

Bundle Performance, Finance & Information Governance Committee 23 **December 2024**

- 1 PRELIMINARY MATTERS
 - 1.1 09:30 - PF24/130 Welcome & Apologies
Chair
 - 1.2 09:35 - PF24/131 Declarations of Interest
Chair
 - 1.3 09:37 - PF24/132 Unconfirmed minutes of meeting held on 29 October 2024
Chair
PF24.132 - Unconfirmed minutes of meeting held on 29 October 2024
 - 1.4 09:42 - PF24/133 Matters Arising & Action Log
Chair
20241217 Table of Actions PFIGC public
- 2 ITEMS FOR ASSURANCE
 - 2.1 09:52 - PF24/134 Finance report
Interim Executive Director Finance
PF24.134 - Finance report - cover paper
PF24.134a - Finance report
 - 2.2 10:07 - PF24/135 Integrated Performance report
Director Performance and Commissioning
To follow 17/12/24
PF24.135 - Integrated Performance report
PF24.135 - Integrated Performance report
 - 2.3 10:22 - PF24/136 Unscheduled and Planned Care assurance report
This will be reported via the Integrated Performance Report
Interim Chief Operating Officer
 - 2.4 10:32 - PF24/137 Divisional Performance, Finance & Workforce report: Women's Services
Women's Services Director and Divisional Finance Officer in attendance
Confirmed attendance
PF24.137 - Divisional Performance, Finance & Workforce report Women's Services - Final
- 3 ROUTINE REPORTING
 - 3.1 10:52 - PF24/138 Corporate Risk Register
Director of Corporate Governance
PF24.138 - Corporate Risk Register
- 4 11:02 - FOR INFORMATION
 - 4.1 PF24/139 Summary of Business to be Reported from Private
Director of Corporate Governance
PF24.139 - Summary of Business to be Reported from Private
 - 4.2 PF24/140 Committee Workplan
Director of Corporate Governance
Workplan for PFIG Committee (Live Version as at 24.10.24)
- 5 CLOSING BUSINESS
 - 5.1 11:07 - PF24/141 Agree Items for Referral to Board / Other Committees
Chair
 - 5.2 11:09 - PF24/142 Agree Items for Chairs Assurance Report
Chair
 - 5.3 11:11 - PF24/143 Review of Meeting Effectiveness

Chair

5.4 11:13 - PF24/144 Date of Next Meeting - 21 January 2025

Chair

5.5 PF24/145 Resolution to Exclude the Press and Public

Chair

'Those 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'.

5.6 11:14 - Comfort Break

Draft minutes of the meeting of the
Performance, Finance and Information Governance Committee (PFIGC)
held in public on 29th October 2024
in the Boardroom, Carlton Court and via Teams

<p>Present: Gareth Williams Rhian Watcyn Jones Prof Mike Larvin Chris Lothian-Field</p>	<p>Vice Chair / Committee Chair Independent Member (IM) (via Teams) Independent Member Independent Member</p>
<p>In Attendance: Russ Caldicott Imran Devji Nick Graham Andrea Hughes Dr Jane Moore Justine Parry Stephen Powell Alison Ramsey Carol Shillabeer Chris Stockport Laura Vernon Pam Wenger Caroline Williams Diane Davies</p> <p>Observing Dave Harries Fflur Jones Simon Monkhouse</p>	<p>Interim Executive Director Finance Interim Chief Operating Officer Associate Director Workforce Optimisation Interim Finance Director – Operational Finance Acting Executive Director Public Health (part meeting) Assistant Director Compliance & Business Management, Digital, Data and Technology Director of Performance and Commissioning Director of Finance, Shared Services Partnership (part meeting) Chief Executive (part meeting) Executive Director Transformation and Planning (part meeting) Deputy General Manager, Cancer Division (part meeting) Director Corporate Governance Acting Network Manager, Cancer Division (part meeting) Corporate Governance Manager (for minutes)</p> <p>Head of Internal Audit Audit Wales – Performance Lead (via Teams) Audit Wales – Finance Lead (via Teams)</p>

Agenda item discussed <i>Items are recorded in the order they were discussed due to the availability of supporting officers</i>	Action by
<p>OPENING ITEMS</p> <p>Highlighted In discussion Actions agreed It was resolved that</p>	
<p>PF24/103 Apologies</p>	

<p>In discussion:</p> <ul style="list-style-type: none"> • The Chair acknowledged the good work but raised questions about the calculation of savings, particularly in legal costs. • Rhian Watcyn-Jones inquired about the financial arrangements and the cost of shared services. • Pam Wenger emphasized the need for improvement in shared services and value for money. • Chris Lothian-Field raised concerns about the accuracy of savings calculations and the need for proactive information provision. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • Rebecca Nelson’s attendance would be factored into the Committee workplan, along with areas of focus that would be agreed through the Committee Chair, Interim Executive Director of Finance and the Director of Corporate Governance. • Further information about the budget and budget setting of the Shared Services Partnership would be shared. Share the budget set for Shared Services to understand how the profiles are set. 	<p>PW RC</p>
<p>STRATEGIC REPORTS</p>	
<p>PF24/108 Financial / Sustainability Strategy and the financial business process with budget setting timelines - Interim Executive Director Finance [verbal]</p> <p>Russ Caldicott, Interim Executive Director of Finance updated the Committee on the timeline and aspirations for the IMTP, noting that an update would be brought to the meeting in December.</p> <p>In discussion on the IMTP:</p> <ul style="list-style-type: none"> • Russ Caldicott highlighted the importance of having a credible and realistic IMTP that is underpinned by a robust clinical strategy. • The finance team are actively working on the financial modelling and identifying cost pressures to inform the plan. • The goal is to have a draft IMTP by the end of December, with a clear update on progress to be provided at the next meeting. 	
<p>MONITORING REPORTS</p>	
<p>PF24/112 Diabetes service performance update – Interim Executive Director Public Health</p> <p>Jane Moore, Acting Executive Director Public Health presented the report on Diabetes services, highlighting:</p> <ul style="list-style-type: none"> • That the eight care processes for diabetes are evidence-based interventions delivered in primary care to ensure stable blood glucose levels and reduce the risk of complications. 	

- Complications from diabetes include severe vascular diseases, renal failure, and amputations, which are significant health concerns.
- The health board's performance on these care processes has been improving but remains lower than desired.
- There is a complex picture with potential underreporting and primary care pressures affecting the data.
- Recent data shows improvement in some areas like blood pressure and HBA1C measurements, with completion rates between 60-80%.
- The weakest areas are foot checks and other processes that could benefit from different support models.
- The current primary care models and future plans to create a holistic approach that includes weight management and social prescribing to prevent diabetes and its complications.

In discussion:

- It was agreed that there is a need to introduce more performance measures for primary care, particularly for diabetes management.
- The committee discussed the trends and clarification was sought on why performance on some measures was declining.
- Concern was raised in relation to the amputation data noting that this would be discussed in the private section of the meeting.
- The importance of improving diabetes care processes in primary care to prevent complications and manage the condition effectively was highlighted noting the health board was committed to exploring new models of care and introducing more performance measures to ensure better outcomes for patients with diabetes

The following actions were agreed:

- To bring a paper in two meetings time detailing how to enhance the performance framework.

JM

It was resolved that the Committee

- **Noted** the report

PF24/110 Divisional Performance, Finance and Workforce report: Cancer Services
Via TEAMS Laura Vernon Deputy General Manager, Caroline Williams, Acting Network Manager, Cancer Division

Laura Vernon Deputy General Manager, Caroline Williams, Acting Network Manager, Cancer Division presented the report on Divisional Performance, Finance and Workforce, highlighting:

- Financial Performance:
 - The Cancer Services division is forecasting a deficit at the end of the financial year.

- Major reasons for the deficit include high vacancy rates, reliance on high-cost agency and locum staff, and the increasing cost of high-cost drugs.
- The division has seen an increase in the number of NICE-approved drug regimes, which, while beneficial for patient outcomes, have significantly increased costs.
- Staffing Challenges:
 - There are high vacancy rates, especially at the senior consultant level, leading to a reliance on locums and agency staff. This has not been helped by the fact that funding for some posts is non-recurrent leading to posts being advertised (unsuccessfully) on a temporary basis.
 - The division is facing national competition for staff from larger cancer centres like Clatterbridge and The Christie.
 - Efforts are being made to recruit and retain staff, including supporting locums through the CESR (Certificate of Eligibility for Specialist Registration) process.
- Cancer Pathway Performance:
 - The Single Cancer Pathway (SCP) performance is below the target of 70% of patients treated within 62 days of suspicion of cancer.
 - The division is tracking 9,000 patients on suspected cancer pathways, with over 80% of these patients being managed outside the Cancer Services division.
 - Key challenges include backlogs in dermatology and endoscopy, which are affecting overall performance.
- Systemic Anti-Cancer Treatments (SACT):
 - There is an increasing demand for SACT, with a national trend of 6-8% annual increase in demand.
 - The complexity of treatments and the need for regular monitoring of patients on immunotherapy are significant challenges.
 - Capacity issues in pharmacy production and home care services are limiting the ability to meet demand.
- Radiotherapy:
 - Access to radiotherapy has improved, with 100% of patients now starting treatment within 21 days of referral.
 - However, there are gaps in senior clinical oncology consultants, which is a concern for sustaining this performance.

In discussion:

- Risks and Challenges were identified as the high use of locums and bank staff, leading to potential instability in service provision and increased levels of sickness among senior medical consultants, often attributed to work-related stress.
- Future plans that the division is working on to improve recruitment and retention strategies, including offering fixed-term locum solutions and supporting staff through the CESR process were highlighted.

- A focus on improving pathway performance through initiatives like nurse-led triage programs and one-stop clinics and addressing capacity issues in pharmacy production and home care services to better meet the increasing demand for SACT was noted.
- There was a focus on utilising planned care funding, how to prioritise delivering tactically and support some of the work on medical workforce to free up resource.

The following actions were agreed:

RC

- To refer to the Board and to reconsider at the next Committee meeting the question of risk appetite to invest in permanent posts using the (as yet) non-recurrent Planned Care funding of £42 million

It was resolved that the Committee

- **Noted** the key issues relating to growth in demand, Recruitment and Retention and non-recurrent Recurrent Investments Group for Assurance (RIGA) funding. Cancer Single Cancer Pathway (SCP) Performance is below trajectory with a number of tumour sites identifying difficulties.

Comfort break

PF24/109 Finance report - Interim Executive Director Finance

Russ Caldicott, Interim Executive Director of Finance updated the Committee on the Finance Report highlighting:

- That the Health Board is currently facing a year-to-date deficit of £18.7 million, which is close to the planned annual deficit of £19.8 million. The deficit is £8.9 million adverse to the plan, indicating a need for recovery and adjustment in the run rate to achieve the planned deficit.
- Despite the deficit, the Health Board has achieved £48.4 million in savings, with £39.2 million being recurrent savings. The focus remains on continuing to push for savings to ensure a strong start for the next financial year.
- Significant cost pressures include Out-of-area mental health placements: Costs have escalated to £1.2-1.4 million per month from a previous £100,000 per month. Continuing Healthcare (CHC) premiums. Medicines management: Both in prescribing and secondary care drugs. Capacity issues: The health board is running at full capacity with many patients who do not need medical intervention occupying beds, leading to increased costs.
- A formal request for £20 million in strategic cash support will be made to Welsh Government, aligned with the current deficit.
- The Health Board is also managing £17 million in working capital cash movements.
- The Health Board has spent £6 million out of a £45 million capital programme. There are concerns about potential slippage on some schemes, but efforts are being made to manage and mitigate these risks.

- An additional £2 million in slippage funds has been received from Welsh Government.
- The Health Board is actively managing risks related to financial performance and capital expenditure.
- Discussions are ongoing with Welsh Government regarding the retention and use of ring-fenced funds, particularly in dental and COVID-related areas.

In discussion:

- Dave Harris raised concerns around risk and going concern with Russ clarifying how it was mitigated in statute and emphasising that currently the cash risk was quite small.
- Rhian Watcyn-Jones questioned the impact of pay on financial performance.
- The Chair raised concerns about capital expenditure and the need to demonstrate effective use of funds.

RC

The following actions were agreed:

- Following discussions at an Executive Committee meeting, the findings on Capital will return to PFIG
- Add a risk to the Corporate Risk register around going concern.

It was resolved that the Committee

- **Received and scrutinised** the report

PF24/111 Integrated Performance report - Interim Executive Director Finance

[Carol Shillabeer and Chris Stockport joined the meeting]

Russ Caldicott, Interim Executive Director of Finance updated the Committee on the Integrated Performance Report highlighting:

- The performance framework agreed in September of the previous year had set in motion a transition from a static national reported position with traffic lights to a system focused on trend analysis using statistical process control (SPC) charts. The framework includes local measures and metrics, allowing for more meaningful conversations about improvements.
- On Planned Care, significant progress has been made in addressing extreme waits, the focus remains on specialties with particular concerns, such as dermatology and gastroenterology. Recruitment plans and focused work around general surgery are expected to improve performance. The goal is to end 208-and 156 week waits, and reduce the number of 104-week waits.
- On Urgent and Emergency Care (UEC), key focus areas include 12-hour waits within the emergency department and one-hour handovers. Recent improvements have been noted, but challenges remain, particularly with the impact of the interview period. A 12-week UEC focus started on 30 September, aiming to

improve performance by December 22nd. Initiatives include moving the front door, hospital flow, and discharge into the community.

- On People and Organizational Development, Emphasis on improving PADR (Performance Appraisal and Development Review) compliance.
- On Delayed Transfers of Care (DToC), there had been a slight fall in delayed transfers of care has been observed. Efforts are ongoing to determine if this is a trend or a one-off occurrence.

In discussion:

- Agreed to discuss Planned Care in private session.
- Theatre Utilisation, targets are tied to GIRFT (Getting It Right First Time) standards. Improvements have been seen through visibility and accountability. Focus on specialty-based demand capacity models to drive further improvements.

It was resolved that the Committee

- **Reviewed** the contents of the report

PF24/113 Information Governance Quarterly Key Performance Indicator report
PF24/114 Information Governance Annual report 2023/2024
Assistant Director Compliance & Business Management

Justine Parry, Assistant Director Compliance & Business Management presented both the Information Governance Annual report 2023/2024 and the Information Governance Quarterly Key Performance Indicator report highlighting:

- Concerns around information security, in particular cyber threats and the systems that were in place to monitor this.
- Compliance with the IG toolkit and areas for improvement.
- Decrease in complaints and an increase in reported incidents and mandatory training compliance.
- External audit recommendations and progress.
- Achievements and future plans for information governance.

In discussion:

- The Chair commended the inclusion of locums and temporary staff in mandatory training compliance.
- Chris Lothian-Field raised concerns about the handling of data breach claims.
- Rhian Watcyn-Jones suggested publishing more data to reduce FOI requests and improving executive approval processes.

The following actions were agreed:

- Submit the feedback on the external audit on keeping secure reports secure to Audit Committee

JP

<p>Recommendation:</p> <ul style="list-style-type: none"> • Received assurance on compliance with the Data Protection and Freedom of Information Legislation. 	
<p>PF24/115 Corporate Risk Register - Director Corporate Governance The Director of Corporate Governance presented the standard report highlighting:</p> <ul style="list-style-type: none"> • Overview of current risks and mitigation strategies noting that all four risks were sitting about the risk tolerance level. • Focus on UEC and financial delivery risks. <p>In discussion:</p> <ul style="list-style-type: none"> • The Chair emphasized the importance of managing risks related to UEC and Planned care and financial performance and capital expenditure. • Rhian Watcyn-Jones questioned whether the Estates Strategy 2023 was fit for purpose and asked for an update on estates rationalisation. In conclusion it was noted that further work was required in this area and would be taken forward by the incoming Director of Estates and Environment but that the Estates Strategy 2023 was currently the document being worked to. <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • Update the report to note that the procurement for insourcing for endoscopy and diagnostic is now complete • Update the report to note that the Interim COO is now in post <p>Recommendation:</p> <ul style="list-style-type: none"> • Received assurance on the four corporate risks to which the Committee has overall accountability. 	PW
CLOSING BUSINESS	
<p>PF24/116 Agree Items for referral to Board / Other Committees - Committee Chair</p> <ul style="list-style-type: none"> • An update on the Agile working and flexible working on the impact on Estates to be referred to People and Culture • Submit the feedback on the external audit on keeping secure reports secure to Audit Committee 	
<p>PF24/117 Agree items for Chair's Assurance report - including risks highlighted in the meeting</p> <p>The Chair advised that he would report on:</p>	

<ul style="list-style-type: none"> • The useful session with Shared Services and the need to understand value and grip • Diabetes performance measures on Primary Care • In relation to Cancer to note that cancer is becoming a chronic condition and the approach needs to change and how to make working in cancer services attractive • In relation to finance, what is the risk appetite to making longer term commitments on recruitment on the £42m. • On the finances also to highlight the risk of underspend and a proposal of rescheduling in relation to capital • In relation to performance there are really big issues on both Planned Care and UEC 	
<p>PF24/118 Review of meeting effectiveness - Committee Chair</p> <p>Good quality discussions and balance despite going over on time</p>	
<p>PF24/119 Summary of private business to be reported in public</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • Noted the report. 	
<p>PF24/120 Date of next meeting - 23 December 2024</p>	
<p>PF24/121 Exclusion of the Press and Public</p> <p>"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

Performance Finance and Information Governance Committee **PUBLIC** Action Log

Open Actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF24/105.1	29.10.24	<p>PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval.</p> <p>In response to Rhian Watcyn Jones' comments, it was agreed that the Secretariat would amend the minutes to more appropriately explain allocative efficiency and clarify that the Chief Executive gave assurance that Emergency and Unplanned Care would be reported to the next Board meeting.</p>	Pam Wenger	December 2024	<p>Keep open</p> <p>Minutes being amended and Emergency and Unplanned Care was reported at the Board Meeting in November</p>
2	PF24/105.2	29.10.24	<p>PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval.</p> <p>To ensure Emergency and Unplanned Care would be reported to the December PFIGC meeting.</p>	Imran Devji	December 2024	<p>Suggest close</p> <p>On agenda for update</p>
3	PF24/106.1	29.10.24	<p>PF24/106 Matters arising and table of actions</p>	Imran Devji	December 2024	<p>Suggest close</p>

			To provide a briefing on Trusted Assessor to members, to ensure a shared understanding.			Briefing circulated to members and then wider to the whole of the Board
4	PF24/107.1	29.10.24	PF24/107 Shared Service Partnership performance assurance report Rebecca Nelson's attendance would be factored into the Committee workplan, along with areas of focus that would be agreed through the Committee Chair, Interim Executive Director of Finance and the Director of Corporate Governance	Pam Wenger	December 2024	Keep open This will be taken forward when the COB is reviewed in the New Year
5	PF24/107.2	29.10.24	PF24/107 Shared Service Partnership performance assurance report Share the budget set for Shared Services, to understand how the profiles are set.	Russell Caldicott	December 2024	Suggest close Budget for shared services shared in advance of the meeting. Complete
6	PF24/112.1	29.10.24	PF24/112 Diabetes service performance update To bring a paper in two meetings time detailing how to enhance the performance framework.	Jane Moore	February 2025	Not yet due
7	PF24/110.1	29.10.24	PF24/110 Divisional Performance, Finance and Workforce report: Cancer Services To return in December on how to prioritise and utilise the Planned Care funding of £42million	Russell Caldicott	February 2025	Keep open Discussions continue on use of the £42m. Delivery of control total, securing the funds into the 2025/26 financial year and risk appetite of the Health Board.

						Ongoing, update to be provided February 2024
8	PF24//109.1	29.10.24	PF24/109 Finance report Following discussions at an Executive Committee meeting, the findings on Capital will return to PFIG	Russell Caldicott	December 2024	Suggest close Capital update included within the financial report. Complete
9	PF24/109.2	29.10.24	PF24/109 Finance Report Add a risk to the Corporate Risk register around going concern.	Pam Wenger	December 2024	Keep open To be reviewed during the next round of Risk Meetings
10	PF24/113.1	29.10.24	PF24/113 Information Governance Quarterly Key Performance Indicator report PF24/114 Information Governance Annual report 2023/2024 Submit the feedback on the external audit on keeping secure reports secure to Audit Committee	Justine Parry	December 2024	
11	PF24-115.1	29.10.24	PF24/115 Corporate Risk Register Update the report to note that the procurement for insourcing for endoscopy and diagnostic is now complete	Pam Wenger	December 2024	Suggest close Referenced in paper
12	PF24/115.2	29.10.24	PF24/115 Corporate Risk Register Update the report to note that the Interim COO is now in post	Pam Wenger	December 2024	Suggest close Referenced in paper
13	TRANSFER LOG AC24.154.4	5.11.24	Internal Audit Progress Report Due to the lack of regular oversight of the Llandudno Hospital Orthopaedic Surgical Hub, note this via PFIG	Chris Stockport	February 2025	Update being prepared for January Audit Committee. Await outcome re frequency of submissions to future PFIGC meetings

			Committee and provide an update back to the Committee. Potentially invite Chris Stockport to join the January 2025 Audit Committee meeting.			for forward plan
14	PF24/85.4	27.8.24	IG1 Information Governance Strategy Publish a Welsh version of the IG1 Information Governance Strategy	Justine Parry	December 2024	1.10.24 In progress. The Strategy has been translated, but is waiting final approval from the Workforce Policy Group before it can be published alongside other strategies on the Internet
15	PF24/88.5	27.8.24	Integrated Performance Report Invite Russ to give an overview on how the Integrated Planning Framework is operating	Russell Caldicott	February 2025	Keep open Deferred to a future meeting with portfolio changes. February 2024
16	PF24/88.7	27.8.24	Integrated Performance Report Trusted Assessor briefing to be arranged	Pam Wenger	December 2024	Suggest close Interim Chief Operating Officer circulated information on Trusted Assessor post meeting.
17	PF24/38	30.4.24	Finance Report Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	Pam Wenger	18.6.24	To be provided once received by the organisation. No further update at this stage 25.6.24 Arrange circulation to PFIGC members 2.8.2024 Audit Wales will be commencing this work shortly will circulated when more information is available

18	PF24/39.4	30.4.24	<p>Planning Independent Review</p> <p>schedule Planning within the Board Development programme</p> <p>and</p> <p>schedule the Review's action plan update to the August PFIGC meeting</p>	Pam Wenger	December 2024	<p>Initial session scheduled for July and further sessions to be included in the Board Development Plan</p> <p>To be included on the forward work plans</p> <p>25.6.24</p> <p>Committee requested to leave open until completed</p> <p>20/10/24</p> <p>Suggest add to the Forward Plan and consider for the December meeting.</p>
19	PF24/41.3	30.4.24	<p>Performance Report</p> <p>Provide focussed performance reports to PFIGC on Dermatology, Ophthalmology, Cancer, Theatre Utilisation and management of waiting lists, following Quality Round Table session with WG based on scheduling agreed with Director of Corporate Governance</p>	Nick Lyons / Pam Wenger	18.6.24	<p>The business cycle for all the Committees are being reviewed to align with the Annual Plan Delivery Plan as agreed by the Board in March 2024.</p> <p>25.6.24</p> <p>Committee requested to leave open until completed</p>
20	PF24/63.7	25.6.24	<p>Provide monthly updates in between PFIGC meetings to Committee members.</p>	Russell Caldicott	November 2024	<p>20.10.24</p> <p>Suggest add to the Forward Plan for the Director of Performance and Commissioning to consider reporting frequency and updates.</p> <p>Presentation from Cancer Division scheduled for October 2024</p>

Suggested for closure actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
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Teitl adroddiad:	2024-25 Month 8 Health Board Finance Report
Report title:	
Adrodd i:	Health Board
Report to:	
Dyddiad y Cyfarfod:	Monday, 23 December 2024
Date of Meeting:	
Crynodeb Gweithredol:	<u>Introduction</u> <p>This report provides a briefing on the financial performance of the Health Board for the year to date position as at the end of Month 8 (November 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.</p>
Executive Summary:	<u>Finance Report</u> <p>The 2024/25 forecast outturn position has reduced from a £19.8m planned deficit down to a forecast planned deficit of £8.6m to reflect the correspondence of the 2nd of December from WG confirming an additional allocation of £11.15m. The allocation is to recognise the consistent pressures experienced by all Health Boards, which was supported in part by non-recurrent funding in 2023/24. Specifically, this is to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC) and is allocated on condition of a reduced forecast outturn.</p> <p>It is of note that the 2024/25 planned deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position.</p> <p>As at close of November 2024, with 8/12ths of the additional income the Health Board is reporting a deficit of £16.3m. This represents a £10.6m adverse variance compared to the plan of £5.7m deficit (8/12ths of the revised £8.6m full year planned deficit). This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.</p> <p>November (Month 8) is reporting an in-month surplus of £5.1m (£0.7m adverse to plan), whilst an improvement of £7.7m from previous month, this is largely due to 8/12ths of the £11.15m additional in-year WG funding allocation phased into the position in Month 8 (excluding this funding the position in month represents a £0.7m adverse variance).</p> <p>There were £0.9m of Accountancy Gains identified by the Health Board in November, compared to £0.3m identified in the previous month. The total year to date Accountancy Gains are £8.0m.</p> <p>The total cost of the 2024/25 pay award impact is reported at £70.3m, of which £15.0m is the M&D pay award paid in September and £51.5m full</p>

year cost of the pay award paid in November. Funding for the pay award has been anticipated in full. The year to date impact of the pay award paid in November was £34.3m. However, we await confirmation of the allocation to offset the pay award cost impact at time of writing this report, with any shortfall in funding verse cost a pressure on delivery of the control total.

It is a significant concern that the year to date financial position exceeds the level of planned deficit for close of the financial year. Further focus and interventions are required to identify and deliver mitigating actions to recover the overspend against year to date plan and control emerging pressures.

This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) chaired by the Chief Executive. IPEDG (27th November) requesting all Areas and Directorates to review expenditure forecasts and identify where expenditure could be reduced to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan.

Following the Health Board meeting of 28th November 2024, a request for strategic cash-only support has been made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year of £18.0m. This figure may be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS in Wales on 2nd December 2024.

Capital Programme

The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £42.3m and is forecast to be spent in full. Year to date expenditure is £10.0m against a year to date plan of £14.0m. The Month 8 position is showing a £4.0m underspend year to date.

The programme is being reviewed continuously with discussions taking place with Welsh Government to manage and mitigate any potential risks.

Savings

The Health Board's financial plan has set a recurrent savings target of £48.0m to be delivered in 2024/25. The £48.0m target plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme has been developed through a Value & Sustainability thematic model which is to be delivered within five core domains (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

Full year forecast value of Green Schemes totals £43.6m, with further one off Accountancy Gains totalling £8.1m, giving a combined total of £51.7m, an increase of £2.3m from October (Month 7). Of these, £28.9m have been identified as recurring, with a full year effect of £40.7m, and £22.8m identified as non-recurring savings. The recurrent shortfall to be identified is therefore £7.3m

	<p>Savings delivered in Month 8 totalled £5.0m, of which £2.6m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute to the in-month delivery. The full year plan value of Red schemes and pipeline opportunities which still need further work to convert to Green Schemes total £1.0m.</p> <p>Whilst the Health Board has identified savings above the planned savings requirements through a combination of Savings Schemes and Accountancy Gains, the focus has now moved on containing cost overruns and recovering the year-to-date deficit above plan. This is being managed through the Integrated Performance and Executive Delivery Group (IPEDG), which is chaired by the Chief Executive.</p> <p><u>Risks & Mitigations</u></p> <p>The Integrated Performance and Executive Delivery Group (IPEDG) instructed all Divisions to review expenditure forecasts and identify areas where expenditure could be reduced to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan.</p> <p>As noted above, additional intervention aimed at containment and reversal of cost overruns is now key, with the risk of attainment of the 2024/25 financial plan being assessed (with winter commencing) as circa £20m.</p>			
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive, and scrutinise this report 			
<p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p>Awdur yr Adroddiad:</p> <p>Report Author:</p>	<p>Andrea Hughes, Finance Director (Interim) Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>			
<p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p>Lefel sicrwydd:</p> <p>Assurance level:</p>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>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.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>BAF – Financial Stability</p> <p>Current risks and mitigations are shown in Appendix A, Slide 13.</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p>	<p>Not applicable</p>

<p>Workforce implications as a result of implementing the recommendations</p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Appendix A BAF risks BAF SP14 – Estates & Capital (There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>A - 2024/25 Finance Report (Revenue, Capital and Savings) - Month 8</p>	

Finance Report

November - Month 8 2024/25

Russell Caldicott
Interim Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective	<ul style="list-style-type: none"> 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. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> Health Board received an additional recurrent allocation of £11.15m in month 8, with the planned outturn improving from a £19.8m deficit to £8.6m. A condition of accepting the additional income being the improvement in outturn, the £8.6m deficit being the new control total Following receipt of this income and accounting for 7/12ths and £7.7m in the month of November 2024, the Health Board secured an In-Month surplus of £5.1m (if only accounting for one months additional income, this would have been an in month £0.7m deficit above the revised plan) The Year to date deficit totals £16.3m and represents a £10.6m adverse variance compared to a £5.7m deficit plan (8/12ths of the £8.6m full year). Full year forecast outturn position remains an £8.6m deficit. This does not attain breakeven and the key first duty to break-even.
	Cash	<ul style="list-style-type: none"> Closing cash balance as at 30th November 2024 was £8.5m, including £4.9m revenue cash and £3.6m for capital projects. The Health Board approved on 28th November 2024, a request for strategic cash-only support be made to Welsh Government to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. The request was £18.0m this figure will potentially be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS Wales on 2nd December 2024
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. Month 8 forecast is to deliver £51.7m (including £8.0m Accountancy Gains). An increase of £2.3m from Month 7 that exceeds plan requirements. Of the £51.7m forecast delivery, £28.9m is recurring schemes with a full year effect of £40.7m. The gap of recurrent savings to the target is £7.3m. Savings delivered in Month 8 totalled £5.0m, of which £2.6m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute to the in-month delivery.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2024/25 is £42.3m and is forecast to be spent in full. Year to date expenditure is £10.0m against a year to date plan of £14.0m.
Key Messages	<ul style="list-style-type: none"> Forecast outturn position has improved to a planned deficit of £8.6m, reflecting the additional allocation from WG of £11.15m. Year to date financial position exceeds the level of planned deficit for close of the financial year by £10.6m. This will need to be recovered over the remainder of the financial year. The challenging to minimise expenditure to keep control of emerging pressures and recover the overspend against plan. Focus continues to be on containing cost overruns and recovering the year-to-date deficit above plan. This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) chaired by the Chief Executive. IPEDG (27th November) requesting all areas and directorates to review expenditure forecasts and identify where expenditure could be reduced to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan. Attaining the control total and £8.6m deficit outturn key to securing the £82m received non-recurrently 2024/25 into 2025/26 and beyond. 	

Key Performance Indicators



Month 8 Position

In Month: £222.5m against plan of £221.8m

£0.7m adverse position

YTD: £1488.2m against plan of £1477.6m

£10.6m adverse position



Forecast

Full year Planned deficit has reduced from £19.8m to £8.6m following in year WG allocation of £11.15m to support continuing pressures within the Health Board. The year to date adverse variance and in month performance indicates a risk to delivery of £20m

£8.6m deficit

Month 8 Divisional Performance

West IHC	£10.2m adverse
Central IHC	£16.5m adverse
East IHC	£19m adverse
Womens	£0.8m adverse
MH & LD	£13.1m adverse
Commissioning Contracts	£0.5m favourable
ICD Primary Care	£3.4m favourable
ICD Regional Services	£3.6m adverse
Support Functions	£3.1m favourable
Other Budgets	£45.7m favourable



Savings

In-month: £5.0m against target of £4.0m

£1.0m favourable

YTD: £36.3m (includes £8.0m accountancy gain) against a target of £32.0m

£4.3m favourable



Savings Forecast

£51.7m against target of £48.0m

£3.7m favourable



COVID-19 Impact

£7.2m YTD cost

**£12.2m forecast cost.
Fully funded by Welsh Government**



Year to Date Income

£108.0m against budget of £104.8m

£3.3m favourable



Year to Date Pay

£743.6m against budget of £716.3m

£27.2m adverse

Reviews continuing between pay and non-pay that will refine this position.



Year to Date Non-Pay

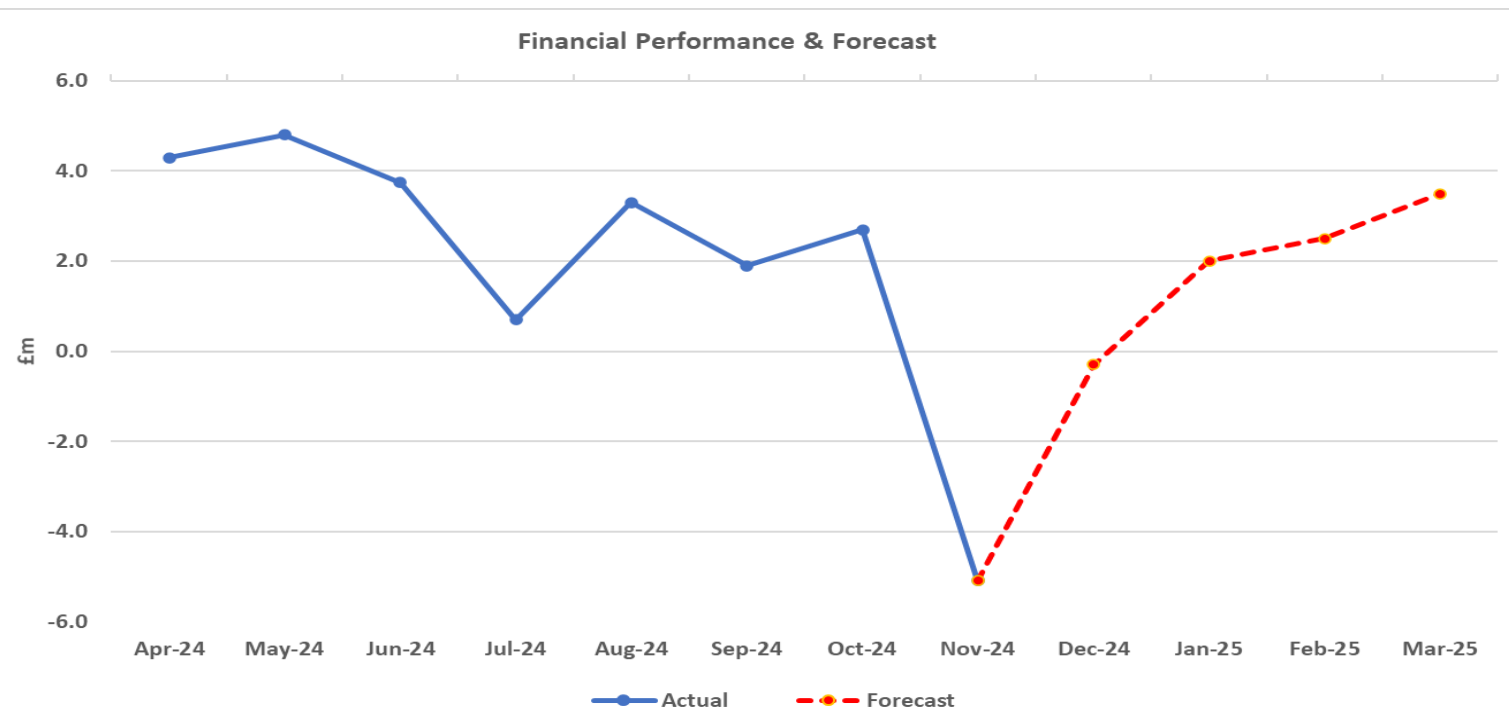
£852.6m against budget of £860.4m

£7.7m favourable (above planned deficit of £5.7m)

Reviews are continuing which will adjust the reporting variation between pay and non-pay reporting

Revenue Position

	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(227.6)	(1,471.9)	(1,471.9)	0.0	0.00%	(2,209.8)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(13.8)	(104.8)	(108.0)	-3.3	3.15%	(162.3)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	716.3	743.6	27.2	3.80%	1,122.8
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	113.8	860.4	852.6	-7.7	-0.89%	1,257.9
Total Deficit / (Surplus)	4.3	4.8	3.7	0.7	3.3	1.9	2.7	(5.1)	0.0	16.3	16.2		8.6
Planned Deficit	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(5.8)	5.7	0.0	5.7	100.00%	
Total Deficit / (Surplus) above Plan	2.6	3.2	2.1	(0.9)	1.6	0.3	1.0	(0.7)	5.7	16.3	10.5		

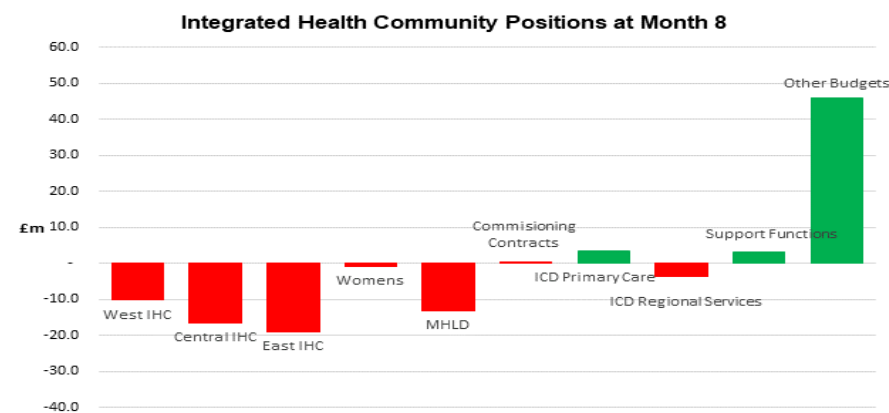


- 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding.
- Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 has been agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m.
- Forecast outturn position has reduced to a planned deficit of £8.6m to reflect the correspondence of the 2nd of December from WG confirming an additional allocation of £11.15m. The allocation is to recognise the consistent pressures experienced by all Health Boards, which was supported in part by non-recurrent funding in 2023/24. Specifically, this is to support continued demand and inflationary pressures in relation to prescribing, secondary care medicines, and packages of care (CHC/FNC).
- Month 8 position is reporting an in-month surplus of £5.1m, an improvement of £7.7m from previous month. This being in part due to 8/12ths of the £11.15m additional in-year WG funding allocation phased into the position in Month 8.
- Year to date is reporting a deficit of £16.3m. This represents a £10.6m adverse variance compared to 8/12ths of the revised £8.6m full year planned deficit.
- Risks to delivery of the plan totals £19.5m (See Slide 14).

