly	95%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data	Latest Data Reported
QA 2	Adult MHS	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	Monthly	100%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	Awaiting Data	Latest Data Reported
QA 2	Adult MHS	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Monthly	80%	70.3%	54.5%	62.5%	69.5%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	74.4%	74.9%	70.3%	Latest Data Reported
QA 2	Adult MHS	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over	Monthly	80%	86.3%	77.8%	78.5%	82.2%	81.2%	72.9%	71.8%	73.4%	76.3%	80.9%	72.5%	85.1%	84.8%	86.3%	Latest Data Reported
QA 2	Adult MHS	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Monthly	80%	91.9%	69.6%	64.4%	74.6%	79.4%	88.0%	93.7%	94.4%	89.8%	93.8%	80.3%	89.9%	92.1%	91.89%	Latest Data Reported
QA 2	Adult MHS	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	Monthly	90%	84.1%	86.5%	86.7%	83.2%	81.7%	84.3%	84.2%	84.7%	83.8%	82.0%	83.6%	86.27%	85.3%	84.1%	Latest Data Reported

Operational Performance Report

Our focus is on the reduction of waiting lists across our teams to ensure we are providing timely access to expert support for our service users. Our demand into the Mental Health Measure (MHM) part 1a, although relatively static in terms of overall numbers, is subject to a number of peaks in year (Quarter 1 and Quarter 3) and is based on the acuity of need. Pressures, due to levels of staffing, have not given us the flexibly to meet peaks in demand and has contributed to an increase in waiting lists. Through 2022 and 2023 we saw an average waiting list of around 1440 patients per month with peaks of over 1500 in five months. As of the end of April we are pleased to report the waiting list has reduced to 1359 patients, bringing us closer to the target waiting list of around 1000 patients per month. Work to improve our performance looks at the entirety of demand into Local Primary Mental Health Support Services (LMPHSS). Revised trajectories have been developed to focus on the waiting list reduction, whilst this does have a negative impact on the Mental Health Measure it is clinically the right thing to do for our patients. Bringing our waiting list down to the target level, will enable us to achieve and sustain delivery to ensure the optimum, care is provided to our patients.

Performance Recovery Actions Being Taken

As part of our response to the ministerial priorities for 2024-2025 a focus for the Division is to improve access, reduce waiting times and redesign our Local Primary Mental Health Support Services (LPMHSS). Our Adult Community Pathway Group has commenced its work to improve how we respond to the demand for LPMHSS across North Wales. Data gathering and analysis is being undertaken on the existing processes and on the demand of the service. This information will assist us in understanding how we support the direction of the demand to the right level and ensuring referrals are appropriate. There is a key focus on the assessment process, to ensure we reduce variation and duplication across the services. Immediate focus is on ensuring we maximise what we can improve within our own core services, intermediate and longer term actions will consider how we will be able to maximise the benefit and potential of our partners, specifically those we commission. Vacancies remain a challenge and we are working continually to improve this position. We are pleased to report a number of appointments have been made and welcome these new staff to the division. Waiting list reduction is paramount, we have two out of six teams with a manageable waiting list and we predict this will increase to three at the end of Quarter 1. Best practice is being shared across the teams to ensure we adopt a consistent approach. The work being undertaken to streamline processes will also support the pilot for Welsh Community Care Information System (WCCIS) which will work as a driver to support streamlined pathways, as the system will wrap around current processes. This pilot is scheduled to start in Quarter 3.

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

	Target	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
	80%	54.5%	62.5%	69.5%	75.2%	77.1%	66.8%	72.2%	70.8%	71.9%	65.5%	74.4%	74.9%	70.3%
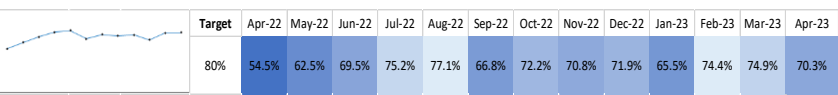
Measure: % of therapeutic interventions started (up to & including) 28 days following an assessment by LPMHSS for adults aged 18 years and over

	Target	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
	80%	77.8%	78.5%	82.2%	81.2%	72.9%	71.8%	73.4%	76.3%	80.9%	72.5%	85.0%	84.8%	86.3%
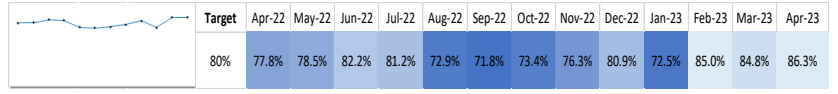
Risks and Mitigations

Staffing levels remain our biggest risk for the delivery of effective and timely care to our service users. The degree of the risk does vary across the Health Board area, currently Denbighshire, Anglesey and Conwy are experiencing the most pressure. We proactively work to reduce the level of vacancies across the area, with a focus on promoting the Just R Marketing Campaign. A number of posts have been recruited to in the last month and an agreement has been reached for an additional post in Denbighshire. Our focus alongside our internal service redesign, will be reviewing our Commissioned Services to ensure we have robust contractual agreements to complement and enhance our core services and continue to work proactively with our partners to ensure they are an integral part of our whole system approach.

Quality & Performance Report
Performance, Finance and Information Governance Committee

Child and Adolescent Mental Health Services (CAMHS)

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	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
QA 2	CAMHS	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	Monthly	80%	33.3%	100.0%	50.0%	66.7%	100.0%	100.0%	100.0%	50.0%	80.0%	100.0%	50.0%	100%	77.8%	33.3%	Latest Data Reported
QA 2	CAMHS	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Monthly	80%	80.1%	25.0%	26.1%	24.3%	35.1%	39.8%	26.1%	38.5%	47.0%	52.3%	41.7%	57.8%	61.1%	80.1%	Latest Data Reported
QA 2	CAMHS	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years	Monthly	80%	54.4%	18.2%	30.8%	20.1%	46.3%	26.5%	22.9%	26.9%	20.5%	29.0%	17.9%	27.7%	35.1%	54.4%	Latest Data Reported
QA 2	CAMHS	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	Monthly	90%	93.6%	93.3%	94.6%	89.2%	94.1%	93.0%	95.0%	93.3%	94.6%	91.8%	92.4%	97.9%	93.2%	93.6%	Latest Data Reported
QA 2	CAMHS	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Monthly	80%	37.0%	43.0%	45.8%	46.3%	44.2%	41.2%	40.1%	39.6%	36.7%	33.4%	30.8%	34.3%	38.2%	37.0%	Latest Data Reported

QA	Theme	Measure	Reporting Frequency	Target	Latest Position	2019-20	2020-21	2021-22	2022-23	2023-24
QA 2	CAMHS	Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population	Annually	Annual reduction	6	5	5	6	Latest Data Reported	

Operational Performance Report

April 2023 position against part 1a improved, target met of 80%, with trajectories in place indicating position will be sustained across the three IHCSs

Mental Health Measure Part 1b improvement seen in month, identification through revised trajectory indicate that initial forecast of September 2023 will not be met.

Trend in compliance for SCAMHS variable due to reduction in staffing for allocation of care coordination due to staff vacancies.

MHM Part 2 compliance remains above target.

Performance Recovery Actions Being Taken

Support from DU through CAMHS Service Improvement & Development Group continues

Trajectories identify lack of capacity across all IHCs to deliver Part 1b target.

Recovery plans in development in each IHC and regionally for submission by end June 2023.

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

	Target	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
	80%	25%	26%	24%	35%	40%	26%	39%	47%	52%	42%	57.8%	61.1%	80.1%

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

	Target	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
	80%	18%	31%	20%	46%	27%	23%	27%	21%	29%	18%	27.7%	35.1%	54.4%

Quality & Performance Report
Performance, Finance and Information Governance Committee
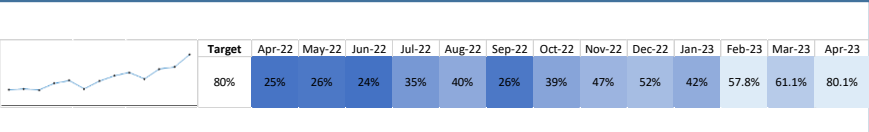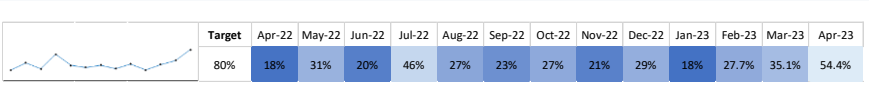
Risks and Mitigations

Workforce challenges with further reduced capacity due to 20% vacancy factor and difficulties in recruiting. Recruitment campaign ongoing supported by W&OD. Development of CAMHS workforce plan for sustainable workforce, working with BCUHB W&OD Associate Director and Mental Health Workforce Leads and service linked with HEIW around Workforce Development and Strategy Implementation.

Review of external activity being undertaken with a view to increasing face to face and specialist requirements with funding requirements being identified.

Operational Performance Report

The overall waiting list stands at 3306, with 2207 waiting over 26 weeks. Since October 2022 we have seen a decline in performance within the ND Service. The service has had a 23% Year to date increase in total referrals, and a 1& decrease in accepted referrals, receiving an average of 161 accepted per month. Demand significantly outweighs capacity. The core capacity gap within the ND Service is between 16-1800 assessments per annum (c 150 per month). The decline since September 2022, is reflective of our previous private provider contracts own capacity issues.
The service is largely reliant on external provider contracts, to go some way towards meeting the demand. Our private provider contract ended on 31.3.23, and we are currently working through the tender process for a further supplier.

Performance Recovery Actions Being Taken

A new tender process has commenced and is expected to be in place in Autumn 2023. The new tender will help deliver assessments, it will only address a small portion of children on the waiting list (dependant upon cost of assessment circa 400-500 children). The contracts would also require additional administrative support for each IHC, and delivery will be at risk if funding for these posts is not identified.

A Service improvement and development plan is in place. Significant funding for key posts will be essential to enable this, along with investment to modernise the service. The interim Programme Manager is prioritising work streams, and a 3-5 year Recruitment and Retention Plan will be developed to support the building of sustainable teams across the region and a service fit for the future needs of the population.

A new model of care for the service is in development, this is anticipated to take up to 2 years, due to lack of resources/funding , key posts such as a permanent programme manager and clinical lead will be essential to drive this forward, however, there is no funding identified for the posts at present. This work will also link with the work we are undertaking with WG around Demand & Capacity for ND Services. From this the Service received £150k funding for increasing access to service and waiting times for assessments and ADHD medication initiation, this was spent by 31.3.23 and we are currently waiting for communication about this years funding.

Supporting very high-level Data

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

	Target	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
	80%	43%	46%	46%	44%	41%	40%	40%	37%	33%	31%	34%	38%	37%

Quality & Performance Report
Performance, Finance and Information Governance Committee

Risks and Mitigations

There is an issue that the Team are unable to meet the rising demands on the service due to internal capacity. The external tender process has commenced to partially address this issue and IHC's are currently working on sustainability plans. The service requires funding for key posts to ensure that we create a sustainable, fit for purpose service which is needs led.

The new tender is behind schedule, and there is a risk that it is not successful in attracting bids.. The tender will also only address a small number of those waiting for assessment, and the waits continue to increase. Appropriate accommodation is required by the Teams (central and west) for Admin staff and clinical assessments. A proposal has been forwarded to Central Capital Planning Team to support this request. West team have identified space for a new build.

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

Workforce

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Count of Latest Pos.	QA	Theme	Measure	Reporting Frequency	Target	Latest Position	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
14	QA 3	Motivated and Sustainable Workforce	Agency spend as a percentage of the total pay bill	Monthly	12 month reduction trend	7.6%	6.1%	6.8%	7.1%	7.2%	6.8%	6.5%	8.3%	8.4%	8.4%	8.0%	6.7%	7.7%	6.9%	7.6%
14	QA 3	Motivated and Sustainable Workforce	Percentage of sickness absence rate of staff	Monthly	12 month reduction trend	5.4%	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%	6.3%	6.2%	7.3%	6.2%	5.5%	6.0%	5.6%	5.4%
14	QA 3	Motivated and Sustainable Workforce	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Monthly	85%	87.7%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%	86.7%	86.7%	86.5%	87.1%	87.3%	87.8%	88.1%	87.7%
14	QA 3	Motivated and Sustainable Workforce	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	Monthly	85%	73.9%	65.5%	65.3%	66.2%	65.3%	66.5%	67.7%	69.7%	71.0%	71.6%	72.5%	73.0%	73.9%	74.4%	73.9%

Operational Performance Report

Sickness performance is showing an improving trend with a decrease of 0.17% on the April figure and an improvement of 0.33% on the May 2022 rolling sickness absence figure. Anxiety, stress, depression and other psychiatric illnesses remains the main cause of absence accounting for 7705 working days lost, this equates to 25.9% of all absences.
As at the 31st May 2023, 1133 staff were unavailable for work due to sickness, of which 549 were classified as long term sick as they had been off work for more than 28 days. The average length of absence is 26.7 days.
The staff group with the highest absence levels are the HCSW at 8.15% in month an improvement from 8.51% in the previous year. 298 staff were off sick at the end of May with 140 classed as long term sickness. 361 nurses were off sick, with 177 long term accounting for 6.07% of the workforce being unavailable.

Performance Recovery Actions Being Taken

People services teams are focusing on early intervention with regards to staff who are potentially going to be off wok long term to consider adjustments to duties to enable staff to return to work earlier.
Staff who have frequent short term absences are meeting with managers supported by people services to understand whether there are any underlying conditions or issues that may be impacting upon attendance. Staff are also reminded of the contractual requirement to regularly attend work.
Managers are reminded of the importance to undertake Return to Work meetings and training is provided in managing attendance at work.
Meetings between Well-being, HR and Occupational Health colleagues to look at hotspot areas and support options.
Monthly MDT Case management meetings are taking place to provide support for staff with more complex needs and include staff, managers, occ health, H&S and well-being colleagues as needed.
Promote the Staff wellbeing and support services including counselling and psychological therapies

Supporting very high-level Data

Measure: % sickness absence rate of staff

	Target	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
	12 month reduction trend	6.8%	5.7%	6.4%	7.2%	6.1%	5.6%	6.3%	6.2%	7.3%	6.2%	5.5%	6.0%	5.6%	5.4%

Risks and Mitigations

All Wales decision has been made to reintroduce unsocial payments on sick pay from day 7. This may result in more staff reporting sick or staff remaining off sick for longer.
Continued pressure with regards to the cost of living may result in higher levels of stress and anxiety.
Increased communications to further promote access to the Wellbeing Services available for staff.
Training of managers to reinforce sickness processes with a focus on early intervention support and return to work interviews.

Quality & Performance Report
Performance, Finance and Information Governance Committee

Operational Performance Report

PADR Compliance has seen a slight decrease of 0.5% in May from 74.4% in April to 73.9% in . Despite this slight decrease in compliance, this is 8.6% higher than compliance was in May 2022.
Apart from this slight decrease, organisational compliance has seen a month on month increase since August 2022, highlighting that the National Pay Progression Policy is driving an increase in compliance.

Performance Recovery Actions Being Taken

Following numerous Stronger Together information events in May, feedback received from key stakeholders across the organisation in relation to the PADR process and personal contribution will form the basis for improvement to the process, ensuring the best experience for individual and teams to develop and perform to the best of their abilities. All improvements and developments will be co-designed with key stakeholders.

Supporting very high-level Data

Measure: % headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including Doctors and dentist in training)

	Target	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
	12 month reduction trend	65.5%	65.3%	66.2%	65.3%	66.5%	67.7%	69.7%	71.0%	71.6%	72.5%	73.0%	73.9%	74.4%	73.9%
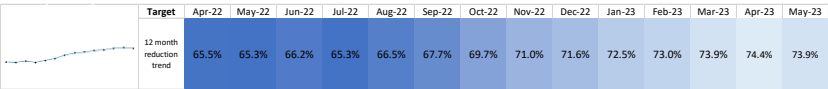
Risks and Mitigations

Operational pressures may continue to impact negatively on the capacity to carry out PADRs. On-going conversations continue to take place through Integrated Health Communities Governance structures to monitor PADR compliance

Quality & Performance Report
Performance, Finance and Information Governance Committee

Operational Performance Report

Mandatory training at level 1 currently illustrates a compliance of 87.7%, an decrease of 0.4% on last month's figure and remaining above the national target of 85%. This is the first time in seven (7) months that compliance across level 1 subjects had decreased.

Training at level 2 is currently showing a compliance figure of 81.5% illustrating a maintenance as level 2 training has consistently increased by by 0.3% to 0.4% each month for 2023.

Performance Recovery Actions Being Taken

Quarter 1 saw the implementation of Clinical and Non-clinical Induction/Orientation which included a program to include both Manual Handling & Violence Training, to date there has been full attendance within the first two sessions delivered. Early reported figures for Did Not Attend (DNA) ranges from 20% for Non Clinical Induction and up to 28% for clinical Induction.   Reporting of data for non attendance is now being monitored and forwarded to all recruiting managers.

Supporting very high-level Data

Measure: % compliance for all completed L1 competencies of the Core skills and Training Framework by Organisation

	Target	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
	85%	85.0%	84.7%	84.8%	84.8%	85.5%	86.2%	86.7%	86.7%	86.5%	87.1%	87.3%	87.8%	88.1%	87.7%

Risks and Mitigations

As anticipated we have noted a marginal decrease in compliance for Mandatory training in May 2023 as the organisation mandated the Welsh Language Standards requirement for all staff we may note a similar experience for June 2023 as the organisation implements changes to the compliance for Information Governance and Cyber awareness training which has been attached as a competency to all staff.   Level 2 Manual handling has remained this month again at 54%.

Further Information

Quality & Performance Report
Betsi Cadwaladr University Performance, Finance and Information Governance Committee

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

- 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

Teitl adroddiad: ***Report title:***	NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) SUMMARY PERFORMANCE REPORT Period 1st January 2023 to 31st March 2023
Adrodd i: ***Report to:***	Performance, Finance and Information Governance (PFIG) Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Friday, 30 June 2023
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (for the quarter ended 31st March 2023. It includes a number of metrics linked to the employment services provided to the Health Board in terms of recruitment. Going forward the committee is asked to indicate its preferred period of reporting. The 2022-23 Annual Report will be available late July and the summary performance is reported to the Health Board quarterly Key indicators to note from the BCU Quarter 4 Summary Position are the following: Professional influence savings (£47.2m) – made up as follows:

		£m
Specialist Estates Services	Negotiated reductions in leases and contractors and consultants costs; business rates negotiated reductions and disposal of NHS estates Assets	0.13
Procurement Services	Avoidance of future price Increases, reduction in current costs etc. Reported to Health Orgs by Procurement and discussed	0.25
Counter Fraud Services	Financial Recoveries & Fraud Prevented	10.80
Legal and Risk	Savings in relation to repudiation and withdrawal of claims, savings on experts fees and damage costs	36.00
		47.2

Direct savings (£0.240m) - NWSSP's commitment to provide £0.75m of savings to NHS Wales. In 22/23 the savings NWSSP provided was £2m against the target of £0.75m.

Procurement savings (£10.8m) - the bulk of the savings are against pharmacy drugs.

Team	£m
National - Clinical	0.35
National - Energy	0.06
National - ICT & Office Equipment	0.08
National - Medical	0.23
National - Pharmacy	7.32
Frontline Local	2.74
	10.78

Argymhellion: *Recommendations:*	The Committee is asked to note the report
Arweinydd Gweithredol: *Executive Lead:*	Steve Webster, Interim Executive Director of Finance
Awdur yr Adroddiad: *Report Author:*	Rob Nolan, Finance Director - Commissioning & Strategy

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	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.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Not Applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Naddo *N* Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Naddo *N*

In accordance with WP68, has an SEIA identified as necessary been undertaken?	Equality Impact (EqIA) and a socio-economic (SED) impact assessments 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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations*	
Rhestr o Atodiadau: Dim *List of Appendices:* *1 NHS WALES SHARED SERVICES PARTNERSHIP SUMMARY PERFORMANCE REPORT Period 1st January 2023 to 31st March 2023*	

Overview

KPI Status

3	**4**	**14**

Not Available
1

Points of Contact
Alison Ramsey – Director of Planning, Performance & Informatics (Alison.ramsey@wales.nhs.uk)
Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

Key Messages

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2023.