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £m	24/25 November Payaward £m	Forecast Year End Variance Excluding Payaward £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %			
WG RESOURCE ALLOCATION	(227.6)	(227.6)	0.0	0%	(1,471.9)	(1,471.9)	0.0	0%	0.0	0.0	0.0
WEST INTEGRATED HEALTH COMMUNITY											
Management	0.1	0.1	(0.0)		0.8	0.8	0.0		(0.1)	0.1	0.0
West Area	17.3	19.7	(2.5)		132.3	137.8	(5.5)		(7.9)	3.8	(4.0)
Ysbyty Gwynedd	11.4	15.0	(3.6)		85.2	95.4	(10.1)		(15.6)	5.4	(10.2)
Facilities	1.0	1.4	(0.3)		8.4	9.4	(1.1)		(1.6)	0.3	(1.2)
Total West	29.8	36.3	(6.4)	-22%	226.7	243.4	(16.7)	-7%	(25.1)	9.7	(15.5)
CENTRAL INTEGRATED HEALTH COMMUNITY											
Management	0.1	0.1	0.0		0.7	0.8	(0.0)		(0.0)	0.0	0.0
Central Area	22.3	26.3	(3.9)		173.5	179.8	(6.3)		(12.0)	5.4	(6.6)
Ysbyty Glan Clwyd	14.1	19.5	(5.4)		106.2	123.5	(17.2)		(26.3)	6.7	(19.6)
Facilities	1.2	1.6	(0.4)		9.9	11.1	(1.2)		(1.8)	0.3	(1.5)
Total Central	37.8	47.5	(9.7)	-26%	290.4	315.1	(24.7)	-9%	(40.2)	12.5	(27.7)
EAST INTEGRATED HEALTH COMMUNITY											
Management	0.1	0.1	(0.0)		0.7	0.8	(0.1)		(0.1)	0.0	0.0
East Area	24.9	30.2	(5.3)		192.2	206.1	(13.9)		(19.5)	6.0	(13.5)
Ysbyty Wrexham Maelor	13.1	16.1	(3.0)		92.7	104.2	(11.4)		(16.1)	5.6	(10.5)
Facilities	1.1	1.4	(0.3)		9.0	10.5	(1.5)		(2.3)	0.3	(2.0)
Total East	39.2	47.9	(8.6)	-22%	294.6	321.5	(26.9)	-9%	(38.0)	12.0	(26.0)
Total Midwifery and Women's Services	3.9	5.3	(1.4)	-37%	31.5	33.7	(2.2)	-7%	(3.1)	2.1	(1.1)
Total Mental Health and LDS	14.5	19.7	(5.2)	-36%	113.7	130.6	(16.9)	-15%	(22.5)	5.7	(16.7)
Total Commissioning Contracts	28.8	28.1	0.7	2%	195.5	195.0	0.5	0%	1.6	0.0	1.6
INTEGRATED CLINICAL DELIVERY PRIMARY CARE											
Covid Programmes	0.9	0.9	0.0		4.8	4.7	0.1		0.1	0.3	0.4
Dental North Wales	2.8	2.4	0.4		22.7	19.4	3.3		4.4	0.0	4.4
Community Dental Services	0.5	0.8	(0.3)		4.2	4.7	(0.6)		(0.9)	0.4	(0.5)
Other Primary Care	0.2	0.3	(0.1)		1.6	1.7	(0.0)		(0.2)	0.1	(0.1)
Total Integrated Clinical Delivery Primary care	4.5	4.5	(0.0)	-1%	33.3	30.5	2.8	8%	3.4	0.8	4.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES											
Provider Income	(1.9)	(2.0)	0.1		(14.9)	(16.3)	1.3		1.6	0.0	1.6
Diagnostic and Specialist Clinical Support	6.9	9.0	(2.1)		53.2	58.8	(5.7)		(7.3)	2.7	(4.6)
Cancer Services	5.9	6.2	(0.3)		44.2	45.9	(1.8)		(2.7)	1.0	(1.7)
Total Integrated Clinical Delivery	10.9	13.2	(2.3)	-21%	82.4	88.5	(6.1)	-7%	(8.5)	3.7	(4.7)
Total Service Support Functions	14.8	16.8	(2.0)	-13%	106.3	106.4	(0.1)	0%	(5.0)	4.7	(0.3)
Total Other Budgets	37.6	3.3	34.3	91%	103.3	23.4	79.8	77%	137.4	(51.3)	86.1
Total Deficit above Plan	(5.8)	(5.1)	(0.7)	12%	5.7	16.3	(10.6)	-184%	0.0	0.0	0.0
Planned Deficit	5.8	0.0	5.8		(5.7)	0.0	(5.7)		(8.6)		(8.6)
Total Deficit	0.0	5.1	5.1		0.0	(16.3)	(16.3)		(8.6)		(8.6)

*Divisional budget adjusted in month and cumulative for pay award



- A revised allocation of £11.15m, received to reduce the planned deficit, has impacted on the in-month position by £7.4m, resulting in an in-month surplus position of £5.1m, which is £0.7m above the revised planned position of £5.8m.
- Pay expenditure increased by £33.8m (38.1%), of which £34.3m is the backdated year to date impact of the 24/25 Pay Award paid in Month 8. The anticipated funding remains in 'other budgets' whilst the formal agreement of the level of funding is being finalised.
- Provider Services Non-Pay expenditure increased by £1.3m (6.7%), of which £0.5m is increased Energy costs due to seasonal consumption over winter months, £1.3m additional RIF spend due to phasing of spend, offset by a £0.5m reduction in Clinical Services & Supplies Non Pay. Further detail on Non-Pay ex is reported in Slide 11.
- Pressures also continue within Commissioning, CHC and Drugs.

Expenditure – Pay & Non-Pay

Pay Costs	2024-25												Cumulative			Full Year Forecast
	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Forecast M09	Forecast M10	Forecast M11	Forecast M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	12.1	16.9	13.7	13.7	13.7	13.7	101.2	100.8	0.4	162.2
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	20.8	29.4	21.2	21.2	21.1	21.1	156.1	178.9	(22.8)	250.3
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	27.4	38.3	29.3	29.3	29.3	29.2	207.7	226.8	(19.2)	346.9
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	13.3	17.5	14.5	14.5	14.5	14.5	98.4	112.2	(13.8)	171.7
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	3.6	5.2	3.7	3.7	3.7	3.7	30.9	29.9	1.0	43.9
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	5.8	5.9	8.3	6.3	6.3	6.3	6.3	44.2	48.5	(4.3)	74.5
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	1.6	2.0	1.6	1.6	1.6	1.6	11.5	12.5	(1.0)	18.6
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	4.0	5.1	4.5	4.5	4.5	4.5	31.4	33.5	(2.1)	53.6
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.6	0.4	0.2	1.0
Pay award to be allocated upon confirmation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	34.3	0.0	34.3	0.0
Health Board Total	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	94.9	95.0	94.8	94.6	716.3	743.6	(27.2)	1,122.8
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	3.7	3.5	3.0	3.0	3.0	3.0	20.3	23.9	(3.6)	35.8
Total Pay	89.3	89.8	89.6	90.5	90.5	99.4	92.4	126.0	97.9	97.9	97.7	97.6	736.6	767.4	(30.8)	1,158.6
Non-Pay Costs as per Monitoring Return Table	Actual								Forecast				Cumulative			Full Year Forecast
	P01-25	P02-25	P03-25	P04-25	P05-25	P06-25	P07-25	P08-25	P09-25	P10-25	P11-25	P12-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	19.6	18.6	20.0	19.6	19.6	19.6	20.3	21.7	19.9	19.8	20.1	20.1	159.1	158.9	0.2	238.9
Primary Care - Drugs & Appliances	10.9	10.5	10.2	10.8	11.6	10.8	12.4	11.3	10.8	10.9	10.3	10.6	82.2	88.6	(6.4)	131.1
Provider Services - Non Pay (excluding drugs & depr	19.0	16.1	16.6	20.2	19.0	19.0	19.4	20.7	13.8	14.6	14.3	14.1	217.3	149.9	67.4	206.6
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	9.3	8.0	8.5	8.5	8.3	8.5	60.8	66.5	(5.8)	100.3
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	32.1	34.0	30.4	30.4	30.4	30.5	240.4	240.7	(0.4)	362.4
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	12.5	11.6	11.7	11.6	10.7	11.6	88.7	92.5	(3.8)	138.1
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	2.7	2.3	2.7	2.4	2.4	2.3	12.4	21.3	(8.8)	31.0
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	0.3	0.2	0.3	0.3	0.3	0.4	1.9	1.9	0.0	3.2
Losses, Special Payments and Irrecoverable Debts	0.2	0.3	0.3	0.3	0.5	0.2	0.3	0.4	0.3	0.3	0.3	0.3	2.0	2.5	(0.5)	3.7
Pay award to be allocated upon confirmation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(34.3)	0.0	(34.3)	0.0
Non-pay costs	99.9	98.8	99.1	100.6	104.1	101.0	109.4	110.0	98.4	93.3	97.1	98.4	830.5	822.8	7.7	1,215.5
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	3.9	3.9	3.9	3.9	3.9	1.1	29.8	29.8	0.0	42.5
Total non-pay	103.1	102.0	103.0	104.5	108.1	104.9	113.2	113.8	102.2	97.0	100.9	99.4	860.4	852.6	7.7	1,257.9

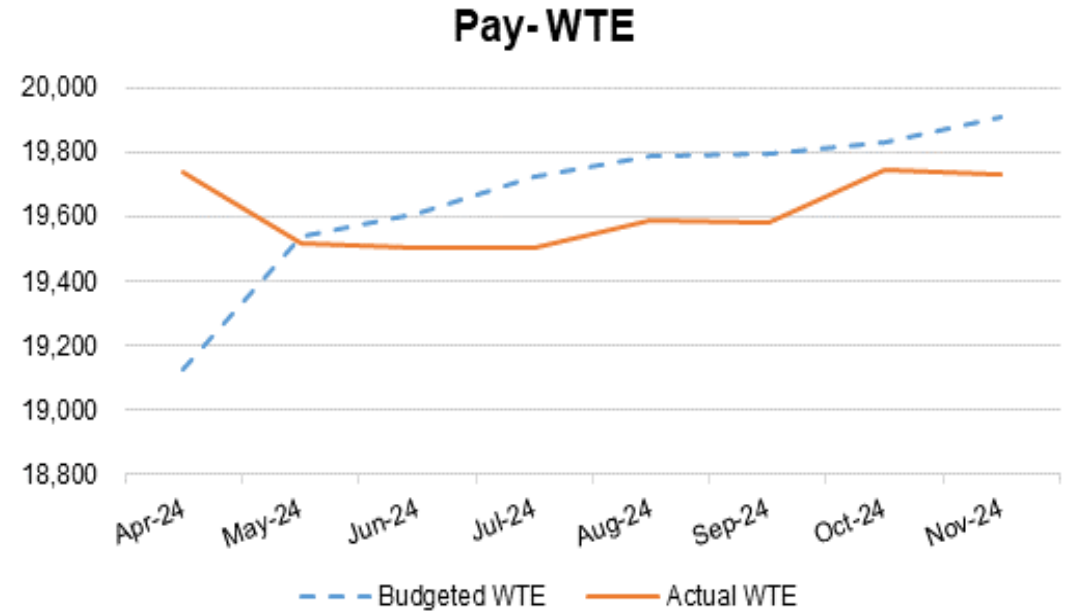
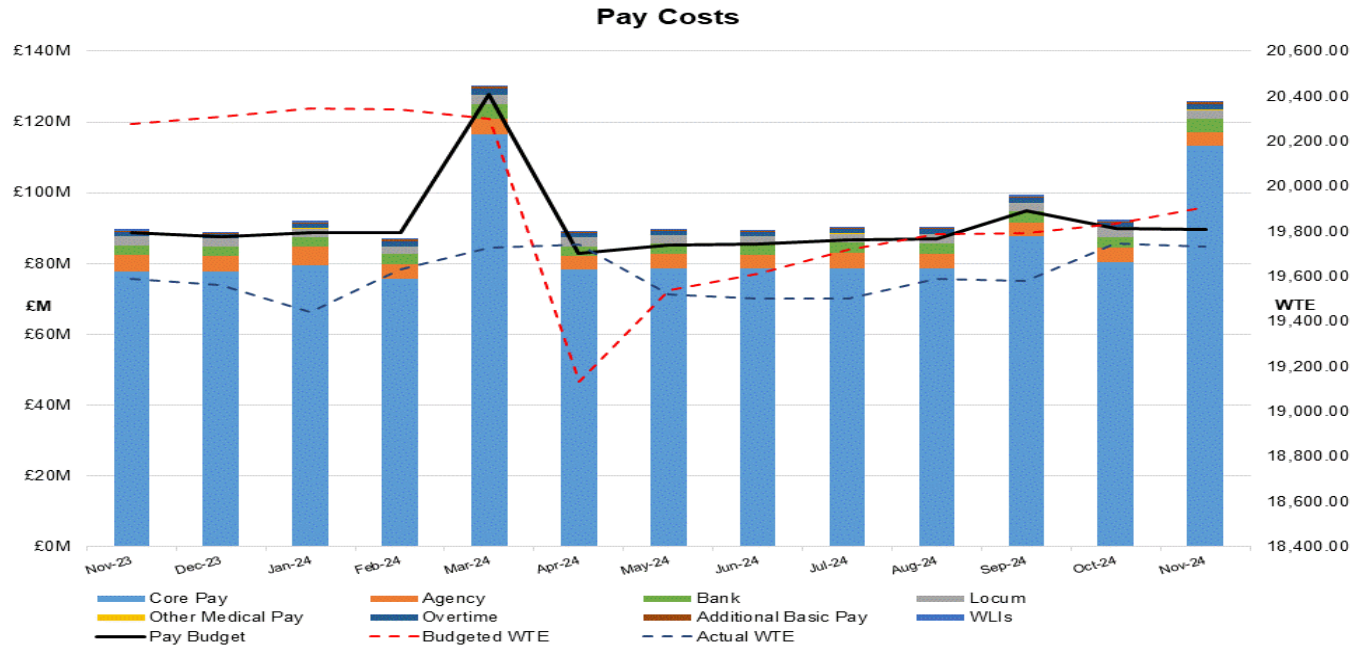
Health Board Pay:

- Month 8 Provider Services Pay increased by £33.8m (38.1%) from Month 7 of which £34.3m is the backdated year to date impact of the 24/25 Pay Award paid in Month 8 (£51.5m full year forecast cost), offset by a £0.3 in-month reduction in agency spend and £0.2 in month reduction in Medical Locum Spend.
- Provider Services Pay - £27.2m adverse variance after adjusting for Pay Award funding, for which formal agreement is pending.
- Full year total cost of the 24/25 Pay Award is £70.3m (including M&D, A4C, RLW and additional costs outside of payroll). See further breakdown in Slide 12.

Non-Pay Expenditure (excluding Depreciation):

- Total Non Pay increased by 0.6m from previous month.
- Pressures continue within CHC due to continued patient number growth and high cost packages of care, commissioning including Out of Area Placements and Primary Care & Secondary Care Drugs.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay



2024-25 Variable Pay	Actual								YTD £m
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	
	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	32.1
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	1.2	1.7	10.5
Locum	2.6	2.3	2.3	2.5	2.6	2.4	2.8	2.6	20.1
WLIs	0.3	0.2	0.2	0.3	0.3	0.4	0.4	0.4	2.7
Bank	2.6	2.9	2.8	3.0	3.1	3.2	3.0	3.7	24.3
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.1	0.5
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	0.4	0.5	3.0
Total	11.1	11.1	10.8	11.8	11.9	11.6	12.1	12.8	93.2

- Variable Pay totals £12.8m for November, an increase of £0.7m from previous month driven by a £0.7m increase in Bank and £0.4m in Overtime spend which also includes the backdated pay award paid in November.
- The increase in Bank and overtime has also been offset by a reduction in both Agency and Locum.



Pay - WTE

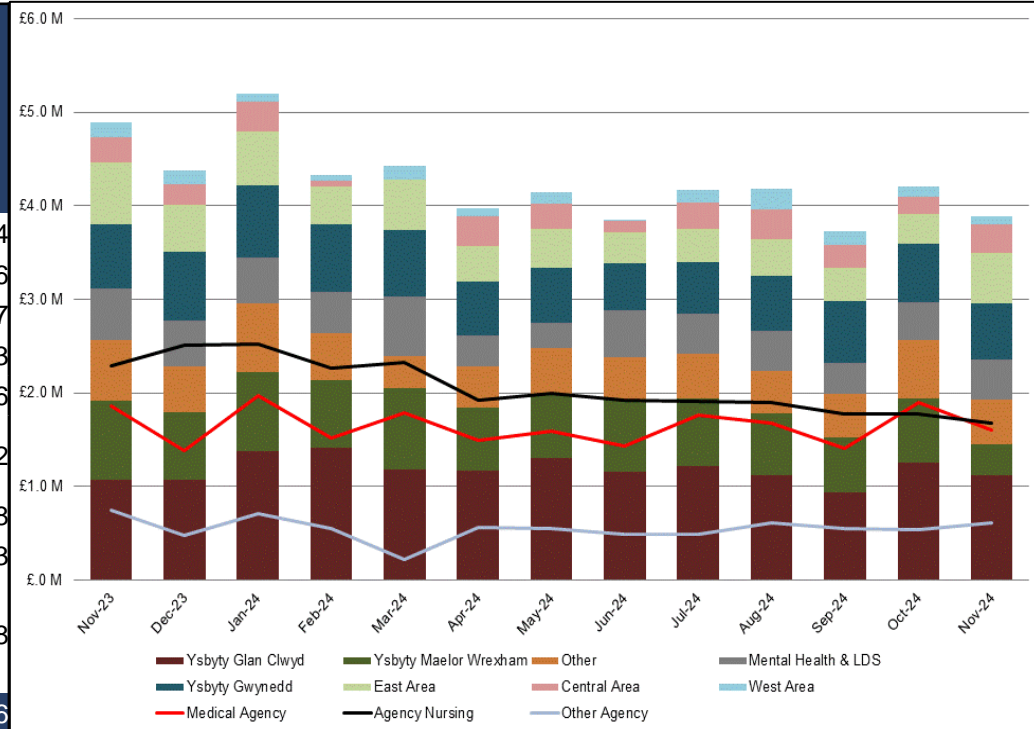
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Movement M8 V M7
Budgeted WTE	19,130	19,537	19,611	19,721	19,789	19,792	19,833	19,906	73
Actual WTE	19,740	19,518	19,500	19,503	19,590	19,580	19,746	19,731	-15

- Actual worked in November is 19,731, a decrease of 15 WTE from October.
- Budgeted WTE increased by 73 WTE between November and October.
- Below table provides a breakdown of Budgeted WTE movement by Division from Month 1 to 8:

BUDGETED WTE	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Oct WTE	Nov WTE	Movement M8 v M7	Explanation of M8 v M7 Key movements
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	3,712	3,722	10	Sustainability & Planned Care drawdown & Skill mix adjustments
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	4,828	4,862	34	Additional 20 WTE funding (Further Faster, UPCC, Vascular, Parkinsons Income). Funding allocation of 14 WTE for Healthy Weight Healthy Wales & PH Dietetics
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	4,586	4,589	3	
COVID Response	33	168	134	134	134	134	134	134	0	
Dental GDS	14	14	16	16	16	14	14	14	0	
Dental CDS	173	173	173	173	173	172	172	172	0	
Womens	685	691	694	694	697	697	698	698	0	
Diagnostic & Specialist Clinical Support	935	964	964	974	977	979	979	980	1	
Cancer Services	370	392	392	399	400	401	405	411	6	Cancer Division Sustainability – 3 WTE Oncology Consultants & support admin
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2,273	2,278	5	APB funding 3 WTE Band 6 OT posts & skill mix virements
Other Primary Care	14	15	15	15	15	15	15	15	0	
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	2,017	2,031	14	15 WTE MHL Digital Solution Project
TOTAL	19,130	19,538	19,611	19,721	19,789	19,792	19,833	19,906	73	

Pay Costs – Agency

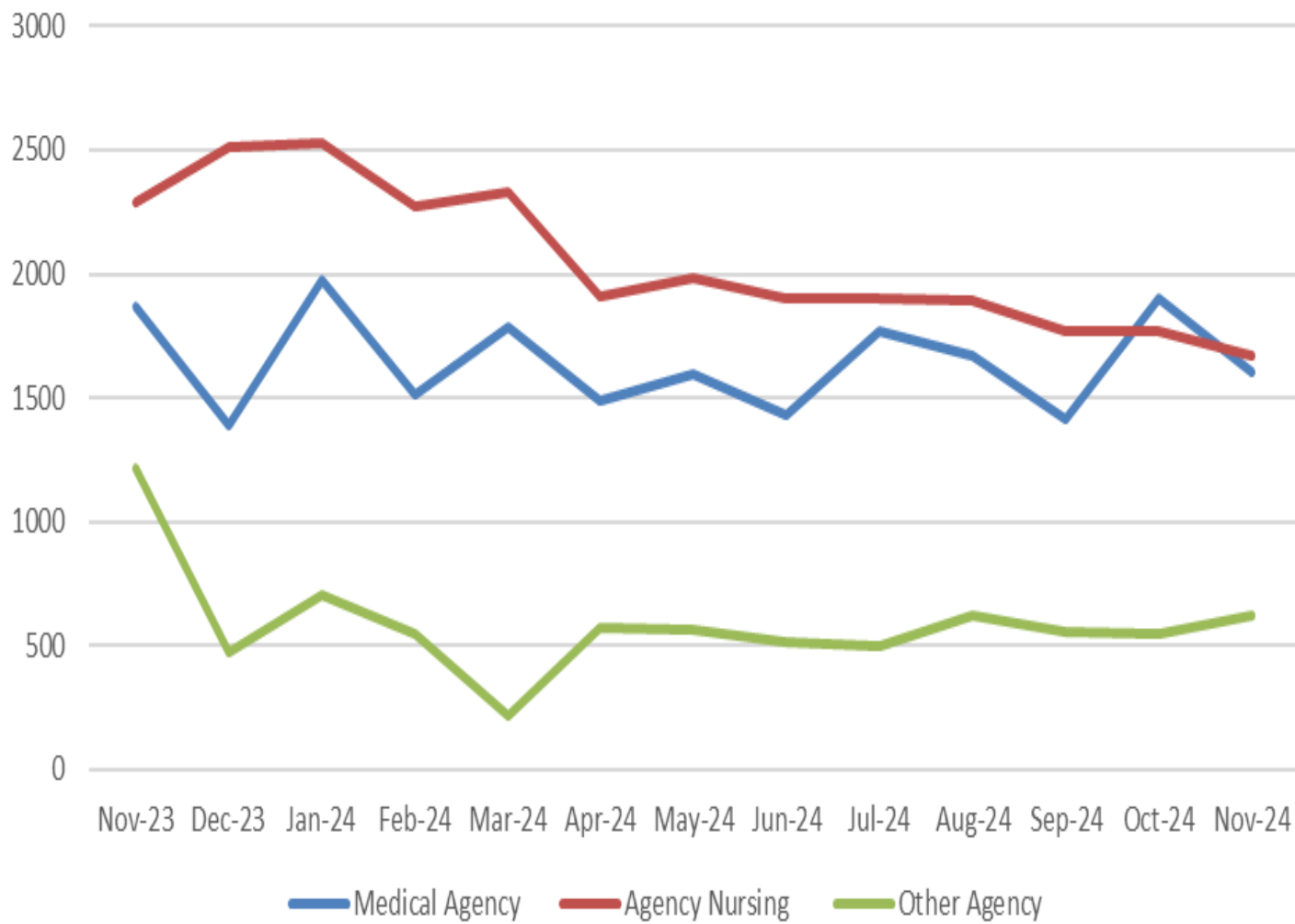
	2024-25 Agency Spend £'m												Total Year to Date £'m	Total Forecast £'m
	Actual								Forecast					
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12		
West Area	0.1	0.1	0.0	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.9	1.4
Central Area	0.3	0.3	0.1	0.3	0.3	0.2	0.2	0.3	0.4	0.4	0.4	0.4	2.0	3.6
East Area	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.5	0.4	0.4	0.4	0.4	3.1	4.7
Ysbyty Gwynedd	0.6	0.6	0.5	0.6	0.6	0.7	0.6	0.6	0.6	0.6	0.6	0.6	4.7	7.3
Ysbyty Glan Clwyd	1.2	1.3	1.2	1.2	1.1	0.9	1.3	1.1	1.1	1.1	1.1	1.1	9.3	13.6
Ysbyty Maelor Wrexham	0.7	0.7	0.8	0.7	0.7	0.6	0.7	0.3	0.5	0.5	0.5	0.5	5.1	7.2
Mental Health & LDS	0.3	0.3	0.5	0.4	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.4	3.1	4.8
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	1.5	2.3
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.4	0.4	0.4	0.4	2.3	3.8
Total Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	4.1	4.1	4.1	4.1	32.1	48.6



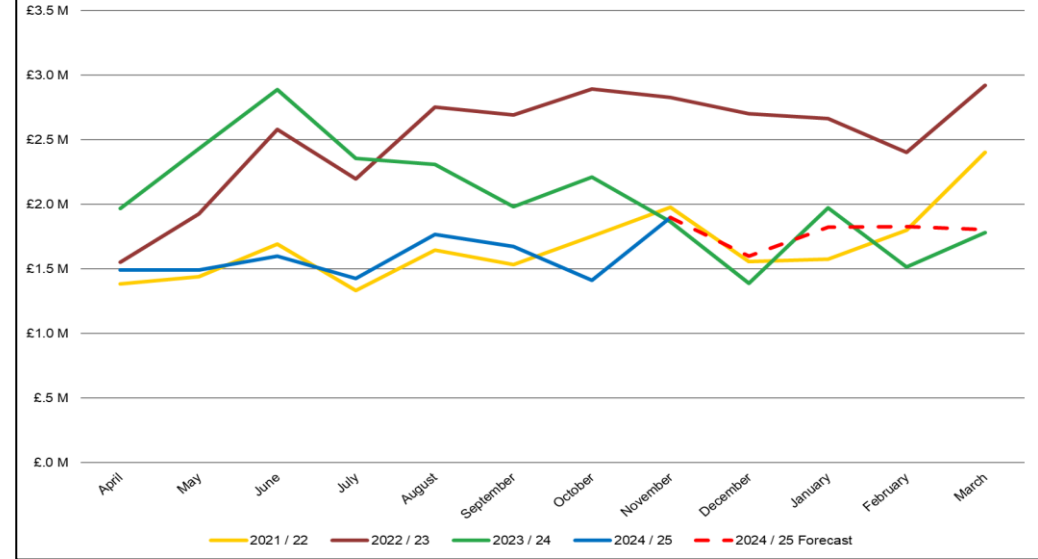
- Agency expenditure for Month 8 is £3.9m representing 3.1% of total pay and a £0.3m reduction from previous month spend. 2024/25 monthly average Agency spend is £4.0m compared to a monthly average of £5.6m in 2023/24. 2024/25 Agency year end forecast outturn is £48.6m, a £0.6m reduction from the £49.2m reported at Month 7. Both Medical Agency forecast outturn has reduced by £0.6m and Agency Nursing has decreased by £0.7m, but is offset by a £0.5m increase in Healthcare Scientists Agency outturn.
- Month 8 Medical Agency expenditure is £1.6m, a decrease of £0.3m from previous month and in line with 24/25 previous months monthly average. The monthly average medical agency expenditure for 2023/24 was £2.1m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.4m), East Area (£0.3m), Mental Health (£0.2m), Womens (£0.2m), and Cancer Services (£0.1m) covering Medical vacancies and sickness.
- Nurse agency costs totalled £1.7m for the month, a decrease of £0.1m from previous month spend. Month 8 Nurse Agency spend is £1.1m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Maelor Wrexham (£0.4m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.2m), East Area (£0.2m), and Central Area (£0.1m). Nurse Agency is predominantly used to cover vacancies and sickness to ensure that Nurse Staffing Act Ward staffing levels are maintained.
- Other agency costs totalled £0.5m in Month 8, in line with previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m) and Admin & Clerical (£0.1m).

Pay Costs – Agency

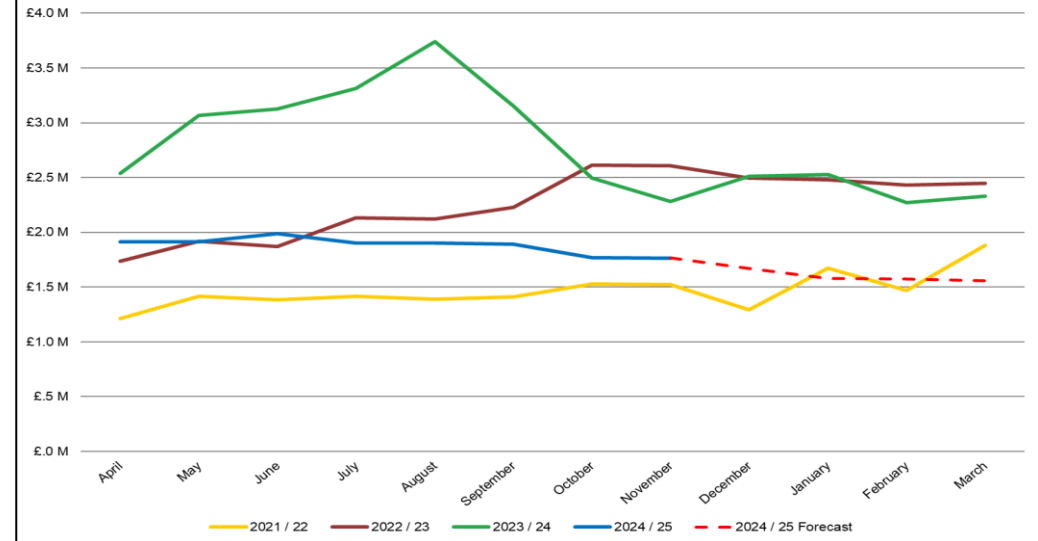
Agency Costs



Medical Agency Costs

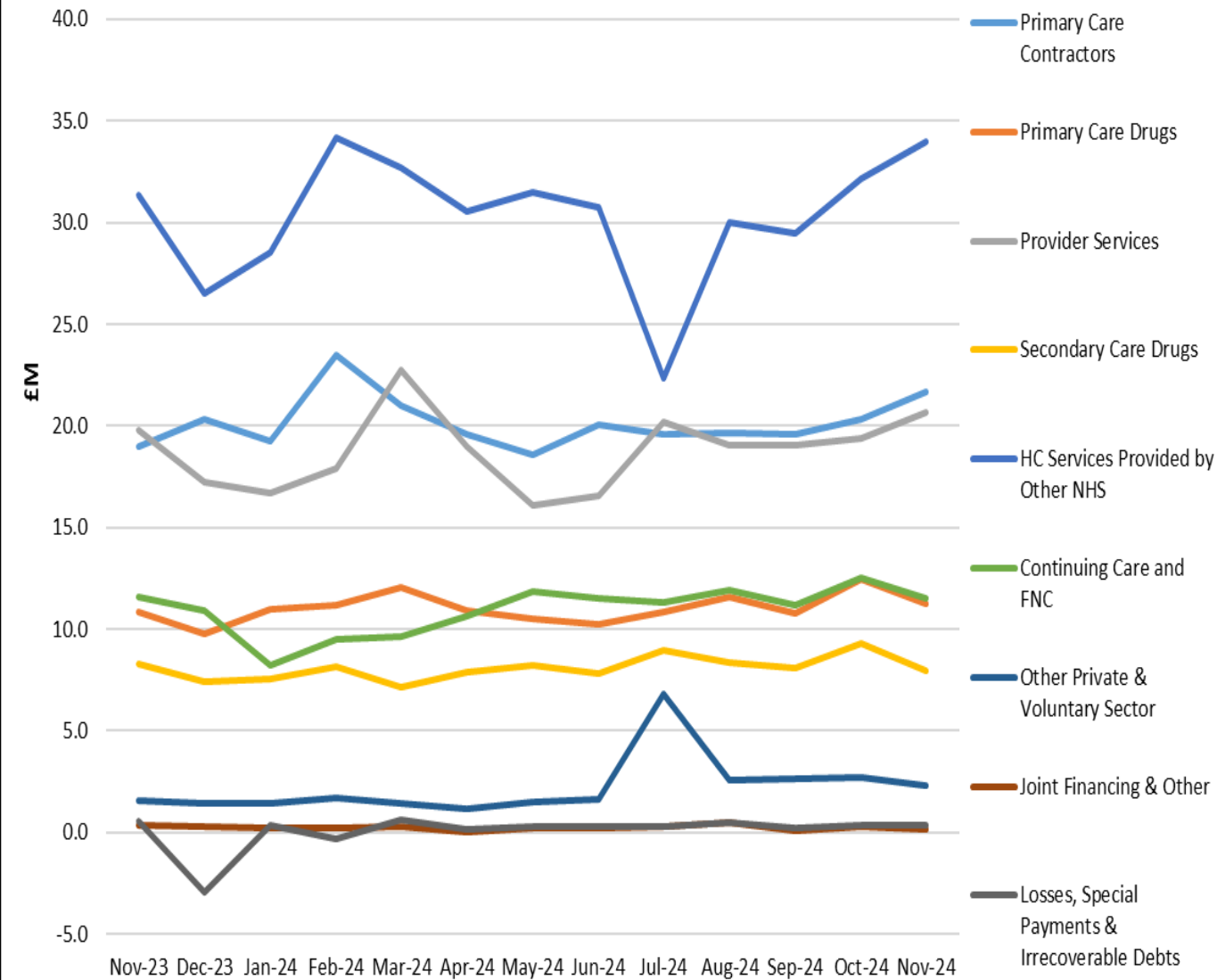


Nursing Agency Costs



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** Month 8 expenditure is £1.4m (6.7%) higher than previous month, of which £1.5m is additional cost of the newly funded pharmacy contractual framework. GMS increased by £0.3m due to backdated 24/25 Pay Awards for Managed Practices.
- Primary Care Drugs:** Expenditure is £1.1m (9.2%) less than previous month due to a reduction in the rolling average of both volume and cost. The overall number of Items Prescribed per Prescribing Day also decreased by -0.6%; September had 71,009 items prescribed compared to 71,444 in August.
- Provider Services Non Pay:** Expenditure increased by £1.3m (6.7%) from previous month, of which £0.5m is increase in Energy costs due to seasonal consumption over winter months, plus £1.3m additional RIF spend due to phasing of spend, offset by a £0.5m reduction in Clinical Services & Supplies Non-Pay
- Secondary Care Drugs:** Expenditure is £1.3m (14.4%) below the previous month, of which £0.7m is Cancer Services and the remaining reduction being within Secondary Care sites, mainly against Gastro and AMD Drugs.
- Healthcare Services provided by Other NHS Bodies:** An increase of £1.9m (5.8%) from previous month due to English provider contracts spend and increase in Vertex spend further to receiving additional Vertex allocation from WG in November.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.9m (7.6%) less than previous month, with £0.5m relating to Accountancy Gains in November. Prior months spend also included the impact of additional inflationary uplift, thus distorting the in-month movement. However, Month 8 spend is in line when compared to previous months monthly average.

Allocations

Description	£m
Allocations Received	2,115.5
Total Allocations Received	2115.5

Description	£m
Allocations anticipated	
AME/DEL Capital Adjustments	6.1
Removal of Donated Assets / Government Grant Receipts	-1.0
Removal of IFRS-16 Leases (Revenue)	-4.7
Real Living Wage (Care Homes)	3.5
IM&T Refresh Programme	1.9
M&D September 2024 Payaward	15.0
Six Goals	1.4
24/25 Increase in Real Living Wage - B2 and certain points B3	3.4
ATMP	1.5
Medical Training - TGS	1.5
2024/24 A4C Pay award	51.5
Additional in year allocation to support financial position	11.2
EPMA DPIF Funding	0.8
Other	2.2
Total Allocations Anticipated	94.3

	£m
Total Allocations Received	2,115.5
Total Allocations Anticipated	94.3
Total Welsh Government Income	2,209.8

- Total Revenue Resource Limit (RRL) for the year totals £2,209.8m. £1,471.9m of the RRL has been profiled into the cumulative position and is £1.3m less than an equal twelfth.
- Confirmed allocations to date is £2,115.5m. This includes the COVID-19 funding allocation of £12.2m, with £7.2m of the COVID-19 funding profiled into the cumulative position.
- Further in year anticipated allocations totals £94.3m, of which £15.0m anticipated income is the estimated full year cost of Medical & Dental pay award.
- Additional anticipated income of £51.5m has been included in Month 8, bringing the total pay award impact up to £70.3m as per below table:

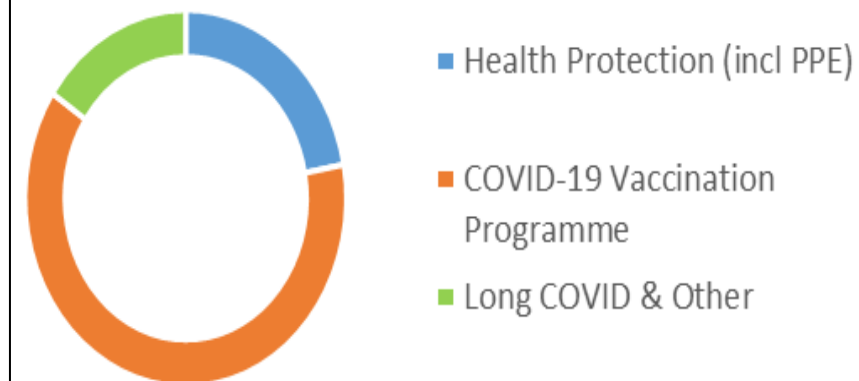
2024/25 Pay Award impact	Total £'m
November Pay Award Costs (A4C, M&D and ESP)	£51.5m
Real Living Wage (RLW) - Enhancements to be added on in M9	£3.4m
September M&D Pay Award	£15.0m
Additional costs outside of direct payroll (English rotational Doctors) and Apprenticeship Levy	£0.4m
Total	£70.3m

- The above table excludes Band 8 increments, Medical & Dental allowances to be uplifted in January, enhancements on RLW and uplifts for vacant posts, but includes Bank Costs of £0.9m. In addition, further potential costs may be received in relation to the English rotational Doctors and risks exists around NWJSCC seeking additional funding relating to pay award elements of English contracts.

Impact of COVID-19

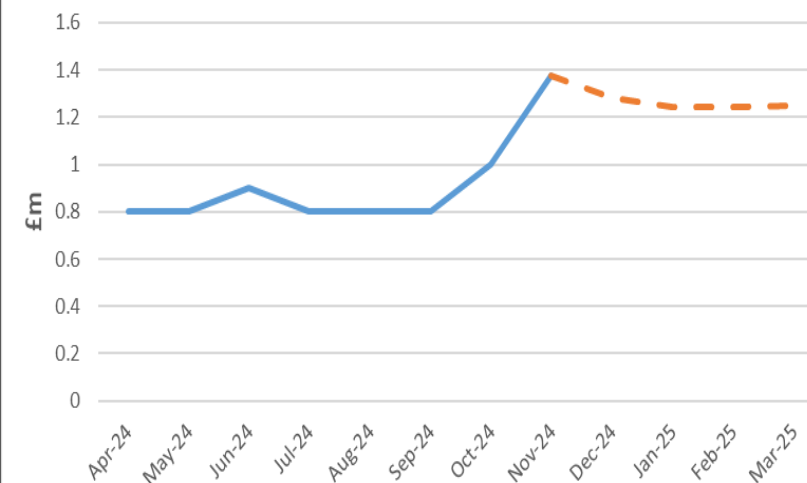
	Actual								Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.3	1.6	2.7
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	0.7	0.9	4.7	7.6
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.8	1.9
Total COVID-19 Expenditure	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	7.2	12.2
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	7.2	12.2
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

COVID-19 Cost Distribution 2024/25



- Total COVID expenditure for WG funded programmes in Month 8 is £1.4m, with a year-to-date cost of £7.2m. Total full year forecast spend is £12.2m against a COVID funding allocation of £12.2m for 2024/25. The monitoring return currently reflects full expenditure in line with funding allocation against each category.
- Month 8 Health Protection expenditure is £0.3m with an annual forecast spend of £2.7m.
- COVID-19 Vaccination Programme expenditure for Month 8 is £0.9m and annual forecast spend is £7.6m, which is in line with the funding allocation.
- Month 8 Long COVID expenditure is £0.2m and annual forecast expenditure is £1.9m.
- All COVID programmes expenditure plans continue to be assessed and refined. The current forecast shows the COVID funding allocation being spent in full, however early indications suggests that COVID funding may have an underspend of c.£1.0m (Health Protection £0.1m, PPE £0.1m, Vaccination Programme £0.2m and Long Covid £0.6m). Further clarification is required from WG whether the Health Board can retain any slippage against the 2024/25 COVID funding allocation. The potential slippage of c.£1.0m has been highlighted as an opportunity in Slide 14.