As part of the approval of our Annual Plan for 2022-23, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 22 Lead indicators in total.

The Quarter 4 performance for the organisation was generally on target with 14 out of 21 KPIs showing as green.

Further action will be taken forward into 2023-24 to address the performance in areas of underperformance.

We have faced continued significant pressure during Qtr 4 in the areas of recruitment; this has been driven by an increase in activity by all Health Boards to recruit more staff. We are also experiencing delays in relation to the Audit plans however still set to deliver annual audit reports and opinions for 2022-23.

Of the 7 KPIs that did not achieve the targets:

- 3 are a combination of both NWSSP and our customers processes.
- 1 are the responsibility of NWSSP solely.
- 3 are the responsibility of the health organisation.

The final Public Sector Payment Policy (PSPP) figures for 2022/23 are not yet available, as we are still waiting on the adjusted (by NHS Organisations) figures reported via Welsh Government as part of the Annual Accounts process.

Explanation of Appendics

Appendix 1 to this report provides Quarter 4 performance for your Health Organisation against the 22 Lead indicators with comparison data for the rolling twelve-month period to 31st March 2023. Some indicators are new and only reported from April 2022.

Appendix 2 provides Quarter 4 performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 31st March 2023. Some indicators are new and only reported from April 2022.

Appendix 3 then highlights the position for all health organisations at the end of March 2023.

Summary Position

BCU Quarter 4 22-23 Performance

Primary Care Services | Accounts Payable | Procurement Services

Primary Care payments made accurately and to timescale	Patient assignments actioned within 24 hours	Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	Cascade Alerts issued within timescale	Non NHS PSPP	Procurement savings - YTD
100% (100.00%) 0.00% – 100.00%	100% (100.00%) 0.00% – 100.00%	100% 0.00% – 100.00%	100% (100.00%) 0.00% – 100.00%	Not Available	11M (4M) 0M – 4M
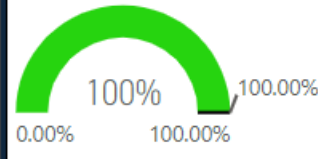
Employment Services
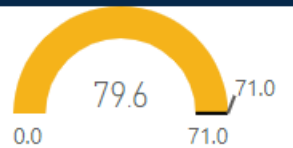
Vacancy Creation to unconditional Offer	Time to Approve Vacancies	% of Vacancies advertised within 2 working days of receipt	Time to Place adverts	Time to send applications to Manager	Time to shortlist by Managers
79.6 (71.0) 0.0 – 71.0	3.3 (10.0) 0.0 – 10.0	100% (98.00%) 0.00% – 100.00%	1.3 (2.0) 0.0 – 2.0	1.0 (2.0) 0.0 – 2.0	8.4 (3.0) 0.0 – 3.0
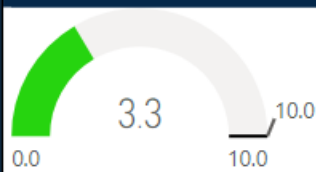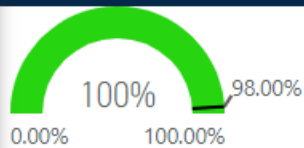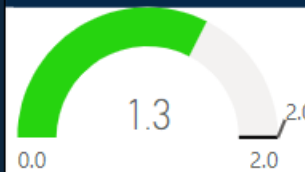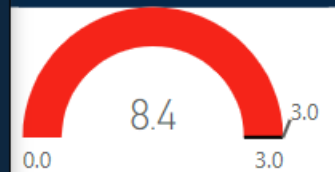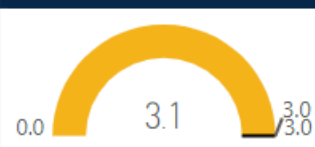
Time to notify Recruitment of Interview Outcome	% of conditional offer letters sent within 4 working days	Time to send conditional offer letter		NWSSP Pay Accuracy	Overall Payroll Accuracy
3.1 (3.0) 0.0 – 3.0	94.7% (98.00%) 0.00% – 100.00%	3.4 (4.0) 0.0 – 4.0		99.92% (99.60%) 0.00% – 100.00%	99.79% (99.90%) 0.00% – 100.00%
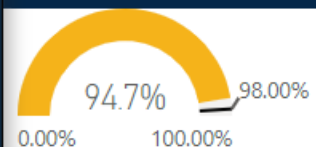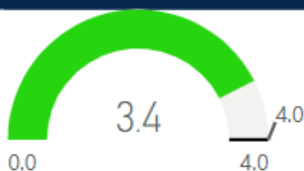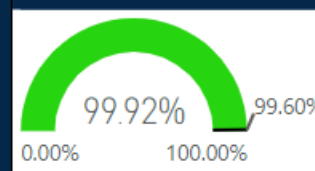
Audit & Assurance | Professional Influence | Direct Savings
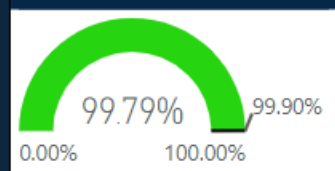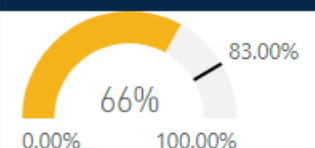
Audits reported % of planned audits - YTD	Report turnaround management response to Draft report - YTD	Report turnaround draft response-final- YTD	Audit Reports to agreed Audit Committee		Direct Savings Notified - YTD
66% (83.00%) 0.00% – 100.00%	61% (80.00%) 0.00% – 100.00%	100% (80.00%) 0.00% – 100.00%	No (See Explanation in Body of Report)	47.2M PI Savings - YTD	240K (90.0K) 0.0K – 90.0K
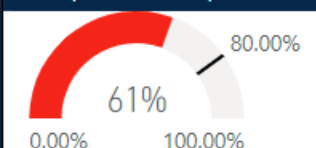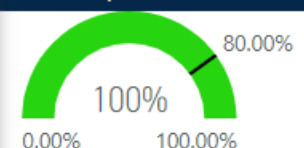
Action Plan for Lead Indicators

There were 3 KPI's showing as red for the in-month March position.

Adding Value Through Partnership, Innovation and Excellence

Employment Services-Recruitment

BCU High Level - KPIs Mar 2023	Target	30/06/2022	30/09/2022	31/12/2022	31/03/2023	Trend
Organisation KPIs Recruitment						
% of vacancies shortlisted within 3 working days		54.4%	47.2%	48.1%	41.1%	
Time to Shortlist by Managers	3 days	6.3	7.9	7.1	8.4	

What is happening?
The recruitment teams are still experiencing unprecedented levels of demand compared to pre-pandemic activity levels, which has meant in some instances compliance with the KPI measures has been missed.

Time to shortlist by Managers is taking on average 8.4 days against the 3-day target. These are dependent on the health organisation although recruitment are working to modernise processes.

What are we doing about it?
Recruitment continue to engage with all organisations on our Recruitment Modernisation Programme to make improvements. The Recruitment Business Partners are meeting Health organisations regularly to share the programme and progress implementation on some of the key changes that can support a reduction in the Time to Hire and an improved customer experience. The Programme Board continues to meet regularly.

Audit & Assurance

BCU High Level - KPIs Mar 2023	Target	30/06/2022	30/09/2022	31/12/2022	31/03/2023	Trend
		Internal audit				
Audits reported to agreed Audit Committee	Y/N	Y	Y	N	N	
Report turnaround management response to Draft report - YTD	80%	0%	75%	58%	61%	

What is happening?
Audits Reported to agreed Audit Committee failed to meet its target during March 2023. The Audit Committee was postponed, delays in the fieldwork were reported due to Annual leave.

The report turnaround management response to draft report within 15 days which measures the performance of turnaround times within the health organisation is currently reported at 61% against a target of 80%.

What are we doing about it?
A&A are planning to deliver all audits agreed and updated audit plans in time for our annual audit reports and opinions.

Continually working with organisations to review plans and audits that are behind schedule and will realign out resources to audits as required taking into account audit committee dates changing due to delays in the year end accounts timetable.
Any delays are discussed directly with the Health organisations and are made aware of any revised timings.

Heads of Internal Audit discuss any potential delays regularly with Health organisations.

Other areas where action is planned

*Adding Value
Through Partnership,
Innovation and Excellence*

Audit & Assurance

BCU High Level - KPIs Mar 2023	Target	30/06/2022 Internal audit	30/09/2022	31/12/2022	31/03/2023	Trend
Audits reported % of planned audits - YTD		Target 3% Actual 3%	Target 25% Actual 17%	Target 47% Actual 36%	Target 83% Actual 66%	
% of audit outputs in progress		28%	22%	22%	28%	

What is happening?
Performance in March was missed with 66% of audits reported against a target of 83%.

What are we doing about it?
There are currently 28% of audit outputs in progress and will be brought through to draft/final report stage by the end of May.

Employment Services – Recruitment

BCU High Level - KPIs Mar 2023	Target	30/06/2022	30/09/2022	31/12/2022	31/03/2023	Trend
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		51.7%	54.0%	62.7%	57.5%	
Vacancy creation to unconditional offer	71 days	83.6	93.6	69.6	79.6	
% of interview outcomes notified within 3 working days		75.3%	72.6%	77.9%	76.8%	
Time to notify Recruitment of Interview Outcome	3 days	2.2	3.1	2.7	3.1	
NWSSP KPIs Recruitment						
% of conditional offer letters sent within 4 working days	98.00%	98.0%	93.0%	91.4%	94.7%	

What is happening?

Vacancy Creation to unconditional offer failed to hit its target of 71 days reporting on average 79.6 days to complete. Time to notify Recruitment of Interview Outcome narrowly missed its target of 3 days by reporting 3.1 days this March. These are dependent on the health organisation although recruitment are working to modernise processes.

Percentage of Vacancies advertised within two working days fell short of its 98% target, reporting 94.7% however achieved the target of 4 days with an average of 3.4 days. This target is the responsibility of NWSSP recruitment.

What are we doing about it?

As already explained above, the recruitment teams are still experiencing unprecedented levels of demand compared to 2018/19, which has meant in some instances compliance with the KPI measures has been missed. Further process improvements are planned for 2023/24 as part of our ongoing Recruitment Modernisation Programme.

Employment Services – Recruitment

All Wales

What is happening?

The target of creation to unconditional offer within the 71 days has been missed with an average of 75 days however, significantly improved on the February position of 89 days. In broad terms the 71 days can be attributed to as follows:

Responsibility	Days
NWSSP	14
Organisation (Approval)	10
Recruiting Manager	33
Candidate/Occ Health (These can overlap)	14
	71

The charts below demonstrate the increased activity on Number of Conditional offers since 2020.

Vacancy Requested to Unconditional Offer

Number of Conditional Offers Sent
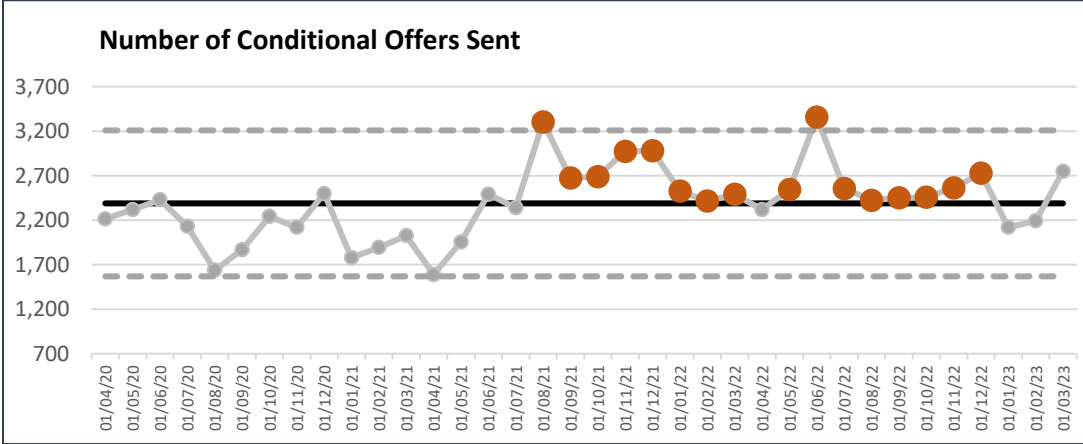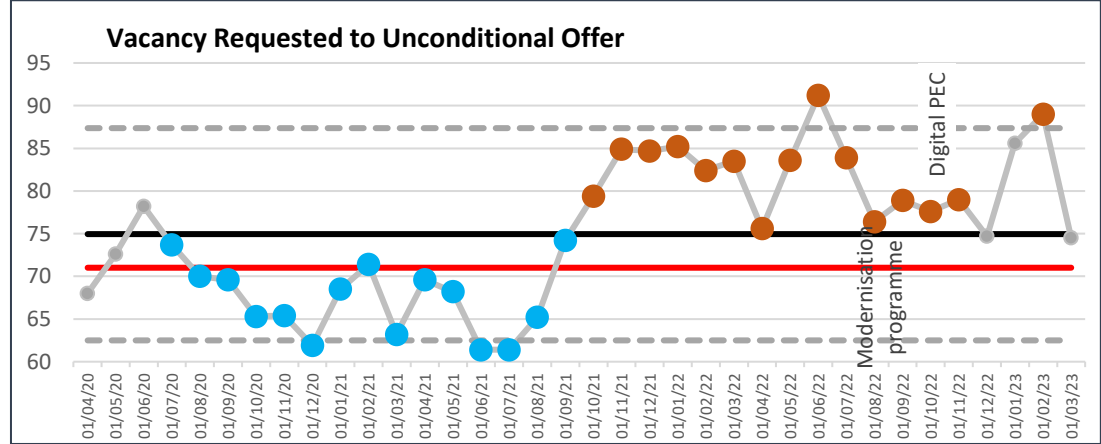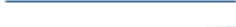
What are we doing about it?

During March there has been again a push on processing incomplete records, this is a pro active task however, when records are processed over the 71 day target this does affect the average days, there were 199 records processed over 91 days in March compared to in excess of 400 in February, this will become less of an issue and reduce the affect on the performance as less records are cleansed but at this point unable to confirm when this work will be completed.

Appendix 1 – Performance for the rolling twelve-month period to 31st March 2023

BCU High Level - KPIs Mar 2023	Target	30/06/2022	30/09/2022	31/12/2022	31/03/2023	Trend
Financial Information						
Direct Savings Notified - YTD	£90k	£90k	£90k	£240k	£240k	
Professional Influence Savings - YTD		£4.613m	£9.088m	£36.962m	£47.219m	
Employment Services **Payroll services**						
NWSSP Pay Accuracy	99.6%	99.87%	99.89%	99.95%	99.9%	
Overall Pay Accuracy	99.6%	99.70%	99.74%	99.77%	99.8%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		51.7%	54.0%	62.7%	57.5%	
Vacancy creation to unconditional offer	71 days	83.6	93.6	69.6	79.6	
% of vacancies approved within 10 working days		90.3%	93.4%	98.9%	97.4%	
Time to Approve Vacancies	10 days	4.5	4.0	3.4	3.3	
% of vacancies shortlisted within 3 working days		54.4%	47.2%	48.1%	41.1%	
Time to Shortlist by Managers	3 days	6.3	7.9	7.1	8.4	
% of interview outcomes notified within 3 working days		75.3%	72.6%	77.9%	76.8%	
Time to notify Recruitment of Interview Outcome	3 days	2.2	3.1	2.7	3.1	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	98.00%	100.0%	87.0%	87.6%	100.0%	
Time to Place Adverts	2 days	1.5	2.0	1.9	1.3	
% of applications moved to shortlisting within 2 working days of vacancy closing		100.0%	100.0%	99.6%	100.0%	
Time to Send Applications to Manager	2 days	1.0	1.2	1.0	1.0	
% of conditional offer letters sent within 4 working days	98.00%	98.0%	93.0%	91.4%	94.7%	
Time to send Conditional Offer Letter	4 days	3.3	3.8	3.5	3.4	
Procurement Services						
Procurement savings - YTD		Target £3.637m Actual £7.510m	Target £1.385m Actual £3.548m	Target £2.087m Actual £6.768m	Target £4.071m Actual £10.777m	
Accounts Payable						
Invoices on Hold > 30 days		5,021	4,753	5,712	5,214	
% Invoices as being in dispute >30 days		53%	55%	51%	60%	
PSPP Compliance non NHS	95%	95.5%	95.0%	95.3%	NA	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Internal audit						
Audits reported to agreed Audit Committee	Y/N	Y	Y	N	N	
Audits reported % of planned audits - YTD		Target 3% Actual 3%	Target 25% Actual 17%	Target 47% Actual 36%	Target 83% Actual 66%	
% of audit outputs in progress		28%	22%	22%	28%	
Report turnaround management response to Draft report - YTD	80%	0%	75%	58%	61%	
Report turnaround draft response-final- YTD	80%	0%	100%	100%	100%	

Appendix 2 – All Wales Performance for the rolling twelve-month period to 31st March 2023

ALL WALES KPIs		30/06/2022	30/09/2022	31/12/2022	31/03/2023	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.74%	99.79%	99.72%	99.73%	
Prescriptions processed (Apr-Sept)	70.05m	83.86m	6.88m	42.13m	71.42m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100.0%	100.0%	100.0%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100.0%	100.0%	100.0%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100.0%	100.0%	100.0%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	90%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 10 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	91.8%	93.9%	95.6%	98.6%	
CTeS						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	100%	99%	
Digital Workforce						
DWS % Calls Handled	70%	89.20%	73.70%	96.20%	96.20%	
SMTL						
% of incident reports sent to manufacturer within 50 days of receipt of form	Under Review	100%	100%	100%	100%	
% delivery of audited reports on time (Commercial)	87%	93%	100%	100%	100%	
% delivery of audited reports on time (NHS)	87%	NA	NA	NA	NA	
Pharmacy Technical Services						
Service Errors	<0.5%	0%	0%	0%	0%	
Medical Examiner						
Deaths Scrutinised	60%	79%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	85%	98%	99%	110%	102%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	93%	96%	95%	94%	
Inappropriate items returned to the laundry including Clinical waste items	<5	<5	0	0	0	

Appendix 3 – Health Org Performance comparison 31st March 2023

KPIs Mar 2023	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs														
Financial Information														
Direct Savings Notified - YTD	Value for Money		£176k	£197k	£240k	£210k	£212k	£155k	£17k	£39k	£23k	£26k	0	0
Professional Influence Savings- YTD	Value for Money	£110m	£17.434m	£37.820m	£47.219m	£19.895m	£9.675m	£14.316m	£0.338m	£1.090m	£2.888m	£2.730m	£0.054m	£0.332m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Excellence	99.6%	100.0%	99.9%	99.9%	99.8%	99.9%	100.0%	99.8%	100.0%	99.9%	99.7%	99.9%	99.8%
Overall Pay Accuracy	Excellence	99.6%	99.7%	99.6%	99.8%	99.5%	99.8%	99.9%	99.6%	99.0%	99.6%	99.7%	99.9%	99.7%
Calls Handling % Quarterly Average	Customers	95%						97.4%						
Organisation KPIs Recruitment														
Vacancy creation to unconditional offer	Excellence	71 days	80.8	77.4	79.6	78.3	91.0	65.3	57.2	71.7	70.4	107.1	54.4	58.3
Time to Approve Vacancies	Excellence	10 days	6.2	9.4	3.3	13.3	19.6	5.1	3.8	7.6	6.6	9.2	5.0	0.5
Time to Shortlist by Managers	Excellence	3 days	7.1	8.4	8.4	8.0	7.1	2.8	9.5	6.4	8.7	2.9	17.4	6.7
Time to notify Recruitment of Interview Outcome	Excellence	3 days	3.3	4.2	3.1	2.8	1.7	3.0	2.3	3.5	3.2	2.6	8.8	1.9
NWSSP KPIs Recruitment														
Time to Place Adverts	Excellence	2 days	1.7	1.5	1.3	1.5	1.6	1.5	1.5	1.5	1.4	1.0	0.9	0.9
Time to Send Applications to Manager	Excellence	2 days	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.1	1.0
Time to send Conditional Offer Letter	Excellence	4 days	3.2	3.8	3.4	3.0	3.9	3.6	3.1	2.8	3.8	3.9	4.0	4.0
Calls Handling % Quarterly Average	Customers	95%						98.9%						
Procurement Services														
Procurement savings- YTD	Value for Money		Target £1.655m Actual £6.845m	Target £3.826m Actual £10.569m	Target £4.071m Actual £10.777m	Target £3.671m Actual £8.798m	Target £5.680m Actual £6.274m	Target £1.208m Actual £5.858m	Target £0.013m Actual £0.020m	Target £0.174m Actual £0.682m	Target £0.148m Actual £2.501m	Target £0.026m Actual £0.693m	Target £0.003m Actual £0.049m	Target £0.000m Actual £0.215m
Accounts Payable														
Savings and Successes	Value for Money					£4,583,641								
Invoices on Hold > 30 days	Customers		4,279	5,173	5,214	5,537	5,869	2,244	683	943	1,268	471	114	19
% Invoices as being In dispute >30 days	Customers		41%	54%	60%	57%	45%	45%	50%	26%	83%	66%	68%	37%
Call Handling % - Quarterly Average	Customers	95%						99.4%						
PSPP Compliance non NHS	Excellence	95%					NA							
Audit & Assurance														
Audits reported to agreed Audit Committee	Excellence	Y/N	N	Y	N	N	N	N	Y	N	Y	N	N	Y
Audits reported % of planned audits - YTD	Excellence		Target 61% Actual 52%	Target 85% Actual 73%	Target 83% Actual 66%	Target 95% Actual 79%	Target 85% Actual 74%	Target 83% Actual 81%	Target 73% Actual 73%	Target 92% Actual 72%	Target 57% Actual 57%	Target 71% Actual 67%	Target 90% Actual 80%	Target 87% Actual 87%
% of audit outputs in progress	Excellence		39%	27%	28%	13%	26%	17%	27%	23%	19%	24%	20%	13%
Report turnaround (15 days) management response to Draft report - YTD	Excellence	80%	58%	65%	61%	54%	67%	82%	83%	82%	53%	50%	38%	82%
Report turnaround (10 days) draft response-final- YTD	Excellence	80%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Excellence	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Adding Value Through Partnership, Innovation and Excellence

Teitl adroddiad: ***Report title:***	SBAR for the Renewal of the Covid-19 Contact Centre Caledfryn Offices Site Lease
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee (PFIG)
Dyddiad y Cyfarfod: ***Date of Meeting:***	Friday, 30 June 2023
Crynodeb Gweithredol: ***Executive Summary:***	This SBAR is to request extension of a lease for use at Caledfryn site offices, Smithfield Road, Denbigh, LL16 3RJ for the Covid-19 Contact Centre vaccination service effective from June 2023. The accommodation is to be considered by the Performance, Finance and Information Governance committee. To seek approval to extend the lease at Caledfryn site offices for the Contact Centre vaccination service for a further 3 years until June 2026, with a 6month – 1 year break clause.
Argymhellion: ***Recommendations:***	The Board is asked to: Extend the least of Caledfryn Site Offices, Smithfield Road, Denbigh, LL16 3RJ for a further 3 years until June 2026. To note, this will include a 6 month – 1 year break clause.
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen Executive Director of Public Health Graham Rustom Vaccination & Immunisation Programme Director
Awdur yr Adroddiad: ***Report Author:***	Katie Spruce Business Manager for Vaccinations & Immunisations Hannah Aucutt Deputy Business Manager for Vaccinations & Immunisations

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒		Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:	

Cyswllt ag Amcan/Amcanion Strategol:
 	
Link to Strategic Objective(s):
	The Vaccination Service is a relatively new service that has been activated in response to the Covid-19 pandemic. Since implementation in 2020, the Contact Centre service was originally accommodated in Venue Cymru, Promenade, Llandudno, LL30 1BB. Following confirmation from Venue Cymru that they wished to take back full use of the site in June 2021, the Contact Centre moved following an options appraisal of suitable sites to the Optic, and then when the Optic needed the space back and following a further options appraisal, working with Denbigh County Council moved into the premises at Caledfryn, Denbigh.
	
	These moves and decisions were taken during the height of the Pandemic and agreed at the COVID-19 Friday Tactical meetings which were the governance route for sign-off within the Health Board for matters relating to the COVID-19 vaccination response and had senior representation from all relevant departments to scrutinise and approve decisions outside of standard governance routes due to the speed of response required.
	
	The following options were taken into consideration in the movement to the new site at Caledfryn, Denbigh;
	
	Option 1) Approval of the potential new site of Caledfryn site offices in Denbigh is granted
	
	    ▪ *Risk: No risks.*
	
	Option 2) Approval of the potential new site of Caledfryn site offices in Denbigh is not granted.
	
	    ▪ *Risk 1: Less cost effective to the Health Board, as Caledfryn is a quarter of the price in comparison to the Optic Centre.*
	    ▪ *Risk 2: Optic Centre location is more isolated to Caledfryn, therefore potential issue factors may arise such as, accessibility i.e., individuals who may not drive, as public transport is limited. This may lead to low uptake in vaccinations for the Centre region.*
	    ▪ *Risk 3: Contact Centre team are split into 3 separate rooms at the Optic Centre. At Caledfryn, the team will be in 1 large room. This could promote team building, motivation, morale and productivity in the workplace.*
	
	Option 3) A direction to pursue a different base location for the Vaccination and Immunisation Programme Contact Centre service.
	
	    ▪ *Risk: An alternative site location may not be available with the demand of the programme.*
	
	The contract lease for Caledfryn offices is due to end June 2023 and therefore a request for this extension of the lease

	has been requested for a further 3 years until June 2026, with a 6month – 1 year break clause.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Health and Safety Executive Estates & Facilities Property Management Team
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	**Not applicable** Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7 *WP7 Procedure for Equality Impact Assessments*
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	**Not applicable** Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol. *WP68 Procedure for Socio-economic Impact Assessment.*

Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)
 	
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)
	As a result of the requirement to extend the contract lease at Caledfryn site offices, Smithfield Road, Denbigh, LL16 3RJ until June 2026, the following options are offered for consideration:
	
	Option 1) Approval of the contract lease at Caledfryn site offices is granted
	
	    ▪ *Risk:* No risk.
	
	Option 2) Approval of the contract lease at Caledfryn site offices is not granted
	
	    ▪ *Risk:* Contact Centre operational service would not available for the Vaccination and Immunisation programme, therefore booking and cancellations would need to be undertaken by staff within the areas and operational management, therefore potentially impacting on the other services of the programme. Loss of this established site at short notice will significantly negatively impact on the ability for BCU to effectively meet its requirements to deliver the COVID vaccination programme for the remainder of 23/24.
	
	Option 3) A direction to pursue a different base location for the Vaccination and Immunisation Programme Contact Centre service.
	
	    ▪ *Risks:* Depending on the timeframe to identify and transition to a different site and possibility of time restraints, the contact centre operational service may not be able to function efficiently or on-time alongside the programme.

Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith*	Caledfryn Costs in Summary per annum 2023-2026. A fixed sum of £36,249.45 as the service charge (£3000 per month to occupy, all costs)

Financial implications as a result of implementing the recommendations	Rates and utility costs (as well as maintenance and repairs) are included in the charge. Health Board will be responsible for cleaning the demist and required to pay the councils legal costs. Break down of the costs as follows; Total floor area of Caledfryn - 2,783.60m² Proposed floor area occupied by BCUHB - 312.00² which equates to 11.2% of total floor area. Total running costs for Caledfryn - £265,891.00 11.2% of £265,891.00 = £29,802.14 Add £447.31 to cover the utilities used for the weekends Add £6,000.00 to cover the cost of Facilities Management to be on stand-by and possible call-outs out of hours. **Total cost is - £36,249.45**
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Contact Centre operational service will be able to function efficiently for the Covid-19 Vaccination Programme.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	**Not applicable**
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	**Not applicable**
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	**Not applicable**
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations*	
Rhestr o Atodiadau: *List of Appendices: None*	

Teitl adroddiad: *Report title:*	BCUHB Specialist Adult Eating Disorder Service (SAEDS): Accommodation in East
Adrodd i: *Report to:*	Performance, Finance & Information Governance Committee (PFIG) Meeting
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023
Crynodeb Gweithredol: *Executive Summary:*	• In 2021, in line with Welsh Government (WG) key priority areas, funding was secured for Eating Disorder (ED) service expansion. • Significant investment was agreed through Transformation and Service Improvement Funding (2021) to fund the ED service expansion project: Early Intervention and Treatment at Tier 2 and the development of a MEED[1] `team'. • While some progress has been made in recruitment, a significant barrier has been finding suitable accommodation for staff to be based and to see service users, stalling recruitment and directly affecting patient care and staff well-being. • Lack of accommodation and subsequent halted recruitment, is preventing many people with eating disorders, who have the highest mortality rate of all psychiatric disorders, from accessing specialist treatment, as per NICE Guidelines (2017). • This is increasing the burden on local mental health services and leaving ED service users, who are presenting with a substantial increase in complexity and comorbidity since the pandemic, without any support and at significant risk of harm. • As a result, BCUHB are not meeting the targets set by WG. • SAEDS currently only has one base in west North Wales, leaving staff in the East region without a base from which to work and see service users. • Staff are working in isolation with a high -risk client group and newly recruited staff are not able to benefit from the knowledge and skills of experienced staff. This may leave staff feeling undervalued and low morale is evident at times. • One member of staff has already left as a direct result, and there is a high risk of losing the staff we have recruited. • Not providing staff with accommodation to work alongside other staff and to see patients does not foster an environment suggestive of BCUHB values. • We have been unable to make the best use of our allotted funds, and this will impact on our ability to bid for future resources for this vulnerable patient group. • Appropriate accomodation has been sourced at various points during 2021 and 2022 to rent but no agreement reached. • An estates review established the current BCUHB estates would not be able to accomodate the service requirements in December 2022. • All other avenues for accomodation have been exhausted, although longer term solutions will still be progressed as the lease request is for a medium term solution

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[1] MEED: Management of Emergencies in Eating Disorders, Royal College of Psychiatrists, 2022.

	• Options to bring the service back in to NHS accomodation will be pursued at every possible opportunity • Prior scrutiny for the development has been through Divisional Capital and Estates Group, DSLT (approved 6th June 2023) Executives (Approved) and Capital and Investment Group (Approved 15th June 2023)
Argymhellion: *Recommendations:*	In line with the current SORD PFIG are asked to: • Approve to hold the lease for accomodation for the Eating Disorder Service which is expanding in the east region. • Agree submission of the requirement to WG for the Capital funding required through the IFRS16 process
Arweinydd Gweithredol: *Executive Lead:*	Teresa Owen - Executive Director For Public Health
Awdur yr Adroddiad: *Report Author:*	Dr Samantha Sharpe, Head of Specialist Adult Eating Disorder Service (SAEDS)

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	• Eating Disorder service provision with a focus on earlier intervention and treatment is a current Welsh Government Priority. • Together for Mental Health • Mental Health (Wales) Measure 2012 • MARSIPAN 2014 • Prosperity for All 2017 • A Healthier Wales 2018 • NICE guidance on Eating Disorders 2017 • ED Service Review 2018

	- A Healthier Wales 2018 - NICE guidance on Eating Disorders 2017 - WG ED Service Review 2018 - MEED 2022 (replaced MARSIPAN, 2014)
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Do/Naddo Yes - Completed
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	Do/Naddo Yes - Completed
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	The risk to the expansion of specialist ED service provision is due to the lack of accommodation within BCU existing estates. Without the secured accommodation in East the key risks identified are: - The risk to patients unable to access a specialist ED service, MDT treatment and interventions as recommended by NICE (2017) and a key priority for WG. - The risk to BCUHB if a serious and untoward incident occurred as a result of a delay in the establishment of an enhanced ED service due to a lack of accommodation. - The risk to the retention of current staff in East region, who currently have no base from which to work or see patients, are relying on good will of other venues (problematic) and who are starting to show signs of low morale as a result. - The risk to recruitment of new staff, who will not want to risk moving to a post without a base, and into a fragmented, newly developing team. - Not meeting WG set targets for ED service provision. - The lack of accommodation registered on the trust risk register. - Reputational risk because of failure to utilise funds secured from WG and risk to

	ability to bid for future funding opportunities.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	Please see Appendix 1 for a break-down of estimated costings. The summary estimated financial cost is as follows on a non recurrent and recurrent basis: **Summary** _(table below)_ The aim is to secure a lease on a suitable property of suitable floor space for a period of 5 years, and build in a break clause at the end of year 3. Because of the evolving and temporal nature of premises availability and previous stalled attempts it is deemed prudent to request approval in principle to hold the lease before having discussions with potential landlords or identify suitable premises. The costs presented are based on an expected / typical cost for rental accommodation to hold 20 members of staff and were based on property brochures (June 22). If approved to proceed, work will be undertaken with estates colleagues to identify appropriate accommodation and firm up the actual costs.. The holding of the lease will require capital resources to be made available through WG funding via IFRS16 process Lease costs are expected to be £17,250 per annum. Fit out costs will be a combination of revenue and capital costs as identified above. The capital fit out costs identified would be subject to a discretionary capital requirement through DSLT and Health Board processes. (£54,000). This was approved at CIG on 15 June 2023. Revenue estates and facilities recurrent costs would be met with existing revenue funding secured from WG (recurrent £35,000, non recurrent £19,512).

Item	Capital (IFRS16)	Discretionary Capital / IT	Revenue	Total
Set Up Costs - Non Recurrent	-	54,000	19,512	73,512
Running Costs - Recurrent	17,250	-	35,000	52,250

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Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	There are no negative workforce implications as a result of the agreement to rent accommodation for the East area. Positive impact on recruitment and enhanced staff wellbeing, adherence to BCUHB core value.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	n/a
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	The lack of appropriate estates to meet the requirements of the agreed EDS expansion model was entered onto the BCUHB risk register March 2023 by DSLT.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	N/A

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
One received at PFIG. Next steps include:

- Identify appropriate accommodation in the East area (staff from estates have already sent a list of potential buildings to be viewed for suitability ASAP).
- Once a venue has been identified and leased, costings will be firmed up, and an update fed back to PFIG, CIG, Executives and SLT.
- This will enable recruitment to recommence and the ED service expansion to continue namely: Specialist ED Service provision accessible to patients at Tier 2 across the whole of BCUHB and development of a MEED team.
- The resultant effect will be an important step for BCUHB – providing direct access to a specialist service and an overall positive impact on the people of North wales requiring specialist ED service provision, both community and inpatient.
- An update and confirmation of the costs to be fed back through PFIG once available and a future update paper for noting.

Rhestr o Atodiadau:
Dim

List of Appendices:
Appendix 1: Estimated Costings

Appendix 1: Detailed estimated costings for SAEDS Accommodation East

Item	Comment / Note	Capital (IFRS16)	Discretionary Capital / IT	Revenue	Total
Set Up Costs - Non Recurrent					
Refurbishment/Adaptation costs	(in certain circumstances building refurbishments costs will be met by the Landlord. However, this cannot be guaranteed).		15,000		15,000
Design Costs and Planning Fees			5,000		5,000
IT Equipment (PC/Laptop & Peripherals)			7,000		7,000
Office furniture and associated equipment				15,000	15,000
BT PSBA Circuit (80/20), Network Switch, UPS, Wireless Access Point, Cabling			13,000	-	13,000
Air Conditioning installation to support network equipment			5,000		5,000
Telephon (7x Phones with headset)				1,260	1,260
Total		-	45,000	16,260	61,260
VAT @ 20%		-	9,000	3,252	12,252
Total Set up costs		**-**	**54,000**	**19,512**	**73,512**

Item	Comment / Note	Capital (IFRS16)	Discretionary Capital / IT	Revenue	Total
Running Costs -Recurrent					
Lease of Building per annum (Taken from Property Brochure June 2022. This may increase over time)		17,250			17,250
Rateable Value and Rates Payable	Estimate RV £11,000 Rates Payable £5,500			5,500	5,500
PSBA Lease Cost				3,000	3,000
Gas, Electric, mains water				6,500	6,500
Daily Cleaner				15,000	15,000
BT phone line and Broadband				2,000	2,000
Maintenance – Fire safety, water monitoring, Lift. pa				3,000	3,000
Total Running Costs		**17,250**	**-**	**35,000**	**52,250**

Teitl adroddiad: Report title:	Recommendations for the implementation of a Re-Fit programme which supports the Health Boards Decarbonisation Action Plan
Adrodd i: Report to:	Health Board
Dyddiad y Cyfarfod: Date of Meeting:	Friday, 30 June 2023
Crynodeb Gweithredol: Executive Summary:	This business case requests approval to progress with Phase 1 of a Carbon Reduction Programme with an initially scoped value of ~£7m investment over 2 years, with a preferred delivery route via the Re:fit framework utilising Energy Performance Contracts and financing available via the Wales Funding Programme – Welsh Government supported scheme, which is administered by Salix. BCUHB has one of the largest property portfolios in Wales amounting to approximately 456,000 square meters with an annual running cost of £63m. Implementing Energy Conservation Measures (ECMs) and investing in new equipment, such as LED lighting, can ease the burden of maintenance, and reduce ongoing maintenance revenue costs as well as backlog maintenance. The Re-fit programme has already gone through a Soft Market Testing process which resulted in six national Energy Performance Contractors showing an interest in supporting the Health Board to achieve its target for Carbon Reduction. The Re-fit programme is now in position to commence with a formal Invitation To Tender (ITT) and the project group is requesting support from the Board to commence with this phase of the programme and carry out a mini-competition.
Argymhellion: Recommendations:	*The Board is asked to approve* 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. NB. Local Partnership and the Welsh Government Energy Services will continue to support this process, which will involve sharing of best practice, guiding through the procurement documents, engaging with NHSWSSP legal/procurement, setting up evaluation panel, assurance of decision re selection of partner *(The Re:fit Framework has already been through an OJEU procurement and the contracts are based on a Cost + model by the Service Provider on a cost structure competitively tendered during the OJEU procurement. We would propose to score our Mini Competition on the following basis - 80% to 90% quality, 10% to 20% cost.)*
Arweinydd Gweithredol: Executive Lead:	Andrea Hughes - Interim Director of Finance
Awdur yr Adroddiad: Report Author:	Arwel Hughes - Head of Operational Estates

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒		Am sicrwydd *For Assurance* ☐
Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd. A Strategic Delivery Plan has been developed to respond to this declaration and is aligned to Welsh Ministers' ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales, the NHS has an important role to play to contribute towards this target and ambitious targets are in place.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Completed
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	SEIA will be assessed once a preferred partner has been identified and a scoping exercise has been carried out.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	Risk associated with the Health Board Decarbonisation Action Plan is currently being developed by the Transformation Team.

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Local Partnerships Fees for support is £40,000 plus VAT and reasonable expenses, plus a variable fee equivalent to: the greater of £15,000 or 0.75% of the contract spend up to a maximum of £45,000. The Local Partnerships £40,000 fee covers the procurement support leading to the appointment of a service provider. The Local Partnership fee for the High Level Appraisal (HLA) and Investment Grade Proposal (IGP) review for the subsequent phases will come out of the variable fee element, so BCUHB will only pay the £40,000 fixed fee once regardless of the number of phases. Each subsequent phase will have the 0.75% of contract spend for that phase applied to cover technical and commercial support, capped at £45,000 for each phase. £40,000 fee not due until service provider appointment. Significant upfront support without incurring spend. Fee can be capitalised and built into funding budgets / applications
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Amherthnasol Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	The Re-fit programme was presented in Capital Investment Group in 26th September 2022
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	Amherthnasol Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion *Next Steps:* *Implementation of recommendations*: Commencement of Tender Process with the intention of appointing a preferred Energy Performance Contractor who will support the Health Board in delivering the Building element of the Decarbonisation Action Plan.	

Rhestr o Atodiadau:
Dim
List of Appendices:
None

Situation:

Recommendations for the implementation of a Re:fit programme which supports the Health Boards Decarbonisation Action Plan.

BCUHB have developed a Decarbonisation Action Plan for short and medium term actions, which will deliver a major boost in our objective of achieving Net Zero Carbon Emissions by 2030. The Decarbonisation Action Plan was approved by the Health Board in September 2022 and includes delivering a series of energy efficiency improvements and renewable electricity generation across the estate through the Local Partnerships / Greater London Authority framework. The Health Board receives support throughout the process from Local Partnership and the Welsh Government Energy Service.