Total COVID-19 Expenditure Per Month



Risks and Opportunities (not included in position)

- The below are risks and opportunities to the Health Board's financial position for 2024/25 as of Month 8. Where we are clear of specific costs for both risks and opportunities, these are incorporated within the forecast position.

	Risks	£m	Level
1	Continuing Healthcare – continued patient number growth	£1.5m	Medium
2	Prescribing – growth above original plan expectation	£4.0m	Medium
3	Other Contract Performance (English Provider performance)	£2.5m	Medium
4	Dental Ringfenced Allocation retention of underspend	£4.4m	Medium
5	Risk on recovery of mitigating actions – 70% (Excluding Red & Pipeline)	£7.1m	Medium
6	Modelling assumes pay award funded centrally in full as per the planning guidance	TBC	Medium
7	Risk of NWJSCC charging additional English Pay award costs to BCU	TBC	Medium
	Total Quantifiable Risks	£19.5m	
	Opportunities / Mitigations for the identified risks	£m	Level
1	Retain underspend on Covid Funding	£1.0m	Medium
2	Microsoft VAT (previously a Pipeline Scheme, reduced likelihood for resolution in 24/25)	£3.0m	Low
3	Real Living Wage (Care Homes) - awaiting clarity on WG funding methodology	£0.5m	Medium
	Total Opportunities	£4.5m	



Balance Sheet

- The closing cash balance as at 30th November 2024 was £8.495m, which included £4.917m cash held for revenue expenditure and £3.578m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£1.823m) made up of (£4.276m) revenue cash and £2.453m capital cash.
- Following the Health Board meeting of 28th November 2024, a request for strategic cash-only support has been made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. Whilst the sum initially requested was £18.0m this figure will be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS in Wales on 2nd December 2024.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Nov-24 £m	Forecast Closing Balance End of Mar-25 £m
Non-Current Assets			
Property, plant and equipment	724.0	704.4	725.1
Intangible assets	1.2	0.9	1.2
Trade and other receivables	84.6	84.7	84.6
Non-Current Assets sub total	809.7	790.0	810.9
Current Assets			
Inventories	20.9	21.4	20.9
Trade and other receivables	107.7	111.4	119.6
Cash and cash equivalents	5.0	8.5	-1.8
Non-current assets classified as held for sale	0.4	0.4	0.0
Current Assets sub total	134.0	141.6	138.7
TOTAL ASSETS	943.7	931.6	949.6
Current Liabilities			
Trade and Other Payables	209.6	208.8	191.7
Provisions	47.1	60.5	60.6
Current Liabilities Sub Total	256.7	269.2	252.3
NET ASSETS LESS CURRENT LIABILITIES	687.1	662.3	697.3
Non-Current Liabilities			
Trade and Other Payables	27.5	27.5	28.2
Provisions	85.9	85.9	85.9
Non-Current Liabilities Sub Total	113.4	113.4	114.1
TOTAL ASSETS EMPLOYED	573.7	549.0	583.3
FINANCED BY:			
Taxpayers' Equity			
General Fund	353.6	328.9	363.2
Revaluation Reserve	220.1	220.1	220.0
Total Taxpayers' Equity	573.7	548.9	583.2



Capital

- The approved Capital Resource Limit (CRL) for 2024/25 is £42.3m and is forecast to be spent in full.
- Year to date expenditure is £10.0m against a year-to-date plan of £14.0m, with a year to date underspend of £4.0m. The programme is being reviewed continuously with discussions taking place with Welsh Government to manage and mitigate any potential risks.

BUDGET 2024/25

1) Capital Resource Limit 2024/25	£m	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).
WG Discretionary Capital	12.4	
All Wales Scheme	29.1	

Total CRL 41.5

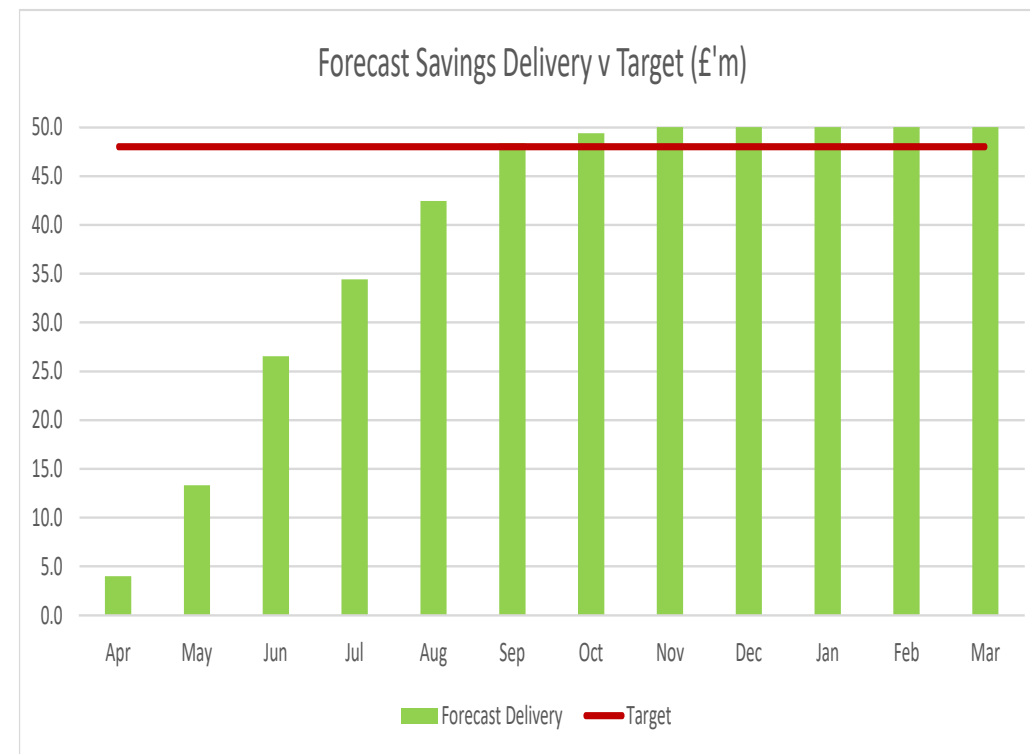
CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.9	0.7	4.8	0.1	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.4	0.4	1.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.9	2.0	2.0	-0.1	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.4	0.7	3.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
WG Discretionary Capital	12.4	3.789	11.6	0.8	Under Commitment

Capital					
MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.2	0.0	0.3	-0.1	The CRL has been adjusted to facilitate the delay in finalising the options for the design of the scheme. A scheme review was held with WG on the 12th November and next were agreed. That will see adjustments to fee bid and option appraisal.
Estates Facility Advisory Board - Fire	2.8	0.7	2.6	0.2	Estate leads confirmed that project works have started. All planned works will be completed in year.
Estates Facility Advisory Board - Infrastructure	0.7	0.5	1.3	-0.6	Estate leads confirmed that project works have started. All planned works will be completed in year.
Estates Facility Advisory Board - Decarbonisation	0.4	0.2	0.4	-0.1	Estate leads confirmed that project works have started. All planned works will be completed in year.
Regional Orthopaedic Hub at Llandudno Hospital	12.8	3.7	13.0	-0.2	Contractors on site and programme of works are progressing to handover in 2025/26. There is a continuous process to review the works and cashflow to meet the critical path. It is acknowledges and has been communicated to WG that the project is currently behind the spend profile with formal commercial meetings taking place to mitigate risks.
Substance Misuse Building, Llandudno	0.7	0.1	0.7	0.0	Tender has been issued and due back in November. Cashflow has been revised and reflected in the revised CRL, however there is still a financial risk as planning issues have been raised that delay project into 2025/26.
CAMHS Crisis Hub	0.3	0.1	0.3	0.0	Project is now complete and final account is being agreed.
Diagnostic Equipment 2024-25 - YG CT	2.9	0.2	2.9	0.0	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	The capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	5.0	0.2	5.0	0.0	There has been a small delay in getting all the tenders issued and instructed. Planned works has commenced and the Health Board will meet the budget forecast.
Year End Funding – October 2024	1.7	0.1	1.7	0.0	Additional slippage monies has been received in month 6. Majority of the allocation is for 3 x DR Room and the health board is working with procurement to ensure all the equipment is procured this financial year.
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	1.0	0.0	1.0	0.0	The EPMA project implementation is over 2 years. The CRL forecast to spend in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	0.0	The IT project is being implemented over a couple of year and this allocation if for hardware that will be procure by March 2025.
HCF – Bladder Scanners	0.0	0.0	0.0	0.0	Equipment to be delivered - scheme complete
All Wales Capital	29.1	5.8	30.0	-0.8	Over commitment
Total Capital Funding Available	41.6	9.6	41.6	0.0	

Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £1.0m.
- Full year forecast value of Green Schemes totals £51.7m (including £41.7m Savings, £1.3m Income Generation, £8.0m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £2.3m from Month 7. Of these, £28.9m have been identified as recurring, with a full year effect of £40.7m, and £22.8m are non-recurring savings. Accountancy Gains of £8.0m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year. The gap of recurrent savings to the target is £7.3m.
- In-month delivery includes Savings of £4.0m, £0.1m Income Generation, £0.9m Accountancy Gains totalling £5.0m, against a £4.0m Target
- The combined year to date delivery is £36.3m, of which £17.8m is recurring, against a £32.0m Target.

Service Performance against Target	Annual			Full Year Effect	Year to Date		
	Target	Forecast Delivery	Delivery v Target (+ve = adverse)		Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	7.3	1.4	8.5	5.8	4.8	1.0
Central Integrated Health Community	10.9	8.3	2.7	7.8	7.3	5.5	1.8
East Integrated Health Community	11.2	9.8	1.4	8.1	7.5	6.7	0.8
MHLD	4.2	7.9	-3.7	12.8	2.8	3.3	-0.5
Womens Services	1.4	1.4	0.0	0.7	0.9	1.0	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.1	1.0	0.2	1.4	0.8	0.6
Cancer Services	1.6	1.3	0.3	1.1	1.0	0.9	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	0.9	-0.9
Corporate & Support Services	3.7	4.1	-0.4	1.5	2.5	3.0	-0.5
Reserves	4.0	1.4	2.6	0.0	2.7	1.4	1.3
Saving Total	48.0	43.6	4.4	40.7	32.0	28.2	3.8
Accountancy Gains		8.1	-8.1			8.1	-8.1
Total		51.7	-3.7	40.7	32.0	36.3	-4.3



Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.8	2.9	0.5	0.6	0.0	0.0		0.4	7.3	1.4
Central Integrated Health Community	10.9	2.7	4.2	0.4	0.7	0.0	0.2		0.0	8.3	2.7
East Integrated Health Community	11.2	4.7	3.7	0.6	0.7	0.0	0.0		0.1	9.8	1.4
MHLD	4.2	1.1	0.1	0.1	2.5		4.1			7.9	-3.7
Womens Services	1.4	1.3	0.0	0.0						1.4	0.0
Diagnostic and Specialist Clinical Support	2.1	0.1		1.0					0.0	1.1	1.0
Cancer Services	1.6	0.4	0.9	0.0						1.3	0.3
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.1		0.0						0.1	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.6	0.0	1.5	0.0	0.0	0.0	0.0	0.0	4.1	-0.4
Reserves	4.0		0.4	0.9						1.4	2.6
Total Cash Releasing Savings	48.0	15.9	12.2	5.0	4.6	0.0	5.5	0.0	0.5	43.6	4.4
Accountancy Gains		0.2	2.2	2.0	1.2		1.8	0.6		8.1	-8.1
Total		16.1	14.4	7.0	5.8	0.0	7.2	0.6	0.5	51.7	-3.7

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	48.0	28.9	19.1	32.0	17.8	14.2
Non Recurring	0.0	22.8	-22.8		18.5	-18.5
Total	48.0	51.7	-3.7	32.0	36.3	-4.3



Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	56,261	66,114	9,853	56,261	66,114	9,853
Cancer	Biosimilar Initiation, switching	R	17,952	45,671	27,719	11,968	26,204	14,236
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	37,027	-2,129	26,104	34,842	8,738
Cancer	Medical Agency	R	83,865	96,551	12,686	57,381	70,719	13,338
Cancer	National agreed contracts for secondary care drugs	R	888,869	633,009	-255,860	547,549	452,880	-94,669
	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	2,781	-30,591	22,248	2,781	-19,467
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	9,750	1,950	-7,800
Cancer	Outsourcing savings (homecare)	R	325,110	157,427	-167,683	216,738	131,455	-85,283
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	660,000	660,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	258,000	258,000	0
Corporate	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
Corporate	DDaT - Hold on scanning patient paper records due to EPR review	NR	80,000	80,000	0	53,333	53,333	0
Corporate	DDaT - McAfee Subscription & CISCO DUO	R	66,590	66,590	0	42,376	42,376	0
Corporate	DDaT - Pay Savings	NR	241,887	241,887	0	235,531	235,531	0
Corporate	DDaT - Reduction in external storage of records - Oasis	NR	30,000	30,000	0	20,000	20,000	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	61,860	-18,912	80,772	61,860	-18,912
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	112,602	80,430	-32,172
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	47,416	47,416	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	285,667	285,667	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
Corporate	New Medacs Contract - Medical Bank & Medical Agency Optimisation	R	261,625	261,625	0	112,125	112,125	0
Corporate	Non recurrent vacancy slilage, Local Public Health team 24/25	NR	121,713	121,713	0	121,713	121,713	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	Staff savings opportunities 24/25	R	127,193	127,193	0	84,795	84,795	0
Corporate	VAT Recovery	NR	949,783	949,783	0	949,783	949,783	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	35,120	35,120	0
DSCS	LINC Project	NR	453,000	759,061	306,061	302,000	519,065	217,065
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	25,537	25,537	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	36,490	36,490	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	11,975	11,975	0
DSCS	Toxicology Service	R	29,202	29,202	0	19,468	19,468	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	196,351	19,635	157,081	157,081	0
Estates	Disposal of Ala Road	R	60,738	13,492	-47,246	33,745	0	-33,745
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	2,760	2,760	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	1,171,319	633,046	420,133	801,361	381,228
HC - Centre	CAMHS Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	365,322	365,322	0
HC - Centre	CAMHS OOA Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	12,728	12,728	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	32,665	32,665	0
HC - Centre	Continuing Health Care (CHC) AG	NR	220,000	220,000	0	220,000	220,000	0
HC - Centre	Continuing Health Care Schemes	R	734,000	734,000	0	489,336	618,134	128,798
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	435,429	-245,385	340,407	95,022	-245,385
HC - Centre	DOAC prescribing	R	1,353,976	1,338,370	-15,605	1,132,555	1,119,256	-13,299
HC - Centre	Dressings review	R	80,000	18,769	-61,231	53,333	18,769	-34,564
HC - Centre	GMS Accountancy Gain	NR	130,992	130,992	0	130,992	130,992	0
HC - Centre	LAC Income over-achievement	NR	200,000	200,000	0	133,332	133,332	0
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	105,296	-30,672	81,124	65,658	-15,466
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	251,797	-16,907	134,352	117,445	-16,907
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	57,431	18,935	25,664	44,929	19,265
HC - Centre	Optomisation of generic prescribing	R	121,666	109,910	-11,756	101,378	93,884	-7,494
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	6,668	6,668	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	33,332	33,332	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	163,942	163,942	0
HC - Centre	Polypharmacy medication reviews	R	300,000	575,382	275,382	200,000	447,302	247,302
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	90,288	12,301	-77,987
HC - Centre	Review of Blood glucose test strips, optomise product selection	R	40,084	68,905	28,821	15,416	56,009	40,593
HC - Centre	Scriptswitch & Optomise savings	R	250,000	750,035	500,035	166,667	312,515	145,848
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountancy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountancy Gain - Renal PO	NR	83,000	83,000	0	83,000	83,000	0
HC - East	Accountancy Gain - ED PO	NR	24,091	24,091	0	24,091	24,091	0
HC - East	Accountancy Gain - Locum Medical Surgery	NR	51,083	51,083	0	51,083	51,083	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	240,000	0	160,000	165,538	5,538
HC - East	Biosimilar Initiation, switching	R	442,735	154,021	-288,714	199,931	59,801	-140,130
HC - East	Catering Consumables	R	92,169	92,169	0	59,501	59,501	0
HC - East	Cease inco sheet usage	R	4,215	4,215	0	2,529	2,529	0
HC - East	CHC Cost containment	R	604,512	600,000	-4,512	404,512	448,041	43,529
HC - East	Childrens - Medical Agency Reduction	R	250,000	339,046	89,046	166,667	259,046	92,379
HC - East	Childrens CHC Package Review	R	120,000	120,475	475	90,000	90,475	475
HC - East	Continuing Health Care (CHC) AG	NR	150,000	150,000	0	150,000	150,000	0
HC - East	DOAC prescribing	R	1,489,958	1,470,386	-19,572	1,280,807	1,268,797	-12,010
HC - East	Dressings review	R	60,000	10,778	-49,222	40,000	10,778	-29,222
HC - East	GMS Accountancy Gain	NR	209,465	209,465	0	209,465	209,465	0
HC - East	Increase of catering income	R	88,698	88,698	0	59,128	59,128	0
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	349,858	-142	232,000	233,858	1,858
HC - East	Medical Agency Reduction - Community Services	R	261,163	261,121	-42	174,109	182,471	8,362
HC - East	National agreed contracts for secondary care drugs	R	157,451	125,789	-31,662	94,999	95,512	513
HC - East	Nurse Staffing - Agency Reduction	NR	453,996	453,996	0	90,799	90,799	0
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	54,913	14,209	27,136	54,913	27,777
HC - East	Optomisation of generic prescribing	R	223,666	218,178	-5,488	188,295	184,768	-3,527



Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	Outsourcing savings (homecare)	R	118,128	156,627	38,499	59,064	116,409	57,345
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	7,511	7,511	0
HC - East	Polypharmacy medication reviews	R	350,004	720,885	370,881	233,336	549,826	316,490
HC - East	Portering Staffing	R	30,996	30,996	0	20,664	20,664	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	55,496	-4,504	40,000	35,496	-4,504
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	4,664	4,664	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	3,800	3,800	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	266,267	97,267	125,000	167,622	42,622
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	549,805	309,805	160,000	389,805	229,805
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	367,475	136,756	161,323	235,475	74,152
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	10,625	-86,059	64,456	10,625	-53,831
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	63,895	16,770	18,125	55,104	36,979
HC - East	Scriptswitch & Optimise savings	R	350,004	654,401	304,397	233,336	416,437	183,101
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	19,214	19,214	0
HC - East	Urology Scope Stacker	R	75,000	56,250	-18,750	37,500	18,750	-18,750
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	125,608	-118,961	159,336	57,375	-101,961
HC - West	BCU Accommodation for CHC West team	R	9,876	9,876	0	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	232,948	63,034	99,620	163,277	63,658
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	126,000	-8,088	77,468	82,000	4,532
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	66,667	66,667	0
HC - West	Continence Products	R	50,000	16,664	-33,336	33,336	0	-33,336
HC - West	Continuing Health Care (CHC) AG	NR	434,469	434,469	0	434,469	434,469	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	1,440	1,440	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	97,000	500	75,780	89,000	13,220
HC - West	DOAC prescribing	R	1,095,519	1,092,202	-3,317	842,677	823,285	-19,392
HC - West	Dressings review	R	30,000	3,329	-26,671	20,000	3,329	-16,671
HC - West	Flexible Job Plan Sessions	NR	83,603	83,603	0	41,801	41,801	0
HC - West	GMS Accountancy Gain	NR	162,857	162,857	0	162,857	162,857	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	195,000	-53,000	156,000	127,000	-29,000
HC - West	Grip and control measures - pay SDEC	R	241,500	165,000	-76,500	103,500	71,000	-32,500
HC - West	Home Enteral Tube Feeding (Ancillary items)	NR	20,000	20,000	0	13,328	10,000	-3,328
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	90,000	0	0	0	0
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	262,000	27,896	196,436	174,000	-22,436
HC - West	Increase of catering income	R	218,024	267,500	49,476	145,344	173,500	28,156
HC - West	Llandudno Decant - Pay	NR	150,000	188,000	38,000	133,333	132,000	-1,333
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	39,000	-41,000	40,000	24,000	-16,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	121,448	-44,407	99,979	95,093	-4,886
HC - West	Ophthalmology Private Patient Income	R	53,000	81,000	28,000	35,333	57,000	21,667



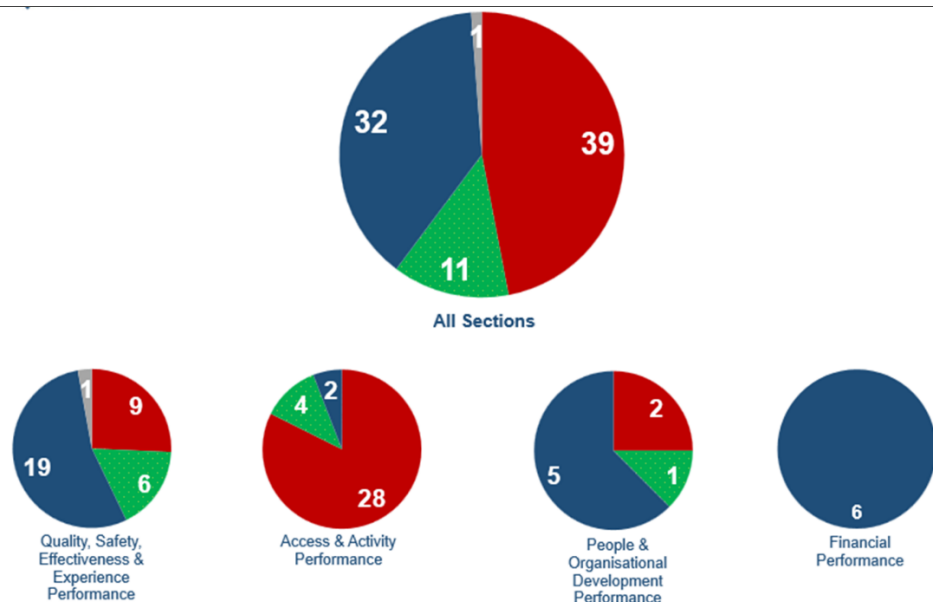
Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	88,510	57,710	20,533	83,477	62,943
HC - West	Optomisation of generic prescribing	R	107,361	98,577	-8,784	90,425	84,561	-5,864
HC - West	Outsourcing savings (homecare)	R	28,893	61,823	32,930	19,262	56,306	37,044
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	542,614	292,614	166,667	395,557	228,891
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	139,000	-47,000	100,000	53,000	-47,000
HC - West	Residential Accommodation rental increase (West)	R	65,416	65,416	0	21,805	15,483	-6,322
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	3,395	-44,761	32,104	3,153	-28,951
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	64,477	40,102	9,375	53,493	44,118
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	16,000	-8,024	16,016	12,000	-4,016
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	371,000	211,000	80,000	231,000	151,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	320,000	60,000	67,667	202,000	134,333
HC - West	Scriptswitch & Optomise savings	R	200,000	578,362	378,362	133,333	308,460	175,126
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	518,842	-142,158	440,667	354,710	-85,957
MH&LDS	Continuing Health Care (CHC) AG	NR	220,000	220,000	0	220,000	220,000	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	64,981	0	48,736	48,736	0
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	47,921	47,921	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	21,969	-49,996	28,753	15,722	-13,031
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	50,833	-10,163	40,664	30,500	-10,164
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	254,388	-0	169,592	151,137	-18,455
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	4,132,726	-1,317,818	2,422,728	1,104,910	-1,317,818
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	124,128	0	82,752	0	-82,752
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	1,555,556	1,537,989	-17,566
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	7,032	7,032	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	15,289	15,289	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	8,079	8,079	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	26,839	26,839	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	40,023	9,001	17,964	31,534	13,570
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction	NR	11,400	11,400	0	7,600	7,600	0
Midw & Womens	Womens BFI Accreditaion	NR	11,400	11,400	0	7,600	7,600	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	58,425	-6,651	43,384	26,133	-17,251
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	658,594	391,941	252,209	494,254	242,045
Midw & Womens	Vacancy Factor	R	500,000	529,685	29,685	333,333	353,122	19,789
Primary Care	Accountancy Gain - Integrated Clinical Delivery	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
Subtotal			41,998,227	43,294,573	1,296,346	29,920,787	30,597,077	676,290
Procurement			1,208,051	1,361,895	153,844	733,855	931,618	197,763
Close of PO's AG			756,249	756,249	0	756,249	756,249	0
Enhanced mileage rates			229,230	309,490	80,260	152,820	233,080	80,260
Enhanced Recruitment Control Savings			2,272,251	5,967,733	3,695,482	2,272,251	3,749,364	1,477,113
Telephone Line Rental			12,914	12,981	67	8,609	8,650	41
Total			46,476,922	51,702,921	5,225,999	33,844,571	36,276,038	2,431,467





Teitl adroddiad: Report title:	Integrated Performance Report, Month 7 Performance.
Adrodd i: Report to:	Health Board
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 28 November 2024
Crynodeb Gweithredol: Executive Summary:	<p>This report relates to Month 8, 2024/25</p> <p>The Health Board signed off the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023 one of a trilogy of new frameworks intended to drive the strategic objectives of the Health Board. The IPF will be used in conjunction with the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF). The Framework will align with the Quality Surveillance Strategy as it is developed.</p> <p>The purpose of the Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none">1. Key deliverables from the Annual Plan (IMTP)2. NHS Wales Performance Framework (Quadruple Aims)3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures. <p>The Health Board has a number of measures rated monthly and included within this report, the below graphic indicating a number of these measures are off target.</p>



We also reflect the Health Board's current level of performance escalation with Welsh Government within the framework; the approach will be subject to review should escalation levels change.

The Performance Directorate has been working with our partners across the organisation, oversight provided the Executive Delivery - Integrated Performance Group (IPG) in the development of locally defined metrics and these have now been included in the IPR, specifically in the Quality and People & Organisational Development domains.

Performance is RAG rated against the targets set within the NHS Wales Performance Framework, set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories as submitted and agreed by Welsh Government have also been included.

Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report, the report composition articulating the following;

- Within the escalation section, an initial high-level one-page summary that highlights key performance across the four quadrants, followed by escalation pages to further articulate performance within the escalated metrics.
- A brief introduction to the Performance report to include a key for rag rating and Statistical Process Control (SPC) charts.
- The further reporting contains all of the metrics by domain, so members can review performance against all metrics reported.

The intention of the report structure is to enable members to identify key escalations from sub-committees of the Health Board, whilst

	<p>enabling oversight of the current reported metrics. The key performance indicators utilised are the nationally required metrics, and local metrics that give greater insight into understanding current performance (through Executive forums & Committees).</p> <p>We are moving towards greater ownership by committees of the measures included within the escalation section of the report for Health Board, with areas of good practice also to be included within this section. The Performance team continue to work with the Health Board to embed the endorsed Integrated Performance Framework. These arrangements include putting in place formal and informal integrated (accountability) review structures, and escalation / de-escalation mechanisms.</p> <p>The Performance Directorate is working with corporate and operational leads in developing the triangulation of Performance, Quality and Workforce intelligence at the individual metric level. This is an ambition of the Intelligence-led Organisation agenda and supported by NHS Wales Executive.</p>			
Argymhellion: Recommendations:	<p>The Health Board is asked to:</p> <p>Review the contents of the report and propose any actions arising from the report, or identify any additional assurance work or actions it would recommend Executive colleagues to undertake.</p>			
Arweinydd Gweithredol: Executive Lead:	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
Awdur yr Adroddiad: Report Author:	<p>Stephen Powell, Director of Performance & Commissioning Ed Williams, Deputy Director of Performance</p>			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input checked="" type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing</i></p>	<p>Rhannol <i>Partial</i></p> <input checked="" type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

	<i>mechanisms / objectives</i>	<i>mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>		
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.</p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>This report will be available to the public once published for Health Board.</p>	
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>N</p> <p>The Report has not been Equality Impact Assessed as it is reporting on actual performance.</p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>N</p> <p>The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.</p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.</p> <p>Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Acting Director of Performance.</p> <p>References to Corporate Risks have been made in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology)</p>	

	24-13 Timely Diagnostics
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	The delivery of the performance indicators within our IPR will directly/indirectly impact upon the financial recovery plan of the Health Board.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	The delivery of the performance indicators within our IPR will directly/indirectly impact on our current and future workforce.
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>This report has been reviewed by Executive Team.</p> <p>The full report has been reviewed by the Director of Performance and Commissioning, and the Executive Director of Finance & Performance.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>The Director of Performance is working with the Head of Risk Management to develop linkage from this report into the Corporate Risk Register and eventually Board Assurance Framework (BAF) once objectives have been set. Several corporate risks remained to be approved this month however the draft risks have included the rationale and evidence from the Director of Performance.</p> <p>References to Corporate Risks are included in the body of the report, where applicable.</p> <p>24-04 Failure to Embed Learning 24-05 Financial Sustainability 24-10 Urgent and Emergency Care 24-11 Planned Care 24-12 Areas of Clinical Concern (encompasses ophthalmology and dermatology) 24-13 Timely Diagnostics</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol</p> <p>Not applicable.</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p>	

Implementation of recommendations: Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described.

The Integrated Performance Report will undergo further development through the remainder of 2024-25 to reflect the new NHS Wales Performance Framework 2024-25.

Rhestr o Atodiadau:

List of Appendices: 2

1: Summary of Report

2: Integrated Performance Report in PDF

Appendix 1 Summary of Report

Committee: Health Board

Report title: Summary of Integrated Performance Report

Report Author: Director of Performance and Commissioning

1. Introduction

The Performance Directorate continues to develop and refine the performance report for the Health Board, the key aim being to enable focus to be placed upon areas of high performance or those metrics requiring improvement, with the 'Integrated Performance Report' including a section summarising the areas requiring escalation for Board members, divided into the following four quadrants;

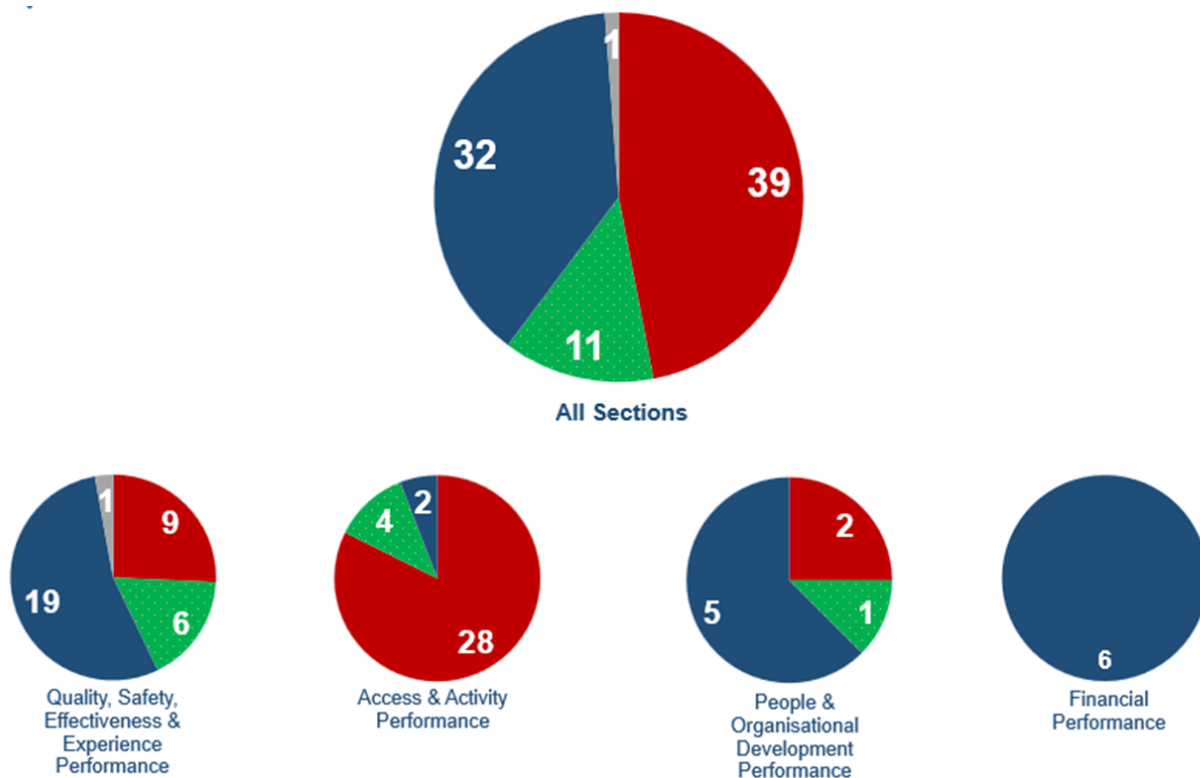
- Quality (Safety, Effectiveness & Experience) Performance
- Access & Activity Performance
- People & Organisational Development Performance
- Financial Performance

This structure enables an 'at a glance' view of the main concerns or message of the report through review of the initial one-page summary that is split into four quadrants, with the further slides contained within this escalation section articulating in more detail the current performance and actions being taken to support improvements. This should be the area of most focus in the report.

This structure enables an 'at a glance' view of the main concerns or message of the report. Following the summary quadrant page, there is a page on each section providing more detail about the measures escalated. This should be the area of most focus in the report.

This report reflects performance against the NHS Wales Performance Framework for 2024-25. Furthermore, it includes several locally defined metrics within the Quality and People & Organisational Development domains.

2. Overall Summary



Of the measures from the NHS Wales Performance Framework included in the report, 11 are on target, 39 are off target. It remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

A prioritisation of the metrics off plan has been used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term. This summary report will indicate some key elements from our quality, our access and activity, our people and our finance as seen within the Health Board.

3. Key outputs from oversight of Access & Activity Performance

3.1 Quality (Safety, Effectiveness & Experience) Performance

(Corporate Risk 24-04 Failure to Embed Learning)

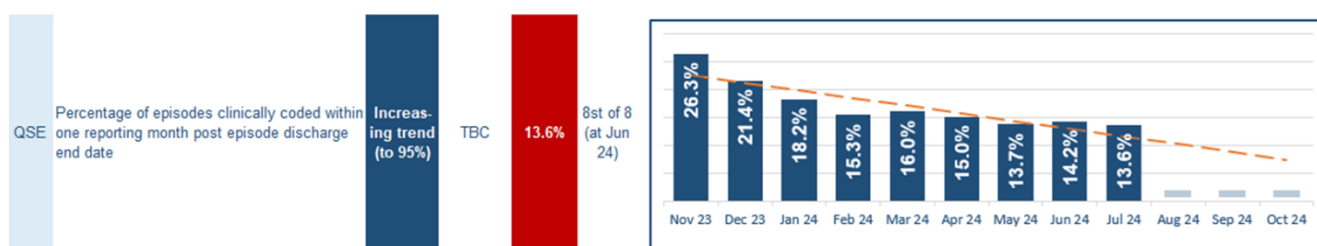
The key areas highlighted centre upon: -

No new never events were reported in the period between 01.07.2024 and 31.10.2024.

In July 2024, the Integrated Performance Executive Delivery Group (IPEDG) enacted the escalations process within the Integrated Performance Framework 2023-2027 to put performance against National Reportable Incidents & Complaints measures in escalation and targeted for improvement in performance. BCU HB plans for improvement target compliance with the 75% closures within 30 days rate by 14th October 2024 has been achieved with an overall BCU HB rate of 75.6%.

Infection rates remain above predicted trajectories. The Infection Prevention Team are ensuring learning from post infection reviews is cascaded and improvement monitored through local infection prevention groups and delivering a robust audit programme, alongside increasing awareness through promotional campaigns with a new campaign (“HABITS”) being established to further engage staff, patients and public.

Clinical coding compliance remains a risk. The main cause was staff vacancies and absence experienced across the Health Board. Whilst new staff have commenced in post (July 2024) and use of agency is being commissioned, the data informs us that the position is stabilising and we should start to see it slowly improve as we move into the final quarter of 2024-25. As reported previously however, it will be late into 2025-26 before the position is fully recovered. Work with Welsh Patient Administration System (WPAS) Operational Steering Group is ongoing to improve availability of electronic records to enable some remote working opportunities starting with theatre operation sheets.



3.2 People & Organisational Development

(Corporate Risk 24-01 People, Culture and Wellbeing)
 (Corporate Risk 24-1 Leadership / Special Measures)

The key areas highlighted centre upon:-

Turnover rates of nursing and midwifery staff remains around the 1.7% mark having fluctuated between, 1.5% and 1.9% since April 2024. Sickness absence has returned to winter 2023 levels at 6.3%, with stress and other mental health issues continuing to be the main reason for sickness absence. The percentage rate of agency spend as a proportion of the total pay bill remains static at 4.6% July.

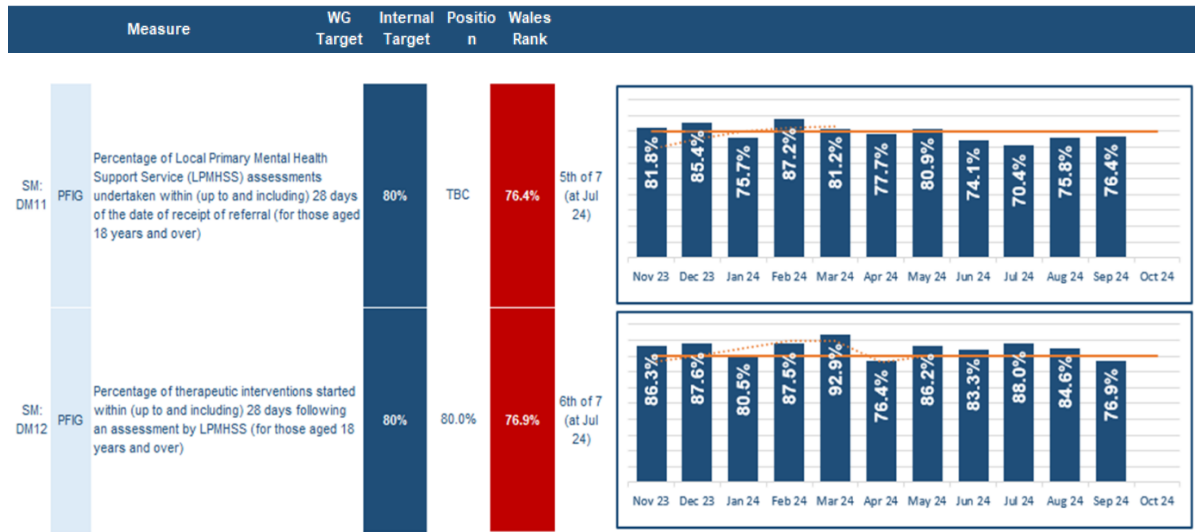
3.3 Access & Activity Performance

The key areas highlighted centre upon:-

This section contains the greatest number of measures within the report, at 34, noting BCUHB is achieving the target for 4. This remains a very concerning picture; however, members are asked to note performance is measured on All Wales criteria that many Health Boards are finding difficult to achieve. The Health Board continues to invest significant time and energy in seeking to improve performance. Implementing additional oversight and escalation within the Planned Care space (the Chief Executive continues to Chair a weekly oversight and escalation meeting).

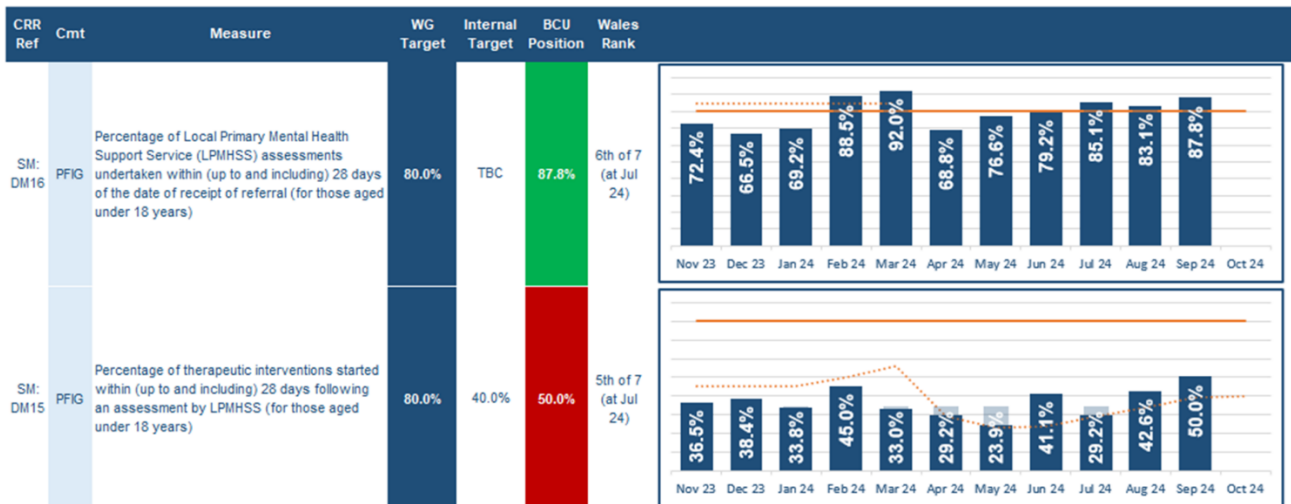
3.3.1 Adult Mental Health Measures Performance

After the predicted dip in performance in April 2024, as of July 2024, performance is recovering but yet to achieve 80% target rate as posited. Overall BCUHB performance has not been able to sustain performance above the 80% target rate with regards to therapeutic interventions.

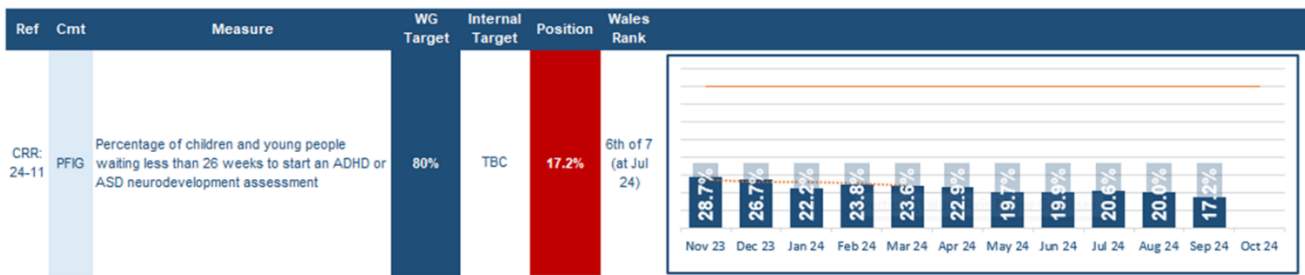


3.3.2 Children’s & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

Performance against the measures have improved since July 2024. Compliance for Part 1a is at 87.6% (highest level since March 2024) and Part 1b performance continues to demonstrate sustained improvement and although well below the 80% target rate, at 50% is the highest it has been in at least 18 months.



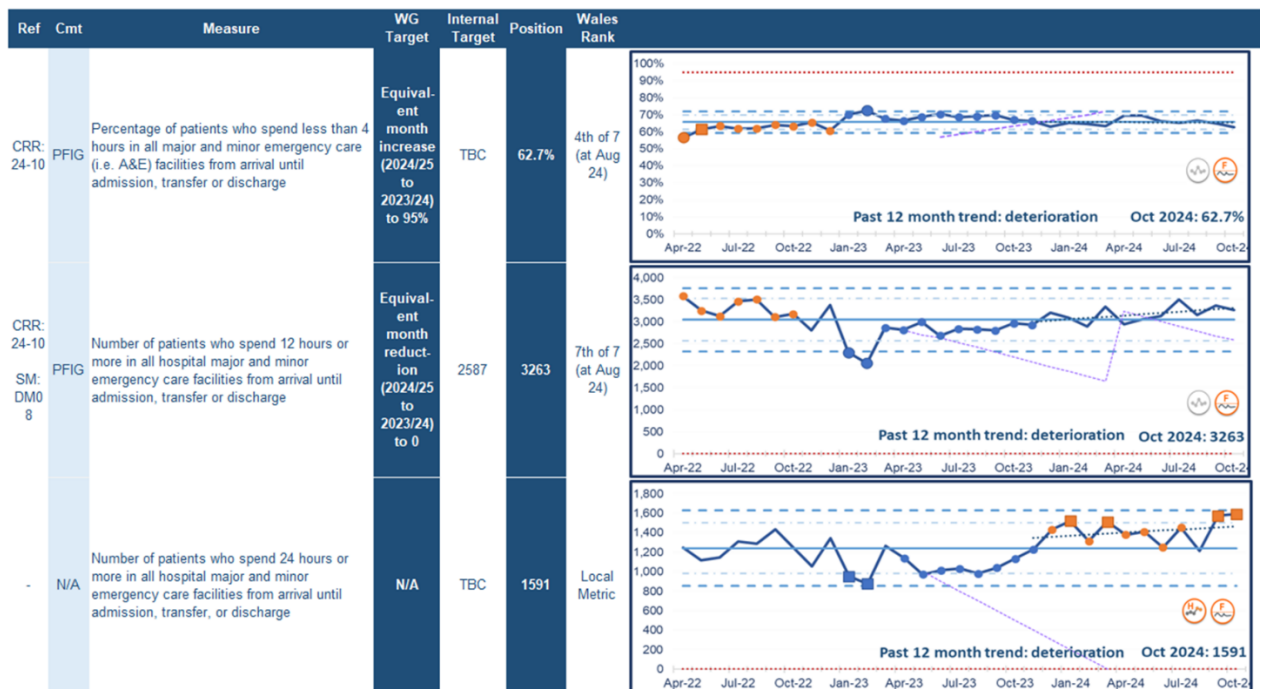
Unfortunately, the improvement seen in Neurodevelopment waiting time compliance has not been sustained and at 17.2%, is now at the lowest level in over 18 months. Performance issues in this space is reflected across the national footprint and is topic of UK wide discussions for solutions.



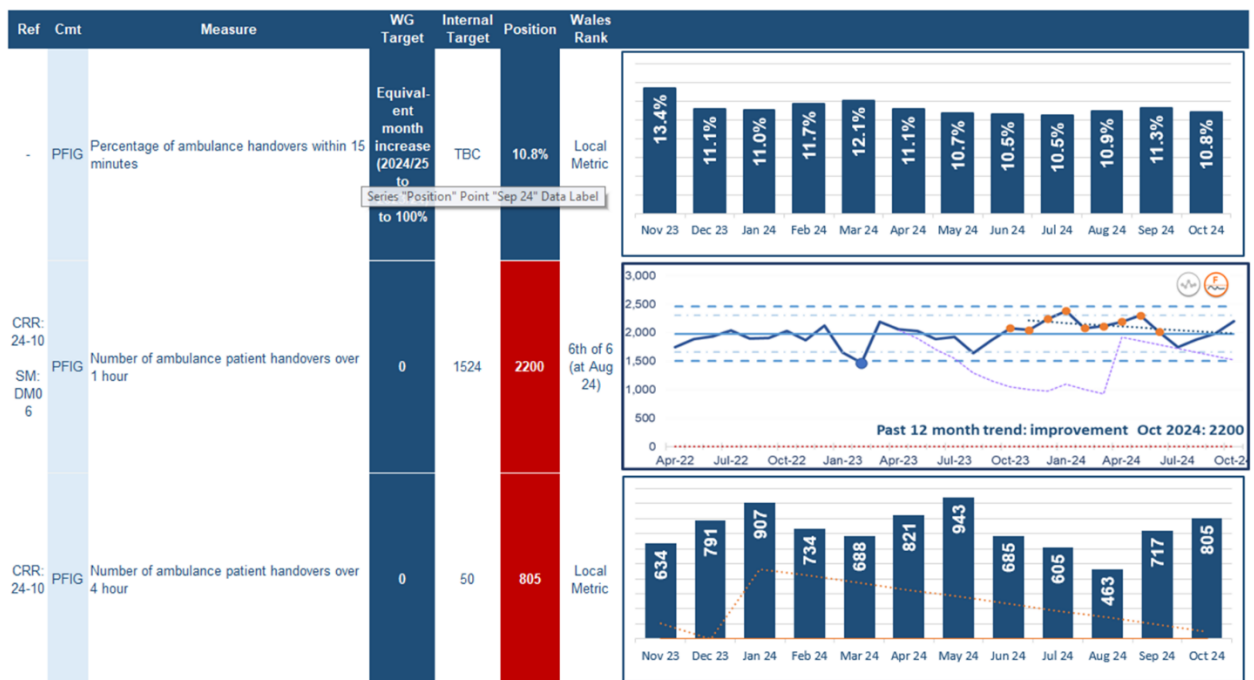
3.3.3 Urgent & Emergency Care Performance (Corporate Risk 24-10 Urgent and Emergency Care)

Despite efforts, performance through quarter 2 and into quarter 3 of 2024-25 has started to deteriorate with 62.7% of patients experiencing waits under 4 hours in our Emergency Departments.

The number of patients experiencing waits of over 12 hours has shown a slight decrease since July (3,506) with 3,263 patients recorded in October. This is on a par with the same period the previous year. Unfortunately, there has been a consistent and significant increase in the number of patients experiencing waits of 24 hours or more within our emergency departments, 1,591 in October, compared to approx. 1,100 in October 2023.



Ambulance handover delays also remain a concern as, after improvements seen in July and August, performance against the 15-minute, 1 Hour and 4 Hour targets have since continued to deteriorate, as shown in the graph below.



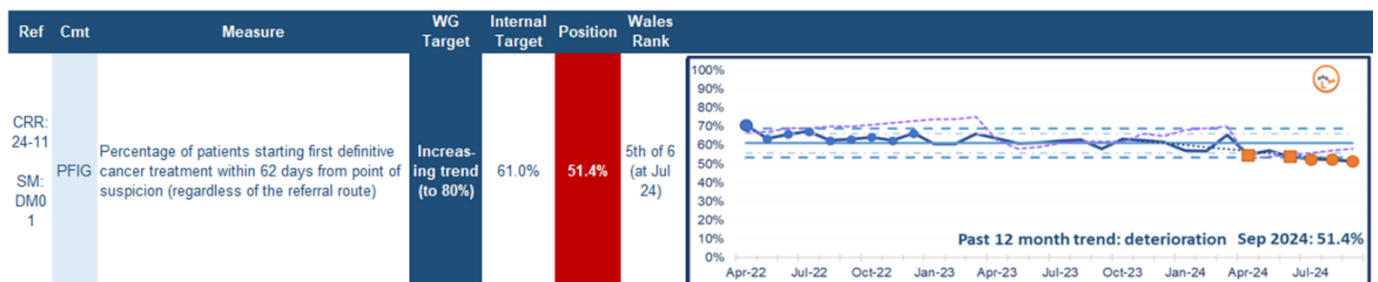
Urgent and emergency care performance remains an area of focus for the Health Board and in October, the Interim Chief Operating Officer has implemented a 12-week improvement plan from which improvement in performance should be seen in the next iteration of the Integrated Performance Report for Health Board, in January 2025.

3.3.4 Planned Care Performance

(Corporate Risk 24-11 Planned Care)

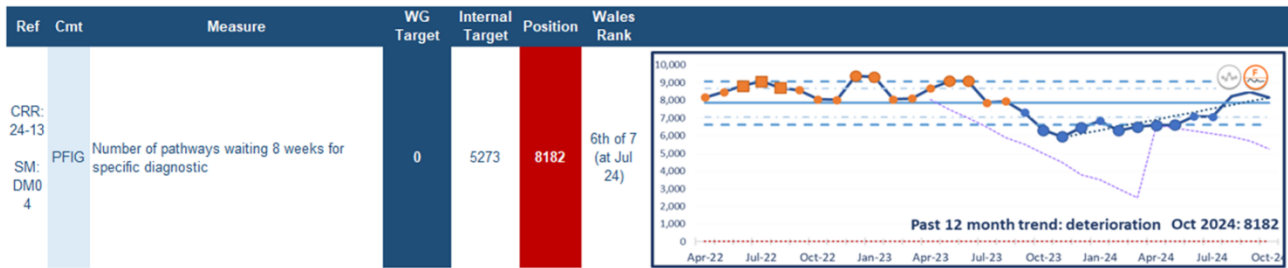
(Corporate Risk 24-13 Timely Diagnostics)

Performance against the single cancer pathway (SCP) target remains fragile, with performance consistently decreasing since March 2024, to 51.4% reported for September 2024. This is below both the Welsh Government target rate, and our improvement trajectories. Delays in implementing insourcing and outsourcing solutions in Endoscopy and dermatology are the cause in being off our internal improvement trajectories. However, these issues have now been resolved and improvement should be visible in the next Integrated Performance Report to Health Board in January 2025.



Since July 2024, the number of patients waiting over 8 weeks for a diagnostic test has increased to 8,182 (down from 8,500 in September). Reasons for the increase include significant increase in demand, particularly radiology and Endoscopy and a lack of

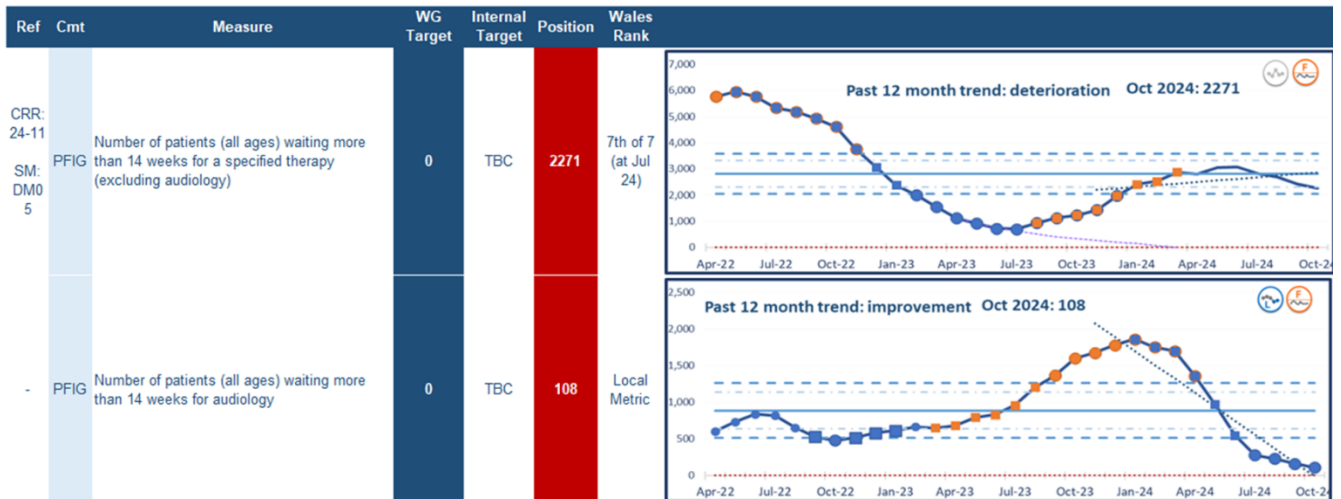
endoscopy capacity since April 2024. However, the Health Board has re-engaged the market and endorsed placement of over £5m of contracts for insourcing support for this area through utilisation of Planned Care resources. The forecast impact being to reduce these waits for over 8 weeks to 3,000 patients as of 31st March 2025. It is of note this doesn't achieve the Welsh Government targeted improvements by December 2024, but is a realistic and challenging target for the service to deliver when the increase in demand is taken into consideration.



The number of patients experiencing waits over 14 weeks for therapy interventions has continuously reduced since June 2024, however 2,271 patients remain waiting over 14 weeks. Main pressures in Physiotherapy include high number of vacancies, accommodation capacity in Central and East and increased demand.

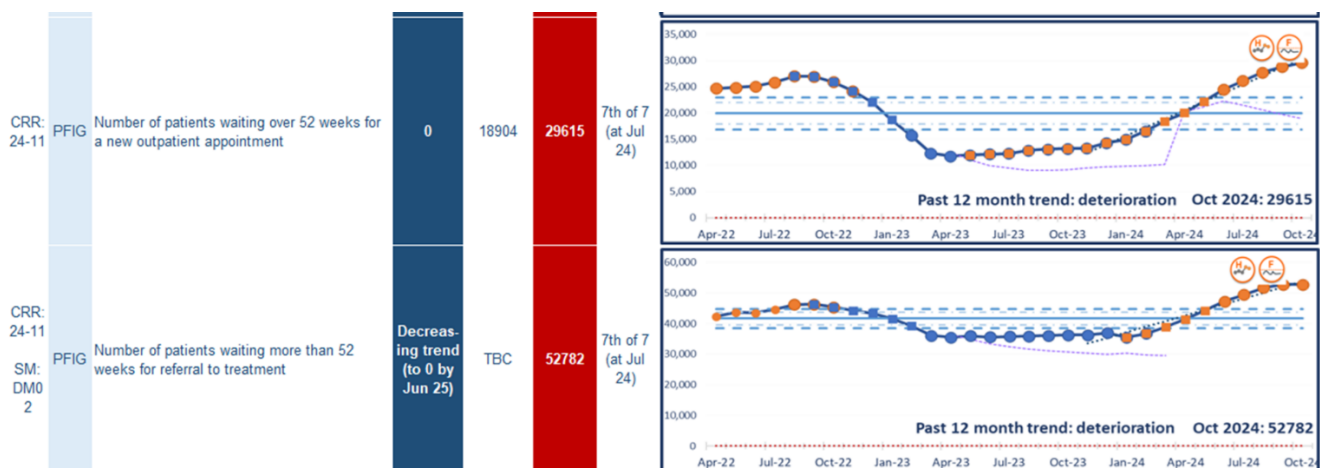
The service has reviewed models deployed through other Health Boards and has developed models that will positively impact and seek to reverse this trend in future months.

In Audiology, the number of patients experiencing waits over 14 weeks has significantly improved, from 969 in May to single figures in October and it is forecast that there will be no breaches going forward.



The number of patients waiting over 52 weeks for a new outpatient appointment has been increasing since April of 2023. Performance against this measure is an escalation for the health board, with improvements centring upon clinics adopting Treat-in-Turn methodology and targeting patients seen in clinic at Get It Right First Time (GIRFT) numbers, with greater oversight and the setting of booking rules to deliver improved productivity. Recruitment to

the outpatient's validation and centralised booking team has been completed and improvements are targeted before the end of the 2024/25 financial year.



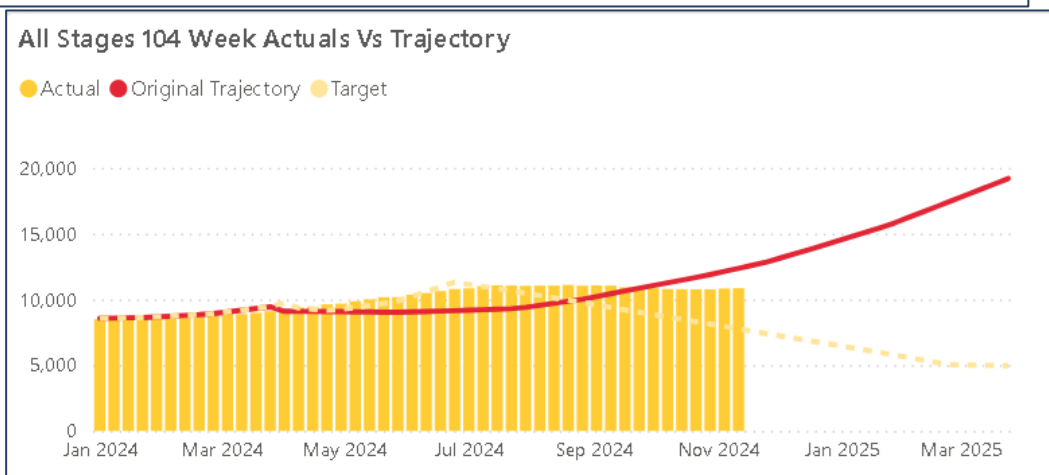
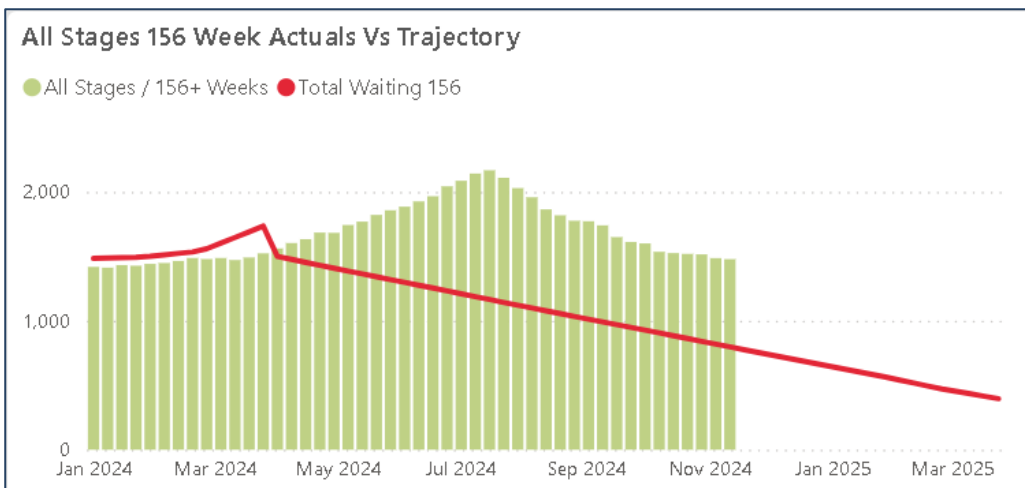
Throughout 2023-24 there was a substantial amount of work undertaken to place focus upon longer waits. The aim is that 208 weeks waits will be eradicated by the end of January with all patients being booked for treatment. As focus was on the 208 and over, patients waiting over 156 weeks and 104 weeks have seen a slight increase due to the focus on the extreme waits which we have begun and continue to tackle in earnest through 2024-25.

Patients experiencing extreme waits and improved Planned Care performance

This section places focus upon patients waiting in excess of 156 weeks for treatment and patients waits exceeding 104 weeks across all stages 1 to 4 of treatment (1 – New first outpatient appointment, 2 – Diagnostic, 3 – Decision to treat or discharge and 4 - Procedure).

Escalation meetings (Chaired by Chief Executive) with a further weekly Planned Care Delivery Group Chaired by the Executive Director of Finance (IHC leadership and key operational officers in attendance) were initiated, with focus was placed upon (a) prioritisation using treat in turn (b) improve utilisation/productivity (c) identify solutions through premium working (d) validation.

The Health Board has seen a reduction in extreme waits (week on week) and reversal of a trend that was increasing to that of a 40% reduction in patients waiting over 156 weeks, with patients waiting over 104 weeks across all stages remaining static, with substantial benefits from measures described above (as depicted within the two charts below);



Whilst there is measurable improvement, there remains much to do in delivery of sustained improvement and a need for continued oversight and escalation. However, Operational teams are delivering the improvements, with focus continuing within development of speciality demand and capacity models that is expected to drive productivity gains and enable treatment of more patients within our in-house capacity. The Health Board continues to utilise premium working whilst these models are developed across the Health Board.

The Health Board continues to develop the route to delivery of 5,000 patients waiting at close of March 2025 beyond 104 weeks (currently in excess of 10,000) for their treatment with this the target included within revision to plans submitted in May 2024. In the interim, Welsh Government have requested further plans on delivery and possibly improvement on this position should additional funds be available to distribute. A submission has been made and the modelling and progress on discussion with Welsh Government will be shared with the Performance, Finance and Information Governance Committee for oversight.

3.3.5 Summary

The Health Board are targeting use of Planned Care Funds, with the intention of eradication of over 156 week waits and improvements in 104-week waiters, also substantially improving 8 weeks to diagnostic. With further targeted interventions within outpatients (new and follow up) seeking to improve waiting times for patients.

In 2024-25, the Health Board continues to face many challenges and continues to meet these challenges through (a) enhanced utilisation of in-house capacity (b) validation of

patients waiting for procedures (c) implementation of Treat-in-Turn methodology and (d) engagement with the commercial sector to offer short term solutions to capacity shortfalls. However, the level of delayed pathways of care continued high emergency demand increased to compound system flow pressures, medical outliers driving continued use of agency and adversely impacting upon capacity to service elective care, with potential impacts upon quality of care.

The Health Board key areas of challenge, centre upon: -

- Patient flow (emergency departments, and delays to discharge)
- Ambulance handover times and performance
- Delivery of planned care recovery
- Achievement of cancer standards

However, the Health Board are targeting use of Planned Care Funds, with the intention of eradication of over 156 week waits by December 2024 and improvements in 104-week waiters (delivering on the May submission of having 5,000 at close of the financial year). Also, to substantially improve timely access to diagnostic tests. With further targeted interventions within outpatients (new and follow-up) seeking to improve waiting times for patients.

3.4 Financial Performance (Month 8)

(Corporate Risk 24-05 Financial Sustainability)

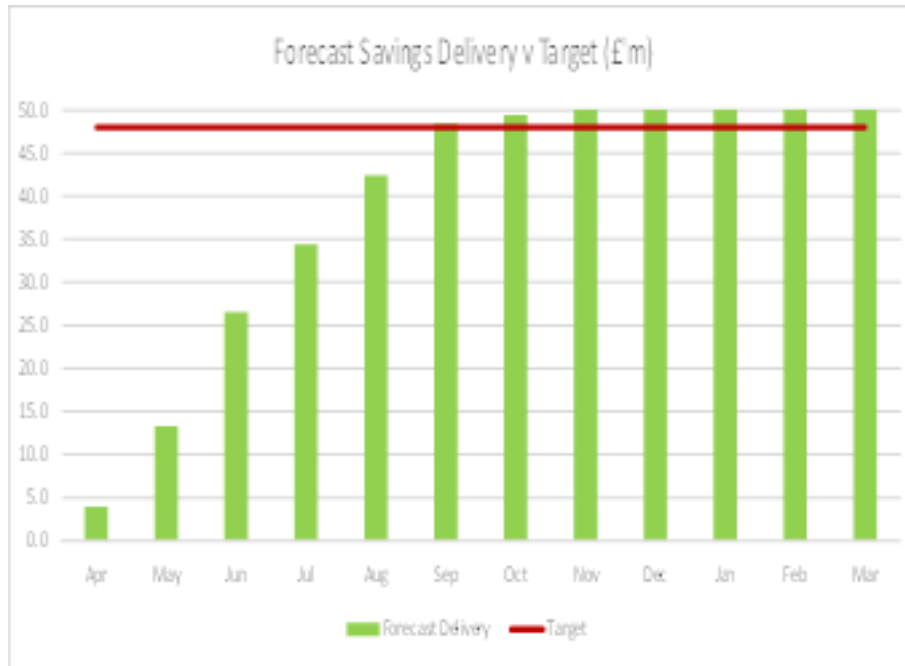
The 2024/25 financial plan of a £19.8m financial deficit reflected the financial challenges from 2023/24 continuing into the new financial year, and impacted on the ability to achieve the key financial duty of financial balance, despite an uplift of funding within the 24/25 allocation. In November 24, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on the condition the planned deficit is reduced to £8.6m.

The November in-month position was £0.7m deficit over the planned deficit, with the plan increasing to a £5.8m surplus in month 8, as a result of the 8/12ths (£7.4m) of the new allocation. The in year additional pressures above plan are currently being reported as non-recurrent, and as agreed in the previous meeting IHCs have been asked to identify reductions in expenditure for the remainder of the financial year, to both recover the cumulative overspend above plan of £10.5m and provide headroom for any future cost over runs. As part of the 2025/26 annual financial planning cycle, a full assessment of costs and the underlying deficit is being undertaken, which will be taken to the December Health Board.

Financial Position to date and forecast Position

	Actual Position									Forecast Position				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total YTD	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	(16.3)	(0.3)	2.0	2.5	3.5	(8.6)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(5.8)	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	(10.5)	0.4	2.7	3.2	4.2	0.0

Savings



The Health Board’s 2024/25 financial plan set a recurring savings target of £48.0m. The £48.0m target plan is profiled on an equal twelfth's basis.

Savings forecast to deliver £51.7m have been identified from a combination of Savings Schemes and Accountancy Gains, a forecast increase of £2.3m over the previous month. The full year effect of savings is £40.7m and further work is needed to increase the recurring savings by £7.3m. The focus has now moved on to containing cost overruns, and recovering the year to date deficit.

Savings delivered in Month 8 totalled £5.0m, of which £2.6m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute to the in-month delivery. Red and pipeline opportunities which still need further work to convert to Green Schemes total £1.0m.

4. Overall Summary

The Health Board continues to face challenge in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison) and in some instances attains national targeted levels (Adult Mental Health standards).

In addition, plans are developed through use of Planned Care Funds and 'treat in turn' to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

5. Appendix

Appendix 1 – Integrated Performance Report – to March 2024 (Finance to August 2024)



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Betsi Cadwaladr
University Health Board

Integrated Performance Report

Reporting Period: to 30.11.2024

Presented to

Performance, Finance & Information

Governance Committee

Monday, 23rd December 2024

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Performance Escalations Report



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A Summary of Escalated Performance Measures

Quality, Safety & Experience Performance

- No **New Never Events** reported since 31.07.2024.
- **National Reportable Incidents (NRIs)**: There were 8 new national reportable incidents reported in October 2024. This is a 74% reduction on the position in February 2024, when 34 were reported in one month.
- **Complaints**: Significant improvement in 30 day compliance at 75.6% (Target of 75%). Robust and efficient process in place to ensure improvements are sustained.

(The 3 points above are linked to Corporate Risk 24-04 Failure to Embed Learning)

- **Clinical coding compliance** remains a significant risk however the position is stabilising and we should start to see it improve over coming months, recognising that the position won't be fully recovered until late 2025-26.

For Information Only - Reported via Quality, Safety and Effectiveness Committee

People & Organisational Development Performance

- **PADR** rate has improved in year but has remained under the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard under development for the organisation.
- **Sickness absence rate** remains below 6.5% however has been steadily increasing over the last two months in line with seasonal variation.
- At 0.5%, **Turnover rate (staff leaving BCU)** for nursing aligned with the national and local retention work put in place with a dedicated retention lead coming on-board for the organisation funded by Health Education and Improvement Wales (HEIW).
- The continued focus on reduction of off-contract **agency spend** has seen a reduction to 3.1%, the lowest rate reported in the last 2 years. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

(Corporate Risk 24-01 People, Culture and Wellbeing)

(Corporate Risk 24-1 Leadership/Special Measures)

Access & Activity Performance

- **Referral to Treatment (RTT)**: Planned Care remains under escalation and intense executive support. Planned Care funds and additional WG funding is being utilised to eradicate 156 week breaches and to halve the number of 104 week breaches by 31.03.2025. (Corporate Risk 24-11 Planned Care)
- **Cancer**: Whilst below plan, latest figures have improved slightly. Use of Planned Care funds is expected to attain the Welsh Government ask of a 70% delivery by March 2025. (Corporate Risk 24-11 Planned Care)
- **Diagnostics waits over 8 weeks**: The number of patients experiencing waits over 8 weeks continues to increase due to delays in Endoscopy, Radiology and cardiology. (Corporate Risk 24-13 Timely Diagnostics)
- **Urgent & Emergency Care**: After the first month of a 12 week recent reset and refocus exercise in urgent and emergency care has seen improvements in all four special measure metrics, Delayed Pathways of Care, ambulance handovers and 123 and 24 hour delays in emergency Departments. (Corporate Risk 24-10 Urgent and Emergency Care)

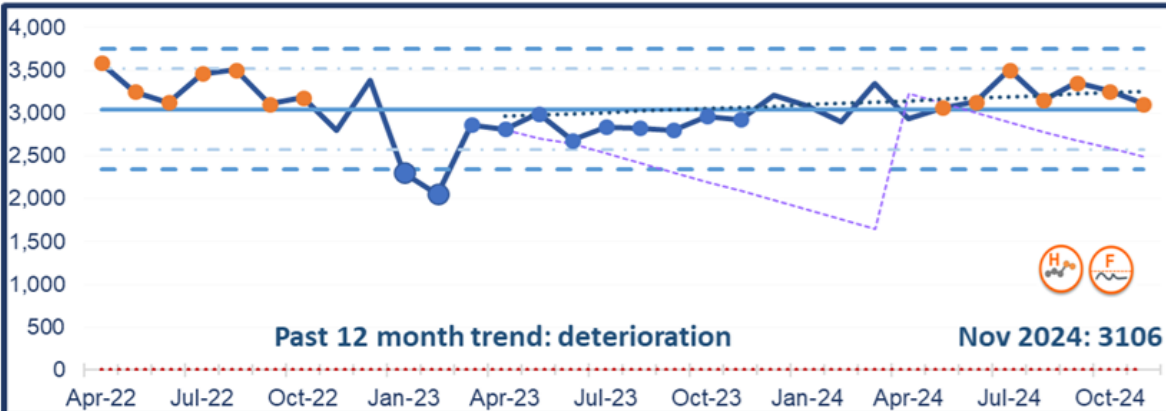
Finance (Corporate Risk 24-05 Financial Sustainability)

- Health Board has received an £11m recurrent allocation in month 8, in accepting this resource the surplus is required to improve to £8.6m (from £19.6m). This does NOT attain the key first duty to breakeven in year although close to the control target deficit of £20m.
- **The control total is now an £8.6m deficit**, following receipt of Welsh Government allocations specifically to support the underlying pressures.
- **Current position YTD adverse of £10.6m**, forecast risk to delivery of £20m. If the control total of an £8.6m deficit is not attained the £82m received non-recurrently in 2024/25 can be withdrawn in 2025/26.
- Expenditure forecasts need to be reduced by £20m to deliver the overall plan. If unable to improve forecasts, central controls and enhanced oversight will be needed to secure the £82m for next and future years. (losing the £82m catastrophic for the financial sustainability of BCUHB).

Access & Activity: Escalated Performance Measures Urgent & Emergency Care

The reset and refocus work within Urgent and Emergency Care through November has started to yield positive outcomes with all four Measures in escalation showing improvement. The challenge remains to maintain and sustain this improvement through the winter months.

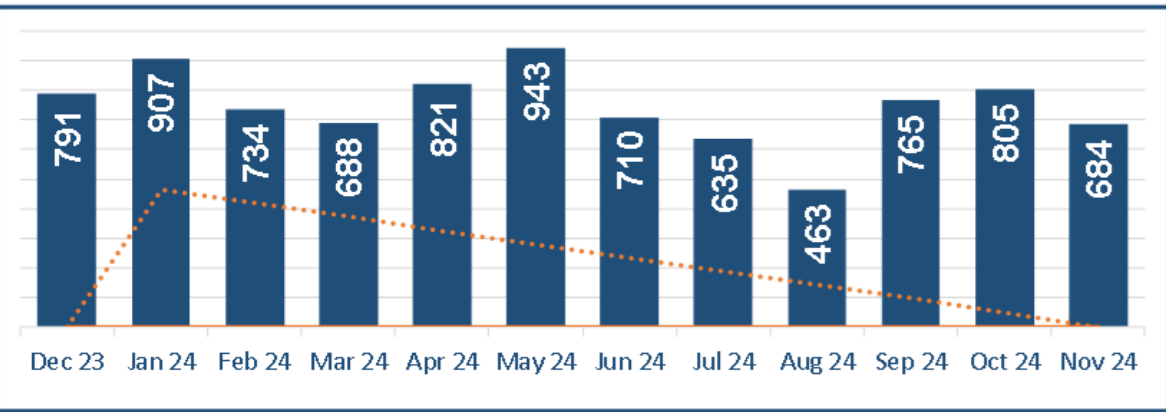
Number of 12 Hour Emergency Department Waits



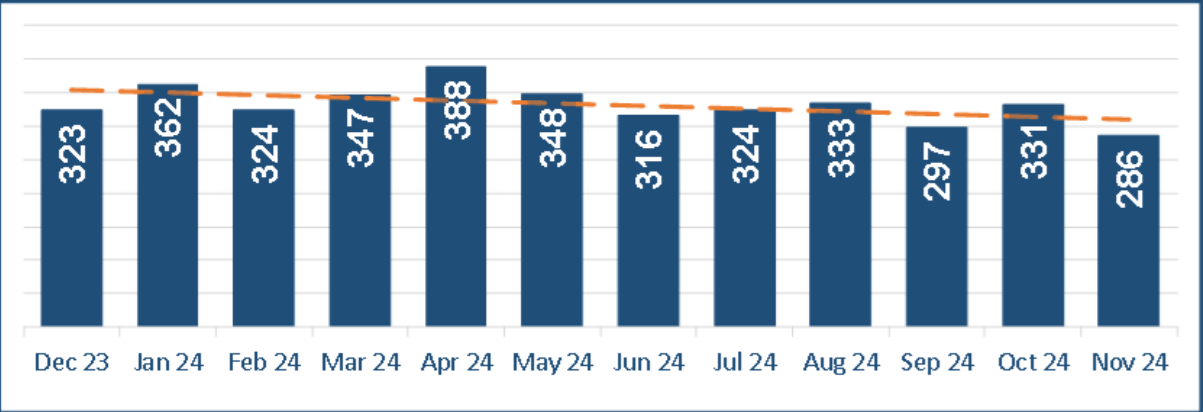
Number of 24+ Hour Emergency Department Waits



Number of 4+ Hour Ambulance Handover Breaches

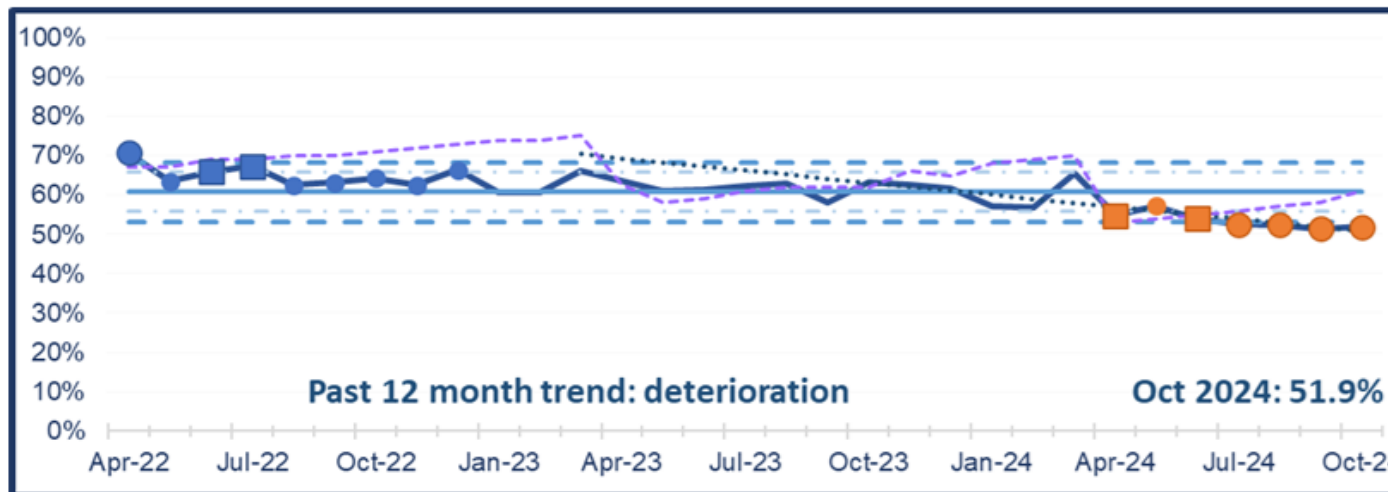


Number of Delayed Pathways of Care



Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

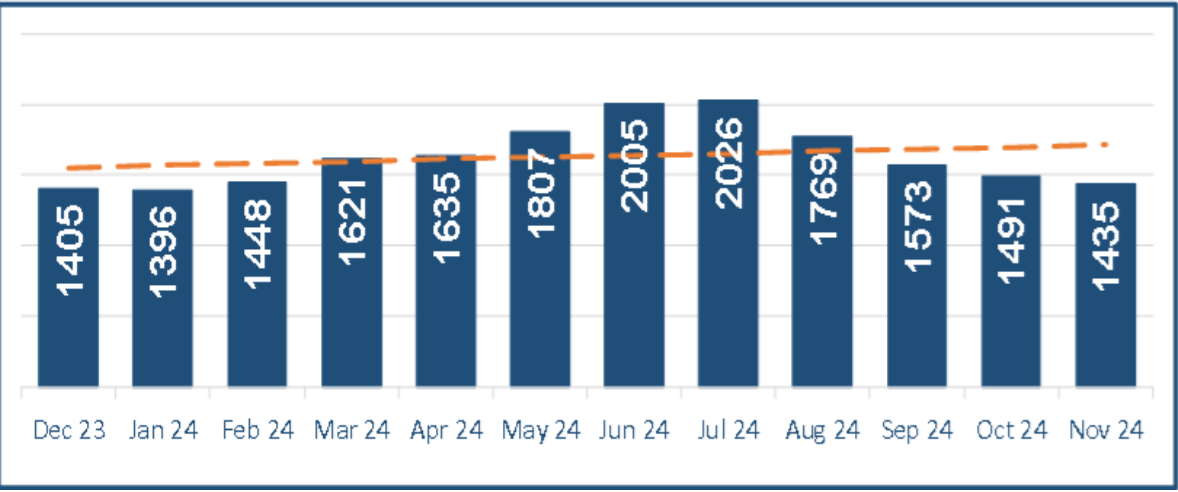
- Performance in October **improved** slightly to 52%; this is below trajectory and below threshold for de-escalation (4 months at 55%+).
- Performance is below trajectory due to less WLI activity than anticipated in particular in breast and skin.
- Over 62 day backlog remains high in particular skin (dermatology pressures) and lower GI (lack of endoscopy insourcing April to Sept); note improvements in urology and upper GI over 62 backlogs.