The proposed funding route for the Re:fit programme is the Wales Funding Programme (Welsh Government's Invest to Save (Capital) Repayable Grant Scheme). This is the route similar health board projects in Wales have been funded.

The Wales Funding Programme is administered by Salix on behalf of the Welsh Government. Following an assessment of the application by Salix, recommendations will be made to the Welsh Government (including Health Capital). The main funding criteria are:

Criteria	Invest to Save
Technology	Energy efficiency and renewables
Organisation	Any Welsh Government funded public sector organisation including health boards and housing associations
Interest rate	0%
Investment Size	Up to 100% of project costs
Investment to Save Carbon	Less than £278 per tonne over the lifetime of the project (Subject to review)
Payback period	Maximum 8 years (Subject to review)

Salix will undertake a technical assessment and review of the Health Board's submitted funding application to ensure proposed energy savings are achievable. A recommendation for funding is then made to Welsh Government prior to any formally confirmation with the Health Board that funding can be awarded. Furthermore, once Salix has conducted the assessment, any projects deemed suitable for funding must be approved by the relevant Welsh Government Ministers.

This Framework will allow the health board to secure a delivery partner who will work with the health board to identify, quantify and deliver the works from an OJEU compliant EPC framework whereby the level of savings (fiscal and carbon) are guaranteed by the partner organisation.

The steps required to progress are:

•   A Mini-competition to select the service provider which provides the best overall value for money for undertaking the work and;

•   An Expression of Interest to the Wales Funding Programme (Welsh Government's Invest to Save Repayable Grant Scheme) for the capital to deliver the proposed first phase of Re:fit.

Whilst none of the above actions come with any formal commitment from the Health Board to undertake any work or commit any finance, there will be an expectation from the service providers who respond, that the Health Board will commit to the following programme:

We envisage this Re:fit project to be delivered in multiple phases. This will help us build a good working relationship with the Re:fit contractor so they can understand our needs and any opportunities for decarbonising the estates. As new technologies which come to market and mature over time, we hope to capitalise on these innovations to ensure we meet our decarbonisation targets as well as to improve patient and staff experiences. We will also look to deliver against nationally agreed actions.

The Re:fit project will give the Health Board the opportunity to carry out improvement programmes and invest in technology such as:

•   LED lighting
•   Energy efficiency retrofit – for example our range of HVAC and building fabric
•   Low carbon heat generation across most sites
•   Increase onsite energy generation – (both building and ground mounted)
•   Withdraw CHP
•   EV Charging
•   Building Management Systems
•   Lighting & controls
•   Heat recovery
•   Solar thermal
•   Heat pumps
•   Photovoltaic panels
•   Secondary glazing
•   Insulation
•   Draught proofing
•   Street lighting

Phase 1 (2024-26) – will consist of 2 Acute and 3 Community inpatient facility across the Health Board focussing on measures which can be achieved within the funding criteria of the Wales Funding Programme. It is estimated that funding up to £3.5M per year will be required across 2 financial years for programme of work to align with the Health Board Decarbonisation Action Plan. Sites associated with the first phase are:

•   Ysbyty Gwynedd
•   Ysbyty Glan Clwyd – Targeted LED Upgrade Project
•   Ysbyty Cefni
•   Llandudno General Hospital
•   Ysbyty Penrhos Stanley

Phase 2 - BCUHB will request £10m-£25m from any available grant schemes (eg Estates Funded Advisory Board - EFAB) or direct application to Welsh Government for additional

capital through the established business case process over the next 5 financial years. Phase 2 will follow the same approval process as Phase 1 with a further application for funding.

Background:
BCUHB along with the rest of the public sector in Wales have a commitment to achieve Net Zero Carbon Emissions and have established a Decarbonisation Action Plan in line with the Strategic Carbon Reduction Plan developed for the NHS across Wales by NWSSP.

Our baseline carbon emissions from building energy use is currently 48,229 TCO_2e. Through the Decarbonisation Action Plan, we have set an interim target of 30,335 TCO_2e a reduction of 25%. The only way to achieve this is through estate wide actions tackling energy use within all our buildings.

Whilst carbon reductions will support the health board's long term commitment to addressing climate change, we also face an immediate threat from energy prices rising to levels never before seen in the UK with four and five fold increases in the cost of gas and a doubling or tripling in the cost of electricity.

This makes pursuing increasing energy efficiency and generation production an immediate priority to reduce our utility costs going forward and funded from an identified Invest to Save fund established by Welsh Government.

More strategic decarbonisation projects which whilst offering higher carbon savings by moving away from fossil fuels towards electrification of heat and transport do not always offer the same potential for fiscal savings as they rely on energy substitution rather than energy reduction and do not effect overall demand for energy.

Assessment:
The Welsh Government Energy Service has carried out a provisional screening of our estate and identified the potential scale of the projects possible by an evaluation of our current energy use and typical savings made in healthcare environments elsewhere through similar Re:fit projects. This is based on our summary figures submitted as part of our EFPMS submission for FY20-21.

The Re:fit Programme has a potential to have the following benefit to the Health Board once the Re:fit Programme (Phase 1 and Phase 2) are fully funded :

Total Savings	per Yr	%
Energy (kWh)	15,619,602	17.3%
Energy Cost (£)	2,562,425	19.7%
Carbon (TCO_2e pa)	3,364	18.2%
Lifetime TCO_2e Saving	69,801	

Grant Triggered by		Based on Whole Portfolio Lifetime Carbon	Based on Individual Sites
Typical Grant Application	£	19,404,638	19,404,638
Simple Payback	Yrs	7.57	7.57
£ / TCO2e lifetime	£ / TCO2e lifetime	278	278

The Re:fit contract has been assessed by NHS Wales Shared Services Partnership Legal and Risk teams and amended as necessary as per other Health Boards undertaking Re:fit, as not exposing the health board to any undue risk.

Recommendations:

That PFIG supports the following recommendation :

Recommendation 1: – The Health Board carries out a Mini-competition to choose a Service Partner for Phase 1 of the Re: fit Programme, which offers the best overall value for money to the health Board.
NB. Local Partnership and the Welsh Government Energy Services will continue to support this process, which will involve sharing of best practice, guiding through the procurement documents, engaging with NHSWSSP legal/procurement, setting up evaluation panel, assurance of decision re selection of partner
(The Re:fit Framework has already been through an OJEU procurement and the contracts are based on a Cost + model by the Service Provider on a cost structure competitively tendered during the OJEU procurement. We would propose to score our Mini Competition on the following basis - 80% to 90% quality, 10% to 20% cost.)

Recommendation 2: – The Health Board submits an Expression of Interest of £7m to the Wales Funding Programme (Welsh Government's Invest to Save Repayable Grant Scheme) to be spent across FY 24/25 and FY 25/26. The Expression of interest is intended to make the Welsh Government aware that the Health Board is commencing with the Re:fit Programme and that a request for funding will be made once the Mini-Competition has been carried out, which will detail the investment required.

Teitl adroddiad: ***Report title:***	Special Measures Update
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	29th June 2023
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide an update on Special Measures, outlining the progress to date, the deliverables associated to this Committee and a proposal on the approach for Committee reporting going forward

Argymhellion:
 	
Recommendations:
	1) The Committee is asked to NOTE the progress to date.
	2) The Committee is asked to APPROVE:
	    a. The deliverables associated to this Committee for the first 90 days cycle
	    b. The approach for Committee reporting going forward

Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)
Awdur yr Adroddiad: ***Report Author:***	Paolo Tardivel, Director of Transformation and Improvement & Special Measures Programme Director

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	To support Special Measures
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable
Camau Nesaf: Gweithredu argymhellion *Next Steps: Implementation of recommendations*	
Rhestr o Atodiadau: Dim *List of Appendices:* Appendix A – Areas of concern, independent reviews and outcomes mapping	

Performance, Finance and Information Governance COMMITTEE 29th June 2023
Special Measures update

1) Introduction

This report presents an update on Special Measures, outlining the progress to date, the deliverables associated to this Committee and a proposal on the approach for Committee reporting going forward. This is the first round of Board Committees to receive an update on Special Measures following the approval of the Organisational Response to Special Measures Escalation paper at the Health Board meeting on the 25th May 2023. This report therefore seeks to both provide an update on progress, but also to test and seek input on a proposal on the approach to future Board Committee reporting related to Special Measures. The aim is to support a consistent approach to the Special Measures governance and reporting arrangements across all Committees.

2) Background

The background to the Health Board escalation into Special Measures and the resultant organisational response was covered at Health Board on 25th May 2023. The paper covered the 8 areas of concerns (or 'domains') from Welsh Government and how we have agreed to take an outcome focussed approach, simplifying these into 5 key outcomes. Each of the outcomes has been broken down into a set of key deliverables and a 90 day cycle approach is being adopted to support regular planning and reviews, as well as pace of delivery.

A number of the deliverables in the first 90 days cycle are associated with supporting and enabling the 10 independent reviews that Welsh Government are supporting the organisation to conduct (noting that most though not all of these reviews will be underway or complete during the first 90 day cycle). The outcome and resultant actions of these reviews will be fed into subsequent 90 days cycles.

A summary of the 8 areas of concern, the 10 independent reviews, the 5 outcomes and how they map together can be found in Appendix A.

3) Progress to date

The update to Health Board on 25th May 2023 gave an overview of the progress made by the Executive Team with Independent Members of the Board, Independent Advisors and Welsh Government Officials in co-designing a response plan and approach that met the 8 areas of concerns set out by Welsh Government. This marked the end of the Discovery and Enabling phase, with the Stabilisation phase and its first of three 90 day cycles starting as of 1st June 2023.

Work across all areas of concern has continued throughout the process, with detailed plans held by the relevant owners across the organisation. In order to centrally monitor at an appropriate level of detail, a process of tracking progress against critical milestones for each deliverable has commenced. This is providing weekly insight into what is being achieved, any risks and associated mitigations and importantly a strong focus on the delivery confidence of each deliverable within the 90 day cycle.

A sample of recent achievements:

- Improvements made to Committee terms of reference
- It has been agreed which Committees will continue and initial work plans have been developed.
- Final draft of the Annual Plan was approved by Health Board Leadership Team and Executive Team, to be presented to Health Board on 22nd June 2023
- High level proposal developed that describes the approach we want to take to the fragmented care record and why
- Overdue National Reportable Incidents (NRI) are down to 23 from 30 the week ending 2nd June 2023, equivalent to 30% of all open NRI overdue down from 60%
- Excellence reporting (Great-ix) was launched this month

4) Assurance

A robust assurance process is being applied to ensure that special measure actions have truly delivered the intended outcome. A learning and improvement PDSA cycle approach is being taken to the detail of this process, recognising small refinements will be needed with the benefit of experience in the early weeks of the 90 day cycle.

The process has incorporated the Health Board's own experience of a maturity matrix approach as part of Targeted Intervention, as well as Cwm Taf Morgannwg's use of this approach within Special Measures.

Wherever possible progress against each deliverable is being tracked using outcomes that are meaningful and where improvement can be robustly measured and demonstrated. It should be noted that the first 90 day cycle is a little unusual in that a number of the deliverables are (understandably) about enabling later pieces of work and as such improvement in outcomes for patients and staff in these areas might not necessarily be immediately visible. For example, supporting the multiple independent reviews of different functions within the Health Board are significant deliverables in the first 90 day cycle which will not, in themselves, improve outcomes.

However they are essential to inform the improvement work required in later cycles, which is when improvements would then be visible.

Work is currently underway with Welsh Government officials to provide maximum clarity and detail as to why each area of concern has been identified within the Special Measures framework, and to then be clear what assurances and evidence will be required to de-escalate concern in each area. This will form a set of de-escalation criteria, the first draft of which Welsh Government colleagues have indicated should be available at the end of June 2023.

5) Deliverables allocated to Committees

Each of the deliverables within the 5 outcomes have been mapped to a Board Committee for reporting and assurance purposes. The table below shows the deliverable titles against a proposed Committee, with those mapped to this Committee highlighted. Appendix A holds a table with the full description of each deliverable.

Outcome 1: A well-functioning Board		Committee
1.1	Strengthen Board governance and effectiveness	Audit
1.2	IM recruitment	Audit
1.3	Board inductions	Audit
1.4	Board development	Audit
1.5	Board committees	Audit
1.6	Risk	QSE
1.7	Permanent Board recruitment	Audit

Outcome 2: A clear, deliverable plan for 2023/24		Committee
2.1	Annual Plan	PFIG
2.2	Financial Savings	PFIG
2.3	Future Financial and Value Opportunities	PFIG
2.4	Local plans	PFIG
2.5	Planning Review	PFIG
2.6	Contract procurement and management Review	PFIG
2.7	Finance team & capacity	PFIG
2.8	Financial governance	PFIG

Outcome 3: Stronger leadership and engagement		Committee
3.1	Exec Portfolios Review	Health Board
3.2	Operating Model stocktake	TBC
3.3	Interim Finance Director recruitment	PFIG
3.4	Senior HR Cases	Health Board
3.5	Exec Team development programme	TBC
3.6	Senior Leadership development programme	TBC
3.7	Interims Review	PFIG
3.8	Clinical Engagement	QSE
3.9	Priority community groups engagement	TBC
3.10	Address the fragmented care record concerns	QSE

Outcome 4: Improved access, outcomes & experience for citizens		Committee
4.1	Patient Safety Review	QSE
4.2	Planned Care	PFIG
4.3	Orthopaedics	PFIG
4.4	Vascular Review	QSE
4.5	Service improvements	QSE
4.6	MH Stocktake Review	Audit
4.7	Inpatients Safety Review	QSE
4.8	CAMHS and Neurodiversity action plan	QSE
4.9	Urgent and Emergency Care 6 goals and winter planning	PFIG

Outcome 5: A learning and self-improving organisation		Committee
5.1	Develop a 'Learning Organisation' Framework	TBC
5.2	Learning from incidents	QSE
5.3	Clinical Governance Review	QSE
5.4	Transformation & Improvement support	PFIG
5.5	Healthcare Public Health programme	TBC
5.6	Special Measures assurance approach	Audit
5.7	Intelligence led organisation	PFIG

6) Proposed Committee reporting approach

The proposal is to provide a report to each Committee that focusses on the deliverables that are relevant to that Committee. The intention is that this will reduce overlap and reduce the need for the same leads presenting progress to multiple Committees.

The report will outline progress of each deliverable in terms of it's:

1) Delivery of critical milestones
2) Delivery confidence associated with the overall deliverable
3) Achievement of committed outcomes / outputs
4) Associated narrative

In order to ensure alignment across the Committees, an overview of the progress against the 'assurances' for each of the 5 outcomes would also be provided.

8) Recommendations

1) The Committee is asked to **NOTE** the progress to date.

2) The Committee is asked to **APPROVE**:
   a. The deliverables associated to this Committee for the first 90 days cycle
   b. The approach for Committee reporting going forward

Appendix A – Areas of concern, independent reviews and outcomes mapping

8 areas of concern (or 'domains) from Welsh Government:

1) Governance and board effectiveness
2) Workforce and organisational development
3) Financial governance and management
4) Compassionate leadership and culture
5) Clinical governance, patient experience and safety
6) Operational delivery
7) Planning and service transformation
8) Mental health

10 independent reviews:

1) Mental Health Inpatient Safety
2) Executive Portfolios
3) Use and recruitment of 'Interim' Staff
4) Planning
5) Contract procurement management
6) Patient Safety
7) Clinical Governance systems
8) Stocktake review of progress against previous Mental Health Reviews
9) Review of Office of the Board Secretary
10) Vascular review

5 Outcomes and how they map to the 8 areas of concerns and 10 independent reviews:

Outcome 1: A well-functioning Board		Area of concern	Independent reviews
1.1	**Strengthen Board governance and effectiveness**: ▪ Support and enable review of Office of Board Secretary (Governance), ▪ refresh committee terms of reference and ▪ embed special measures in all committees	1) Governance, board effectiveness and audit	9) Review of Office of the Board Secretary

1.2	**IM recruitment:** Complete recruitment to IM roles (temp)	1) Governance, board effectiveness and audit	
1.3	**Board inductions:** Implement phase 1 induction for all Board members	1) Governance, board effectiveness and audit	
1.4	**Board development:** Develop phase 1 Board development programme	1) Governance, board effectiveness and audit	
1.5	**Board committees:** Establish Board committees, complete committee induction and development of work plans	1) Governance, board effectiveness and audit	
1.6	**Risk:** Commence review and revision of risk appetite and approach	1) Governance, board effectiveness and audit	
1.7	**Permanent Board recruitment:** Commence plans for the recruitment of a permanent Board - including progressing the recruitment of the permanent Chief Executive	1) Governance, board effectiveness and audit	

Outcome 2: A clear, deliverable plan for 2023/24		Area of concern	Independent Reviews
2.1	**Annual Plan:** Produce a clear and deliverable Annual Plan for the organisation for the rest of 23/24, that delivers improvements in Ministerial priority areas	7) Planning and service transformation	
2.2	**Financial Savings:** Commence delivery of an agreed efficiency savings plan that minimises the financial deficit	3) Financial governance and management	
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	3) Financial governance and management	
2.4	**Local plans:** Develop and commence deployment of Divisional/Integrated Health Community integrated plans that operationalise the priorities of the Annual Plan	7) Planning and service transformation	
2.5	**Planning Review:** Support and enable a Review of planning	7) Planning and service transformation	4) Planning

		Area of concern	Independent Reviews
2.6	**Contract procurement and management Review:** Progress implementing priorities associated with the financial control environment e.g. contract management	3) Financial governance and management	5) Contract procurement management
2.7	**Finance team & capacity:** Progress actions to stabilise the finance team and develop capacity	3) Financial governance and management	
2.8	**Financial governance:** Progress the action of the financial control environment action plan	3) Financial governance and management	

Outcome 3: Stronger leadership and engagement		Area of concern	Independent Reviews
3.1	**Exec Portfolios Review:** Support and enable a Review of Executive Portfolios (commencement date and person not yet confirmed)	2) Workforce and OD	2) Executive Portfolios
3.2	**Operating Model stocktake:** Undertake a 'stocktake' of the implementation of the Stronger Together Operating Model restructure, identifying areas to strengthen and consolidate	2) Workforce and OD	
3.3	**Interim Finance Director recruitment:** Progress recruitment of interim Finance Director	2) Workforce and OD	
3.4	**Senior HR Cases:** Resolve outstanding Respect and Resolution and similar processes related to senior leadership	2) Workforce and OD	
3.5	**Exec Team development programme:** Working with Health Education and Improvement Wales, consider options, agree and commence a Programme for Executive Team development	4) Compassionate leadership and culture	
3.6	**Senior Leadership development programme:** Working with HEIW, consider, agree and commence a Programme for organisation wide senior leadership development	4) Compassionate leadership and culture	
3.7	**Interims Review:** Support and enable the Review of Interims (report expected mid-June)	2) Workforce and OD	3) Use and recruitment of 'Interim' Staff
3.8	**Clinical Engagement:** Review mechanisms for clinical engagement, drawing up recommendations for improvement.	5) Clinical Governance,	

		patient experience and safety	
3.9	**Priority community groups engagement:** Working with the Independent Adviser (Cath Broderick), develop a structured approach to renewing engagement with specific priority community groups	5) Clinical Governance, patient experience and safety	
3.10	**Address the fragmented care record concerns:** Develop tactical and strategic plans for the development of an integrated electronic patient record to address issues of harms, inefficiency and quality of care.	7) Planning and service transformation	