- **Breast:** Waits to first appointment reduced with some WLI activity and transfers of care between sites. Service remains fragile.
- **Colorectal and upper GI:** Endoscopy insourcing contract activity recommenced. retriage of waiting list underway with potential to move patients between sites to equalise waits. Funding secured in October for colorectal nurse-led triage on all 3 sites – implementation programme underway
- **Gynaecology:** BCUHB wide 2 stop PMB model agreed; project team working on implementation for 2025/26
- **Skin:** Clinical leads for dermatology appointed; appointment of Health Board wide managerial lead in progress. Teledermoscopy service in Central increased to 12 per clinic this month. East commenced in October. Current 60% discharge rate. Insourcing contract for West signed end of November 2024. Start date to be confirmed
- **Urology:** Prostate biopsy capacity increased through review of job plans – further increases sought. Major surgery continues to be outsourced. Ongoing discussions with potential partner closer to North Wales.

Access & Activity: Escalated Performance Measures

Number 156+ Weeks RTT

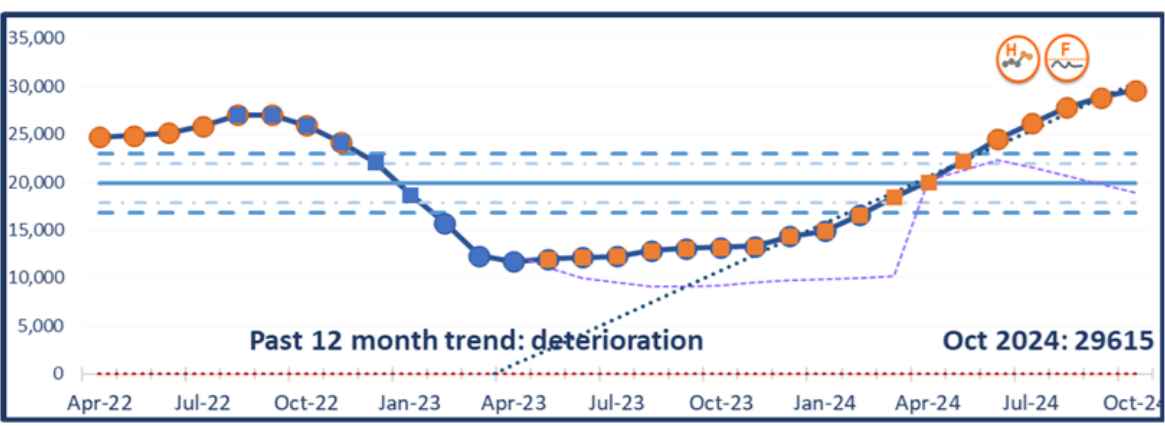


- Although not reducing as quickly as we would like, the number of patients experiencing waits of over **3 years (156 weeks)** is continuing to fall.
- The number of patients waiting between **2 and up to 3 years (104 weeks +)** has stabilised and is starting to fall. Additional funding has been ear-marked by Welsh Government to ensure that the number of patients waiting over 104 weeks will be halved by the end of March 2025.
- Whilst the focus of resources has been placed upon urgent suspected cancer, and urgent patients, together with reducing the number of patients experiencing extreme waits for treatment, it is inevitable that the number of routine patients waiting **more than a year for their first appointment** increases. However, the growth in this cohort is slowing down.

Number 104+ Weeks RTT



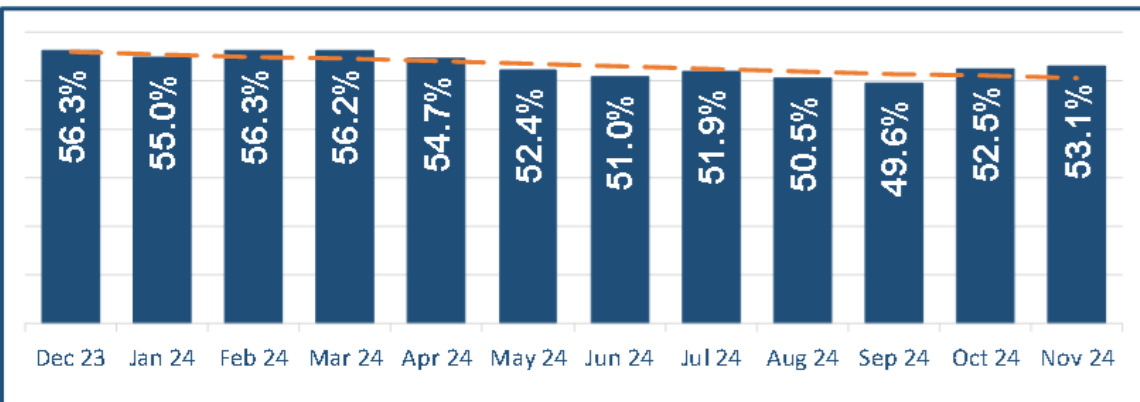
Number waiting over 52 weeks for a new appointment



Access & Activity: Escalated Performance Measures

Diagnostics and Therapy Waits

% R1 Patients seen within 25% over their clinical due date



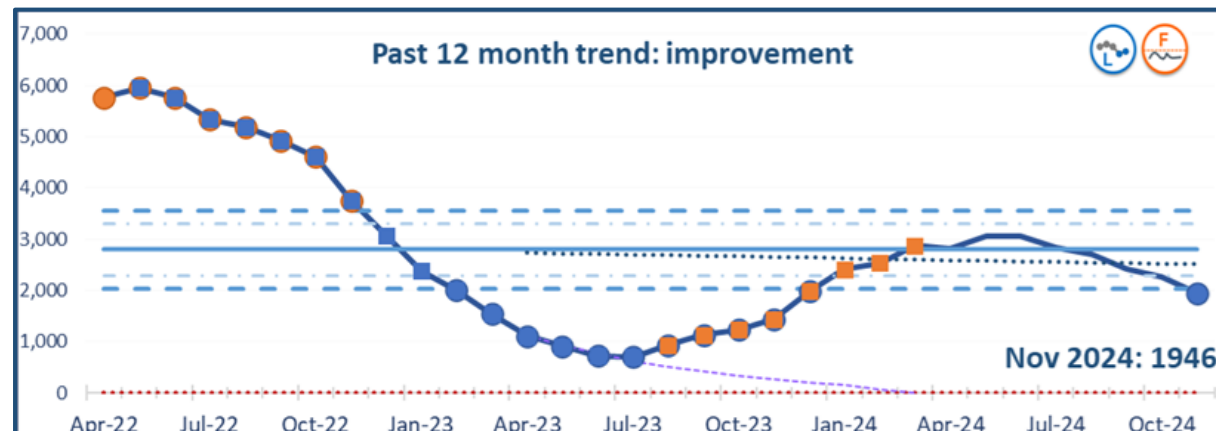
Although slightly improved in November, performance against the Eye Care Measure shows a deteriorating trend over the previous 9 months. Due to the risk of harm to patients waiting in excess of their clinical due date, performance against this measure, together with follow up backlog in Ophthalmology has now been escalated internally and is being given executive focus via the Integrated Performance Executive Delivery Group. A thorough update on the actions and recovery trajectories will be presented in the next IQPR for this committee in January 2025.

Number Diagnostic Waits over 8 Weeks



Continued increase in the number of patients waiting over 8 weeks for a diagnostic test. Main modalities are Endoscopy, Radiology and Cardiology. However, solutions for endoscopy have commenced and this should improve into quarter four of 2024-25.

Number Therapy Waits over 14 Weeks

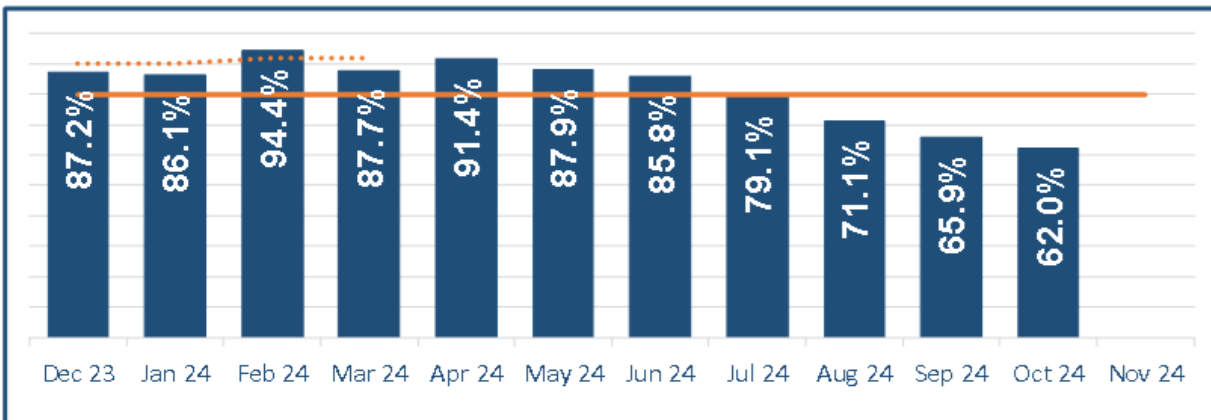


Continued decrease in the number of patients waiting over 14 weeks for therapy. Nearly all delays are within Physiotherapy, due to staffing and estates.

Access & Activity: Escalated Performance Measures

Adult Mental Health

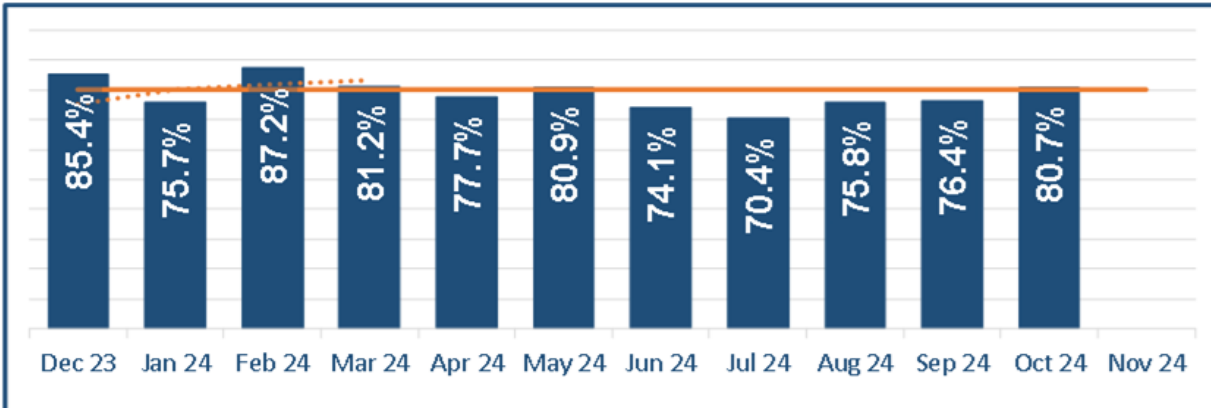
Percentage of patients waiting less than 26 weeks for adult psychological therapy



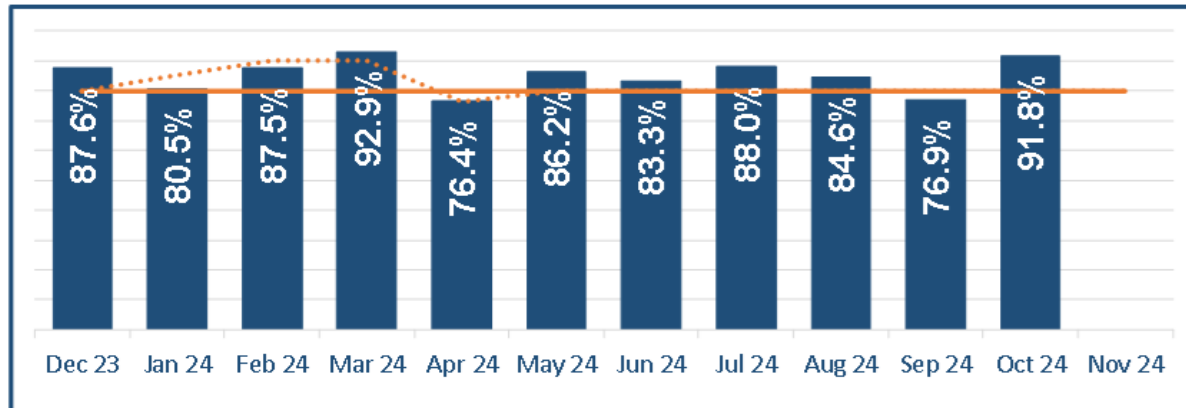
Psychological Therapies - Service has advised that the decrease in compliance is due to a number of workforce vacancies and sickness absences but that there have been some successful recruitments and that there is also a plan to bring the stepped care resource more into specialist secondary care to address the gaps in the interim while staff are on sickness absence or posts are vacant.

Performance trajectory required for this metric for the remainder of the year based on recruitment to establishment gaps.

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)



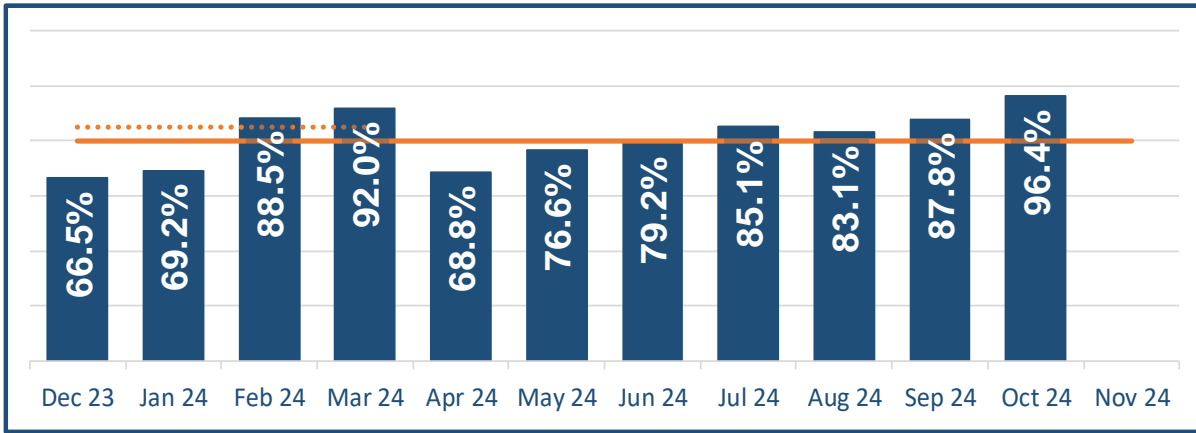
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



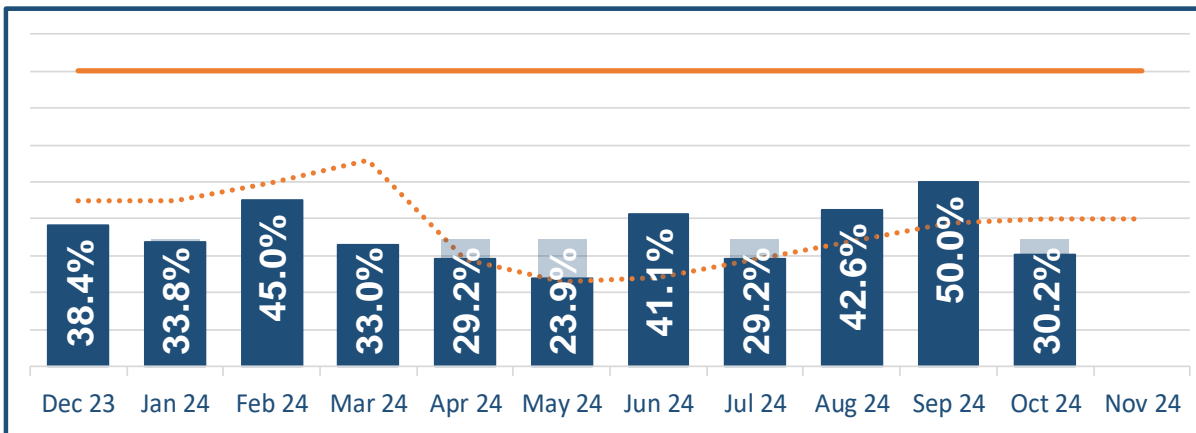
Access & Activity: Escalated Performance Measures

CAMHS and Neurodevelopment

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)

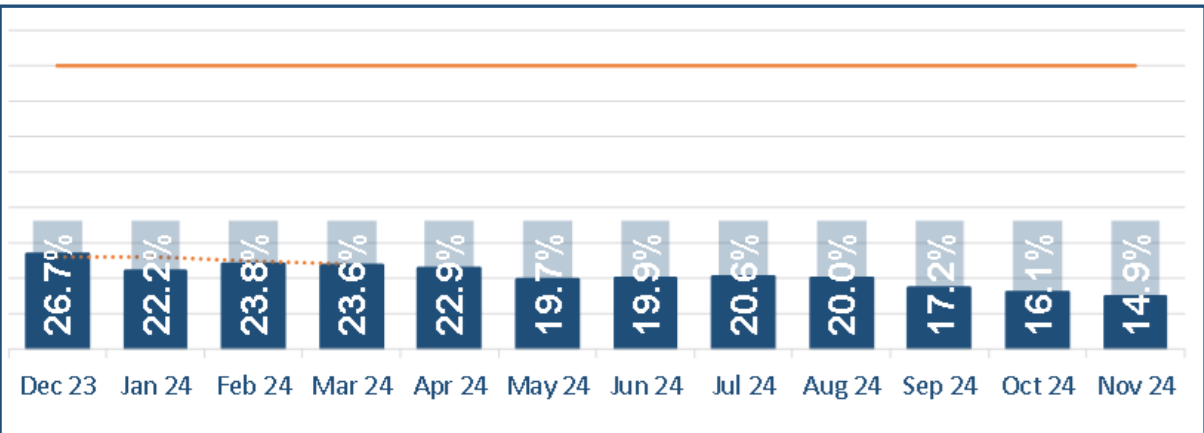


Performance against the measures remains variable. The forecast trajectory for the interventions metric is to increase performance to 60% by end of March 2025. Performance has been ahead of trajectory since April, but has taken a dip in October 2024.

Recovery actions include development of action plan following attendance at national NHS Executive workshop and review of capacity of staffing within other functions to provide support for core services.

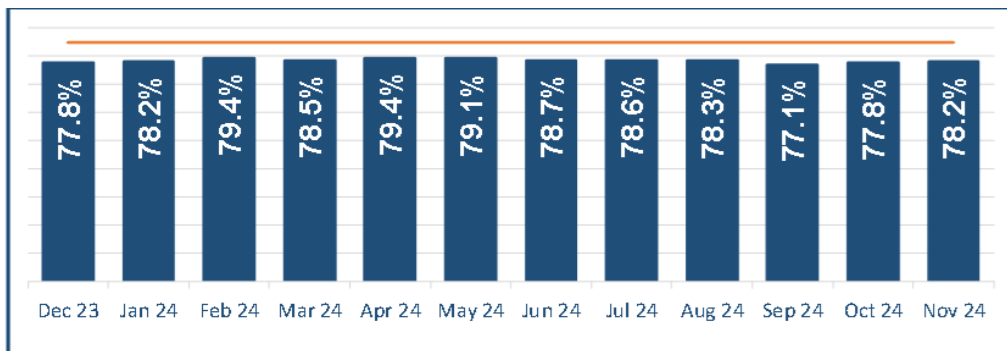
Neurodevelopment waiting times continue to deteriorate and remain a concern, with the Health board currently ranked as 6th of 7 in Wales. None of the Health boards are achieving the target at last review with best performing organisation having a rate of approximately 45% against the 80% target.

Percentage children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment



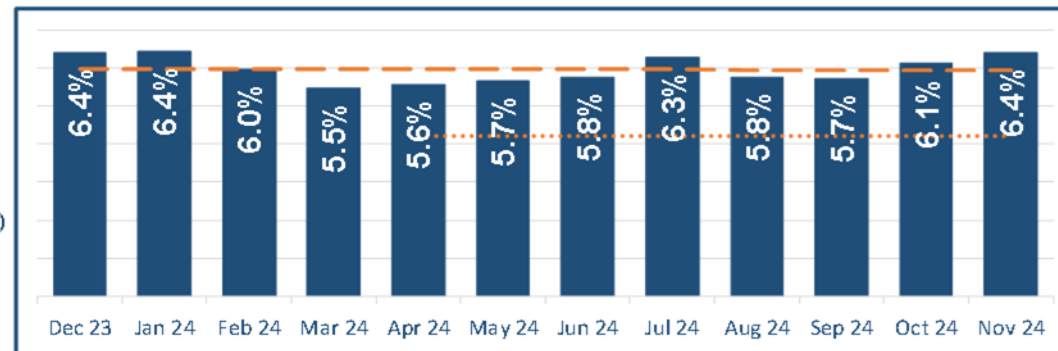
People & OD: Escalated Performance Measures

% of headcount who have had PADR in previous 12 months



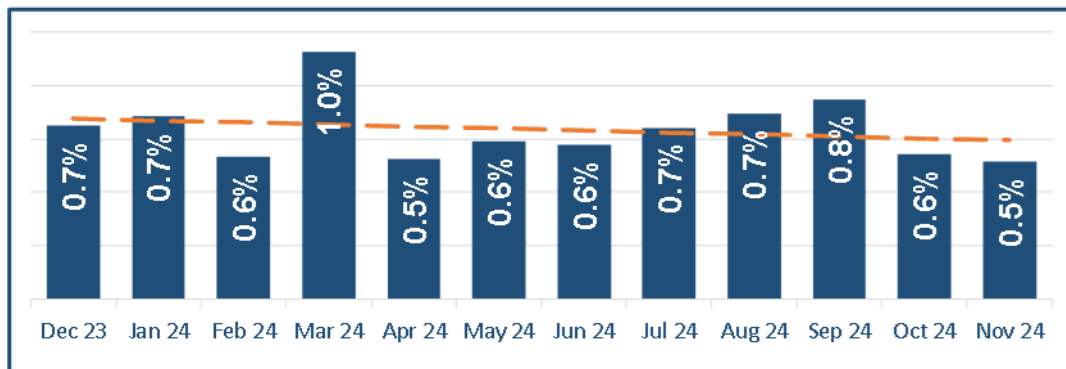
Performance remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

% of sickness absence rate of staff



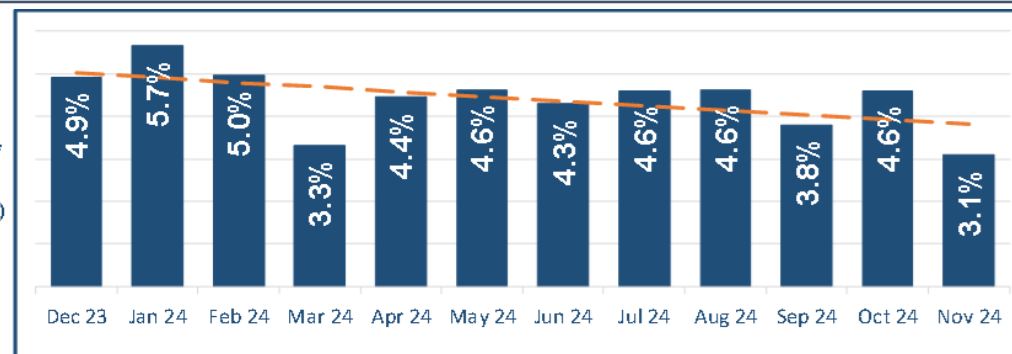
Sickness absence rate has increased above the 6% mark for the last two months in line with seasonal increase and replicating last year's rates.

Turnover rate for nurse and midwifery register staff leaving BCU HB



2nd best performing in Wales at latest benchmarking aligned with the national and local retention work put in place with a dedicated retention lead coming on board for the organisation funded by HEIW.

Agency Spend as % of pay bill



Trendline reduction continues with focus on off-contract agency reduction demonstrating consistent improvement. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Finance: Escalated Performance Measures

The Health Board set a 2024/25 financial plan, at a £19.8m deficit that does NOT attain the key first duty to breakeven in year although close to the control target deficit of £20m for the financial year. In month, following receipt of an additional £11.2m the deficit planned improved to £8.6m;

- **Receipt of the £82m Non-recurrent funding received in 2023/24 to continue into 2024/25**
- Delivery of a £48m (2.8%) savings ask.

The Health Board is currently reporting an adverse position on YTD of £10.6m and forecasting delivery of a £28m deficit for the financial year, key impacts and next actions being;

	Actual Position								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	(16.3)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(5.8)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	(10.5)

Dec	Jan	Feb	Mar	Forecast year-end position
£m	£m	£m	£m	£m
(0.3)	2.0	2.5	3.5	(8.6)
(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
0.4	2.7	3.2	4.2	0.0

- **The £82m received non-recurrently in 2024/25 can be withdrawn in 2025/26** if plan is not attained. There is no central resources to support a deficit that exceeds plan.
- Urgently, expenditure forecasts need to be reduced by £20m to deliver the overall plan.

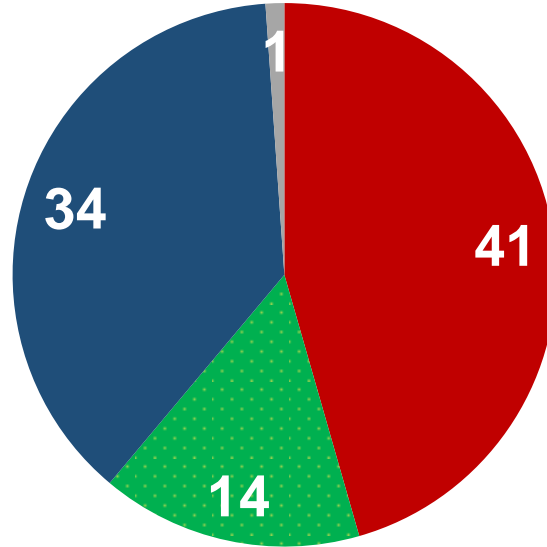
If unable to improve forecasts, central controls and enhanced oversight will be needed so as to secure the £82m for next and future years **(losing the £82m is catastrophic for the financial sustainability of BCUHB)**.



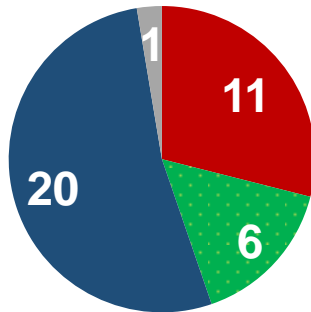
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University Health Board

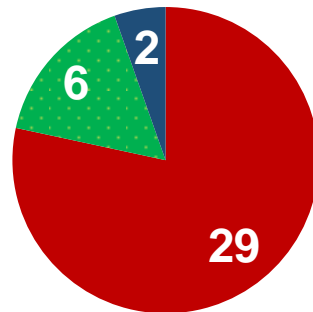
Integrated Quality & Performance Report



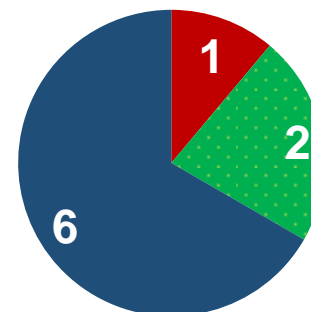
All Sections



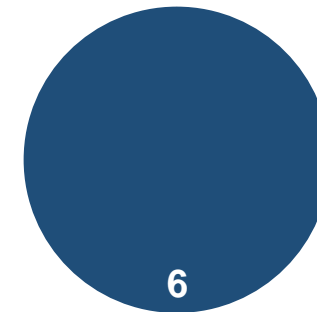
Quality, Safety,
Effectiveness &
Experience
Performance



Access & Activity
Performance



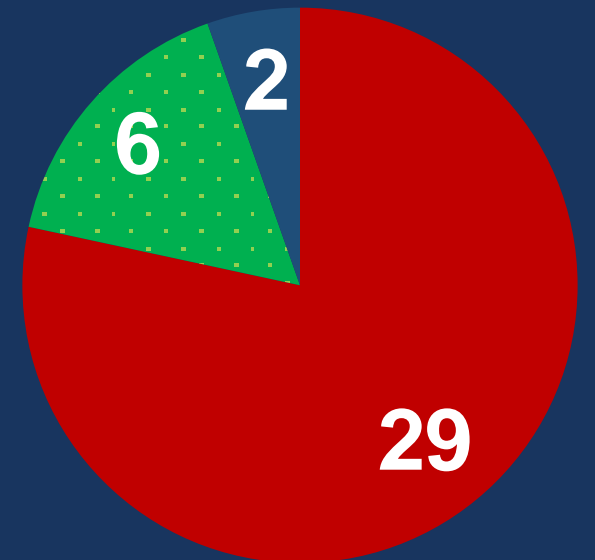
People &
Organisational
Development
Performance



Financial
Performance

Section 1

Access & Activity Performance



Access & Activity: Performance

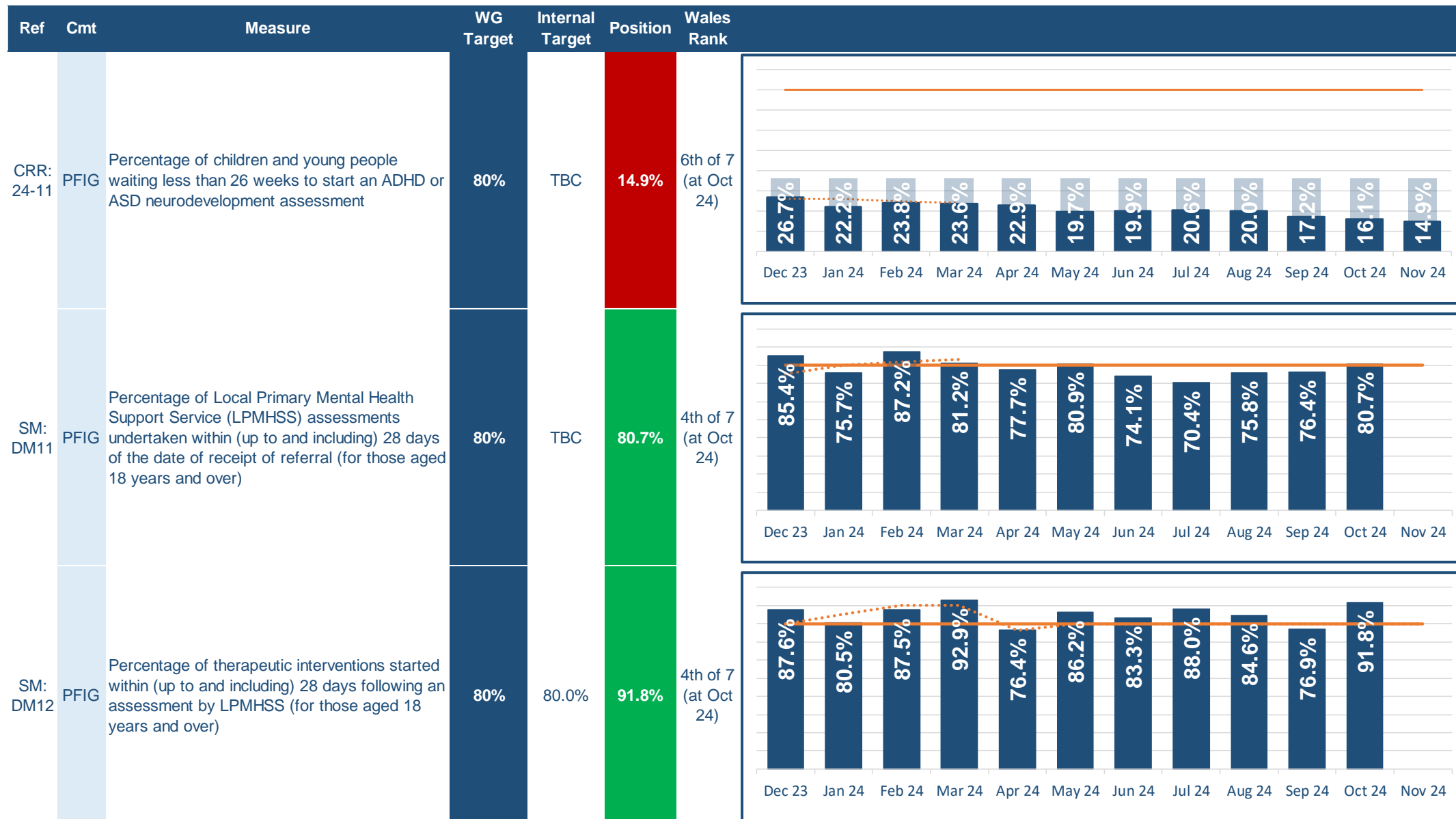
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM16	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80.0%	TBC	96.4%	3rd of 7 (at Oct 24)
SM: DM15	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80.0%	40.0%	30.2%	6th of 7 (at Oct 24)
SM: DM16	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	TBC	91.0%	5th of 7 (at Oct 24)

Month	Percentage
Dec 23	66.5%
Jan 24	69.2%
Feb 24	88.5%
Mar 24	92.0%
Apr 24	68.8%
May 24	76.6%
Jun 24	79.2%
Jul 24	85.1%
Aug 24	83.1%
Sep 24	87.8%
Oct 24	96.4%

Month	Percentage
Dec 23	38.4%
Jan 24	33.8%
Feb 24	45.0%
Mar 24	33.0%
Apr 24	29.2%
May 24	23.9%
Jun 24	41.1%
Jul 24	29.2%
Aug 24	42.6%
Sep 24	50.0%
Oct 24	30.2%

Month	Percentage
Dec 23	92.7%
Jan 24	94.0%
Feb 24	91.4%
Mar 24	95.9%
Apr 24	98.0%
May 24	95.7%
Jun 24	95.7%
Jul 24	94.2%
Aug 24	94.1%
Sep 24	92.5%
Oct 24	91.0%

Access & Activity: Performance



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	86.5%	4th of 7 (at Oct 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	62.0%	4th of 7 (at Oct 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	6th of 7 (at Mar 23)

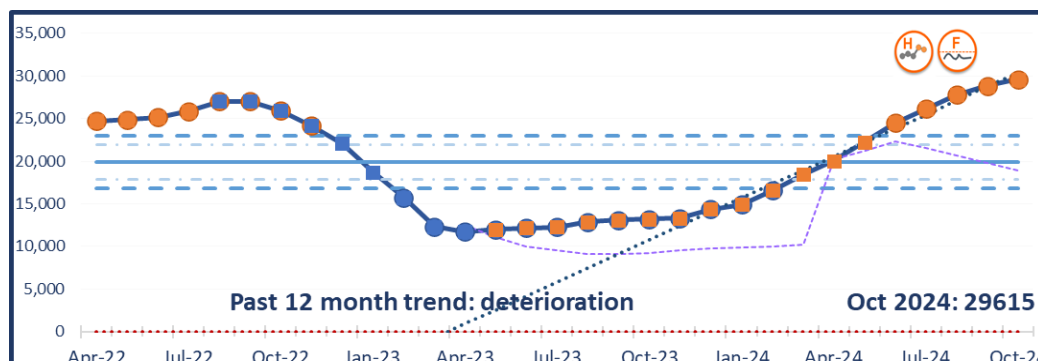
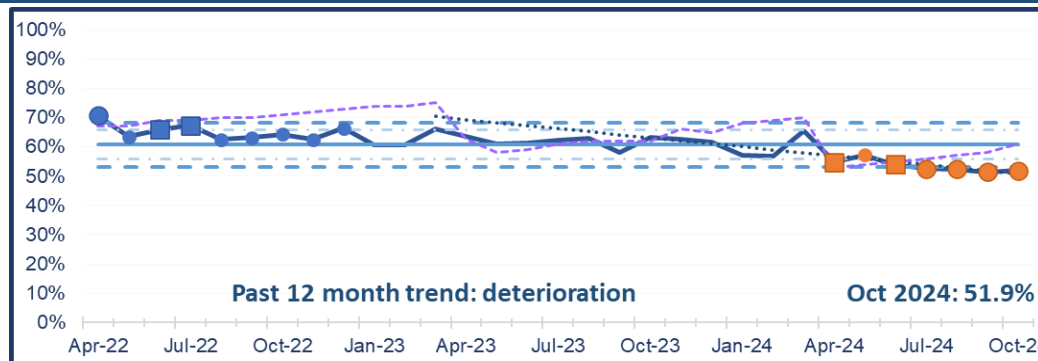
Month	Value
Dec 23	86.3%
Jan 24	86.2%
Feb 24	87.2%
Mar 24	86.1%
Apr 24	87.1%
May 24	86.6%
Jun 24	86.2%
Jul 24	86.7%
Aug 24	86.0%
Sep 24	86.8%
Oct 24	86.5%
Nov 24	-

Month	Value
Dec 23	87.2%
Jan 24	86.1%
Feb 24	94.4%
Mar 24	87.7%
Apr 24	91.4%
May 24	87.9%
Jun 24	85.8%
Jul 24	79.1%
Aug 24	71.1%
Sep 24	65.9%
Oct 24	62.0%
Nov 24	-

Quarter	Value
Q3 23/24	96.9%
Q4 23/24	99.0%
Q1 24/25	94.8%
Q2 24/25	96.9%

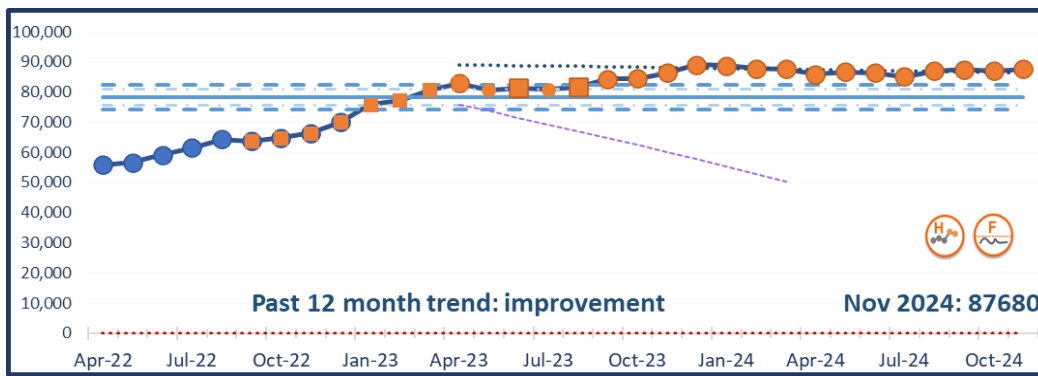
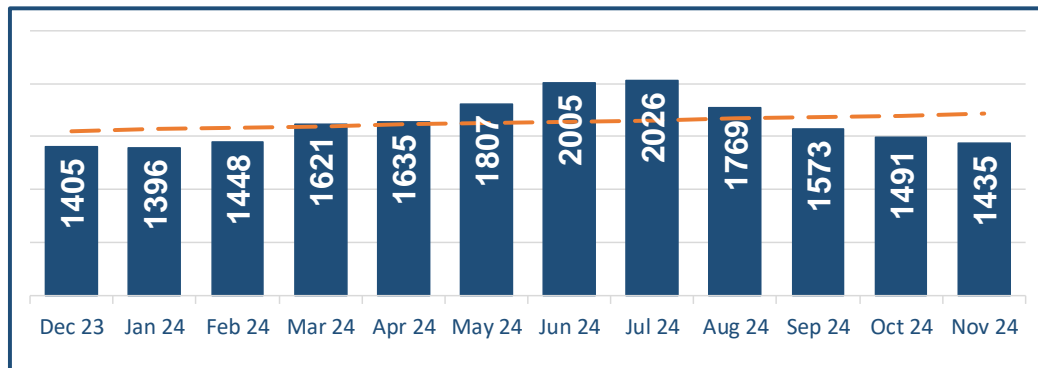
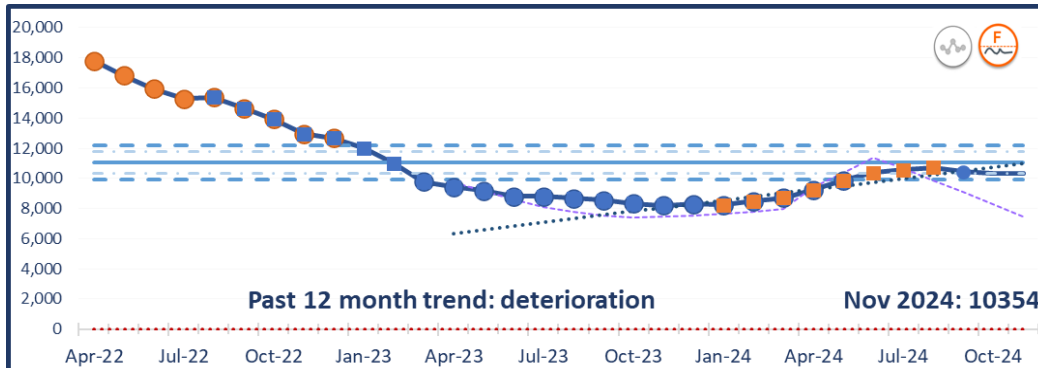
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	63.0%	51.9%	5th of 6 (at Oct 24)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	18033	29615	7th of 7 (at Oct 24)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	18033	55031	7th of 7 (at Oct 24)



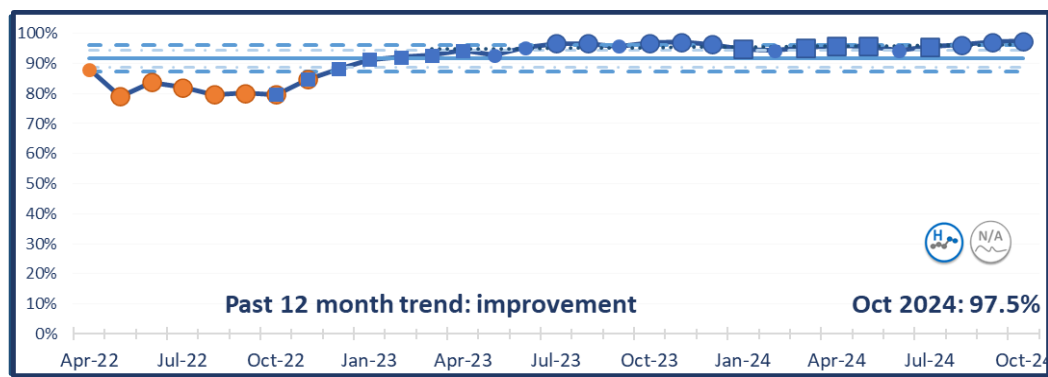
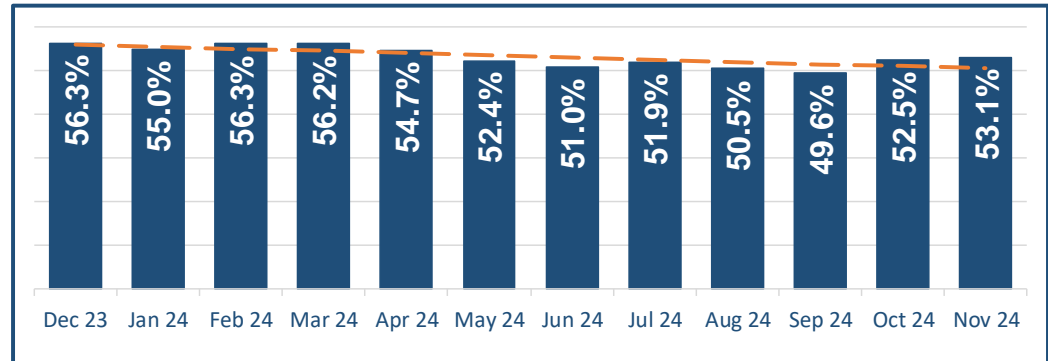
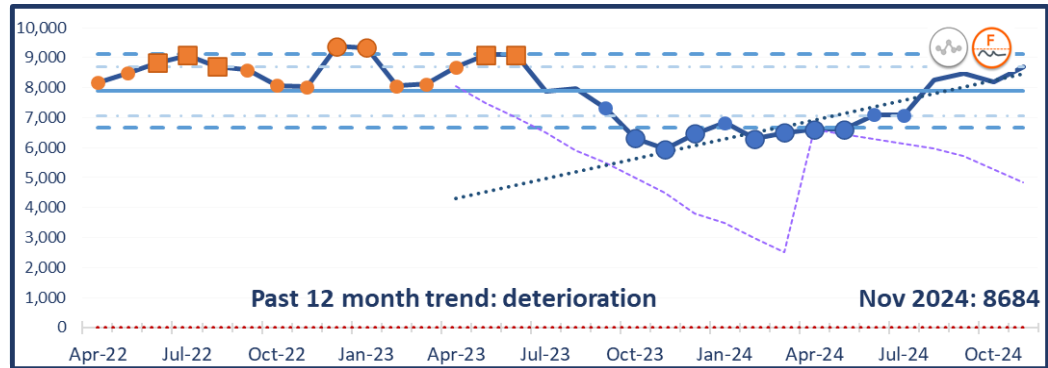
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	7495	10354	7th of 7 (at Oct 24)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	1435	
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	87680	7th of 7 (at Oct 24)



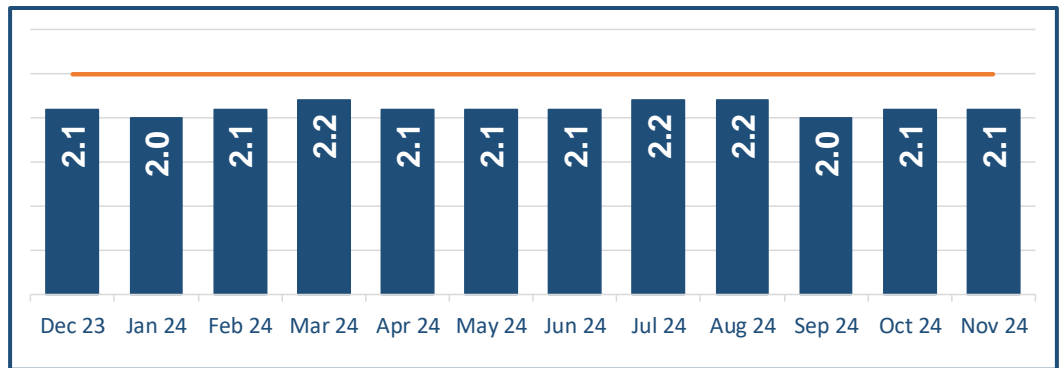
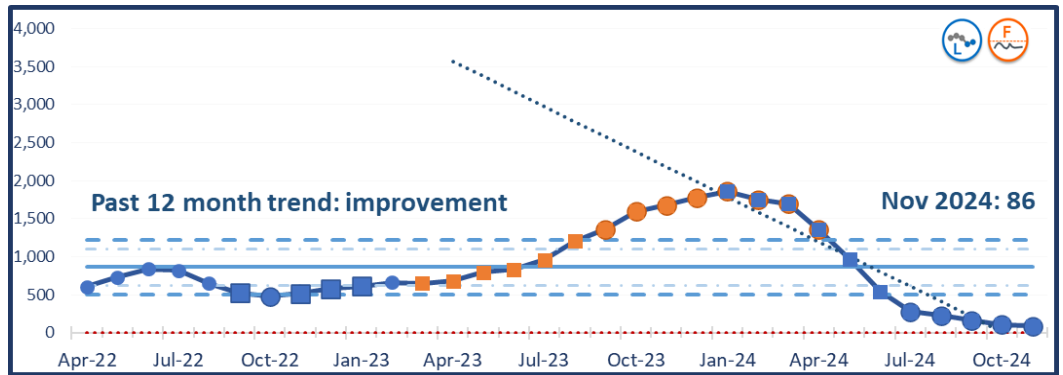
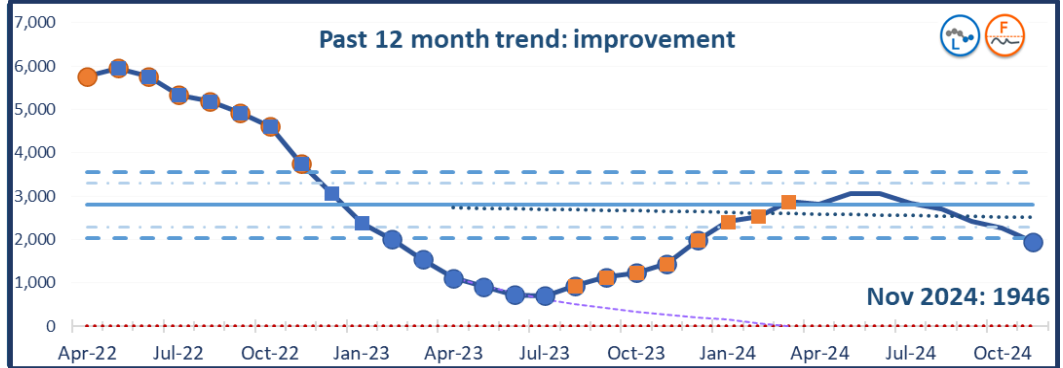
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	4838	8684	6th of 7 (at Oct 24)
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	53.1%	7th of 7 (at Oct 24)
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	97.5%	3rd of 7 (at Oct 24)

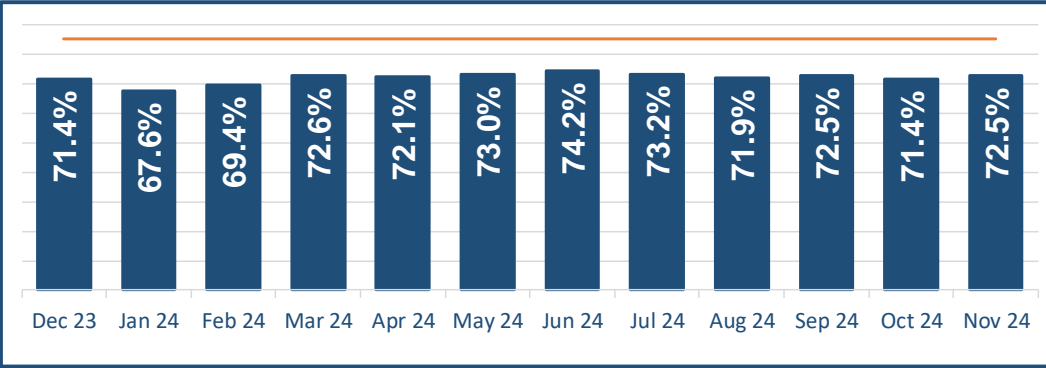
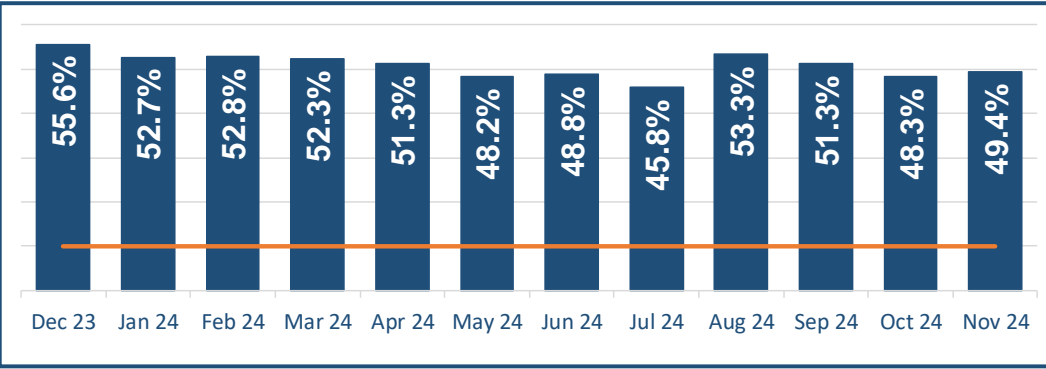
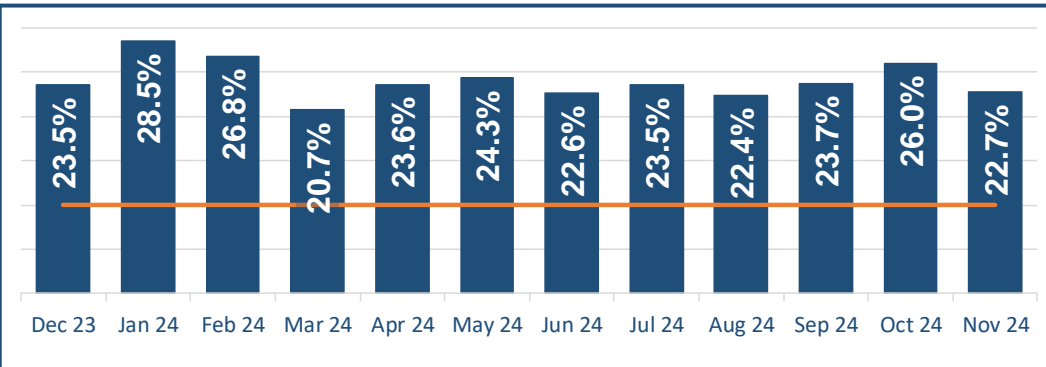


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	1946	7th of 7 (at Oct 24)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	86	
-	PFIG	Number of cases per theatre session	2.5	TBC	2.1	

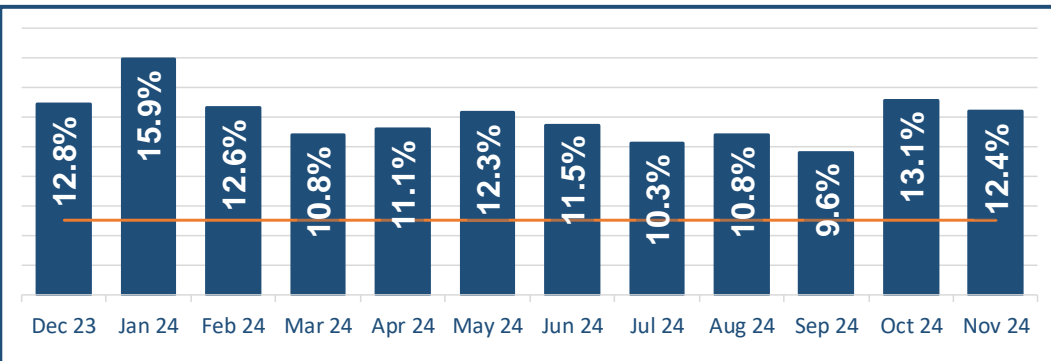


Access & Activity: Performance

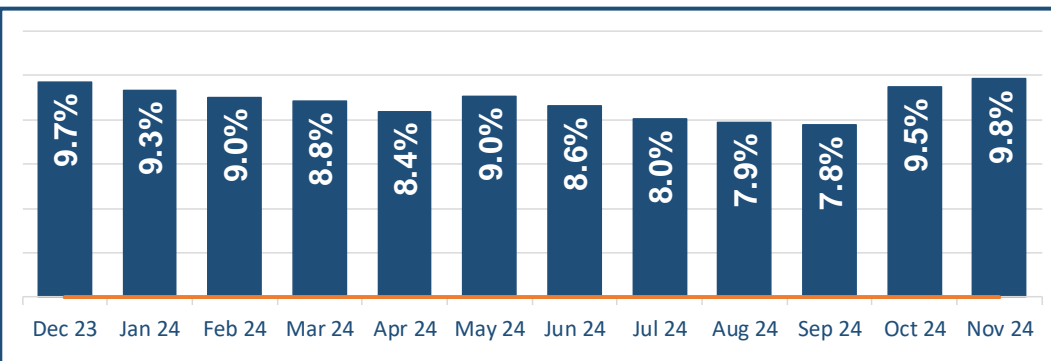
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	PFIG	Theatre utilisation (Capped)	85.0%	TBC	72.5%	 <table border="1"> <caption>Theatre utilisation (Capped)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Dec 23</td><td>71.4%</td></tr> <tr><td>Jan 24</td><td>67.6%</td></tr> <tr><td>Feb 24</td><td>69.4%</td></tr> <tr><td>Mar 24</td><td>72.6%</td></tr> <tr><td>Apr 24</td><td>72.1%</td></tr> <tr><td>May 24</td><td>73.0%</td></tr> <tr><td>Jun 24</td><td>74.2%</td></tr> <tr><td>Jul 24</td><td>73.2%</td></tr> <tr><td>Aug 24</td><td>71.9%</td></tr> <tr><td>Sep 24</td><td>72.5%</td></tr> <tr><td>Oct 24</td><td>71.4%</td></tr> <tr><td>Nov 24</td><td>72.5%</td></tr> </tbody> </table>	Month	Value	Dec 23	71.4%	Jan 24	67.6%	Feb 24	69.4%	Mar 24	72.6%	Apr 24	72.1%	May 24	73.0%	Jun 24	74.2%	Jul 24	73.2%	Aug 24	71.9%	Sep 24	72.5%	Oct 24	71.4%	Nov 24	72.5%
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-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	49.4%	 <table border="1"> <caption>Percentage of lists with a start time 15 minutes or more past the scheduled start time</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Dec 23</td><td>55.6%</td></tr> <tr><td>Jan 24</td><td>52.7%</td></tr> <tr><td>Feb 24</td><td>52.8%</td></tr> <tr><td>Mar 24</td><td>52.3%</td></tr> <tr><td>Apr 24</td><td>51.3%</td></tr> <tr><td>May 24</td><td>48.2%</td></tr> <tr><td>Jun 24</td><td>48.8%</td></tr> <tr><td>Jul 24</td><td>45.8%</td></tr> <tr><td>Aug 24</td><td>53.3%</td></tr> <tr><td>Sep 24</td><td>51.3%</td></tr> <tr><td>Oct 24</td><td>48.3%</td></tr> <tr><td>Nov 24</td><td>49.4%</td></tr> </tbody> </table>	Month	Value	Dec 23	55.6%	Jan 24	52.7%	Feb 24	52.8%	Mar 24	52.3%	Apr 24	51.3%	May 24	48.2%	Jun 24	48.8%	Jul 24	45.8%	Aug 24	53.3%	Sep 24	51.3%	Oct 24	48.3%	Nov 24	49.4%
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-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	22.7%	 <table border="1"> <caption>Percentage of lists with an end time of over 60 minutes before the scheduled finish time</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Dec 23</td><td>23.5%</td></tr> <tr><td>Jan 24</td><td>28.5%</td></tr> <tr><td>Feb 24</td><td>26.8%</td></tr> <tr><td>Mar 24</td><td>20.7%</td></tr> <tr><td>Apr 24</td><td>23.6%</td></tr> <tr><td>May 24</td><td>24.3%</td></tr> <tr><td>Jun 24</td><td>22.6%</td></tr> <tr><td>Jul 24</td><td>23.5%</td></tr> <tr><td>Aug 24</td><td>22.4%</td></tr> <tr><td>Sep 24</td><td>23.7%</td></tr> <tr><td>Oct 24</td><td>26.0%</td></tr> <tr><td>Nov 24</td><td>22.7%</td></tr> </tbody> </table>	Month	Value	Dec 23	23.5%	Jan 24	28.5%	Feb 24	26.8%	Mar 24	20.7%	Apr 24	23.6%	May 24	24.3%	Jun 24	22.6%	Jul 24	23.5%	Aug 24	22.4%	Sep 24	23.7%	Oct 24	26.0%	Nov 24	22.7%
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Access & Activity: Performance

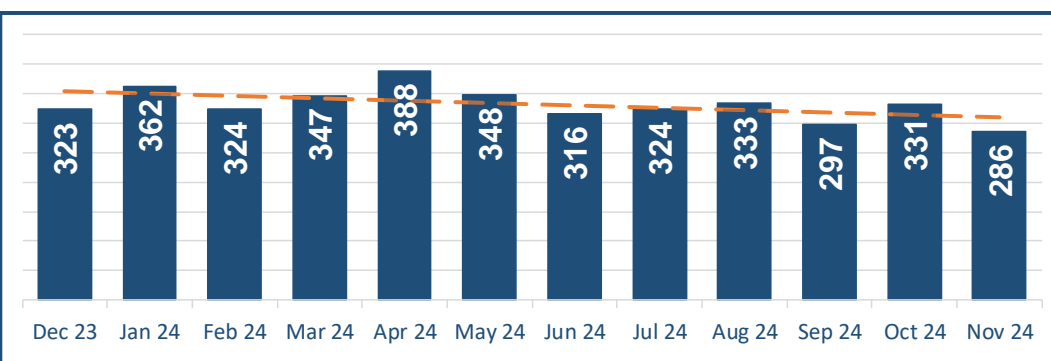
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	12.4%	
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	9.8%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	286	8st of 8 (at Nov 24)



Month	Percentage
Dec 23	12.8%
Jan 24	15.9%
Feb 24	12.6%
Mar 24	10.8%
Apr 24	11.1%
May 24	12.3%
Jun 24	11.5%
Jul 24	10.3%
Aug 24	10.8%
Sep 24	9.6%
Oct 24	13.1%
Nov 24	12.4%



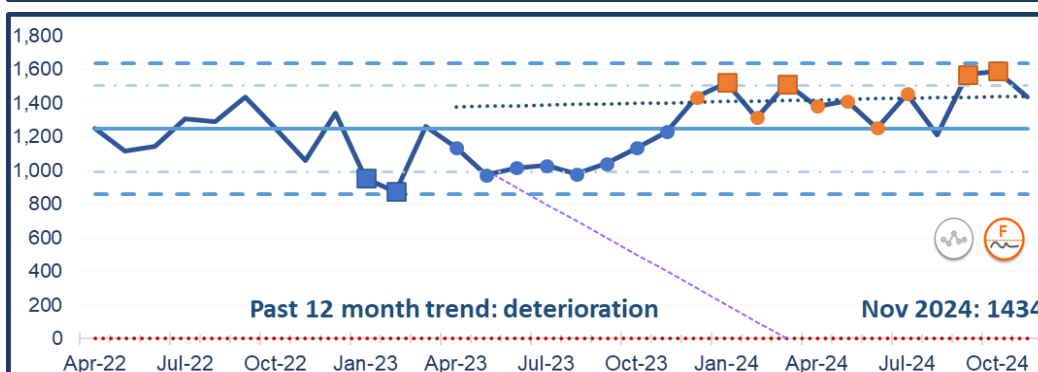
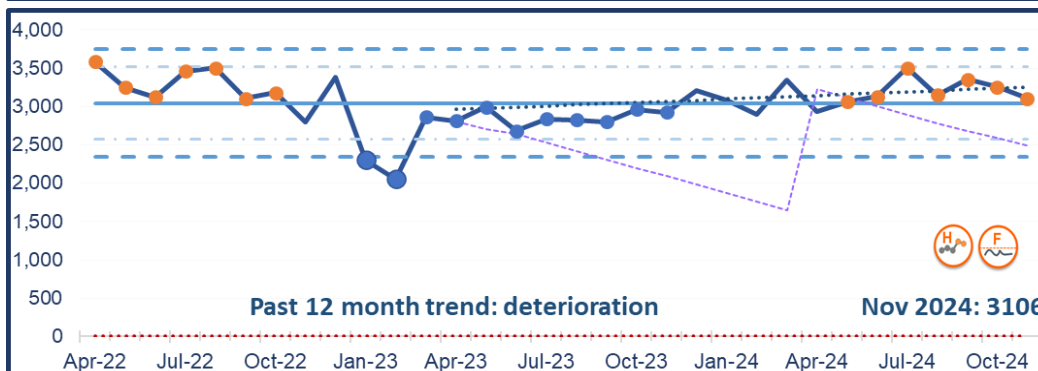
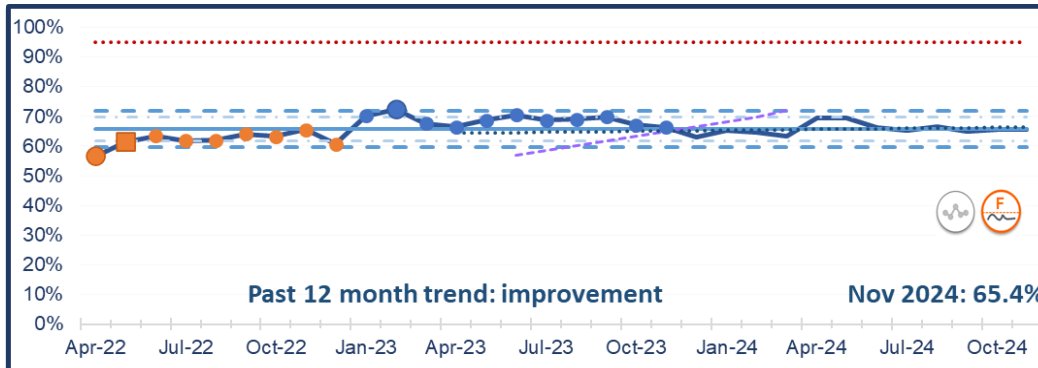
Month	Percentage
Dec 23	9.7%
Jan 24	9.3%
Feb 24	9.0%
Mar 24	8.8%
Apr 24	8.4%
May 24	9.0%
Jun 24	8.6%
Jul 24	8.0%
Aug 24	7.9%
Sep 24	7.8%
Oct 24	9.5%
Nov 24	9.8%



Month	Count
Dec 23	323
Jan 24	362
Feb 24	324
Mar 24	347
Apr 24	388
May 24	348
Jun 24	316
Jul 24	324
Aug 24	333
Sep 24	297
Oct 24	331
Nov 24	286

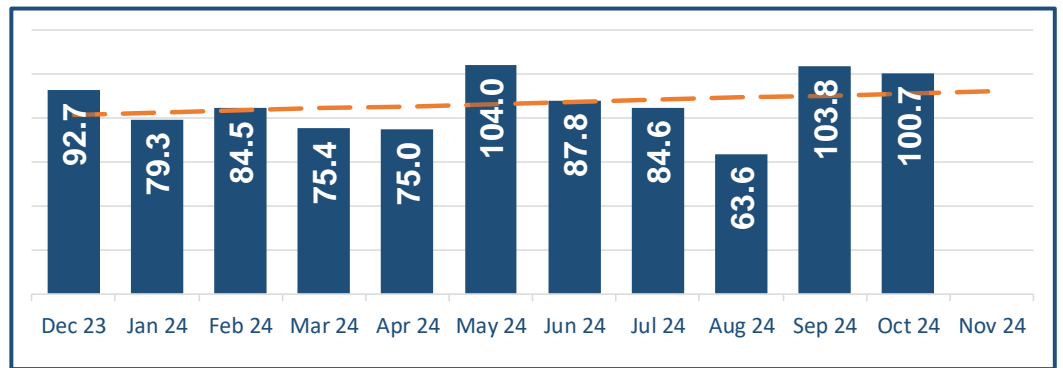
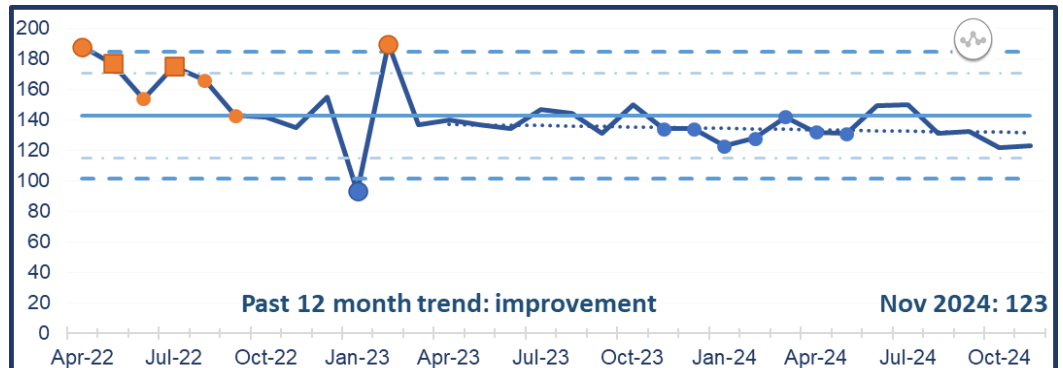
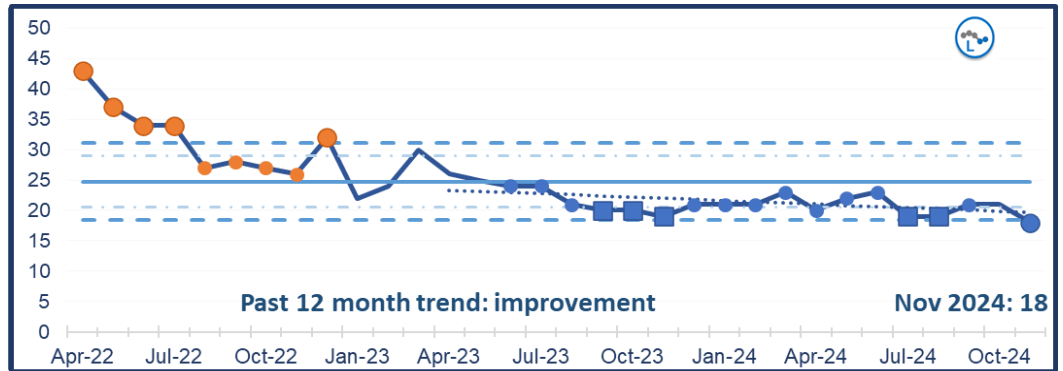
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	65.4%	6th of 7 (at Oct 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2498	3106	7th of 7 (at Oct 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1434	



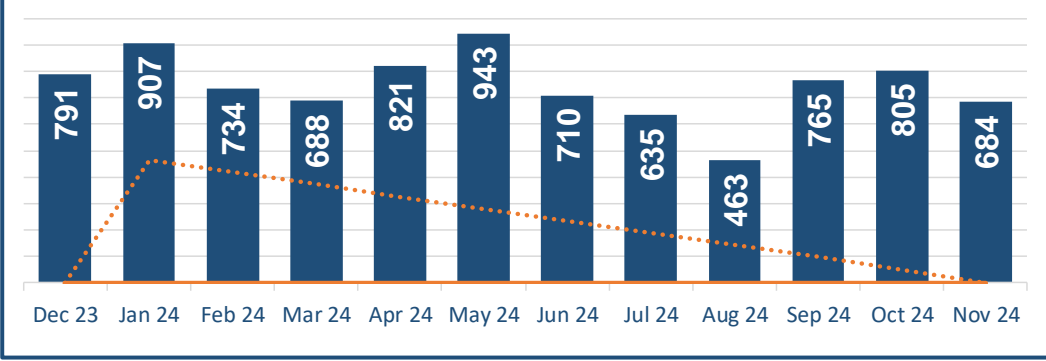
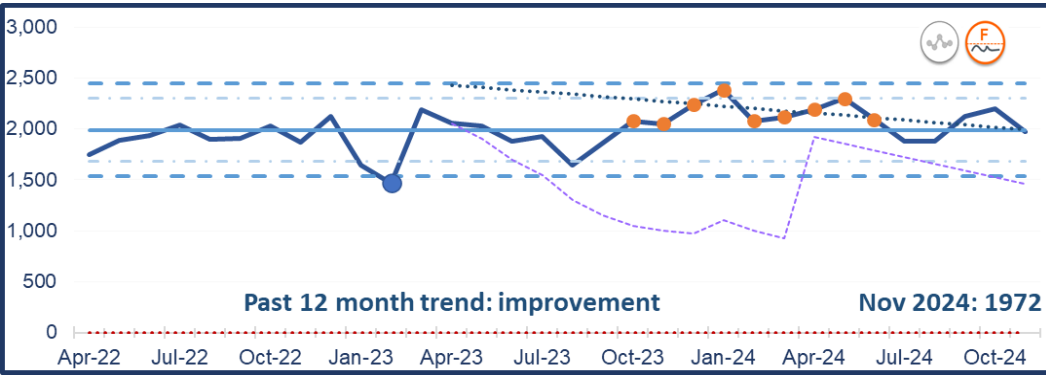
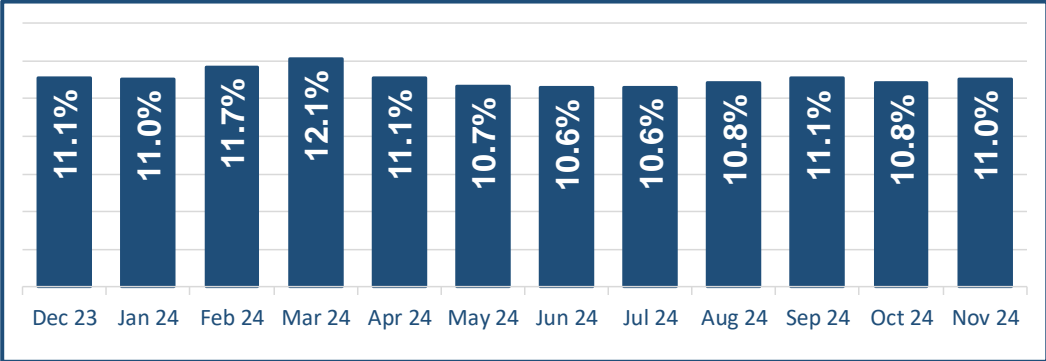
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	18.0	4th of 6 (at Oct 24)
CRR: 24-10	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	123.0	5th of 6 (at Oct 24)
SM: DM07						
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	100.7	3rd of 7 (at Oct 24)

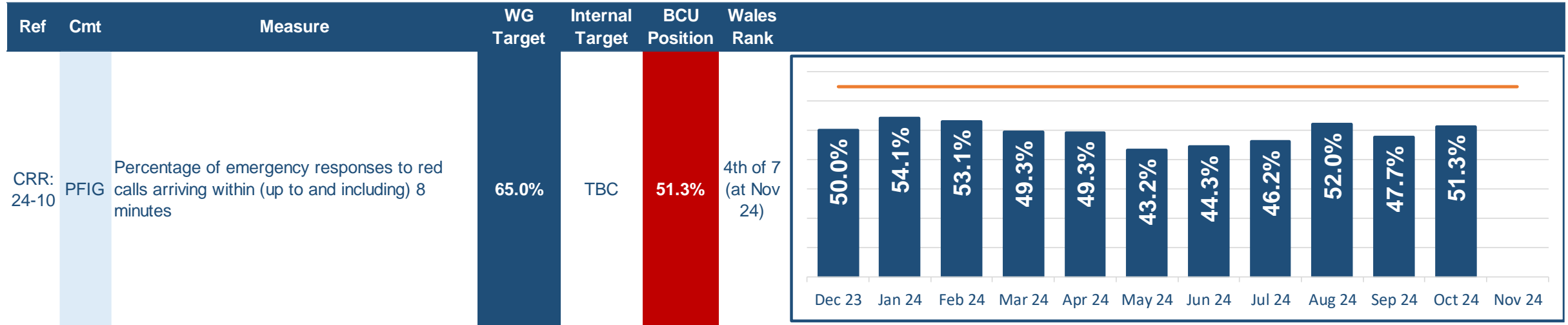


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	11.0%	
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	1458	1972	6th of 6 (at Nov 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	0	684	



Access & Activity: Performance



Access & Activity: Activity versus Plan

Patient Type	Area	Values		Diff	% Diff	Central Plan	Actual	Diff	% Diff	East Plan	Actual	Diff	% Diff	Total Plan	Total Actual	Total Diff	Total % Diff
	West Plan	Actual															
Emergency Inpatients	19,779	20,792	1,013	5%	21,847	21,164	-683	-3%	23,562	24,299	737	3%	65,188	66,255	1,067	2%	
Elective Daycases	12,282	11,574	-708	-6%	6,535	5,478	-1,057	-16%	9,037	10,709	1,672	19%	27,854	27,761	-93	0%	
Elective Inpatients	2,719	2,468	-251	-9%	3,090	3,163	73	2%	2,514	2,526	12	0%	8,323	8,157	-166	-2%	
Endoscopies	8,028	6,818	-1,210	-15%	4,954	3,466	-1,488	-30%	3,255	1,991	-1,264	-39%	16,237	12,275	-3,962	-24%	
MOPS (Cleansed DC)	1,394	148	-1,246	-89%	93	44	-49	-53%	300	155	-145	-48%	1,787	347	-1,440	-81%	
Regular Day Attenders	3,986	1,360	-2,626	-66%	2,009	2,699	690	34%	13,483	12,915	-568	-4%	19,478	16,974	-2,504	-13%	
Well Baby	880	848	-32	-4%	969	1,081	112	12%	1,127	1,132	5	0%	2,976	3,061	85	3%	
New Outpatients	57,477	58,388	911	2%	82,617	84,002	1,385	2%	67,593	67,873	280	0%	207,687	210,263	2,576	1%	
Review Outpatients	83,859	89,346	5,487	7%	132,299	134,435	2,136	2%	141,289	140,214	-1,075	-1%	357,447	363,995	6,548	2%	
Pre-Op Assessment	6,290	6,669	379	6%	7,447	6,772	-675	-9%	6,632	6,687	55	1%	20,369	20,128	-241	-1%	
New ED Attendances	50,137	50,239	102	0%	60,461	60,602	141	0%	43,795	47,993	4,198	10%	154,393	158,834	4,441	3%	
Review ED Attendances	1,358	1,432	74	5%	4,273	4,071	-202	-5%	2,039	2,290	251	12%	7,670	7,793	123	2%	
Grand Total	248,189	250,082	1,893	1%	326,594	326,977	383	0%	314,626	318,784	4,158	1%	889,409	895,843	6,434	1%	

Please note : East's, Nephrology Regular Day Attenders figures are obtained from a manual source and are a month in arrears - November 2024 activity is missing from the above figures.