Outcome 4: Improved access, outcomes and experience for citizens		Area of concern	Independent Reviews
4.1	**Patient Safety Review:** Support and enable the Review of Patient Safety Care	5) Clinical Governance, patient experience and safety	6) Patient Safety
4.2	**Planned Care:** 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)	6) Operational Delivery	
4.3	**Orthopaedics:** 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.	6) Operational Delivery	
4.4	**Vascular Review:** Support and enable the Vascular review	5) Clinical Governance, patient experience and safety	10) Vascular review
4.5	**Service improvements:** Review, revise and implement clear improvement plans for Vascular, Urology, Ophthalmology, Oncology and Dermatology & Plastics	5) Clinical Governance, patient experience and safety	
4.6	**MH Stocktake Review:** Prepare for and support commencement of an external	8) Mental Health	8) Stocktake review of progress

	stocktake of progress against previous MH Reviews		against previous Mental Health Reviews
4.7	**Inpatients Safety Review:** Receive the report of the Mental Health Inpatient Quality and Safety Inspection and commence implementation of improvement actions.	8) Mental Health	1) Mental Health Inpatient Safety
4.8	**CAMHS and Neurodiversity action plan:** Agree and commence implementation of a CAMHS and ND action plan to improve performance in the following areas : ▪ CAMHS Mental Health Measure ▪ ND assessment waiting times	8) Mental Health	
4.9	**Urgent and Emergency Care 6 goals and winter planning:** Revise and implement urgent and emergency care plans (6 goals) and commence planning for winter preparedness for urgent and emergency care with partners	6) Operational Delivery	

Outcome 5: A learning and self-improving organisation		Area of concern	Independent Reviews
5.1	**Develop a 'Learning Organisation' Framework:** building on work already started, that identifies the culture, systems and processes to enable learning.	2) Workforce and OD	
5.2	**Learning from incidents:** Ensure there is an effective procedure for learning from incidents and preparations for inquests and HSE are clear and effective. (Linked to 5.1)	5) Clinical Governance, patient experience and safety	
5.3	**Clinical Governance Review:** Enable and support the NHS Executive to undertake a review of clinical governance	5) Clinical Governance, patient experience and safety	7) Clinical Governance systems
5.4	**Transformation & Improvement support:** Realign transformation and improvement support to enable greater focus on priority improvement areas	7) Planning and service transformation	
5.5	**Healthcare Public Health programme:** Scope an enhanced programme of Healthcare Public Health that seeks to systematically identify areas of focus for	7) Planning and service transformation	

	quality improvement, working with Public Health Wales.		
5.6	**Special Measures assurance approach:** Develop and commence implementation of an Assurance Approach for the Special measures response. Including the implementation of an organisational Maturity Matrix.	1) Governance, board effectiveness and audit	
5.7	**Intelligence led organisation:** Develop proposal to raise the organisation's maturity in using data and intelligence to improve service planning and identification of emerging service issues	7) Planning and service transformation	

Teitl adroddiad: *Report title:*	Transformation and Improvement Update
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	29th June 2023
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this paper is to provide an update on how the Transformation and Improvement resource is allocated to ensure it is aligned to the priority improvement areas. This is one of the Special Measures deliverables during the first 90 day cycle (ref 5.4)
Argymhellion: *Recommendations:*	The Committee is asked to NOTE the report and approach
Arweinydd Gweithredol: *Executive Lead:*	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)
Awdur yr Adroddiad: *Report Author:*	Paolo Tardivel, Director of Transformation and Improvement & Special Measures Programme Director

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒		I Benderfynu arno *For Decision* ☐		Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	To support Special Measures
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Not applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations*	
Rhestr o Atodiadau: Dim *List of Appendices:* Appendix A – Areas of concern, independent reviews and outcomes mapping	

Performance, Finance and Information Governance COMMITTEE 29th June 2023
Transformation and Improvement update

1) Introduction

This report presents an update on how the Transformation and Improvement resource is allocated to ensure it is aligned to the priority improvement areas. This is one of the Special Measures deliverables during the first 90 day cycle, under Outcome 5 "A learning and self-improving organisation" (ref 5.4).

2) Background

There has historically been a Transformation and Improvement report submitted to the Performance, Finance and Information Governance (PFIG) Committee that: gave an overview of the performance of the organisation's change portfolio, as well as what each of the Transformation and Improvement functions have achieved and finished off with what the resource was allocated to. Since escalation into Special Measures, the scope of the organisation's change portfolio has changed and an increasing number of the Transformation and Improvement resource (across the Portfolio Office, Innovation and Analytics and Value Based Care teams) have 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, is being developed before being presented to Health Board Leadership Team (HBLT). The milestones associated to this are being tracked under the Special Measures deliverable under Outcome 5 "A learning and self-improving organisation".

5.4	**Transformation & Improvement support:** Realign transformation and improvement support to enable greater focus on priority improvement areas

The intention behind the proposal is to ensure that the Health Communities and Pan BCU Clinical Networks have a greater control over how the resource is allocated to deliver against the full breadth of organisational priorities, not just Special Measures. Existing governance will be used to monitor this and ensure that synergies across Health Communities are realised, with Health Communities and Clinical Networks reporting through the Performance Delivery Group on progress against committed trajectories. This approach aims to connect the resource with where the work is needed, at the front line. All the evidence points to this being the only way to deliver sustainable transformation and improvement, having it developed, led and ultimately owned locally, being enabled and supported by the requsite skills, tools and resource.

3) Current areas of support

The following areas are currently being supported by Transformation and Improvement resource

- Special Measure programme coordination, tracking and reporting
- Orthopaedics Programme
- Planned Care Programme
- Urgent and Emergency Care 6 Goals Programme
- Carpal Tunnel Pathway
- Orthopaedic Hip Pathway
- Orthopaedic Knee Pathway
- Prostate Cancer Pathway
- Colorectal Cancer Pathway
- Dementia Pathway
- Heart Failure Pathway
- Virtual Group Clinics
- Decarbonisation & Sustainability
- National Innovation Programme
- Value Based Care Programme
- Continuous Improvement

4) Recommendations

The Committee is asked to **NOTE** the report and approach

Teitl adroddiad: *Report title:*	Information Governance Quarter 4 2022/23 Key Performance Indicators (KPI) Report.			
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: *Date of Meeting:*	30.6.23			
Crynodeb Gweithredol: *Executive Summary:*	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 with a continued low compliance rate...			
Argymhellion: *Recommendations:*	The Performance, Finance and Information Governance Committee is asked to • positively challenge and note the assurances provided within the report, particularly in relation to Data Protection and Freedom of Information Legislation. • Note the Information Governance Group's Chair assurance report			
Arweinydd Gweithredol: *Executive Lead:*	Dylan Roberts - Chief Digital and Information Officer			
Awdur yr Adroddiad: *Report Author:*	Carol Johnson – Head of Information Governance			
Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐		Am sicrwydd *For Assurance* ☒
Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☒	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐

	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:

Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	· Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016; · Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation; · 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; · Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working; · Improve IG Training Compliance from 82% to the national target of 85% to raise staff understanding and awareness; · Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register; · Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Data Protection Act and Freedom of Information Act
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	N/A

Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary ben undertaken?*	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information. There are currently six Information Governance risks being managed and monitored by the Information Governance Group. The below three Tier 2 risks also have oversight by the Chief Digital and Information Officer. | Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement
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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	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	
Cysylltiadau â risgiau BAF:	• BAF 2.5 – There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate

(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) **_Links to BAF risks:_** _(or links to the Corporate Risk Register)_	arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change. • 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. • CRR21-11 – Potential Exposure to Ransomware and Zero-day Cyber Risk Attacks • CRR22-32 (old CRR20-06) – Retention and Storage of Patient Records • CRR22-33 – Lack of access to clinical and other patient data
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) **_Reason for submission of report to confidential board (where relevant)_**	Not applicable

Camau Nesaf:

Next Steps:
1. _Attend Workshops with Civica for the new Freedom of Information and Subject Access request system, to ensure system will be fit for purpose._
2. _Arrange FOI Leads workshop once we have a go live date for the system._
3. _Work with Heads of Managed Practices to ensure information submitted in future in a timely manner._

List of Appendices:
Appendix 1 – Information Governance Quarter 4 2022/23 Key Performance Indicators (KPI) Report.
Appendix 2 – Information Governance Group Chair assurance report

FOI Compliance Q4
Compliant 82% Non Compliant 18%

- Compliant - 148
- Non Compliant- Request delayed - 25
- Non Compliant- Request delayed - 7
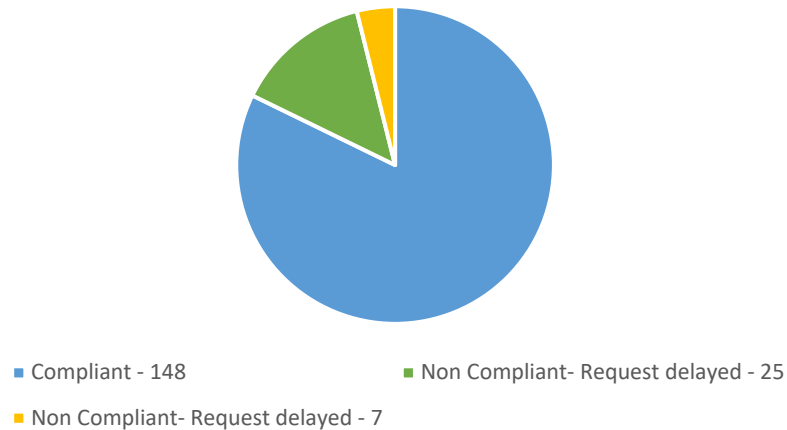
Number of requests and their non-compliance

Q4 Total   Q4 Non Compliant
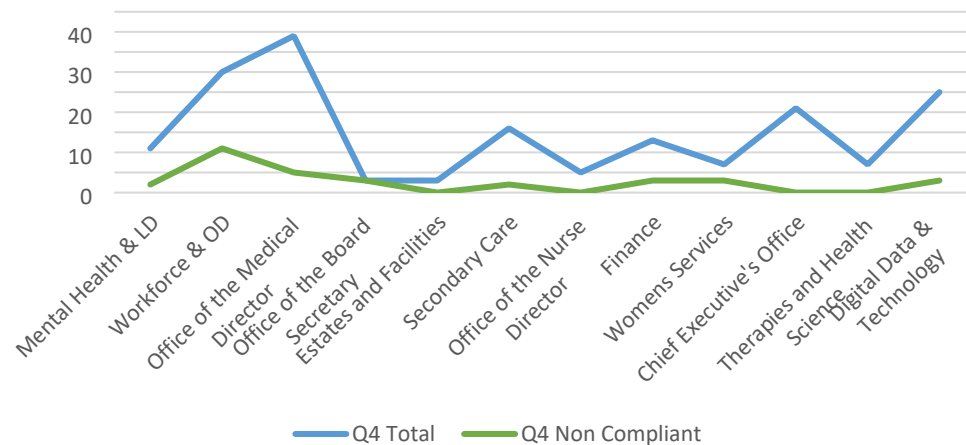
*9% decrease from Quarter 3 – this is due to a continued increase in complex requests being received into the Health Board which require multiple leads to provide information for the response.

5

FOI Exemption and Internal Reviews- Please note due to the timeframe permitted under the Act for applicants to request an internal review, some reviews may not be captured in time for this report. However, they will be captured within the Information Governance Annual Report.

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	17	3	1 x Partially Overturned 2 x Ongoing
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	6	0	N/A
Section 30 - Public authority investigations / proceedings	Public Interest Test applied	1	1	N/A
Section 31 - Law Enforcement	Public Interest Test applied	3	2	1 x Partially overturned 1 x Ongoing
Section 40 - Personal Information	Absolute – No Public Interest Test Required	8	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	2	1	Upheld
Total		37	7	N/A

Previous FOI Quarterly Compliance

Legend: Total Received, Non Compliant
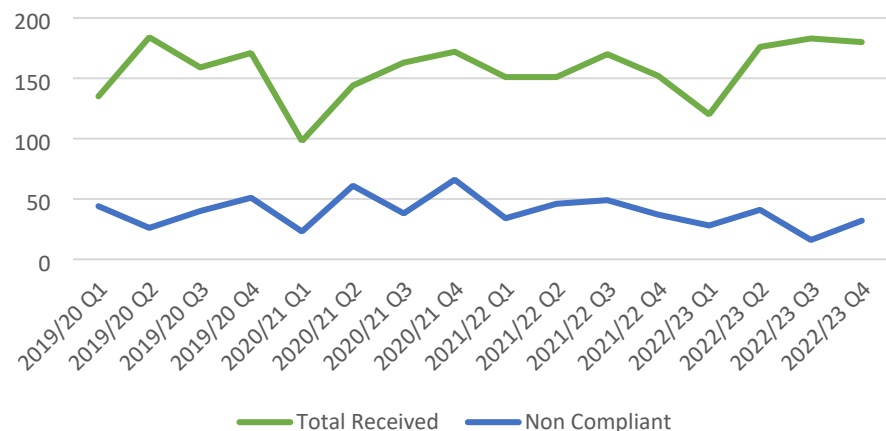
FOI received by Requestor Q4

Requestor	Count
Media	18
NHS Organisation	4
Organisation	54
University	7
Member of Public	79
Parliament	11
Charity	7
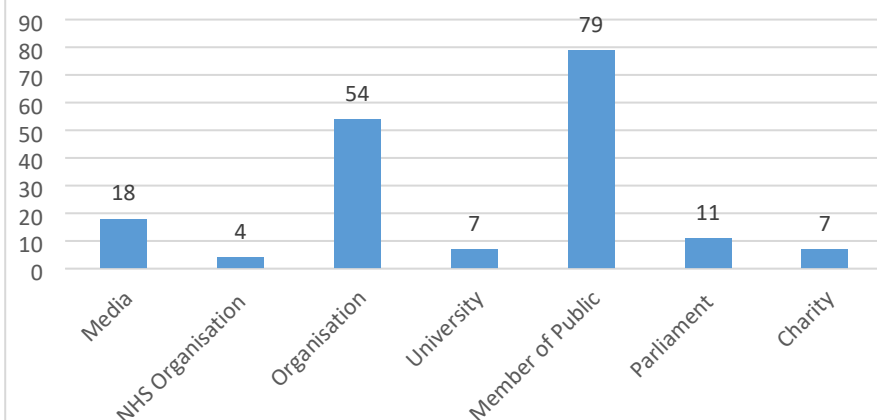
FOI: Reasons for delays/breaches

- 18 Delays in obtaining/receiving information from Freedom of Information Leads.
- 1 Late receipts of the request to Information Governance.
- 12 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.
- 1 delay in response being drafted by the Information Governance team.

The divisions with the highest amount of delays

- 11 for Workforce and Organisational Development.
- 5 for Office of the Medical Director.

2023/24 Plans

- Work is continuing to procure a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records. We are currently working with the system provider with an aim to have the system implemented in August 2023. The introduction of the new system will bring about the digitisation of process, reducing the manual input, which in turn should increase the time FOI leads can have to respond in a timely manner.
- The Information Governance Team is looking at holding an FOI workshop for FOI leads across the organisation to improve knowledge of the Act and the FOI internal process to improve compliance further. This will be arranged once we have a go live date for the new FOI/SAR system.
- The Information Governance Team is updating the Intranet pages to include a page on Freedom of Information requests for our FOI leads to have tips, guidance and access to resource relating to complying with the Act.

Data Protection Subject Access Requests (SAR) for non-clinical information Q4
Compliant: 94% Non Compliant: 6%

- Subject access request - 15
- Verbal request - 0
- Third party request- Solicitors/ Local Authority -1
- Third party request- Police - 16
- Third party request- Other -0

SAR: Reason for breaches Q4
During Quarter 4, we were 94% compliant, which is a slight increase from 92% in Quarter 3. There were 2 requests which breached the legislative deadline. One of which was due to the complexity of the request covering an email search of all outlook accounts within the Health Board. The other delay was due to late receipt of the requested information from the IG lead.
2023/24 Plans
Work is continuing to procure a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records and time extensions will continue to be applied to complex requests to enable us more time in line with legislation to meet the requirements of the request.

Previous DPA Quarterly Compliance

Total Number — Non Compliance

Data Protection Subject Access Requests (SAR) for non-clinical information Q4

- Compliant- 94%
- Non-Compliant- 6%

7
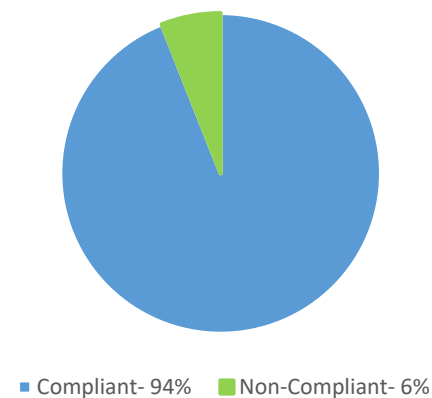
Access to Health Records (ATHR) Requests by type Q4

- Data Protection Act (Live Patients):767
- Verbal Request: 0
- Access to Health Records Act (Deceased Patients): 34
- Third party request- Court & Police: 398
- Third party request- Ministry Of Defence: 0
- Third party request- General Medical Council:6
- Third party request- Chargeable Requests (Insurance Companies): 5

Previous ATHR Quarterly Compliance

— Total received   — Non Compliant

ATHR Subject Access Requests under DPA Legislation Q4
Total recieved-1210 Non-Compliant- 682

- Non-Compliant: 56%   - Compliant: 44%
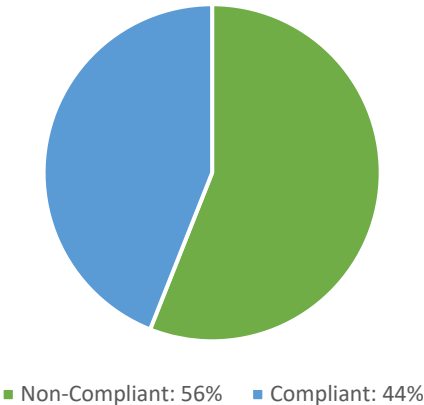
*increase in 9% from Quarter 3

Subject Access Requests for Patient Information (ATHR Act) Compliance 2022/23 Q4
Total Received: 34 Non Compliant: 25

- Non-Compliant 74%   - Compliant 26%
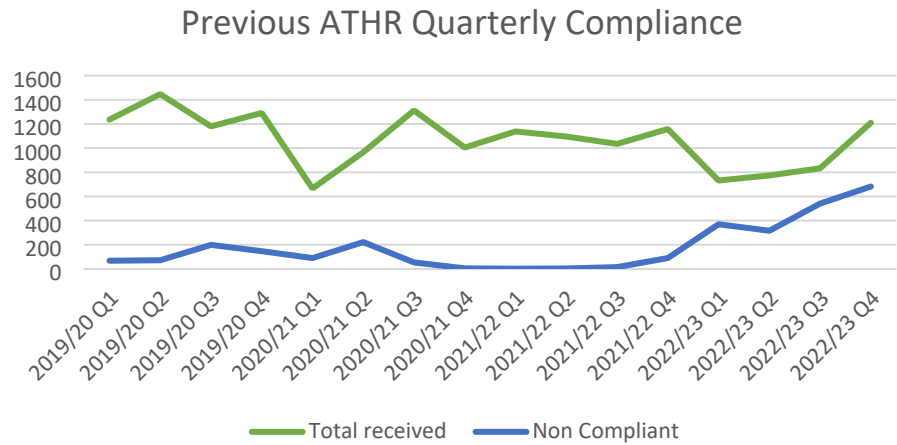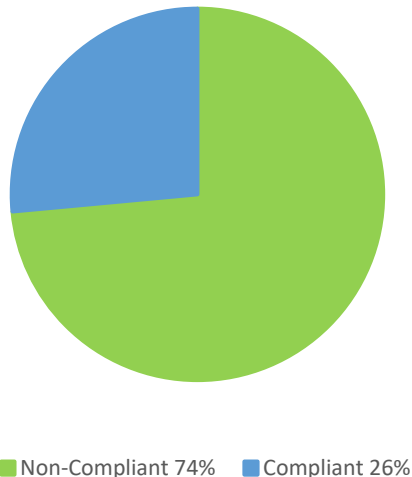
ATHR: Reason for delays

During Quarter 4 our compliance has increased slightly. We are continuing to focus on clearing the backlog which has meant an adaption in the way we are working, concentrating our attention on requests outstanding the longest, from the highest day down. The following actions will be implemented to increase the compliance further:

- From the 5th June, all staff to return to office working.
- From 5th June, Business Manager will be on site in Llandudno for a minimum of 2 days per week.
- Patient Records Compliance & Assurance Manager to provide weekly reports on all "in progress" and "waiting internal" requests. To the Assistant Director of Patient Records.
- Additional Teams within Patient Records will assist ATHR service when have capacity, including 3 newly recruited Assurance and Compliance Data Quality Staff.
- New scanners have been purchased for Llandudno and Wrexham, which have been trailed and proven to be more efficient and provide better data quality. Additional resource will be allocated to assist with complaints and rectifications (pulling all the info together and drafting a response). This will ensure that complaints are dealt with a in a timely manner.