In summary

Actual Activity is more or less in line with what was planned to be undertaken to date. However, there are areas of significant under delivery:

The number of **endoscopies** undertaken is down by 24% against plan. This is due to the loss of insourced capacity between April to date. This capacity has now recommenced.

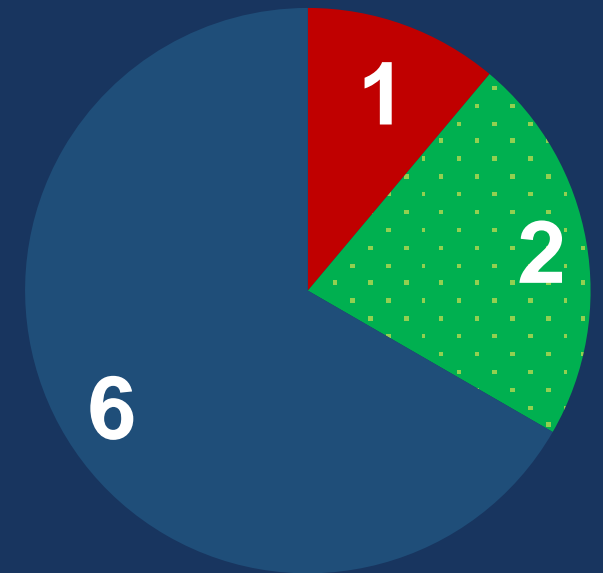
There is an 81% deficit in the number of actual **Minor Operation Procedures (MOPs)** undertaken against what was planned to date.

Year-to-date Position at 30.11.2024

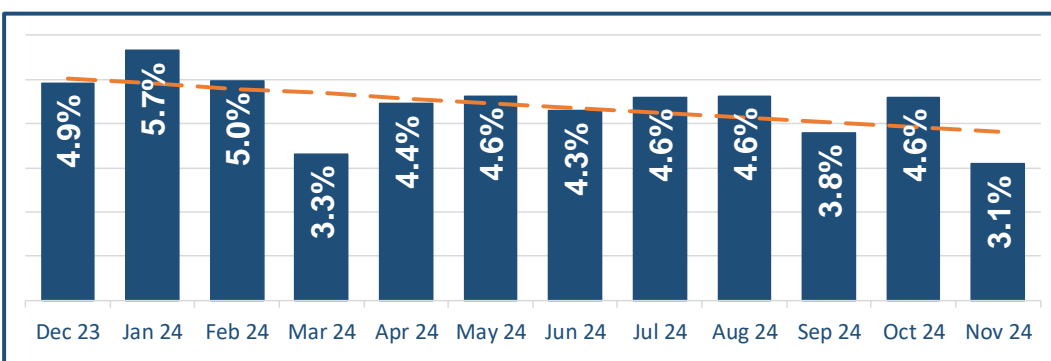
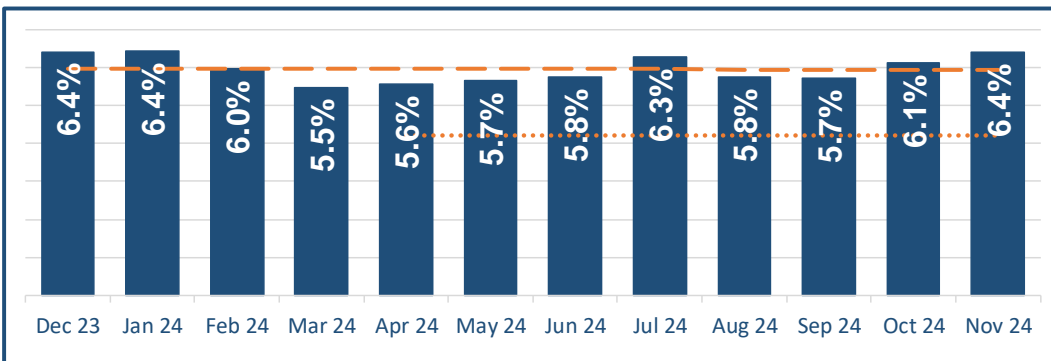
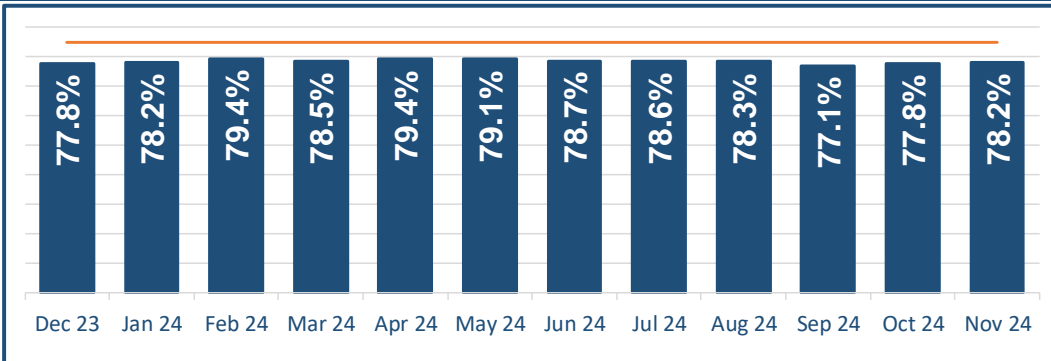
Source: Contracted Activity by Area, produced by Data, Digital and Technology Department (DD&T)

Section 2

People & Organisational Development Performance



Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	78.2%	7th of 13 (at Sep 24)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	4.2%	6.4%	7th of 13 (at Sep 24)
CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	3.1%	10th of 12 (at Sep 24)



Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales (HEIW data)	Decreasing trend against 2019/20	TBC	8.9%	
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving BCUHB	N/A	TBC	0.5%	
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	7.97%	



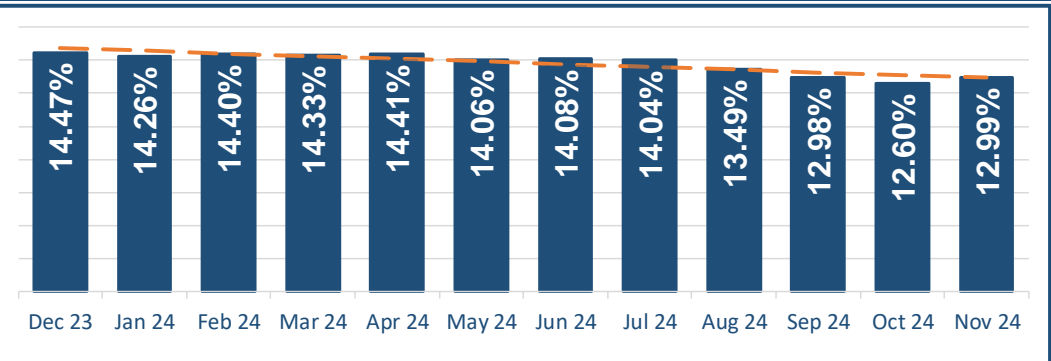
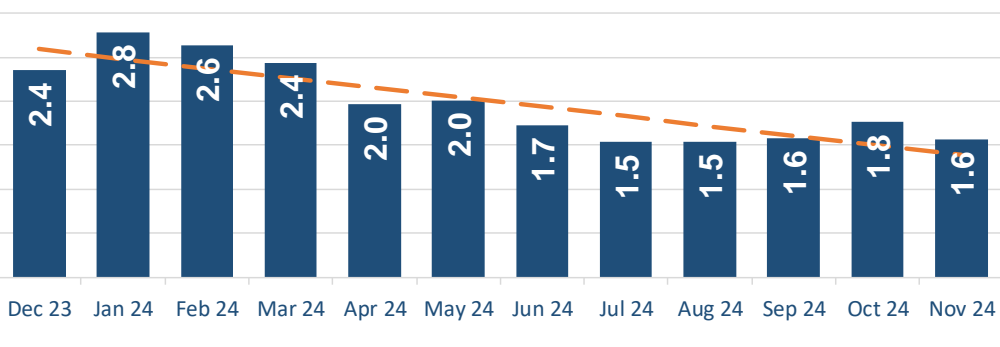
Month	Turnover Rate (%)
Dec 23	9.4%
Jan 24	9.3%
Feb 24	9.3%
Mar 24	9.5%
Apr 24	9.3%
May 24	9.3%
Jun 24	9.2%
Jul 24	9.1%
Aug 24	9.1%
Sep 24	8.9%
Oct 24	-
Nov 24	-



Month	Turnover Rate (%)
Dec 23	0.7%
Jan 24	0.7%
Feb 24	0.6%
Mar 24	1.0%
Apr 24	0.5%
May 24	0.6%
Jun 24	0.6%
Jul 24	0.7%
Aug 24	0.7%
Sep 24	0.8%
Oct 24	0.6%
Nov 24	0.5%



Month	Turnover Rate (%)
Dec 23	8.6%
Jan 24	8.6%
Feb 24	8.6%
Mar 24	8.5%
Apr 24	8.5%
May 24	8.5%
Jun 24	8.4%
Jul 24	8.3%
Aug 24	8.3%
Sep 24	8.1%
Oct 24	8.0%
Nov 24	8.0%

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	PFIG	Staff turnover rate for those who had less than 1 year service	N/A	TBC	12.99%	 <table border="1"> <caption>Staff Turnover Rate Data</caption> <thead> <tr><th>Month</th><th>Rate (%)</th></tr> </thead> <tbody> <tr><td>Dec 23</td><td>14.47%</td></tr> <tr><td>Jan 24</td><td>14.26%</td></tr> <tr><td>Feb 24</td><td>14.40%</td></tr> <tr><td>Mar 24</td><td>14.33%</td></tr> <tr><td>Apr 24</td><td>14.41%</td></tr> <tr><td>May 24</td><td>14.06%</td></tr> <tr><td>Jun 24</td><td>14.08%</td></tr> <tr><td>Jul 24</td><td>14.04%</td></tr> <tr><td>Aug 24</td><td>13.49%</td></tr> <tr><td>Sep 24</td><td>12.98%</td></tr> <tr><td>Oct 24</td><td>12.60%</td></tr> <tr><td>Nov 24</td><td>12.99%</td></tr> </tbody> </table>	Month	Rate (%)	Dec 23	14.47%	Jan 24	14.26%	Feb 24	14.40%	Mar 24	14.33%	Apr 24	14.41%	May 24	14.06%	Jun 24	14.08%	Jul 24	14.04%	Aug 24	13.49%	Sep 24	12.98%	Oct 24	12.60%	Nov 24	12.99%
Month	Rate (%)																															
Dec 23	14.47%																															
Jan 24	14.26%																															
Feb 24	14.40%																															
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May 24	14.06%																															
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Aug 24	13.49%																															
Sep 24	12.98%																															
Oct 24	12.60%																															
Nov 24	12.99%																															
-	PFIG	Roster compliance	N/A	TBC	69.2%	 <table border="1"> <caption>Roster Compliance Data</caption> <thead> <tr><th>Month</th><th>Rate (%)</th></tr> </thead> <tbody> <tr><td>Dec 23</td><td>37.0%</td></tr> <tr><td>Jan 24</td><td>N/A</td></tr> <tr><td>Feb 24</td><td>51.6%</td></tr> <tr><td>Mar 24</td><td>59.7%</td></tr> <tr><td>Apr 24</td><td>55.2%</td></tr> <tr><td>May 24</td><td>35.0%</td></tr> <tr><td>Jun 24</td><td>21.4%</td></tr> <tr><td>Jul 24</td><td>27.4%</td></tr> <tr><td>Aug 24</td><td>26.5%</td></tr> <tr><td>Sep 24</td><td>69.2%</td></tr> <tr><td>Oct 24</td><td>22.0%</td></tr> <tr><td>Nov 24</td><td>69.2%</td></tr> </tbody> </table>	Month	Rate (%)	Dec 23	37.0%	Jan 24	N/A	Feb 24	51.6%	Mar 24	59.7%	Apr 24	55.2%	May 24	35.0%	Jun 24	21.4%	Jul 24	27.4%	Aug 24	26.5%	Sep 24	69.2%	Oct 24	22.0%	Nov 24	69.2%
Month	Rate (%)																															
Dec 23	37.0%																															
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Jul 24	27.4%																															
Aug 24	26.5%																															
Sep 24	69.2%																															
Oct 24	22.0%																															
Nov 24	69.2%																															
-	PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	1.6	 <table border="1"> <caption>Open Disciplinary Cases Data</caption> <thead> <tr><th>Month</th><th>Cases per 1000</th></tr> </thead> <tbody> <tr><td>Dec 23</td><td>2.4</td></tr> <tr><td>Jan 24</td><td>2.8</td></tr> <tr><td>Feb 24</td><td>2.6</td></tr> <tr><td>Mar 24</td><td>2.4</td></tr> <tr><td>Apr 24</td><td>2.0</td></tr> <tr><td>May 24</td><td>2.0</td></tr> <tr><td>Jun 24</td><td>1.7</td></tr> <tr><td>Jul 24</td><td>1.5</td></tr> <tr><td>Aug 24</td><td>1.5</td></tr> <tr><td>Sep 24</td><td>1.6</td></tr> <tr><td>Oct 24</td><td>1.8</td></tr> <tr><td>Nov 24</td><td>1.6</td></tr> </tbody> </table>	Month	Cases per 1000	Dec 23	2.4	Jan 24	2.8	Feb 24	2.6	Mar 24	2.4	Apr 24	2.0	May 24	2.0	Jun 24	1.7	Jul 24	1.5	Aug 24	1.5	Sep 24	1.6	Oct 24	1.8	Nov 24	1.6
Month	Cases per 1000																															
Dec 23	2.4																															
Jan 24	2.8																															
Feb 24	2.6																															
Mar 24	2.4																															
Apr 24	2.0																															
May 24	2.0																															
Jun 24	1.7																															
Jul 24	1.5																															
Aug 24	1.5																															
Sep 24	1.6																															
Oct 24	1.8																															
Nov 24	1.6																															



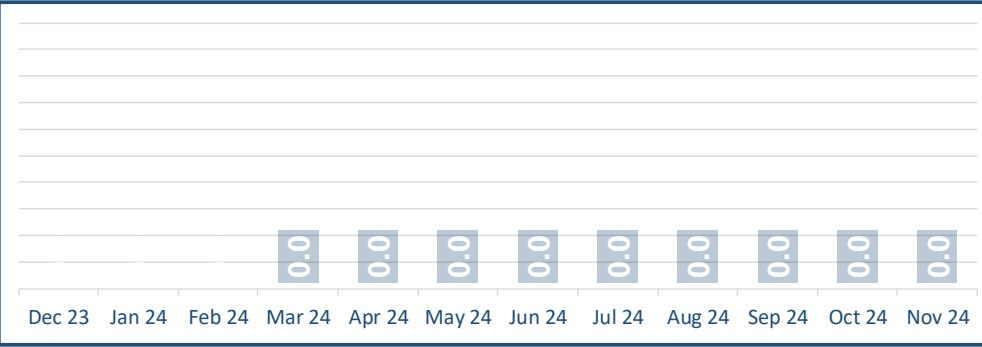
GIG
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NHS
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Betsi Cadwaladr
University Health Board

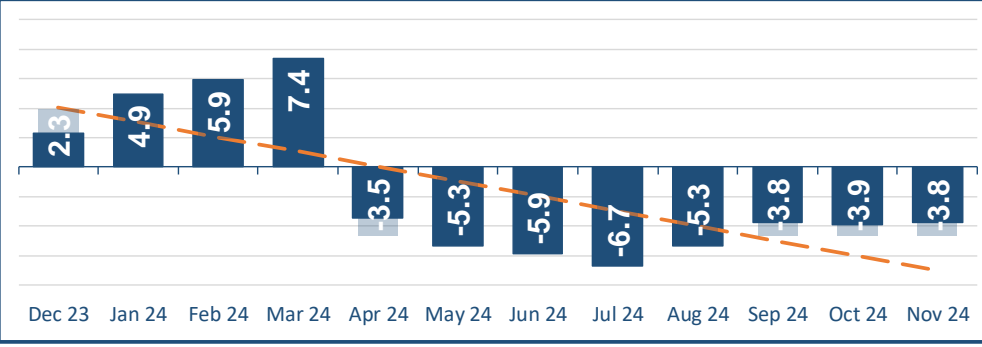
Section 3

Financial Performance

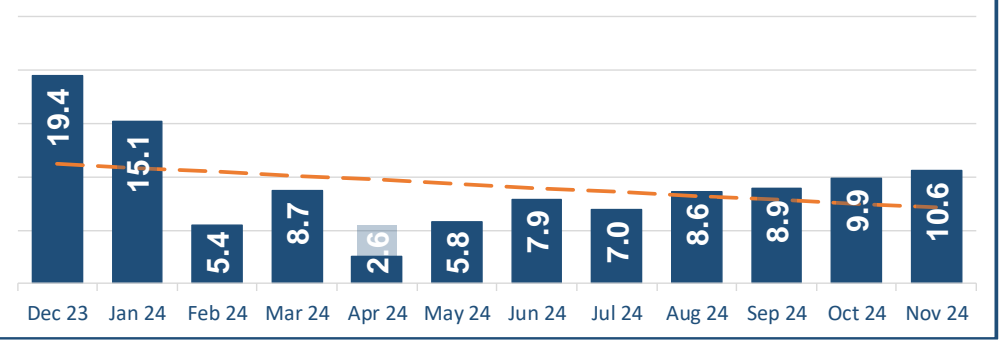
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-3.8	
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	10.6	



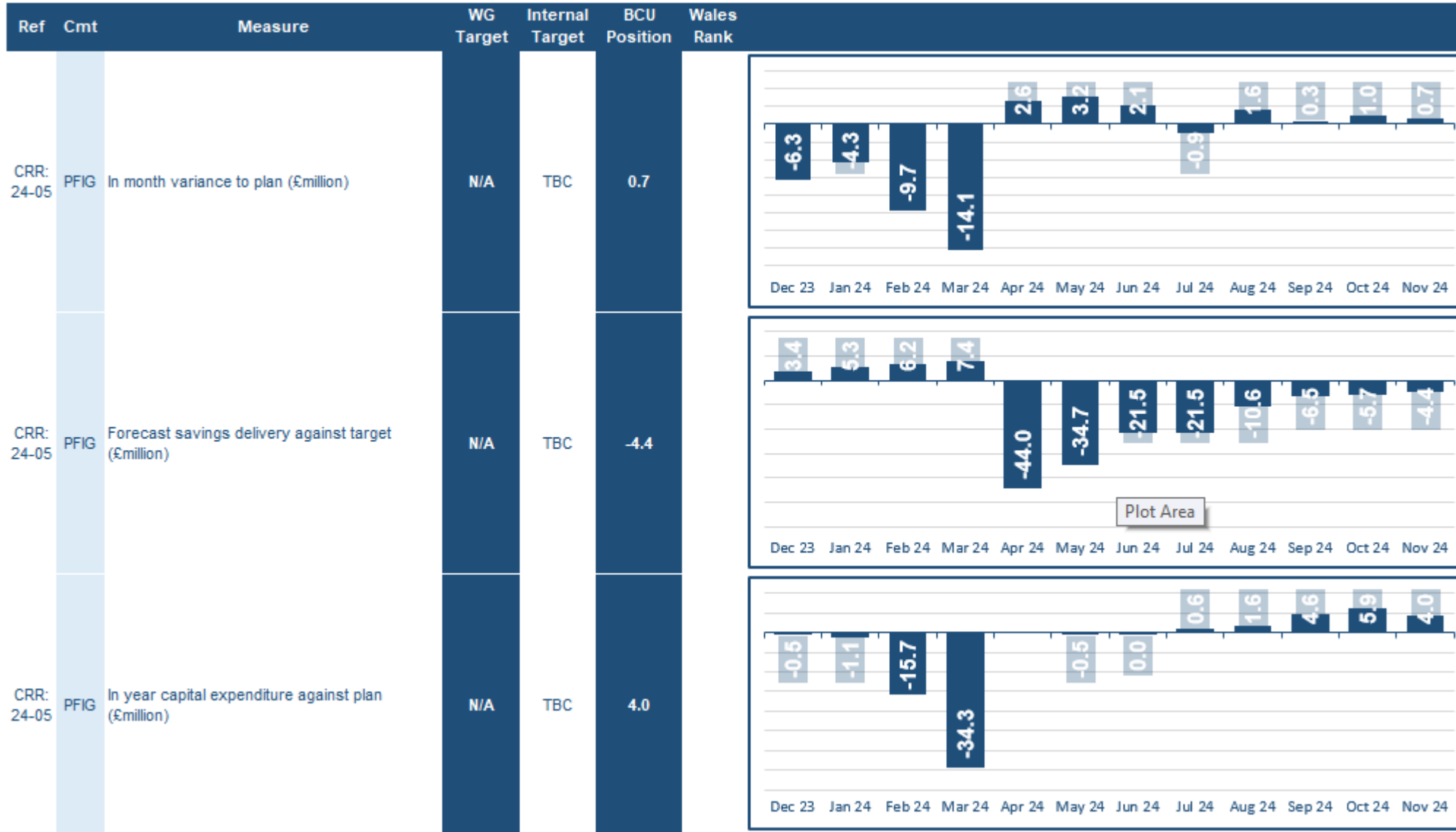
Month	Value
Dec 23	0.0
Jan 24	0.0
Feb 24	0.0
Mar 24	0.0
Apr 24	0.0
May 24	0.0
Jun 24	0.0
Jul 24	0.0
Aug 24	0.0
Sep 24	0.0
Oct 24	0.0
Nov 24	0.0



Month	Value
Dec 23	2.3
Jan 24	4.9
Feb 24	5.9
Mar 24	7.4
Apr 24	-3.5
May 24	-5.3
Jun 24	-5.9
Jul 24	-6.7
Aug 24	-5.3
Sep 24	-3.8
Oct 24	-3.9
Nov 24	-3.8



Month	Value
Dec 23	19.4
Jan 24	15.1
Feb 24	5.4
Mar 24	8.7
Apr 24	2.6
May 24	5.8
Jun 24	7.9
Jul 24	7.0
Aug 24	8.6
Sep 24	8.9
Oct 24	9.9
Nov 24	10.6



BCU Wide and Divisional Positions (Red = overspend against plan)									
	April	May	June	July	August	September	October	November	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m
West IHC	(1.8)	(1.8)	(1.2)	(1.7)	(1.9)	(1.5)	(0.5)	0.1	(10.2)
Central IHC	(2.9)	(2.9)	(2.9)	(2.2)	(2.1)	(2.5)	0.3	(1.5)	(16.5)
East IHC	(3.3)	(2.7)	(2.6)	(2.6)	(3.4)	(2.5)	(1.2)	(0.7)	(19.0)
Womens	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	0.0	(0.2)	0.0	(0.8)
MH & LD	(1.6)	(1.7)	(1.6)	(1.8)	(1.6)	(1.5)	(1.8)	(1.4)	(13.1)
Commissioning Contracts	(1.7)	(1.9)	1.0	2.4	(0.7)	(0.2)	0.9	0.7	0.5
ICD Primary Care	0.2	0.6	0.3	0.4	0.7	0.3	0.6	0.5	3.4
ICD Regional Services	(1.3)	(0.2)	(1.0)	(1.7)	0.1	(0.3)	0.6	0.2	(3.6)
Support Functions & Other Budgets	9.8	7.6	6.2	8.0	7.5	8.0	0.3	1.4	48.8
BCU Wide	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	(10.6)

November variance adjusted for anticipated pay award

Service Performance against Target	Annual				Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	8.7	7.3	1.4	8.5	5.8	4.8	1.0
Central Integrated Health Community	10.9	8.3	2.7	7.8	7.3	5.5	1.8
East Integrated Health Community	11.2	9.8	1.4	8.1	7.5	6.7	0.8
MHLD	4.2	7.9	-3.7	12.8	2.8	3.3	-0.5
Womens Services	1.4	1.4	0.0	0.7	0.9	1.0	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.1	1.0	0.2	1.4	0.8	0.6
Cancer Services	1.6	1.3	0.3	1.1	1.0	0.9	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	0.9	-0.9
Corporate & Support Services	3.7	4.1	-0.4	1.5	2.5	3.0	-0.5
Reserves	4.0	1.4	2.6	0.0	2.7	1.4	1.3
Saving Total	48.0	43.6	4.4	40.7	32.0	28.2	3.8
Accountancy Gains		8.1	-8.1			8.1	-8.1
Total		51.7	-3.7	40.7	32.0	36.3	-4.3

Finance: Agency / Locum Spend Performance

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	49	62	81	70	69	72	95	105	132	132	128	128	603	1,123
2	Medical & Dental	1,489	1,597	1,428	1,766	1,672	1,410	1,900	1,601	1,825	1,827	1,804	1,810	12,863	20,129
3	Nursing & Midwifery Registered	1,912	1,985	1,902	1,904	1,889	1,768	1,765	1,667	1,578	1,575	1,558	1,575	14,792	21,078
4	Prof Scientific & Technical	10	10	12	10	23	14	14	17	13	13	13	13	110	162
5	Additional Clinical Services	19	23	32	9	27	16	27	21	19	19	19	19	174	250
6	Allied Health Professionals	467	449	378	396	485	428	400	454	392	430	430	430	3,457	5,139
7	Healthcare Scientists	25	15	3	9	11	10	12	20	139	139	139	139	105	661
8	Estates & Ancillary	-1	9	8	1	5	16	0	4	1	1	1	1	42	46
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,970	4,150	3,844	4,165	4,181	3,734	4,213	3,889	4,099	4,136	4,092	4,115	32,146	48,588
11	Agency/Locum (premium) % of pay	4.4%	4.6%	4.3%	4.6%	4.6%	3.8%	4.6%	3.1%	4.2%	4.2%	4.2%	4.2%	4.2%	4.2%

Finance: Current Financial Position and Forecast

The 2024/25 financial plan of a £19.8m financial deficit reflected the financial challenges from 2023/24 continuing into the new financial year, and impacted on the ability to achieve the key financial duty of financial balance, despite an uplift of funding within the 24/25 allocation. In November 24, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on the condition the planned deficit is reduced to £8.6m.

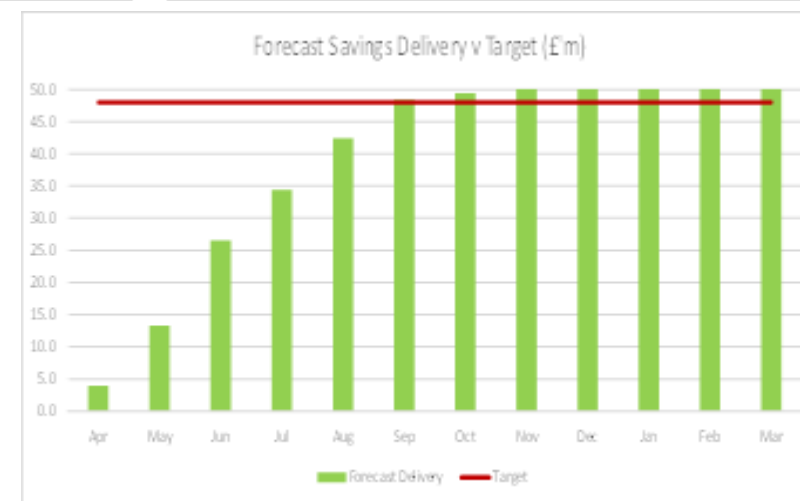
The November in-month position was £0.7m deficit over the planned deficit, with the plan increasing to a £5.8m surplus in month 8, as a result of the 8/12ths (£7.4m) of the new allocation. The in year additional pressures above plan are currently being reported as non-recurrent, and as agreed in the previous meeting IHCs have been asked to identify reductions in expenditure for the remainder of the financial year, to both recover the cumulative overspend above plan of £10.5m and provide headroom for any future cost over runs. As part of the 2025/26 annual financial planning cycle, a full assessment of costs and the underlying deficit is being undertaken, which will be taken to the December Health Board.

	Actual Position									Forecast				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total YTD	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	(16.3)	(0.3)	2.0	2.5	3.5	(8.6)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(5.8)	(0.7)	(0.7)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	(10.5)	0.4	2.7	3.2	4.2	0.0

The Health Board's 2024/25 financial plan set a recurring savings target of £48.0m. The £48.0m target plan is profiled on an equal twelfth's basis.

Savings forecast to deliver £51.7m have been identified from a combination of Savings Schemes and Accountancy Gains, a forecast increase of £2.3m over the previous month. The full year effect of savings is £40.7m and further work is needed to increase the recurring savings by £7.3m. The focus has now moved on to containing cost overruns, and recovering the year to date deficit.

Savings delivered in Month 8 totalled £5.0m, of which £2.6m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute to the in-month delivery. Red and pipeline opportunities which still need further work to convert to Green Schemes total £1.0m.



About the Integrated Performance Report



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

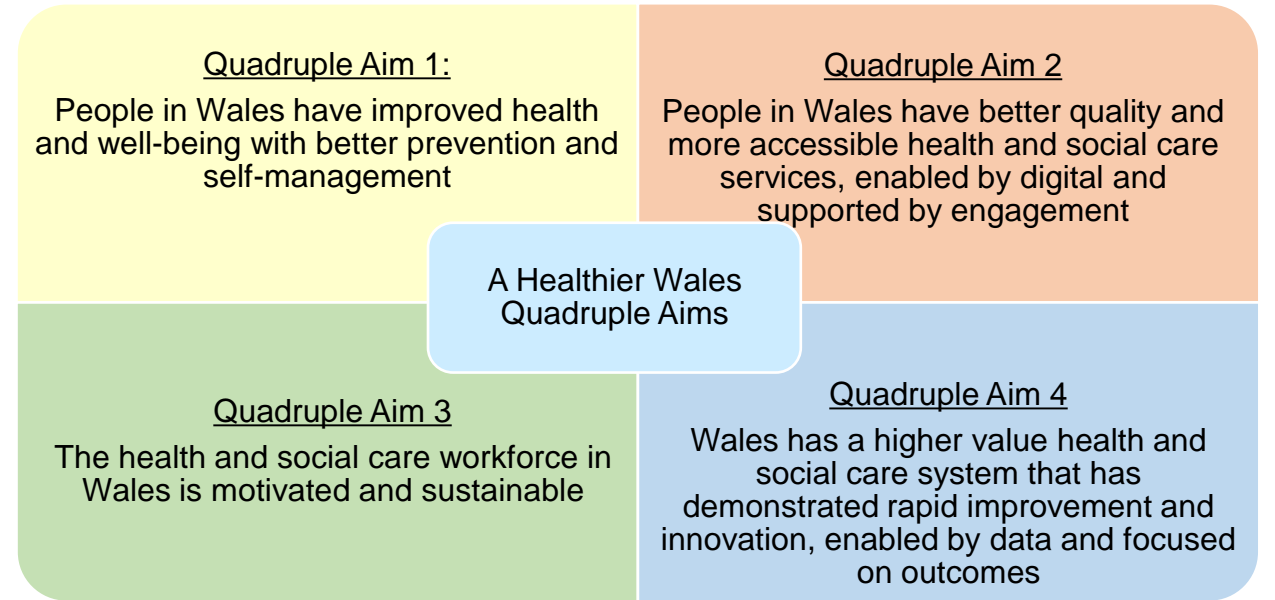


NHS Wales Performance Framework 2024-25

The performance measures in the NHS Wales Performance Framework for 2024-2025 reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027.

The 2024/25 revision now consists of 54 quantitative measures and twelve policy assurance statements where assurance is sought either quarterly or bi-annually.

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.



Integrated Performance Report

Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

Financial Performance

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence of performance indicators gathered across key domains including quality, safety, access & activity, people, finance and outcomes.

Key for the framework is the system review, reporting, escalation and assurance process that aligns especially to the NHS Wales Performance measures, Special Measure metrics and Ministerial priority trajectories. In the Integrated Performance Review meetings we will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

About this report: Rating System

Performance is monitored against our Annual Plan but is rated against the Welsh Government targets contained in the Performance Framework.

Green

The *latest available data point* indicates that performance is at, or better than the target

Red

The *latest available data point* indicates that performance is worse than the target

Blue

It is inappropriate, or not possible, to rate available data against any available target

Grey

There is no / insufficient data available to rate against the target

Exception

Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken

Criteria of an exception

Any metric failing against an NHS Performance Framework, operational, or local target / trajectory

Where statistical process chart (SPC) methodology flags consistent negative variance and no assurance.

Any reportable commissioned metric where the performance is not meeting the National target

Escalation

When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.

Criteria for escalation

Any measure that fails a health submitted trajectory as part of the Ministerial Priorities.








Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)

Any significant failure of a quality standard e.g. never event or failing accountability conditions.

This report contains some statistical process charts (SPCs); please see below for legends.

If you would like any support / advice regarding interpretation of these charts, please contact the team, who will be happy to discuss.

Variance





-  Common cause variation present: there is no significant change or pattern
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: changes or patterns appear to show improvement
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: concerning changes or patterns present that require investigation / action.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.
-  Special cause variation present: a upwards or downwards change or pattern is evident, which is neither positive or negative in nature.

Orange icons indicate negative occurrence

Blue icons indicate a positive occurrence

Grey icons indicate no significant data occurrence

Assurance (*based on data presented in the SPC only)

-  No assurance: we would expect to sometimes achieve, and sometimes miss the target
-  Positive assurance: we would consistently expect to achieve the target
-  No assurance: we would consistently expect to miss the target
-  There is no profile or target, or insufficient data, thus assurance can not be ascertained

Legend	 Performance	 Control Line (Mean)	 Upper Control Limit 3σ
	 Lower Control Limit 3σ	 Upper Control Limit 2σ	 Lower Control Limit 2σ
	 National Target	 Internal profile	 Trend

The column charts that feature within this report use the following legend:

 BCU Position	 Internal Profile	 Trend (Rolling 12 Month)	 WG Target
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What is an Integrated Performance Report (IPR)?

The Integrated Performance Report (IPR) combines the areas of Quality, Performance, People and Finance in one overarching report. It provides the reader with a balanced view of performance intelligence and assurances from across the organisation.

The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 28th September 2023. The Framework lays the foundations for an integrated approach to performance monitoring, intelligence, management, assurance and improvement. An integral element of the IPF is this new Integrated Performance Report and the governance structure wrapped around it.

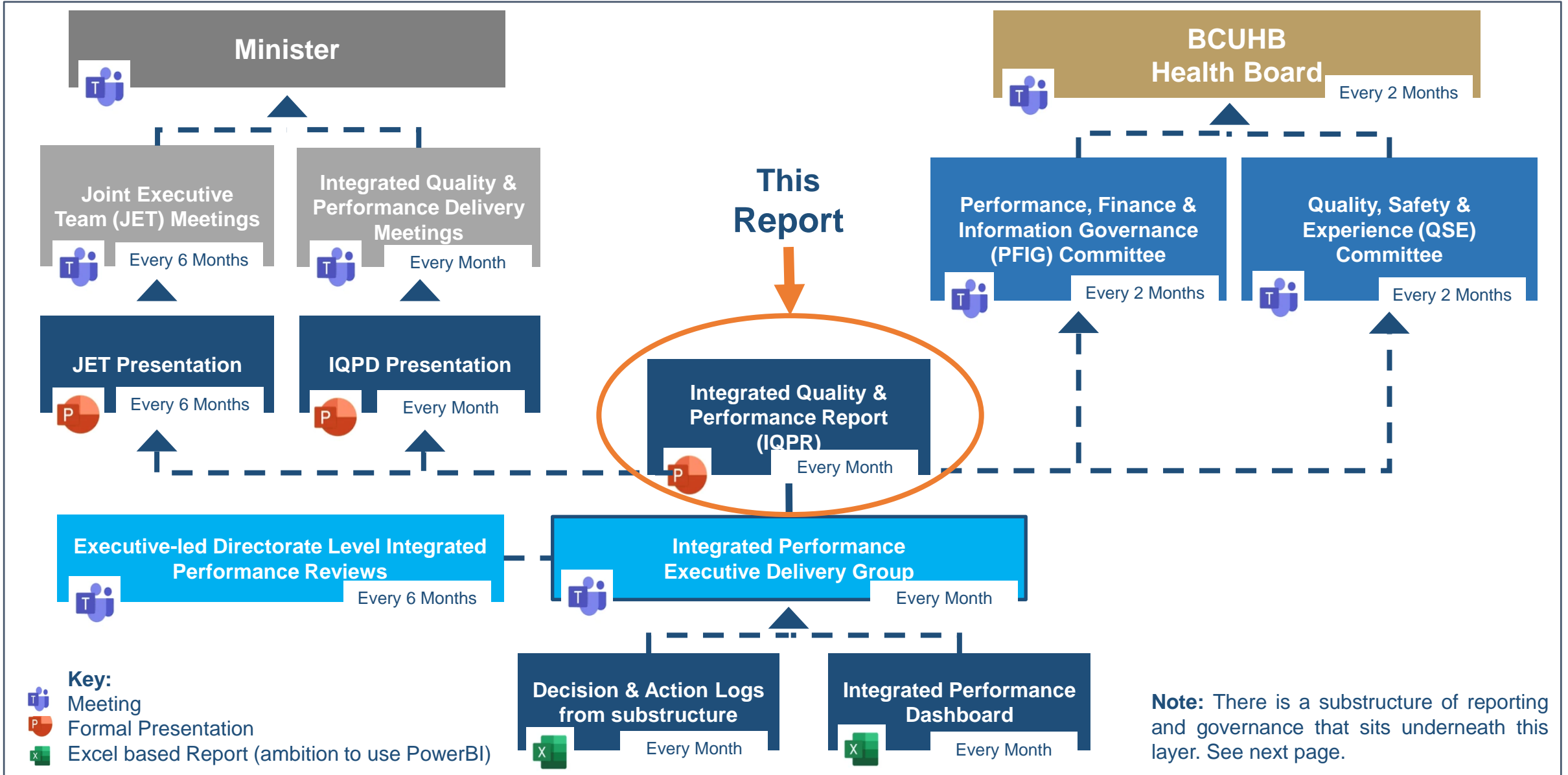
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the Health Board’s strategic objectives between now and April 2027. Work has also commenced with the corporate directorates working together on the development of an integrated approach to organisational quality surveillance mechanisms. Once this initial phase is complete, we will then begin our work with the services.