Co-mingled Information

14 documents were located in the incorrect patient records during Quarter 4, which is a slight decrease from 15 in Quarter 3. All these incidents are recorded on Datix and investigated accordingly. All information has been refilled into the correct patient record.

Complaints and lessons learnt ATHR

During Quarter 4 there has been 4 concerns logged in the ATHR Service. All the concerns received have been regarding the length of time SARs are taking to process. All have been fully investigated and responded to. There is an action plan in place to improve compliance in future and address the backlog. Some of the actions included are identified above under 'reasons for delay'.

HMP Berwyn and Managed Practices Requests for Information

GP Practices Compliance Q4
Compliant- 392 Non-compliant- 4

■ Compliant- 99%   ■ Non-Compliant- 1%
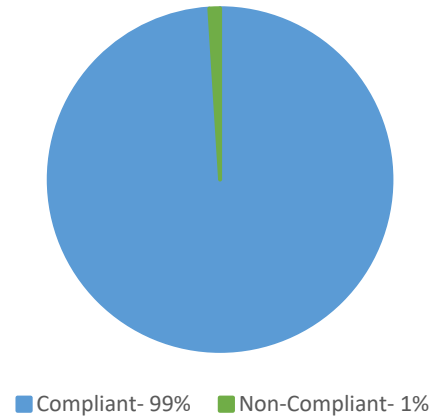
HMP Berwyn Compliance Q4
Total Received - 31 Non-compliant-11

■ Compliant: 65%   ■ Non-Compliant: 35%
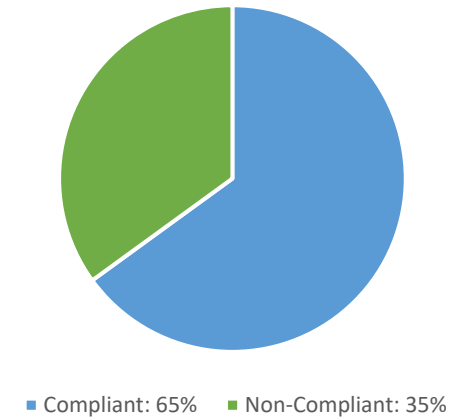
GP Managed Practices ATHR Quarterly Compliance

Total Number Received — Non Compliant
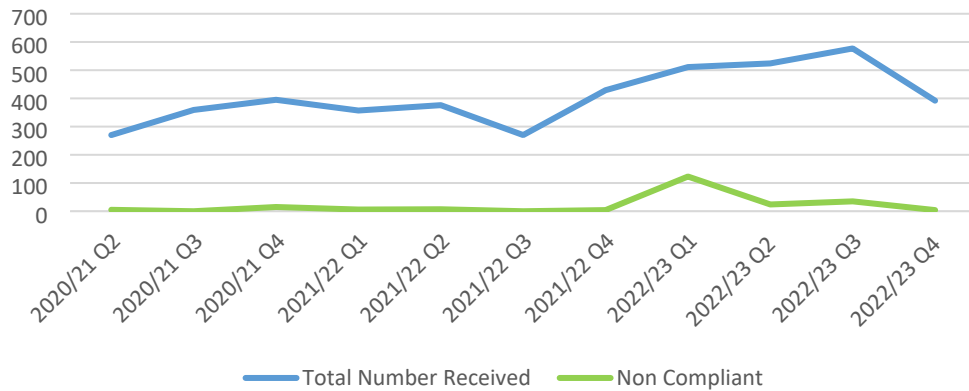
Previous HMP Berwyn ATHR Quarterly Compliance

Total received — Non Compliant
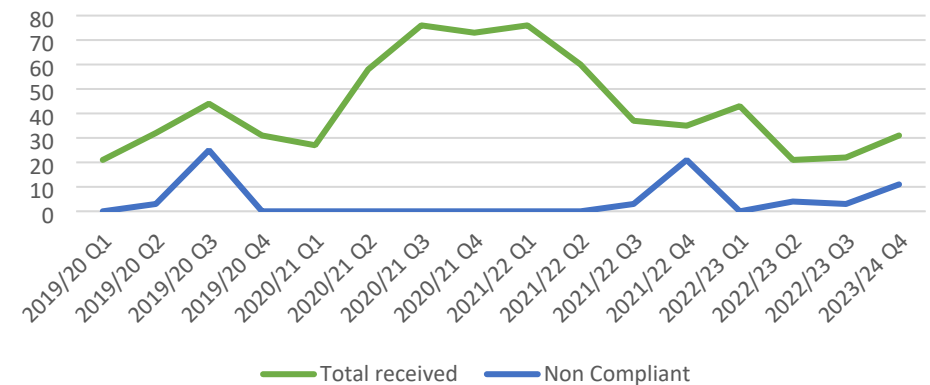
Please note only 5 of the 13 GP Managed practices have submitted their figures for this quarter, this is due to staff absence within the East Area. We will update the report retrospectively once the data has been received and we will ensure this delay is rectified in future.

Decreased compliance to 65% from 86% in Quarter 3, this is due to staff shortages within the team. Team is now fully staffed and expect to increase compliance during Quarter 1 of 2023/24.

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Incidents and Complaints Received Quarter 4				
Incident Category	**Sub Category**	**Number of incidents**	**Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)**	**Number of complaints**
Confidentiality Breach (External)	Data Loss	1	0	0
	Email	5	0	2
	External Mail	28	1	3
	Inappropriate Access	4	0	1
	PPI in Public Place	1	0	0
	ID Badge Loss	10	0	0
	Records	27	0	0
	Prescription Error-Incorrect Patient Details	2	0	0
Confidentiality Breach (Internal)	Data Loss	12	0	0
	Email	7	0	0
	Internal Mail	4	0	0
	Other	4	0	0
Information Management & Technical Security	Hardware	2	0	1
	Other	2	0	0
	Inappropriate Access	3	0	0
Non Compliance	IG15 Safe storage & transport of Personal Data	6	1	0
	IG17 Non Clinical Photography	0	0	0
	IG14 IM&T Security procedure	0	0	0
Total		**118**	**2**	**7**

* Decrease from 120 in quarter 3.

Incidents-Lessons Learnt	
- Increase in badge loss reporting – The information governance team undertook a trend analysis to identify if there was any pattern to the increase. No trends were identified. IG Intranet pages have been updated to provide advice to staff on what to do in these circumstances. - Following recent incidents in relation to emails being sent to incorrect recipients, some of which have contained highly sensitive information, reminder to staff issued on the appropriate use of the email system. - Reminder issued to all Staff for appropriate use of email. - Service asked to complete SOP for clinic preparation of notes.	

Near Misses	Legal Claims
There were 0 near misses reported in Quarter 4 of 2022/23.	There were 0 legal claims received in Quarter 4 of 2022/23.

Complaints
7 data protection complaints were received during Quarter 4, which is a slight increase from 6 in Quarter 3. All 7 complaints are have been investigated and are now closed.

Complaints Received
3 x External Mail sent to incorrect recipient   1 x Alleged Inappropriate Access   1 x Receiving communication via text without consent   2 x Email sent to incorrect recipient.

Lessons Learnt
- National Guidance to be developed for appropriate sharing of information.   - Reminder to be issued to HB Leadership Team on confidentiality and when to report a breach.   - Reminder issued to all Staff for appropriate use of email.

Information Commissioners Office (ICO) Complaints
Self-reported incidents to the ICO Q4
- During Quarter 4 two incidents were reported to the ICO: - Inappropriate access and sharing of patient information - Closed with no further action required.   - Personal Data uploaded onto a sharepoint site - Closed with recommendation to review IG training to be role based specific.
Complaints received from the ICO Q4
- During Quarter 4 we have received 3 notifications of complaint from the ICO: - Correction of GP health record   - Provided assurance previously that details had been amended on a clinical system but received further correspondence with incorrect details again   - Alleged unlawful sharing of information with another NHS organisation.   All Complaints have been investigated and responded to and we are awaiting further decision from the ICO.

IG Manadatory Training Compliance by Area 87%

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of September 2022	Year To Date Variance
T410	883,890 (*878,869 slight increase*)	573,227	Underspend 310,663
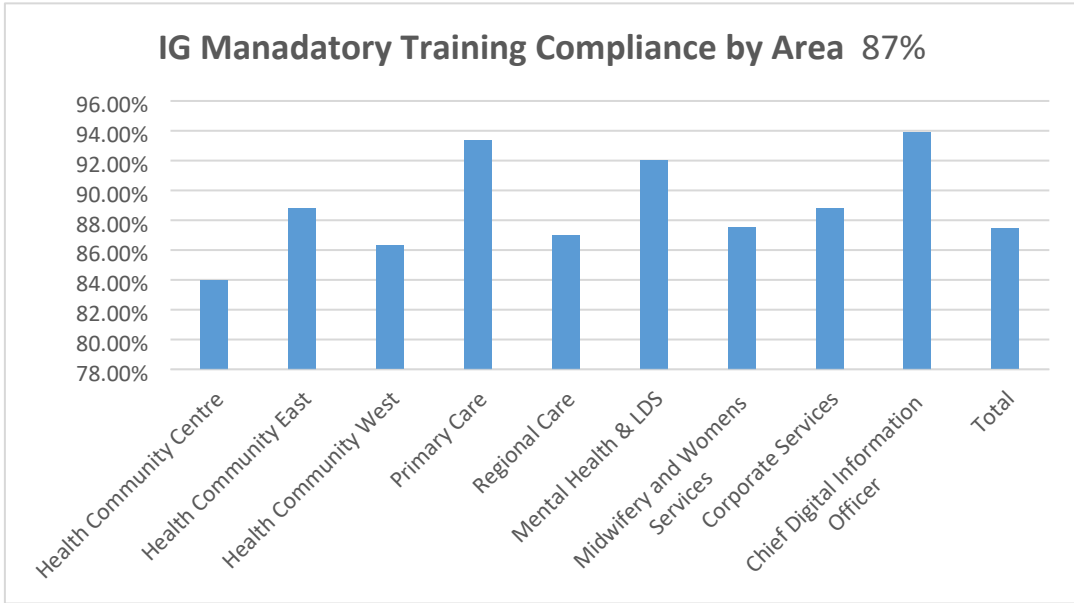
IG Mandatory Training

We have continued with our virtual mandatory training sessions with 7 sessions taking place in Quarter 4 with 82 staff attending. 3,006 staff have completed their training via E-Learning this quarter.

The overall compliance of mandatory Information Governance training across BCUHB has increased further above the national target to **87%** for this quarter. Work will continue into 2023/24 to maintain this figure, with face to face training sessions being made available and the training content will be reviewed in line with the new national E-Learning package.

Please note that the reason for the underpsend this quarter is due to:

1) *Staff turnover and continued post vacancies;*
2) *Not all invoices for confidential waste have been accounted for within this budget code and further work continues to correct this;*
3) *Contiued agile / home working thus reducing travel on costs;*
4) *£283,541 was in General Reserves when IG transitioned over to DDaT. This amount has now been removed from the IG Budget*

More business as usual activity is being undertaken including onsite compliance audits / due diligence checks / training delivery which will start to increase the travel costs.

Q4 NIIAS Notifications by type
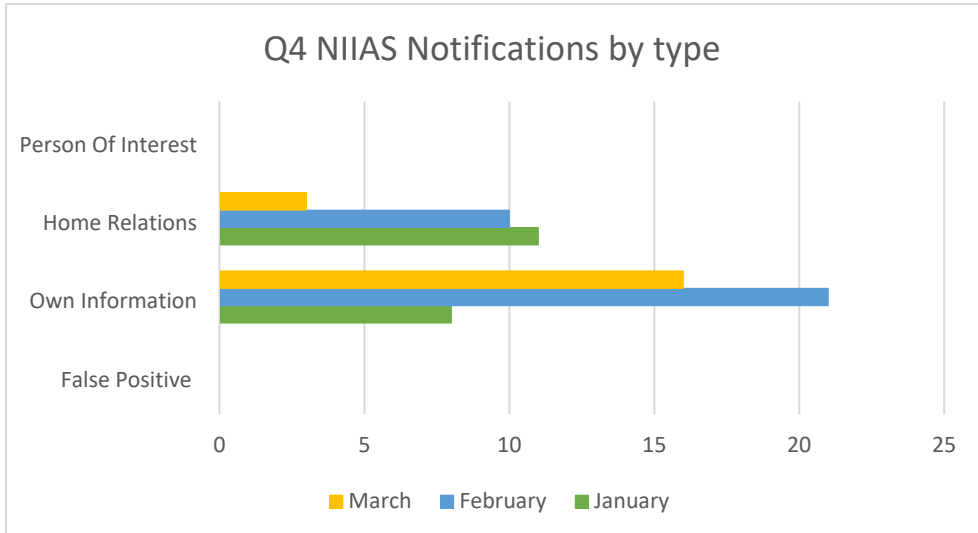
NIIAS (National Intelligent Integrated Auditing Solution)
During Quarter 4 of 2022/23 the number of NIIAS notifications received has decreased slightly to 69 from 70 in Quarter 3. During Quarter 1 2023/24 we plan on carrying out a trend analysis of repeat offenders and areas of concern so we can target these areas and provide further support.

Service Desk – Information Governance Portal
During Quarter 4 the number of calls received into the Information Governance Service Desk have decreased to 107 from 113 in Quarter 3. We continue to look at trends received into the team and publish guidance on our intranet pages based on the trends identified through service desk.

IG Survey Desk Queries Q4
Total 107
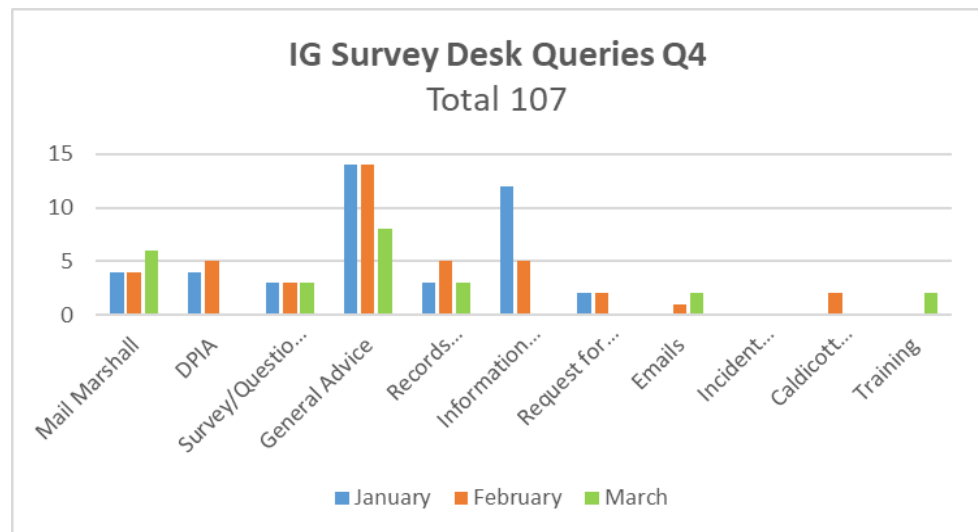
IG10 - Process for requesting, approval and review of information systems accessed by an employee
Total: 13

CCTV: 5 System Access: 4 Login Audit: 1 Outlook Access: 2 Teams Records: 1
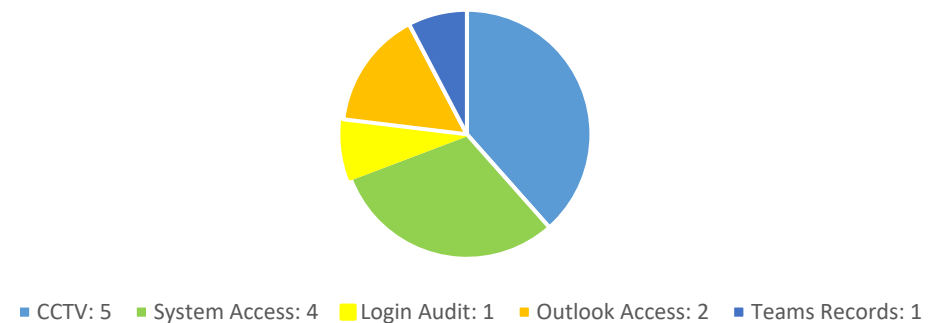
Caldicott Guardian Decisions/Authorisations on behalf of the Board
Total: 9
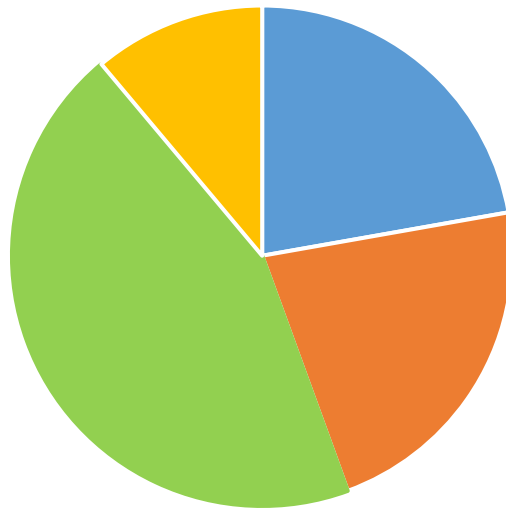
- ■ Information Sharing Agreement - 2
- ■ Data Processing Contract - 2
- ■ Audits - 4
- ■ Data Disclosure Agreement - 1

Asset Register

During Quarter 4, **3** new systems inputted onto the Asset Register:
1. IBEX- SBRI - Phase 2 Transforming Outpatients Programme– Ibex Prostate AI, Evaluation
2. Allocate - Case Management Tracker
3. Cyted - Cytsosponge – Endoscopy Device

24 Record types have been submitted during Quarter 4 the majority being Planning and Acute Health Records.

Information Asset Register Development

Work has continued with our Asset Register developer to provide a new solution, we are still in the design stages and are planning to test the new product in June 2023 with an aim to be launched in August/September 2023. A further update report is being presented in addition to the Information Governance Group in May 2023. Work is also continuing to review the quality of the information in the old register prior to transfer to the new system.

Compliance Audits

During Quarter 4, there were a total of 3 compliance audits undertaken, 2 were undertaken within East Managed GP practices and the remaining 1 within a Central GP practice. No significant risks have been identified.

Data Protection Impact Assessments (DPIAs)

During Quarter 4, 11 DPIA's have been approved which an increase of 4 from Quarter 3.

A further 7 have been received during Quarter 4 which are currently ongoing through assurance processes and will be approved once due dilligence has been completed.

Performance, Finance & Information Governance (PFIG) 30th June 2023	**GIG CYMRU NHS WALES** Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

	Committee Chair's Report

Name of Group :	Information Governance Group
Meeting date:	28th February 2023 and 25th May 2023
Name of Chair:	Dr JR McGuigan - Deputy Executive Medical Director Dr James Risley - Deputy Executive Medical Director
Responsible Director:	Dylan Roberts – Chief Digital and Information Officer

Summary of business discussed:	The Information Governance Group (IGG) met on the 28th February and 25th May 2023.
	
	The Information Governance Group (IGG) was quorate. The Deputy and Interim Deputy Executive Medical Director deputised in the absence of the Chair (Executive Medical Director).
	
	A number of actions were closed on the action log and out of the 16 actions open in February, 5 remain ongoing. Further updates have been requested to be submitted before the next meeting for assurances.
	
	This report summarises the activity of the IG Group and members noted:
	
	1. **IG work plan** – Continued good progress had been made for the majority of activity identified during 2022/23 in the work plan and business as usual with the outstanding areas below, being ongoing and will be transferred to the 2023/24 work plan:
	   a. Acquisition of the Information Asset Register – ground work completed with a revised July 2023 date for implementation with training and roll out during August 2023. Work is continuing on the current system to identify high risk areas to support new proposals for future maintenance.
	   b. Freedom of Information / Subject Access Requests (FOI/SAR) replacement system – ground work completed. Project implementation will commence in April 2023 and will take approximately 20 weeks to fully train and implement. A workshop is also being arranged with all FOI Leads ready for system roll out.
	   c. Managed Practices have had face to face audits undertaken and the team are piloting self-

assessments with a view to rolling out to a wider audience. A communications plan will be put in place as initiative this develops.

    d. Confidential record keeping processes will be incorporated into the new Information Governance, Record Keeping and Cyber Training Module to support improvements in security of information.

    e. Main area of concern continues with regards to the management, monitoring and security arrangements for Corporate Records, it has been agreed previously that Executive Director of Transformation & Strategic Planning, Chris Stockport was agreed as the lead, no further activity or assurance in this area has been undertaken.

2. **IG Key Performance Indicator (KPI) Report Q3 & Q4** – Slight decrease of 8% in the Freedom of Information (FOI) compliance rates (82%) was noted. Weekly meetings with Workforce Leads continues and improvements are recognised. Discussions are being held to address what additional information can be made available on the publication scheme to reduce FOI requests and to enable the Health Board to be more transparent. SAR compliance rates continue to fluctuate due to complexity with requests, with slight increase (9%) to 44% compliance seen in health records requests. This is due to several factors, staff shortages on long term sick and vacancies within the service. The Access to Health Records (ATHR) team has recently undertaken a whole service review with an external consultant and efficiencies have been identified in the process, supporting the reduction in the backlog and improving turnaround times for issuing responses. Staff are also returning to office working and increased support is being provided. There has been a slight decrease, 2%, in the number of incidents reported, with the main issues being lost badges, emails being sent to incorrect recipients and post being sent to the incorrect recipient. Reminders have been issued to all staff regarding the importance of checking who they are sending the information to, new checklists have been introduced and a further detailed analysis of the lost badge incidents is going to be undertaken. 2 Incidents were categorised as requiring reporting to the Information Commissioners Office. Data Protection Impact Assessment's (DPIA's) continue to rise which provides assurance that staff understand the process to be followed. Training compliance remains at 87% against the national target of 85%.

An area of concern regarding disused buildings was also raised due to the recent incident regarding the Abergele Hospital Mortuary which still retained patient information in

the building. Work is continuing with Estates to reintroduce previous security arrangements and checking for closure of buildings, along with each of the Integrated Health Community Leads.

3. **IG Toolkit** – the internal working group continues to meet ready for the 30th June final submission. Concerns were also raised regarding the changing and updating of the questions and requirements by Digital Health Care Wales (DHCW) without appropriate change management processes being implemented. This will be picked up with DHCW directly.

   Main areas not currently being met relate to:
   a. Full records of processing activity;
   b. Centralisation and management of contracts and sharing with 3rd parties;
   c. Management, monitoring and security of Corporate Records;
   d. Specific roles such as the Caldicott Guardian and Senior Information Risk Owner not completing appropriate required annual training requirements.

4. **IG Service Improvement** – Report was presented by the Project lead. Progress continues to be monitored with the key objectives being the roll out of compliance checks, to include self-assessments, walk abouts and planned face to face. Implementation of the Asset Register and FOI/SAR systems. Regular progress report on objectives will be presented to each IGG meeting for assurance.

5. **Information Governance Risk Register** – Report was presented and the risks reviewed. Compliance with Clinical and Non-Clinical Subject Access Request was suggested to be separated due to the differing work programmes and flows. It was also suggest that the Access to Health Records Subject Access Request compliance be escalated as a risk. IG19 Management of Corporate Records was suggested to be fully reviewed given the low level of assurance being provided in this area so that the risk fully aligns with the situation. Management of Staff Personal Files was also discussed with confirmation that work is ongoing to digitise these and an update report will be presented to the next meeting.

6. **IG Mandatory Training** – The all Wales e-learning package has been updated and was launched in April 2023. BCUHB local training has been updated to incorporate these changes and all are available to book or undertake via Electronic Staff Record (ESR). Compliance still remains above the national 85% target, at 87%.

	7. **Policies and Procedures** – A full review of the following has been undertaken: **Approved** IG01 – Information Governance Strategy. 8. **WhatsApp** – Further DPIA developed with colleagues nationally which has been submitted to the All Wales Medical Directors Peer Group Meeting. Concern still regarding the inability to mitigate the risks. Alternative systems being considered such as Pando, Teams and Medicbleep. Interim guidance remains in place in BCUHB that WhatsApp is NOT advocated for sharing patient data. 9. **Office 365 Update** Currently reviewing existing list of SharePoint sites to ensure compliance with Data Protection Legislation and internal standards. Also looking to transfer the data to the new Asset Register for centralisation. Looking at developing a 365 Teams Masterclass to support training and awareness. 10. **Cyber Security Report –** Update report provided with agreement to circulate wider amongst services and to be shared during the Integrated Health Community meetings to raise awareness. 11. **Management of Patient Records Chair Report** – Record Custodian representation is still proving an issue, the Patient Record Group Chair has agreed to work with services to make improvements in attendance. Compliance rates as noted in Q3 & Q4 KPI discussed. Members asked for assurance that issues have been escalated to Executives, Patient Records Risks reviewed and escalated where required and the plan of improvement with clear timeframes be submitted to the next meeting, as this breach of the Data Protection Act legislation is affecting the rights of individuals which will attract the higher financial penalty. Improvements following the service review are underway including improved scanning and quality checking. Reports were received and discussed from: 1. Information Governance Management Advisory Group (IGMAG).
Key assurances provided at this meeting:	• Continued progress made with the Information Governance Work Programme. • Improved compliance rates for FOI and Non-Clinical SARs. • Maintained compliance rate with Mandatory Information Governance Training.

	• Health Board preparedness for the implementation of the new Asset Register and FOI/SAR system. • Health Board preparedness for the submission of the IG Toolkit requirements.
Key risks including mitigating actions and milestones	• Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.
Targeted Intervention Improvement Framework Domain addressed	• Strategy, planning and performance. • Leadership (including governance, transformation and culture). • Engagement (patients, public, staff and partners).
Issues to be referred to another Committee	N/A
Matters requiring escalation to the Board:	N/A
Well-being of Future Generations Act Sustainable Development Principle	The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by: • Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics. • Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.
Planned business for the next meeting:	Range of regular reports plus • IG Annual Report • Quarterly IG KPI Report. • IG Work plan. • IG Toolkit Submission. • Service Improvement Progress Report. • Information Asset Register. • Data Flow Mapping update. • Office 365 Update report. • Cyber Security Report • IG Risk register – update report.
Date of next meeting:	17th August 2023

v1.0

EQUALITY IMPACT ASSESSMENT FORMS
PARTS A and B: SCREENING AND OUTCOME REPORT

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

This is not optional: Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

The Forms:

You must complete:

- **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

  AND

- **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

Together, these forms will help to provide evidence of your Impact Assessment and how you have shown "due regard" to the duties.

You may also need to complete **Part C** (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.

To enter text, click on the grey box in the part of the form you are completing. Help text will appear in the status bar at the foot of the page. Some boxes have drop-down lists from which you can select options. Others may simply be a box to answer a question. Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.

Part A

Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	Information Governance Strategy
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Health Board aims to achieve a high level of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of its business, in order to support high quality patient care. The strategy supports the Board to deliver a positive culture of information governance management and ensures that all staff recognise "information governance as everyone's business". It supports decision making in a way in which contributes to the achievement of the organisation's purpose, values and corporate objectives.
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Dylan Roberts - Chief Digital Information Officer

	Who is Involved in undertaking this EqIA? Include the names of all the people in your sub-group.	Name	Title/Role
4.		Justine Parry	Assistant Director Of Compliance And Business Management
		Carol Johnson	Head of Information Governance

5.	Is the Policy related to, or influenced by, other Policies/areas of work?	Risk Management Strategy, Policy and Procedures Information Governance Policies and Procedures Estates Strategy People Strategy and Plan 2022/25 Digital Strategy (2021/2024) Clinical Services Strategy

6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	The Board and all employees.
7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Information Governance training is a mandatory requirement for all staff however it is difficult for managers to find time to release staff from clinical duties to attend the training

Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, for each characteristic listed on the left:- (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or (3) any other information that has informed your assessment of Potential Impact.
	Positive (**+**) Negative (**-**) Neutral (**N**) No Impact/Not applicable (**N/a**)	Scale (see Table A on next page)	
Age	(N/a)	No impact/Not applicable (N/a)	
Disability	(N/a)	No impact/Not applicable (N/a)	
Gender Reassignment	(N/a)	No impact/Not applicable (N/a)	
Pregnancy & Maternity	(N/a)	No impact/Not applicable (N/a)	
Race / Ethnicity	(N/a)	No impact/Not applicable (N/a)	
Religion or Belief	(N/a)	No impact/Not applicable (N/a)	
Sex	(N/a)	No impact/Not applicable (N/a)	
Sexual Orientation	(N/a)	No impact/Not applicable (N/a)	
Welsh Language	(+)	Medium positive (+)	The strategy includes the Health Boards inclusion of the Welsh Language Standard and the measures in place to meet those standards.
Human Rights	(+)	Medium positive (+)	It ensures that privacy by design and default is considered at all stages of service design, system procurement and partnership working to ensures patient and staff privacy rights are considered in accordance with both data protection laws and Article 8 of the Human Rights Act 1998.

For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use the table below to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

Table A

High negative	Note: It is important to understand that we will be required to demonstrate what we have considered and/or done in order to mitigate or eliminate any negative impact on protected groups identified within the assessment. Details should be recorded in sections 3a/3b in the Action Plan in Form 4.
Medium negative	
Low negative	
Neutral	
Low positive	
Medium positive	
High positive	
No impact/Not applicable	

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the "General Duty". This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:- • Eliminate unlawful discrimination, harassment and victimisation; • Advance equality of opportunity; and • Foster good relations between different groups	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	TThe Information Governance Strategy is aligned to the Standing Orders which include the development of a robust governance framework to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for it's citizens, in a manner that promotes human rights.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	N/A

3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	N/A

Part B:

Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD

1. What is being assessed?	Information Governance Strategy

2. Brief Aims and Objectives:	The aim of this document is to set out the commitment of the Health Board to ensure the effective management of information and identify how this will be achieved. It will specify who is responsible at each stage of the process. The Health Board considers that its approach to information governance is integral to achieving its strategic objectives and corporate priorities. The Health Board aims to achieve a high level of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of its business, in order to support high quality patient care. All information processing will be undertaken in accordance with relevant legislation, standards and best practice. The Health Board will set policies and procedures to ensure that appropriate standards are defined, implemented and maintained. The Health Board aims to reduce the risks arising from information handling processes, these being: • Legal action due to non-compliance with statutory and regulatory requirements • Loss of public confidence in the Health Board • Contribution to clinical or corporate negligence

	• Damage or stress to individuals. The Health Board aims to provide support to its staff to be consistent in the way they handle information and to avoid duplication of effort. This will lead to: • Improvements in information handling activities; • Improving patient confidence in the Health Board; • Increasing staff knowledge and awareness in information governance to empower them to make appropriate decisions; • Embed a culture of good information governance practice across the Health Board.

3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes ☐	No ☒
3b. Could any of the protected groups be negatively affected?	Yes ☐	No ☒
3c. Is your decision or policy of high significance – consider the scale and potential impact across BCUHB including costs/savings, the numbers of people affected and any other factors?	Yes ☒	No ☐

4. Did the assessment of potential impact on Form 2, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes ☐	No ☒	
	Record Reasons for Decision i.e. what did the assessment of scale on Form 2 indicate in terms of positive and negative impact for each characteristic? N/A		
5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes ☐	No ☒	Not applicable ☐
	Record Details:		

6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Yes ☒	No ☐
	How is it being monitored?	Information Governance Team and Information Governance Group
	Who is responsible?	
	What information is being used?	E.g. will you be using existing reports/data or do you need to gather your own information? i) An annual self-assessment is carried out against the Information Governance Toolkit with the results presented to the Performance, Finance and Information Governance Committee (PFIG). ii) IG operational plan is actioned and updated by the IG Team and monitored by the IGG with issues of significance escalated to the Performance, Finance and Information Governance Committee (PFIG). ii) Information Governance Team produce quarterly IG KPI reports which are submitted to the Information Governance Group with issues of significance reported to the Performance, Finance and Information Governance Committee(PFIG).
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	Every year.

7. Where will your decision or policy be forwarded for approval?	Performance,Finance and Information Governance Committee

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	Engagement has taken place with the Assistant Director of Compliance and Business ManagementDylan and the IG Team to help inform the assessment.

	Name	Title/Role

9. Name/role of person responsible for this Impact Assessment	Carol Johnson	Head of Information Governance
10. Name/role of person approving this Impact Assessment	Dylan Roberts	Chief Digital Information Officer
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make (or have already made) to your document or proposal as a result of the EqIA?	N/A		
3a. Where negative impact(s) on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	N/A		

	Proposed Actions	Who is responsible for this action?	When will this be done by?
3b. Where negative impact(s) on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A		

NOTE: If your decision recorded above is that you will need to proceed to a Full Equality Impact Assessment, then you should refer to the Full Impact Assessment Forms (Part C)

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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Teitl adroddiad: *Report title:*	Information Governance Strategy review
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023
Crynodeb Gweithredol: *Executive Summary:*	The strategic aims and purpose of this strategy is to describe the governance arrangements that will deliver Information Governance and assurance within BCUHB and will set out the overall principles that will promote a culture of best practice around the processing of information and the use of information and systems.
Argymhellion: *Recommendations:*	The Committee is asked to **receive and accept** the updated changes to the Information Governance Strategy for 2023/24 as highlighted **receive** Appendix 2 – the existing EQIA which has been reviewed. **approve** the revised Information Governance Strategy (IG1)
Arweinydd Gweithredol: *Executive Lead:*	Dylan Roberts - Chief Digital and Information Officer
Awdur yr Adroddiad: *Report Author:*	Carol Johnson – Head of Information Governance

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐		Am sicrwydd *For Assurance* ☒
Lefel sicrwydd:	Arwyddocaol	Derbyniol *Acceptable* ☒	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐

Assurance level:	Significant ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/ objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	The arrangements set out in this document will underpin the Health Board's strategic objectives and ensure that the information needed to support and deliver their implementation is available, accurate and easy to understand. • Improve health and wellbeing for all and reduce health inequalities • Work in partnership to design and deliver more care closer to home • Improve the safety and outcomes of care to match the NHS's best • Respect individuals and maintain dignity and care • Listen to and learn from the experiences of individuals • Support, train and develop our staff to excel • Use resources wisely, transforming services through innovation and research
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	Data Protection Act and Freedom of Information Act
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	Yes- See Appendix 2
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A

In accordance with WP68, has an SEIA identified as necessary ben undertaken?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	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. *(see table below)*
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	No comments following submission at the Information Governance Group in May 2023
Cysylltiadau â risgiau BAF:	• 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.

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

(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) **Links to BAF risks:** *(or links to the Corporate Risk Register)*	• 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. • CRR20-06 – Informatics Patient Records Pan BCUHB • CRR21-11 – Potential Exposure to RansomWare and Zero-day Cyber Risk Attacks • CRR22-27 – Potential non-compliance with regulatory standards for documentation due to poor record keeping – vascular services
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	Not applicable

Camau Nesaf:

Next Steps:
Circulate across BCUHB

List of Appendices:
Appendix 1 - Information Governance Strategy
Appendix 2 – Information Governance Strategy EQIA

INFORMATION GOVERNANCE STRATEGY

Author & Title	Carol Johnson, Head of Information Governance
Responsible Dept / director:	<mark>Chief Digital and Information Officer – Director of Digital (DDaT)</mark>
Approved by:	Performance, Finance and Information Governance Committee
Date approved:	18/12/2020
Date activated (live):	17/11/2014
Documents to be read alongside this document:	Risk Management Strategy, Policy and Procedures Information Governance Policies and Procedures Estates Strategy People Strategy and Plan 2022/25 Digital Strategy (2021/2024) <mark>Clinical Services Strategy</mark>
Date of next review:	April 2024

First operational:	17/11/2014							
Previously reviewed:	April 2015	April 2016	Sept 2017	Jan 2018	May 2019	Dec 2020	Dec 2021	April 2023
Changes made yes/no:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Contents

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1.   INTRODUCTION

1.1   This Strategy sets out the Strategic approach that Betsi Cadwaladr Health Board (BCUHB) will adopt to provide a robust Information Governance framework for the management of information.

    1.2 Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. Information is critical to decision making, it enables the most appropriate decisions for direct patient care to be made and allows the Health Board to make informed choices around how limited money is invested for the best results to deliver its services across North Wales. This Strategy links into all these aspects and sets out the approach to be taken across BCUHB to provide a robust information governance framework. It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures are in place to provide a robust governance framework for information management, both now and in the future.

1.3   Information Governance (IG) is about setting high standards for the handling of information and giving organisations the tools to achieve those standards. The ultimate aim is to demonstrate that an organisation can be trusted to maintain and demonstrate that personal information is being handled legally, securely, efficiently and effectively, in order to deliver the best possible care.   It additionally enables organisations to put in place procedures and processes for their corporate information that support the efficient location and retrieval of corporate records where and when needed, in particular to meet requests for information and assist compliance with contractual and regulatory requirements.

1.4   The Welsh Information Governance Toolkit is a self-assessment tool which enables organisations to measure their level of compliance against national Information Governance standards and legislation. It aims to deliver a greater level of transparency and provide the public with confidence in how their information is being used, shared and protected. The annual self-assessment and reporting tool allows the Health Board to identify where improvements are required and to put the appropriate measures in place to meet the standards. This will lead to 'year on year' improvements.

1.5   The NIS Regulations are the 'Network and Information Systems Regulations 2018' which came into force on 10 May 2018.

    BCUHB is designated as an Operator of Essential Services under the Network and Information Systems Regulations 2018 (NIS-R). NIS-R aims to ensure the resilience of critical national infrastructure and several responsibilities on the Health Board in relation to the provision of critical services and to:
- Manage risks posed to the security of the network and information systems

- Prevent and minimise the impact of incidents on the delivery of essential services

- Report serious network and information incidents that impact on provision of the essential service.

BCU's compliance with NIS-R is regulated by the Cyber Resilience Unit (CRU) on behalf of Welsh Government who are the "Competent Authority". Failure to comply with the NIS-R can result in significant monetary penalties.

1.6   This strategy includes the continuing development, implementation and embedding of a robust information governance framework. The information governance arrangements will underpin the requirements set out by the Wellbeing and Future Generations Act and the Health Board's strategic objectives by ensuring the integrity, availability and confidentiality of the information needed to support and deliver its services.

1.7   BCUHB is committed to securing the best quality health care for the population of North Wales. In doing so, it acknowledges that this can only be achieved through the skills and continuing commitment of its staff and those of its partner organisations.

1.8   BCUHB will support its employees by providing the skills and knowledge to deliver the organisations' strategic objectives and priorities, thus giving them the confidence to make the right choices at the right time.

2.   STRATEGY STATEMENT

2.1   This strategy outlines the Health Boards aims and objectives to enable and maintain compliance with its Information Governance responsibilities and duties. The Health Board understands how important accurate, timely and relevant information is vital to support day to day clinical and business operations and the effective management of the Board's services and resources to deliver high quality health care and to operate effectively.

The Health Board will therefore ensure that:

- Information is valued as an asset of the Board which plays a critical part in corporate and clinical governance, and in strategic risk, service planning and performance management.
- Accurate timely and relevant information is available at the time and place where it is needed.
- All staff understand their respective responsibility to ensure that information is complete and up to date and that it is used proactively to support the business of the organisation.

2.2   The Board has put in place an Information Governance Framework and a series of best practice guidelines and principles in relation to the handling of information. This shall apply to all personal information, including sensitive information, of both employees and patients and to the management of the Board's corporate information.

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2.3   The Information Governance Framework sets out the Board's approach within which accountability, standards, policies and procedures are developed and implemented.

3.   STRATEGIC AIM

3.1   The strategic aim of this strategy is to describe the governance arrangements in place that will deliver Information Governance and assurance within BCUHB and will set out the overall principles that will promote a culture of best practice around the processing of information and the use of information and systems.

The strategy has been developed from:

- General Data Protection Regulation (GDPR) 2016;
- Data Protection Act 2018 (DPA 2018);
- UK GDPR following the UK exit from the European Union;
- The All Wales Information Governance Toolkit;
- Caldicott Principles.
- The Security of Network & Information Systems Regulations 2018 (NIS Regulations)

3.2   **All Wales Information Governance Toolkit**
The Health Board will complete a self-assessment against the objectives for the toolkit by the 31st March of each year. Completing the toolkit will identify the gaps in the Health Boards Information Governance systems and an action plan will be drawn up with proposed solutions and timescales. The information Governance Group will monitor these actions plans to ensure continual improvement and reported through to the Performance, Finance and Information Governance (PFIG) for assurance.

The Welsh Information Governance Toolkit is formed of several assessments, each assessment is reflective of an area of information governance responsibility as set out in legislation and /or national information governance standards.

3.3   **NIS Regulations**
BCUHB's ongoing compliance with the NIS Regulations is reviewed and benchmarked by the Welsh Cyber Resilience Unity (CRU) using the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF) document. The CAF lists a series of organisational and technical controls in relation to Cyber Security best practice, with the organisation required to record its state of compliance against each.

BCUHB will complete a CAF for each group of IT systems on a minimum of an annual basis; the results from this exercise will be used to identify areas for improvement and will inform the Cyber Security Work Programme.

The Cyber Security and Compliance Team will be responsible for leading the CAF process, monitoring compliance and reporting on progress.

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3.4 **Data Protection legislation**
Data protection legislation is the most fundamental piece of legislation that underpins Information Governance. BCUHB is registered with the Information Commissioners Office (ICO) and will seek to fully comply with all legal requirements of this legislation. A Data Protection Officer has been appointed to support the fulfilment of this requirement under the legislation.

BCUHB has in place an Information Asset Register and a process has been adopted to ensure that a review of all current and new information assets and systems will be carried out. Where there is a requirement to process personal data the impact of this will be assessed via a Data Protection Impact Assessment. All the elements of this assessment with actions will be completed and captured within the lifecycle of that asset on the Register.

3.5 **Risk Management**
Information plays a key part in corporate governance, strategic risk, clinical governance, service planning and performance management. This Strategy links into all these aspects and sets out the approach to be taken across BCUHB to provide a robust information governance framework.

Information Governance risks have been identified in the BCUHB Corporate Risk Management Framework and in local department risk registers. The implementation of this strategy will facilitate and maintain a reduction in the level of current identified risks.

3.6 **Incident Management**
Information Governance related incidents must be reported via the Incident Management Procedures. These incidents will have active involvement from the IG Team who will risk assess the incident to establish whether it reaches the severity rating as reportable to the ICO and Welsh Government using the adopted Health & Social Care Information Centre (HSCIC) risk scoring matrix and the NHS Wales Guidance for the Categorisation and Notification of Personal Data Breaches. Any such reporting must be done within 72 hours of knowledge of the incident in line with legislative requirements. Significant incidents will be subject to a full Root Cause Analysis (RCA) investigation and reporting actions.

IG incidents may include, but is not limited to, breaches of policy, breaches of confidentiality and issues related to IT security.

3.7 **Accountability Framework Structure**
An Information Governance Group (IGG) has been established which provides assurance to the Performance, Finance and Information Governance Committee (PFIG) of the Health Board. This Group has delegated authority to oversee information governance issues, operational information risk management and the management of information governance work plans and associated responsibilities.

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4. OBJECTIVES

4.1 The arrangements set out in this document will underpin the Health Board's strategic objectives and ensure that the information needed to support and deliver their implementation is available, accurate and easy to understand.

- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life
- Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences

The BCU Information Governance Department and the wider Digital Data and Technology (DDaT) areas work collaboratively to ensure that we not only protect our patient data but also have measures in place which allows for the appropriate access and lawful processing of data, in line with Data Protection regulations, for other purposes including innovation and research. This allows the Health Board to make improvements to its services across the whole Health Board and contributes to the overall delivery of the above objectives. Data should be available in the right format, at the right time for the appropriate use and sharing.

4.2 The Health Board will continue to build on previous strategies and to have in place the ability, flexibility and skillset to adapt to the ever changing Information Governance landscape and the challenges it brings.

4.3 The Health Board will continue to work closely with local authorities, partner organisations and third party providers to enable the safe sharing of information and continue to work collaboratively to make improvements for the benefit of our patients and service users.

4.4 The Information Governance Strategy is aligned to the Health Boards strategic goals. The supporting information governance objectives will be achieved by ensuring there is an effective Information Governance framework in place by:

- Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016;
- Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation;
- 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;

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- Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working;
- Continue to meet the Information Governance training national target of 85% to help improve staff understanding and continuous awareness;
- Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register;
- Support the Health Boards move towards a 'Digital Future' by working collaboratively with each area of the Digital, Data and Technology (DDaT) team.
- Work across the Health Board to deliver new ways of working and new pathways following Covid and beyond;
- Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;
- Increase service user and Regulator confidence in the Health Board and its staff;
- Implementation of Welsh Government advice and associated Programmes of work to be rolled out across Wales.

5.   SCOPE

5.1   This strategy applies to all employees, contractors, volunteers and students working for, or supplying services for the Health Board.

5.2   Any GP Managed Practices that fall within the responsibility of the Health Board will be subject to Information Governance audits to ensure the principles within this strategy are being applied.

5.3   Primary Care Contractors are independent to the Health Board; however it is recognised and acknowledged that the principles and legal obligations within this strategy will be reflected in their own working practices in line with regulatory and legal requirements.

6.   ROLES 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.

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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** - This role is responsible for the overall management and performance of the Corporate Records Management function within BCUHB. This role currently sits with the Chief Digital and Information Officer

6.6 **Senior Information Risk Owner (SIRO)** - The current SIRO is the Chief Digital Information Officer (CDIO). The SIRO 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 IG 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 the 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 and 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

6.17 **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.

6.18 **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.

7. **IMPLEMENTATION AND MONITORING**

7.1 BCUHB have implemented a number of Information Governance policies and procedures which are regularly reviewed and updated. These are published in line with the Corporate Policy on Policies and awareness is raised via communication channels such as the Corporate Bulletin, IG Bulletin, staff alerts and IG training which are all included in the IG Communications plan.

The key policies relate to:

- Information Governance (Data Protection & Confidentiality)
- Information Management and Technology (IM&T) Security (including incident management)
- Access to Information (including Freedom of Information and Subject Access Requests)
- Records Management (corporate and personal records)

All Information Governance policies can be accessed on the Information Governance pages of the intranet.

7.2 All staff will have access to a programme of training and awareness to enable them to comply with these policies.

7.3 Robust controls and auditing processes have been put in place to monitor compliance and manage any incidents with regard to data security breaches.

7.4 Non-compliance with Data Protection and Freedom of Information legislation is robustly monitored by the Information Governance department and reported in the first instance to the service leads to enable improvements to be made. In the event there is continued non-compliance the Information Governance team will escalate to the Senior Leadership Teams, and where necessary escalate to the Executive Leadership Teams. Improvement plans are implemented which are closely monitored by the Information Governance Department.

Compliance and non-compliance with both the Data Protection and Freedom of Information legislation is routinely reported as part of the Information Governance quarterly key performance indicator reports which are presented

to the PFIG Committee, with the Committee Chairs Report highlighting compliance issues through to the Board.

In addition the direct escalation route in the event of a major breach, externally reportable incident or continued non-compliance would be escalated directly to the DPO who would inform the CEO who would then advise the Board.

7.5   Quarterly KPI reports are presented to the IG Group with issues of significance reported to the PFIG.

7.6   The IG operational plan will be managed by the IG Team, monitored via the IG Group and issues of significant escalated to the PFIG.

7.7   Annual self-assessment against the Welsh IG Toolkit will be carried out and presented to the PFIG.

7.8   An IG Annual report will be presented to the PFIG to demonstrate assurance against the IG Framework and its associated policies.

8.   RESOURCES

8.1   Departments should ensure that their appointed Information Governance Leads, Information Asset Owners and System Owners have sufficient time and resource in order to execute the requirements within these job roles.

9.   TRAINING

9.1   All staff within BCUHB are mandated to undertake Information Governance training. This training must be renewed every two years.

9.2   In addition to induction and mandatory training requirements, there are job roles which require specialised training in order to fulfill their duties, for example: Caldicott Guardian, DPO, SIRO, IG Team, IAO, IAA, System Owners and staff who manage subject access requests.

9.3   The Information Governance Team are responsible for developing and delivering the IG training programme which is supported by a 3 year IG Training Strategy and action plan.

9.4   In 2018 NHS Wales has put in place a national compliance target of 85% for Information Governance training. The 3 year IG Training Strategy will be reviewed and updated in order to achieve and maintain compliance of this target.

10.   IMPACT ANALYSES

10.1   **Equality**
In accordance with equality duties, an Equality Impact Assessment has been carried out on this Strategy. There is no evidence to suggest that the Strategy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights. However, this Strategy can demonstrate that it will have a positive impact on the

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enhanced protection of 'special category' data as required under the new data protection legislation.

10.2 Welsh Language

The Information Governance Team have responded to the requirements within the Welsh Language Standards document by ensuring that:

- All correspondence received from the public will be responded to in the language in which it was received;
- All telephone calls will be answered bilingually. If an individual wishes to continue in Welsh the call can either be put through to the IG Manager in the West or the Welsh Translation Team;
- Out of hours, all phones will be transferred to an answering machine with a bilingual message;
- All information developed specifically for the public is available bilingually;
- All offices will have bilingual door signs on entry;
- All staff members have bilingual ID badges;
- All staff members have fully bilingual email signatures for internal and external emails;
- Any new policies and procedures developed will use the new BCUHB template which ensures that welsh language is considered;
- All staff can request access to Cysgair and Cysillt software which can assist with informal translation;
- The IG training handout for staff is available in Welsh.

10.3 Well-being of future generations

The five ways of working have been interwoven within this Strategy, those being:

- **Long term** – balancing short-term needs with long-term needs.
- **Prevention** – stopping problems happening or getting worse.
- **Integration** – thinking about how this strategy works with other plans.
- **Collaboration** – working together with other services to meet our goals.
- **Involvement** – involving people so they have a say in decisions.

10.4 Environmental

A new confidential waste contract was put in place in April 2021. The successful bidder is working with the Health Board to improve its carbon footprint by locally sourcing, recycling and a strong respect for conservation. In addition they provide a secure confidential waste service which complies with data protection obligations.

11. AUDIT

11.1 Internal Audit will provide an independent and objective opinion on Information Governance risk management, control and governance arrangements by measuring and evaluating their effectiveness.

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11.2   The Health Board will continue to work with the ICO to progress any recommendations and to appropriately plan and engage with any future audits that may be required.

11.3   The IG Team will carry out audits to:
   a) review IG compliance across departments and teams within BCUHB;
   b) review and risk assess the IG elements of the Information asset register submissions;
   c) assess the data protection impact of all new or revised system, service or pathway developments;

11.4   The System Owners Group, is led by DDaT, and responsible for auditing and monitoring the system asset element of the Information Asset Register. A programme of training and accountability responsibilities will be put in place for the System Owners. Information Governance will be represented as part of the membership of this Group and provide support and guidance where required.

12.   REVIEW

This Strategy will be reviewed in one year. An earlier review may be required in response to exceptional circumstances, organisational change or changes to legislation / guidance.

13.   LEGISLATION AND COMPLIANCE WITH STANDARDS

13.1   The legislation and guidance supporting this strategy includes:
   - Freedom of Information Act 2000
   - Environmental Information Regulation 2004
   - Data Protection Act 2018
   - General Data Protection Regulation 2016
   - UK General Data Protection Regulation 2020
   - Human Rights Act 1998
   - Access to Health Records Act 1990
   - Common Law – duty of confidence
   - Computer Misuse Act 2000
   - Copyright, designs and Patents Act 1988 (as amended by the Copyright Computer programs regulations 1992)
   - Network and Information Systems (NIS) Directive
   - Crime and Disorder Act 1998
   - Privacy and Electronic Communications Act 2003
   - Regulation and Investigatory Powers Act 2000

13.2   **References**
   - Lord Chancellor's Code of Practice on the Management of Records Under Section 46 of the FOI Act 2000
   - Records Management: NHS Code of Practice
   - Caldicott Report
   - Caldicott: Principles into Practice (C-PIP) Foundation Manual for Caldicott Guardians
   - National Data Guardian Standards

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- Information Security ISO/IEC 27001:2005; ISO/IEC 27001:2013
- Confidentiality: Code of Practice for Health & Social Care in Wales
- Wales Accord for Sharing Personal Information (WASPI)

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Teitl adroddiad: *Report title:*	Corporate Risk Register Report
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Thursday, 29 June 2023
Crynodeb Gweithredol: *Executive Summary:*	The purpose of this standing agenda item is to highlight and to note the progress on the management of the Corporate Risk Register and the new escalated risks, and discussions which took place during the Risk Management Group meeting on the 4th April 2023 and the Extraordinary Risk management Group meeting on the 5th May 2023 as they relate to this Committee.
Argymhellion: *Recommendations:*	The Committee is asked to: Review and discuss the report.
Arweinydd Gweithredol: *Executive Lead:*	Nick Lyons, Executive Medical Director
Awdur yr Adroddiad: *Report Author:*	Phil Meakin, Associate Director of Governance

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	See the individual risks for details of the related links to Strategic Objectives.

Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	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.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	No
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP68, has an SEIA identified as necessary ben undertaken?*	No
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	See the individual risks for details of the related links to the Board Assurance Framework.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith *Financial implications as a result of implementing the recommendations*	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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	The Risk Management Group met on the 4th April 2023 and an Extraordinary Risk Management Group meeting on the 5th May 2023 and further updates to the risks have been incorporated. Please see the individual progress notes on each risk.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable

Reason for submission of report to confidential board (where relevant)	

Camau Nesaf:

Next Steps:
The Risk Management Group will be meeting on the 15th June 2023, therefore an updated position of the risks will be presented during the Performance, Finance and Information Governance Committee on the 31st August 2023.

Rhestr o Atodiadau:

List of Appendices:
Appendix 1 – Full Corporate Risk Register Report - Performance, Finance and Information Governance Committee
Appendix 2 - Newly Escalated Risks.

Performance, Finance and Information Governance Committee
29th June 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 risks that **only relate to the Performance, Finance and Information Governance Committee (PFIG).** Some of the risks updated in this summary report have not been reported to a PFIG Committee since they were reviewed so some of the narrative below reflects changes made since August 2022 so for the sake of complete governance this is included below in 2.4

2. Risk Management Group Updates Related to PFIG Committee

2.1 The Risk Management Group met on the 4th April 2023 and during an Extraordinary Risk Management Group meeting on the 5th May 2023 to review the Corporate Risk Register. Meetings will be arranged with the risk leads to update the risks in line with the next Risk Management Group meeting which is scheduled for the 15th June 2023.

2.2 The key part of the report to consider are the risks that are on the Corporate Risk Register (CRR) and that relate to PFIG Committee. (Appendix 1) The Committee can review the risks and their respective controls and assurances below.

2.3 During the Extraordinary Risk Management Group meeting held on the 5th May 2023 as a result of a decision to hold the meeting at the April 2023 Risk Management Group meeting, 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

    1. The Committee is asked to: Review and discuss the report.

4.   Budgetary / Financial Implications

4.1   There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by the Risk Management Group.

5.   Risk Management

5.1   See the full details of individual risks related to this Committee in Appendix 1 and 2.

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

CRR23-49	**Director Lead:** Interim Executive Director of Finance	**Date Opened:** 24 April 2023
	Assuring Committee: Performance, Finance and Information Governance Committee	**Date Last Reviewed:** 24 April 2023
	Risk: Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget	**Date of Committee Review:** New Risk
		Target Risk Date:
	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
Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
Oversight from the Planned Care Board and PFIG. Performance reporting. Existing 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	Limited at present

18 April, IHC/SLT updated planned care plans will be reviewed at the accountability review meetings around 28 April.	

Gaps in Controls/mitigations

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.

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 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 waiting list management. The Planned Care Board will be a sub-group of the Performance Delivery Group. This will report	Steve Webster, Interim Executive Director of Finance	During May, but performance improvement actions already taking place as indicated above	Improved scrutiny and oversight of improved performance and associated costs	Completed

		to both HBLT and the Special Measures Oversight Group, and on to PFIG.				
		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	**Director Lead:** Interim Executive Director of Finance	**Date Opened:** 24 April 2023
	Assuring Committee: Performance, Finance and Information Governance Committee	**Date Last Reviewed:** 24 April 2023
	Risk: Financial outturn for 2022/23	**Date of Committee Review:** New Risk
		Target Risk Date:

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:

- annual leave (particularly medical staff) due to sub-standard recording by on ESR;
- purchase orders, particularly because of incorrect receipting practice by system users (and correcting journals).

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.

	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
Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
Intensive work was planned and completed during Month 12 by Corporate Finance to: - investigate and identify annual leave data available as the basis for reasonable year end estimates; - further cleanse open purchase orders that have been receipted by system users;	

• test manual journals at year end in conjunction with area/divisional CFOs. Internal Audit have also been sample testing the receipting of purchase orders around year end.	

Gaps in Controls/mitigations

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.
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.

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		Initial reporting to WG shows a small underspend of £0.2m (draft subject to audit) – ie in line with M11 forecast. An Accountable	Steve Webster, Interim Executive	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	

target risk score		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.	Director of Finance		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 and regular engagement and communication arrangements with the team are in place to address emerging issues.	Steve Webster, Interim Executive Director of Finance	Ongoing during the audit to end July	This will enable good communication and resolution of any issues arising during the audit.	On track

CRR23-51	**Director Lead:** Interim Executive Director of Finance	**Date Opened:** 24 April 2023
	Assuring Committee: Performance, Finance and Information Governance Committee	**Date Last Reviewed:** 24 April 2023
	Risk: 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	**Date of Committee Review:** New Risk
		Target Risk Date: 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:

- Disinvestment identified £13.5m
- Savings identified £18.2m
- Savings and disinvestment stretch target £7m

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
Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	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		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	Steve Webster, Interim Executive	May 2023	Increase the focus and traction on putting in place the enablers for delivery and delivery itself.	On track

target risk score		improvement. This will report to both HBLT and the Special Measures Oversight Group, and on to PFIG.	Director of Finance			
		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	**Director Lead:** Executive Director of Finance	**Date Opened:** 24 April 2023
	Assuring Committee: Performance, Finance and Information Governance Committee	**Date Last Reviewed:** 24 April 2023
	Risk: WG cash funding for 2023/24	**Date of Committee Review:** New Risk
		Target Risk Date:

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.

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.

		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
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	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	Completed

					an absence of cash funding for the deficit.
		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

Teitl adroddiad: *Report title:*	**Summary of business considered in private session to be reported in public**
Adrodd i: *Report to:*	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	Friday, 30 June 2023
Crynodeb Gweithredol: *Executive Summary:*	The Finance, Performance and Information Governance Committee considered the following matters in private session at the 12.5.23 meeting and resolved to • support submission of the Radiology Informatics System Procurement (RISP) Programme full business case to the Health Board for approval • support the recommendation to accept the tenders in respect of the Procurement of Construction Consultant Framework and submission to the May Health Board for approval subject to inclusion of the assurance provided • note the external contracts assurance report
Argymhellion: *Recommendations:*	The Committee is asked to note the report
Arweinydd Gweithredol: *Executive Lead:*	Steve Webster Interim Executive Director Finance
Awdur yr Adroddiad: *Report Author:*	Diane Davies Corporate Governance Manager

Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

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:*	
Cyswllt ag Amcan/Amcanion Strategol: *Link to Strategic Objective(s):*	

Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	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 EqIA yn angenrheidiol ac a gafodd ei gynnal? *In accordance with WP7 has an EqIA been identified as necessary and undertaken?*	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? *In accordance with WP68, has an SEIA identified as necessary been undertaken?*	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) *Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)*	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 *Financial implications as a result of implementing the recommendations*	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 *Workforce implications as a result of implementing the recommendations*	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 *Feedback, response, and follow up summary following consultation*	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	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) *Reason for submission of report to confidential Committee (where relevant)*	Not applicable
Camau Nesaf: **Gweithredu argymhellion** *Next Steps:* *Implementation of recommendations* Advised in private session reports where appropriate	
Rhestr o Atodiadau: Dim *List of Appendices:* None	