Where does the IPR feature within the Performance Governance Structure

The Health Board’s business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF contains information on all metrics, including those that are consistently achieving success however, the main focus is on metrics in exception or escalation.

The IPR will be embedded as the ‘single version of the truth’ and used to report on performance to the Health Board, it’s scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. Once published for each Committee/Health Board, the report will be shared across the organisation via BetsiNet (internally), published externally on Betsi Cadwaladr University Health Board’s (BCUHB) external facing website and shared in parts or as a whole on other channels such as social media via our partners in BCUHB’s Communications Team.

The Integrated Performance Reporting & Governance Superstructure

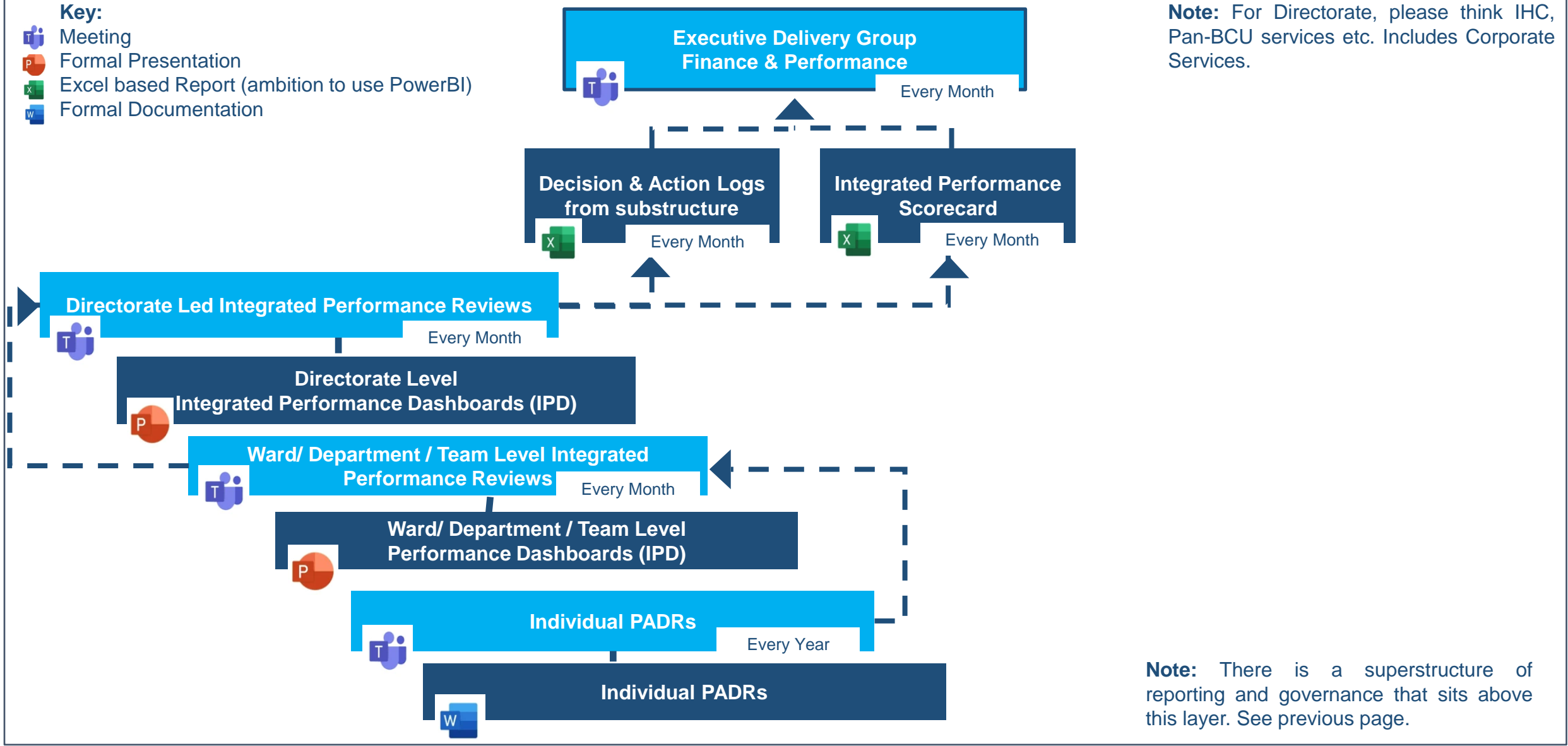


The Integrated Performance Reporting & Governance Substructure

Key:

-  Meeting
-  Formal Presentation
-  Excel based Report (ambition to use PowerBI)
-  Formal Documentation

Note: For Directorate, please think IHC, Pan-BCU services etc. Includes Corporate Services.



Note: There is a superstructure of reporting and governance that sits above this layer. See previous page.

Integrated Performance Reports



Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD)(Welsh Government) and Joint Executive Team (JET).

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance Directorate(PI&AD)

Deep Dive Reports



Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, i.e. to support escalation, de-escalation.

Ad-hoc Reports



Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

Additional Information

Our Integrated Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- 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>



Appendix

Please see below a list of abbreviations commonly found within the report:

A&E	Accident and Emergency	LPMHSS	Local Primary Mental Health Support Services
AB	Aneurin Bevan Health Board	MH&LD	Mental Health and Learning Disabilities
ADHD	Attention Deficit Hyperactivity Disorder	MMR	Measles, Mumps and Rubella
ASD	Autistic Spectrum Disorder	NHS	National Health Service
BCU/BCUHB	Betsi Cadwaladr University Health Board	NR	non-recurrent
C&V	Cardiff and Vale University Health Board	PADR	Performance Appraisal and Development Review
Cmt	committee	PFIG	Performance, Finance, and Information Governance Committee
CRR Ref	Corporate Risk Register Reference	QSE	Quality, Safety, and Experience Committee
CTM	Cwm Taf Morgannwg University Health Board	R	recurrent
ENT	Ear, Nose, and Throat	SB	Swansea Bay University Health Board
GDS	General Dental Services	WAST	Welsh Ambulance Services NHS Trust
GP	General Practitioner	WG	Welsh Government
HDda	Hywel Dda University Health Board	YTD	year to date
HEIW	Health Education and Improvement Wales		
IHC	Integrated Health Community		

This report has been produced on behalf of the **Performance, Finance & Information Governance Committee** by the **Performance Directorate** in partnership with:

- Integrated Health Communities (West, Centre & East)
- Digital, Data & Technology Directorate (DDAT)
- People & Organisational Development Directorate (POD)
- Adult Mental Health & Learning Disabilities Directorate (AMH&LD)
- Children & Young Adolescent Mental Health Services Directorate (CAMHS)
- Women's Services Directorate (WS)
- Public Health
- Finance Directorate
- Office of the Medical Director (OMD)
- Quality & Patient Experience Directorate (Q&PE)
- Equal Opportunities Team
- Risk Management Department
- Corporate Communications Team

...and the following as Senior Responsible Officers for the measures within their respective Executive Portfolios.

- Executive Director of Operations
- Executive Director of Finance
- Executive Director for Public Health
- Executive Director for People & Organisational Development
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic Planning & Transformation
- Executive Director of Nursing & Midwifery
- Executive Medical Director

Benchmarking information has been sourced (as identified) from NHS Benchmarking Network, Welsh Government and CHKS

Women's Services Report to Performance, Finance and Information Governance Committee

December 2024



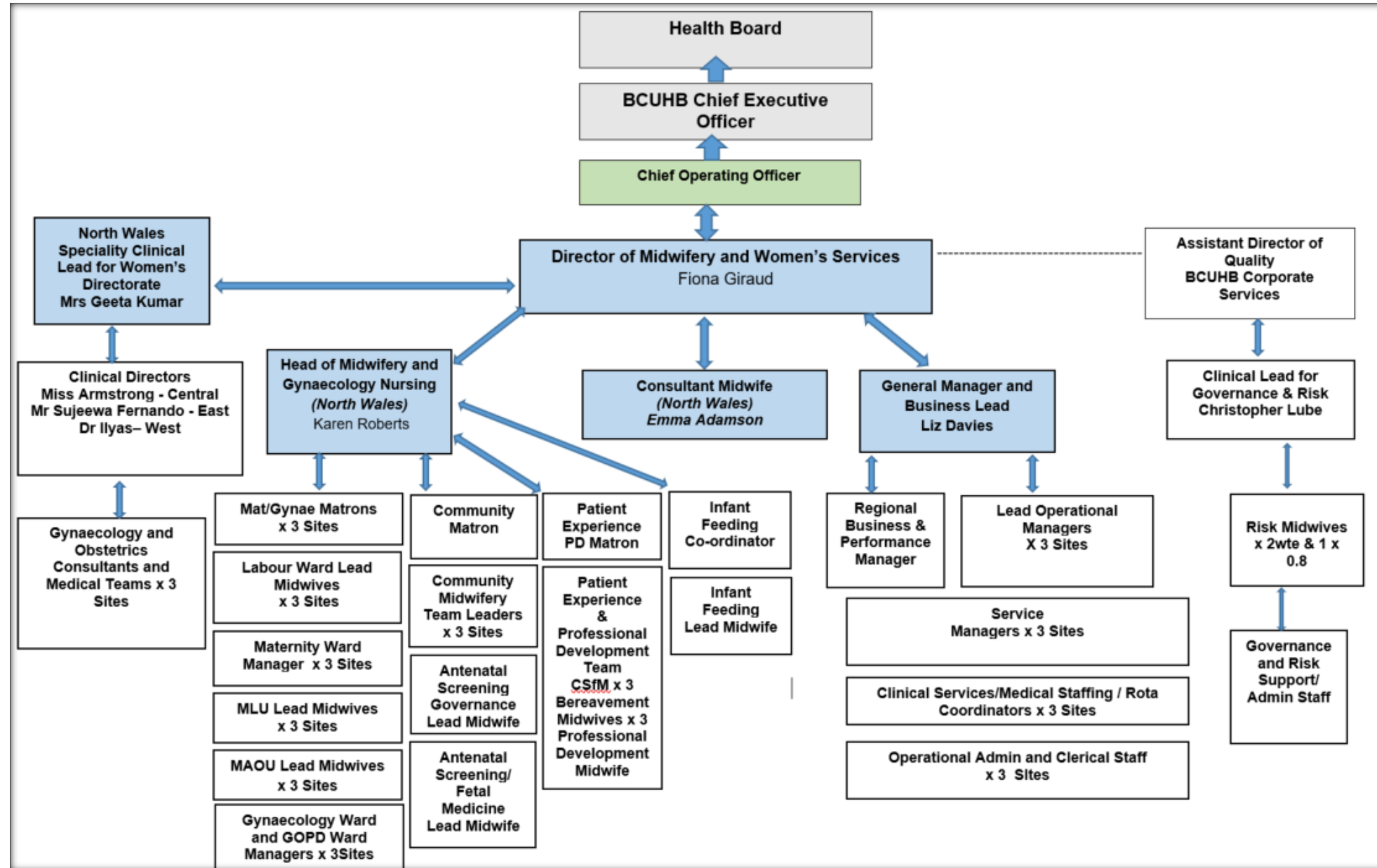
GIG
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Bwrdd Iechyd Prifysgol
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University Health Board

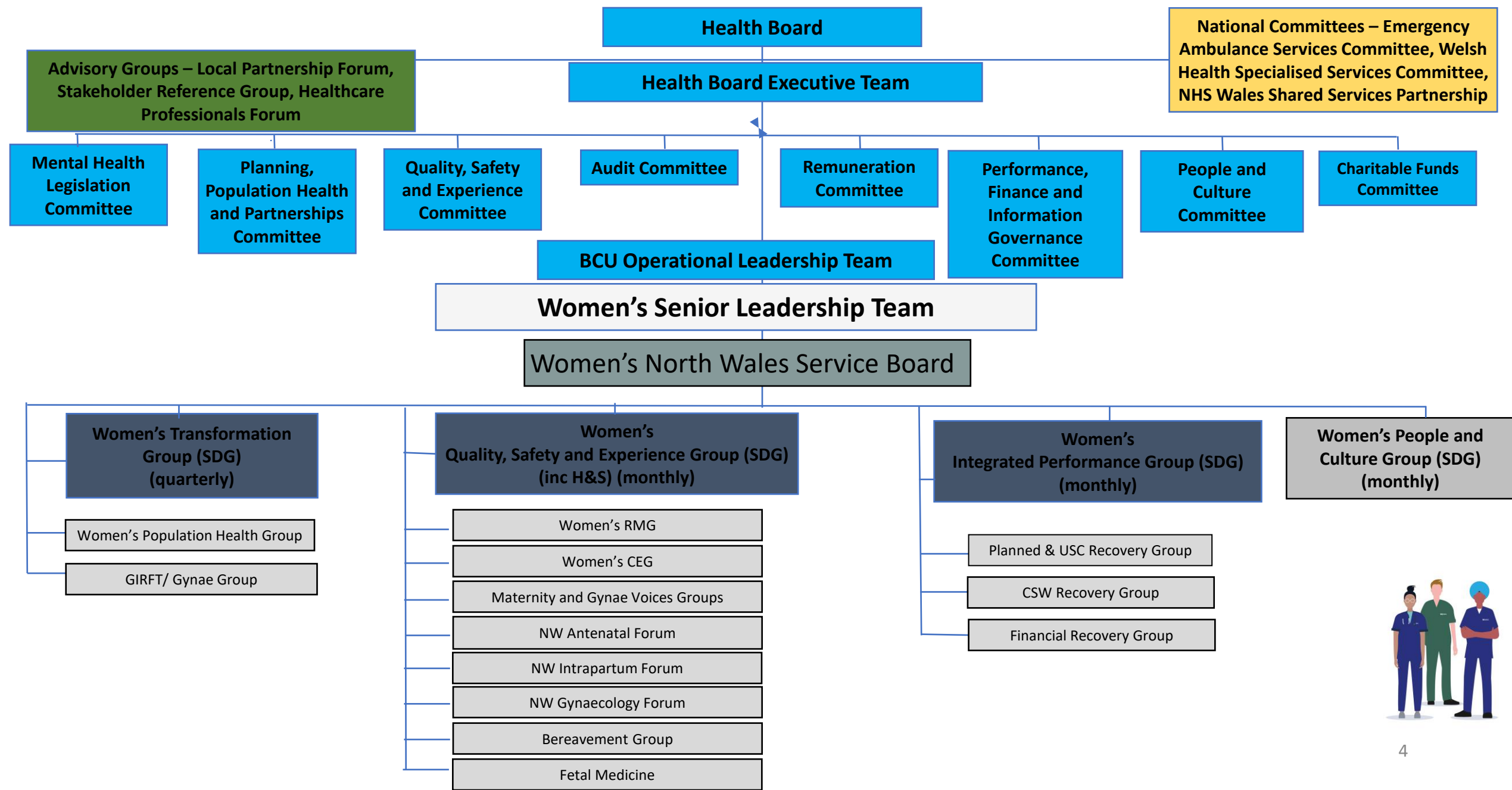
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Women's Services - Structure



Women's Services – Governance Structure



WOMEN'S SERVICE ANNUAL PLAN (2024/25)

BCUHB Executive Delivery Group



Service Users – Maternity & Neonatal Voices (Co-production)

Women's Service Board

Service Users - Gynaecology Voices (Co-production)

- Interface with Service Users
- Interface with Care Closer to Home
- Interface – IHCs, Mental Health & Pan North Wales Services & Clusters
- Service Transformation
- Population Health
- Quality Improvement
- People and Culture/ DEI
- Finance & Performance
- Safeguarding
- Infrastructure & Digital Development
- Communication & Engagement

Maternity Services Strategy Priority 1

- Implement the MatNeo SSP (Year 1 Recommendations/Priorities)
- Prepare for the introduction of the Digital Maternity Cymru Solution /National Maternity Dashboard
- Support and implement the National Peri-natal Workforce & Training Standards
- Deliver Saving Babies Lives Care Bundle 3 & GAP 2.0 Programme
- Progress and Implement National Recommendations (e.g. MBRRACE, RCOG)

Transforming Gynaecology & Specialist Services Priority 2

- Support Local Delivery of the Women's Health Plan for Wales (10 Year Plan)
- Implement North Wales Women's Planned Care and Cancer Recovery Plan (in line with GIRFT recommendations)
- Establish a Single Waiting List Management System for Gynaecology
- Review the Emergency Gynaecology Care Units/EPAU Service
- Support the development of Pelvic Pain/ joint Therapy Services

Support Best Start in Partnership Priority 3

- Implement the Preconception Strategy
- Smoking Cessation – Deliver the NHS Wales 2 Year "Help Me Quit for Baby" Implementation Plan (Year 1)
- Healthy Weight Management in Pregnancy
- Infant Feeding Strategy (5 Year)
- Healthy Start- raising awareness & reducing inequality
- Develop a local Parental Preparation Plan

Progress against the Annual Plan 2024-25

4K	Women's Services		Current Position
4K.1	Supporting Local Delivery of the Women's Health Plan for Wales	Q4	The first Women's Health Plan For Wales was launched by Welsh Government on Monday 9 th December. The plan, created by the National Strategic Clinical Network for Women's Health, as part of the NHS Wales Executive, sets out how NHS organisations in Wales will close the gender health gap by providing better health services for women, ensuring they are listened to and their health needs are understood. A local workshop of all strategic stakeholders is being arranged in Quarter 4 to explore the Health Board's approach and implementation plan aligned to it key strategic priorities.
4K.2	Implementation of the Maternity and Neonatal Safety Support Programme recommendations	Q4	<p>MatNeo Champions continue to progress Phase 1 priorities. Local position against total 134 priorities has been submitted to the Network. Currently awaiting national steer from the MatNeo Strategic Network in relation to the Phase 2 of the programme and priorities for Health Boards.</p> <p>Phase 1 Priorities – Early Identification of the Deteriorating Mother and Baby MEWS - As part of the Maternity and Neonatal Safety Support Programme (MatNeo SSP) we have introduced Team of the Shift in one site with a view to spread and scale across three units of North Wales in Q4. This intervention is a safety huddle that occurs prior to clinical handover at 08:30 and 20:30 every day and designed to foster a culture of psychological safety, excellent teamworking and communication. Introduction of the national Maternity Early Warning Score (MEWS) observation chart is being led by an Expert Reference group of clinicians with representation from each Health Board in Wales working with the Maternity and Neonatal Network (NHS Executive). Consensus reached across all Health Boards in Wales to implement MEWS tool developed in England. A National implementation co-design workshop has been held on 11th December. A local implementation plan will be available in Q4.</p> <p>NEWTT2 is updated guidance from BAPM on newborn observations and escalation. The extended framework provides an escalation tool and a standard response and review tool for the multidisciplinary team to promote consistency between healthcare professionals and ensure that the team and family are involved in and fully informed of the actions required for a baby to receive safe and quality care.</p> <p>The Midwifery Unit Standards Assessment was launched on 3rd December. This will support the benchmarking of local services and identification of quality improvements actions. A MatNeo SSP Event has taken place on the 6th December with the specific aim of sharing best practice around local actions but also reviewing the classification of the actions to see what support is needed moving forward.</p>
4K.3	Progression and implementation of national recommendations including Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE)	Q4	<p>The action plan has 247 individual actions identified some of which have been in place since the plan was established. An additional increase of 6 recommendations reflects those published by MBRRACE in the Maternal Death Report for 2020-22 in October 2024. All these action have been assessed as being Grey due to the lead being a national body or organisation.</p> <p>The Clinical Governance Lead, Women's Services continues to monitor and review all actions which are on Amber or above to ensure the most up to date position is identified. The current status shows that there are no actions, which are rated as red, 8 actions are rated as being amber (from 11) and 198 action are rated as being green. There are 29 actions, which are rated as being Grey as they fall under the responsibility of a National Body. These actions are reviewed to identify if there are any local actions that need to be taken whilst awaiting outcome form the national bodies. Of the 8 actions rated as amber there is high confidence that 5 of these actions will be moved to a RAG rating of Green. These 5 actions are all currently linked to other workstreams such as the Saving Babies Lives and Equality and Diversity programme which are progressing. Of the remaining 3 actions there is low confidence that these can be moved to a Rag rating of Green due to there being a significant link to the Maternity Digital Record which has been delayed and identified as a risk on the Women' Service Risk Register.</p> <p>Women's Services will continue to monitor and review all existing actions and following publication of the 2024 MBRRACE Perinatal Mortality Report in December 2024.</p>
4K.4	Preparing for the induction of Digital Maternity Cymru Solution	Q4	National Procurement, led by DHCW, out to competitive tender which closed on 19/11/24. A local Business Case is being developed to be submitted to the Health Board for support and funding.
4K.5	Implementing the North Wales Women's Planned Care and Cancer Recovery Plan in line with GIRFT recommendations	Q3	Cancer and Planned Care remain a priority for the Service. Mitigative actions are detailed on Slides 15-19.
4K.6	Supporting the implementation of the Preconception Strategy and population health work streams	Q4	The local Preconception Strategy was launched in 2023/24. Discussions ongoing with regards to ensuring a Health Board coordinated and collaborative approach to the local implementation aligned to the WG's 10 Year Women's Health Plan for Wales. A stakeholder workshop is planned for March 2025 to progress this work further.
4K.7	Supporting Healthy Start by raising awareness and reducing inequality	Q3	Healthy Start is widely promoted with support by BCUHB Public Health Wales colleagues. Work is ongoing looking at ways to monitor midwifery compliance with Healthy Start e-learning package, mandated via WHC.
4K.8	Raising awareness of, and supporting the effects of, menopause on women's physical, emotional; mental and social well-being	Q3	WLI funding requested to support Menopause OPD appointments. National Menopause Training model launched – this has been shared widely with Clinical body and will support the care closer to home model, to date 6 Consultants have been supported to complete the BMS Module. Virtual Sessions are also being progressed with Primary Care to reduce the number of referrals
4K.9	Reviewing the best configuration for endometriosis services in North Wales	Q4	Business Case to establish a North Wales Endometriosis Centre reviewed by the RIGA (Recurrent Investment Group Assurance) panel. Recurrent funding to progress with Endometriosis Business Case was not supported, £300k has been allocated from the Value Based Health Care Fund on a non-recurrent basis for 2024/25. Longest waiting Stage 1 referrals currently being triaged with a view to introducing Diagnostic OPD Clinics. Development of the Nurse Led Pathway being progressed.

Strategic Developments & Issues to Note

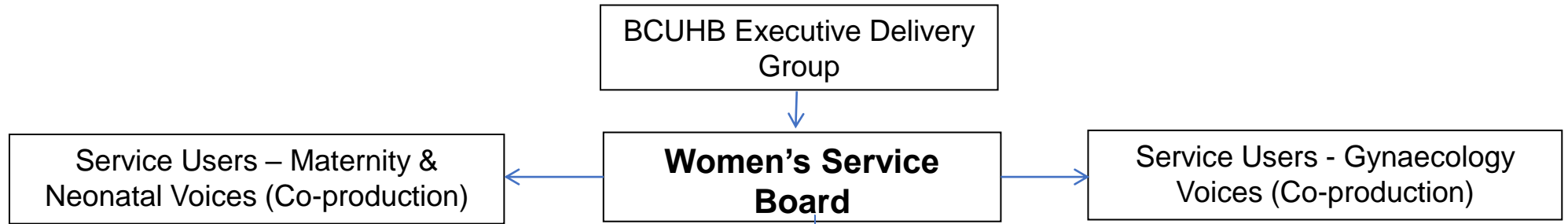
Other Developments

- **Digital Maternity Cymru**
- **Women's Health 10 Year Plan** – launched 9th December 2024
- **Mat Neo Quality Statement** – awaited (Q4)
- **HEIW Perinatal Workforce Strategy** – awaited (Q4)
- **Perinatal Engagement Strategy** – awaited (Q4)
- **Development of the Maternity Beacon** (Q4)
- **QMS** – Service Self-Assessment – Completed December 2024
- **Peer Quality Maternity Reviews** (completed all Sites)

Annual Plan 2025-26 – Women’s Service Priorities

	Alignment with Health Board Objectives	Target
MATERNITY SERVICES STRATEGY		
Support local delivery of the MatNeo Quality Statement and Service Specification	2: Developing strategy and long-lasting change 3: Creating compassionate culture, leadership and engagement 4: Improving quality, outcomes and experience	Q4
Implement the HEIW 10 Year Perinatal Workforce Plan (Short Term) actions aligned with themes of the Health and Social Care Workforce Strategy	4: Improving quality, outcomes and experience 5: Establishing an effective environment for Learning	Q4
Support local delivery of the Welsh Government Perinatal Engagement Framework (Year 1 Plan) to ensure high-quality service user experience and engagement	2: Developing strategy and long-lasting change 3: Creating compassionate culture, leadership and engagement 4: Improving quality, outcomes and experience	Q4
Prepare for the introduction and implementation of the Welsh Government led Digital Maternity Cymru Solution	1: Building an effective organisation	Q4
Implement the MatNeo SSP Year 2 actions (Network)	4: Improving quality, outcomes and experience	Q4
WOMEN’S HEALTH		
Support the Health Board in implementing the Welsh Government 10 Year Women’s Health Plan	2: Developing strategy and long-lasting change 3: Creating compassionate culture, leadership and engagement 4: Improving quality, outcomes and experience	Q4
Support local development of Women’s Hubs (including a Single Point of Access for Gynaecology Referrals)	2: Developing strategy and long-lasting change 4: Improving quality, outcomes and experience	Q4
Support the implementation of the Preconception Strategy and population health work streams	4: Improving quality, outcomes and experience	Q4
Lead on the recovery of North Wales Gynaecology Cancer Services in line with the Wales Single Cancer Pathway	4: Improving quality, outcomes and experience	Q4
Lead on the recovery of Gynaecology Planned Care in line with GIRFT recommendations and Ministerial Targets	4: Improving quality, outcomes and experience	Q4

WOMEN'S DIRECTORATE YEAR 25/26 ANNUAL PLAN (DRAFT)



- Interface with Service Users
- Interface with Care Closer to Home
- Interface – IHCs, Mental Health & Pan North Wales Services & Clusters
- Service Transformation
- Population Health
- Quality Improvement
- People and Culture/ DEI
- Finance & Performance
- Safeguarding
- Infrastructure & Digital Development
- Communication & Engagement

**Maternity Services Strategy
Priority 1**

- Support local delivery of the MatNeo Quality Statement and Service Specification
- Implement the HEIW 10 Year Perinatal Workforce Plan (Short Term) actions aligned with themes of the Health and Social Care Workforce Strategy
- Prepare for the introduction and implementation of the Welsh Government led Digital Maternity Cymru Solution
- Implement the MatNeoSSP Year 2 Actions (Network)

**Transforming Gynaecology & Specialist Services
Priority 2**

- Support the Health Board in implementing the Welsh Government Women's 10 Year Health Plan
- Support local development of the Women's Hubs (including a Single Point of Access for Gynaecology Referrals)
- Lead on the recovery of North Wales Gynaecology Cancer Services in line with the Wales Single Cancer Pathway
- Lead on the recovery of Gynaecology Planned Care in line with GIRFT recommendations and Ministerial Targets

**Support Best Start in Partnership
Priority 3**

- Support the implementation of the Preconception Strategy and Population health Workstreams
- Support prevention based Women's Health Initiatives (e.g. smoking, weight management)
- Progress local implementation of the Welsh Government Infant Feeding Strategy (5 Year)
- Develop a local Parental Preparation Plan

Finance – Month 8



GIG
CYMRU
NHS
WALES

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Women's Service Financial Position – Month 8

Month 8 Position

	Including P08 Pay Award			Excluding P08 Pay Award		
	£m	%	A/F	£m	%	A/F
In Month	£1.439m	37%	<i>Adverse</i>	£0.053m	1%	<i>Adverse</i>
YTD	£2.202m	7%	<i>Adverse</i>	£0.817m	3%	<i>Adverse</i>
Forecast	£3.146m	7%	<i>Adverse</i>	£1.068m	2%	<i>Adverse</i>

2023/24 outturn **-£0.686m (-1%) favourable**

Material Budget Changes 24/25

- Riga 1 Budget Rejection **(£0.525m)**
- Riga 2 Budget Rejection/Reduction **(£0.475m)**
- 23/24 Top Slice made recurrent **(£0.769m)**
- 24/25 Savings Target **(£1.360m)**
- 24/25 Reserves funding **£0.500m**
- 24/25 Non recurrent Top Slice funding **£0.769m**
- **Total Net Budget Reduction (£1.860m)**

Material Variances Month 8 (Forecast)

- Pay **£1.395m (£2.415m)**
- Non Pay **£0.001m (£0.279m)**
- Secondary Care Drugs **£0.001m (£0.168m)**
- CoCH Contract **£0.048m (£0.308m)**

- ❖ Pay Award processed in Nov24 (£1.386m YTD/ £2.079m FYE impact), funding not yet allocated from Reserves to local budgets.
- ❖ Main pressure is the Medical Pay Budget YTD overspends at YG and YGC, mainly relating to Agency/Locum expenditure.
- ❖ Excluding the Pay Award impact, Nursing budgets are underspent at each Site, which offset the vacancy savings target held on the Women's Corporate budget.
- ❖ Excluding the Pay Award Impact, HCAs are underspent at each Site.
- ❖ Clinical Supplies - drugs represents £0.125m of the £0.267m overspend.
- ❖ There is a £0.146m overspend against the CoCH Obstetrics and Gynae contract.

November YTD Variance 2024/25

Row Label	L4 Desc	Sum of Current Month Variance	Sum of YTD Variance
		£'000	£'000
INCOME Total		(7)	3
PAY	ADDITIONAL CLINICAL SERVICES	91	27
	ADMINISTRATIVE & CLERICAL	75	69
	ALLIED HEALTH PROFESSIONALS	(0)	1
	ESTATES AND ANCILLIARY	-	0
	MEDICAL AND DENTAL	500	1,011
	NURSING AND MIDWIFERY REGISTERED	730	575
PAY Total		1,395	1,684
Non Pay	CLINICAL SERVICE & SUPPLIES	4	267
	ESTABLISHMENT EXPENSES	(7)	30
	EXTERNAL CONTRACT STAFFING & CONSULTANCY	-	3
	GENERAL SUPPLIES & SERVICES	(1)	(4)
	MISCELLANEOUS SERVICES	4	38
	PREMISES & FIXED PLANT	3	35
	PRIMARY & SECONDARY CARE	48	146
Non Pay Total		51	516
Grand Total		1,439	2,203



Women's Cash Releasing Efficiency Savings (CRES) Position – Month 8

Savings 2024/25

In-month: £0.104m (GL target £0.096m)

£0.007m favourable

Forecast Savings £1.403m (target £1.360m)

£0.042m favourable

Savings Proposals 24/25

Pay:

- Reduction in Medical Agency costs (forecast spend = £2.146m for 24/25).
- Pay Grip and Control – sickness management, job planning, role optimisation, effective rostering.
- Job planning and Medical Pay standardisation (V&S).

Non Pay/Income:

- Non Pay Grip & Control

Efficiency/Effectiveness:

- Theatre Utilisation/Efficiencies Group
- Contracts review (Baby Tagging) – VFM.
- Service efficiency reviews (GIRFT etc) (V&S).
- Benchmarking opportunities (V&S)
- Local Gynae OPD review to be undertaken on required establishment and sustainability.

Expenditure Control Target Actions

- Indicative Expenditure Control Target set totalling £0.7m
- £0.4m Control Target Actions identified to date, with £0.1m of these delivered by Month 8.
- £0.3m to be identified (as at 09/12/24).

Savings Delivery

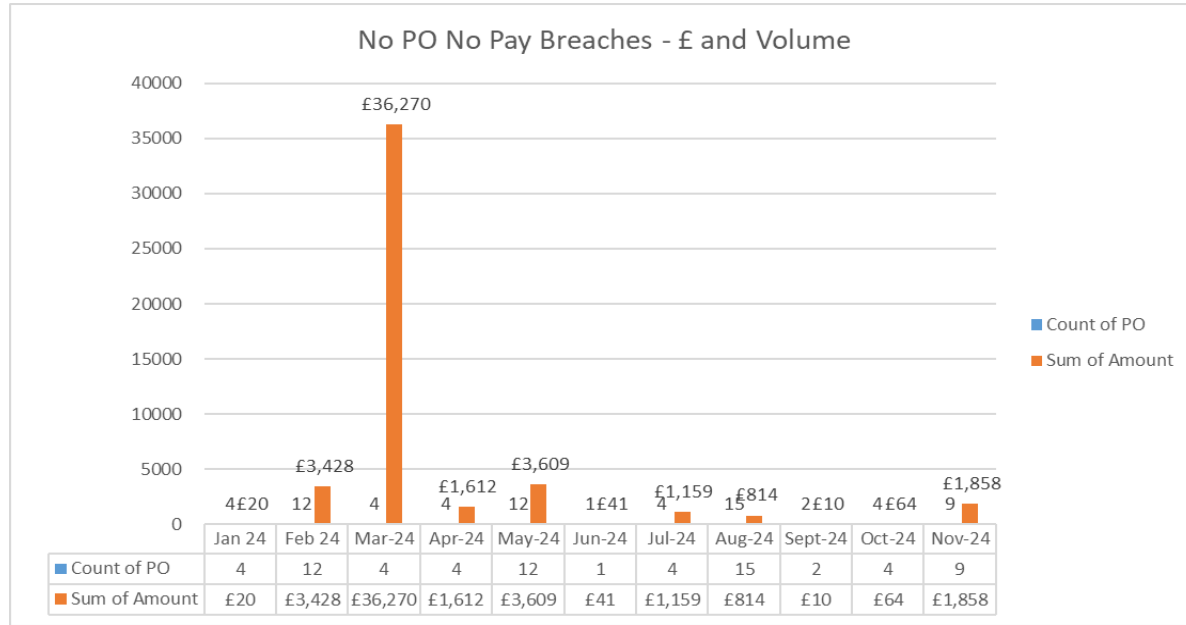
Row Labels	Recurrent / Non Recurrent	YTD	FULL YEAR		Sum of Forecast FYE
		Sum of YTD Ach'mnt (£)	Sum of Current Year Annual Plan (£)	Sum of Annual Forecast Savings (£)	
Medicines Management	Rec	£31,534	£31,022	£40,023	£40,023
Medicines Management Total		£31,534	£31,022	£40,023	£40,023
Procurement & Non-pay	Non Rec	£1,979	£1,979	£1,979	
		£7,600	£11,400	£11,400	
		£473	£256	£535	
		£745	£4,690	£1,074	
	Rec	£3,546	£3,365	£4,667	£4,667
		£958	£937	£1,469	£1,534
		£0	£535	£198	£1,638
		£506	£647	£948	£1,325
		£675	£951	£1,018	£1,018
Procurement & Non-pay Total		£16,481	£24,759	£23,289	£10,183
Workforce	Non Rec	£580	£580	£580	
		£26,839	£40,259	£40,259	
		£494,254	£266,652	£658,594	
	Rec	£7,032	£10,548	£10,548	£10,548
		£15,289	£25,925	£25,925	£31,904
		£8,079	£15,259	£15,259	£15,259
		£26,133	£65,076	£58,425	£65,076
		£353,122	£500,000	£529,685	£529,685
Workforce Total		£931,328	£924,300	£1,339,275	£652,472
Grand Total		£979,343	£980,081	£1,402,587	£702,678
24/25 Savings Target				£1,360,198	£1,360,198
-Under/Over Delivery against FYE Target				£42,389	-£657,520

- The Service has been allocated a Savings Target totalling £1.360m.
- £0.980m Green Savings Schemes have been identified to date, which the Service is on track to over-achieve.
- The Annual Forecast Savings total is £42k above target for 24/25, however £0.685m requires identifying on a recurrent basis.
- The Service continues to seek to identify further savings opportunities to address the remaining recurrent savings gap and will also progress those pipeline schemes that will impact in 25/26.



Women's Service Financial Governance

No PO No Pay Breaches:



Salary Overpayments:

Month	Count of Over Payment Gross	Sum of Over Payment Gross
Dec 23	1	£1,304
Jan 24	3	£41,745
Mar 24	4	£9,009
Apr 24	4	£42,933
May 24	1	£1,773
June 24	2	£2,110
Sept 24	1	£599
Oct 24	1	£5,028
Grand Total	17	£104,502

- Previous high value Purchase Order (No PO No Pay) breaches were mainly in relation to off-vend Agency, which has since ceased.
- There is on-going focus by the Service to avoid breaches.
- All 30 Accountability Agreements issued have been signed.



Key Financial Issues Specific to Women's Service - Other Key Financial Risks / Issues

Financial Risks

- Non pay inflationary/growth pressures (£0.211m).
- Non Pay (RIGA £0.068m rejected).
- Secondary Care Prescribing growth/inflation (£0.099m and RIGA £0.069m rejected = £0.168m).
- CoCH Contract (£0.273m – contract has reverted to cost per case w/e April 2024 and RIGA £0.035m RIGA rejected). Referral process to be reviewed by Service with support from the BCU Contracting Team, to ensure it is being adhered to.
- Pathway Trackers & Medical Agency (£0.218m RIGA rejected).
- Recruitment & retention (Medical) – forecast overspend on Medical Pay budgets resulting from Agency premium/Bank totals £671k.
- USC Core/Backlog activity delivery (1wte Oncology Consultant Gap).
- Further minor works / ad hoc expenditure requests from IPC / H&S reviews, or required to mitigate clinical risk and urgent patient need.

Pipeline Developments

- Endometriosis/MAS Business Case (*approved non recurrently for 24/25 per outcome to RIGA– activity Sep-Dec24 only*) - 25/26 Plan to be considered, subject to funding being secured.
- 3wte Band 4 Pathway Tracker Business Case to request funding from Planned Care (2wte in post permanently) – await full approval
- Maternity Information System (All Wales Development) – WIP
- Infant Feeding Business Case (WG funding ends 31/03/25) - WIP



Performance



GIG
CYMRU
NHS
WALES

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Cancer Performance

October Suspected Cancer Pathway (SCP) Performance

In October 2024, BCUHB treated 218 out of 420 (51.9%) new cancer patients within target ie within 62 days of suspicion of cancer. Performance by main tumour and hospital site is set out below; the actual number of patients treated is in brackets (number treated in target/total number treated):

	BCUHB Total	West	Central	East
Upper GI	55% (17/31) ↓	50% (5/10)	69% (9/13)	38% (3/8)
Haematology	70% (16/23) ↑	78% (7/9)	75% (3/4)	60% (6/10)
Skin*	71% (70/98) ↑			
Lung	59% (22/37) ↓	60% (6/10)	57% (8/14)	62% (8/13)
Breast	49% (24/49) ↓	70% (7/10)	46% (13/28)	36% (4/11)
Gynaecology	26% (5/19) ↓	20% (1/5)	25% (2/8)	33% (2/6)
Head & Neck	40% (8/20) ↑	100% (4/4)	22% (2/9)	29% (2/7)
Colorectal	36% (16/44) ↑	10% (1/10)	25% (4/16)	61% (11/18)
Urology	37% (34/93) ↑	38% (8/21)	37% (14/38)	35% (12/34)
Total	52% (218/420) ↑	59% (70/119)	52% (78/163)	51% (70/138)

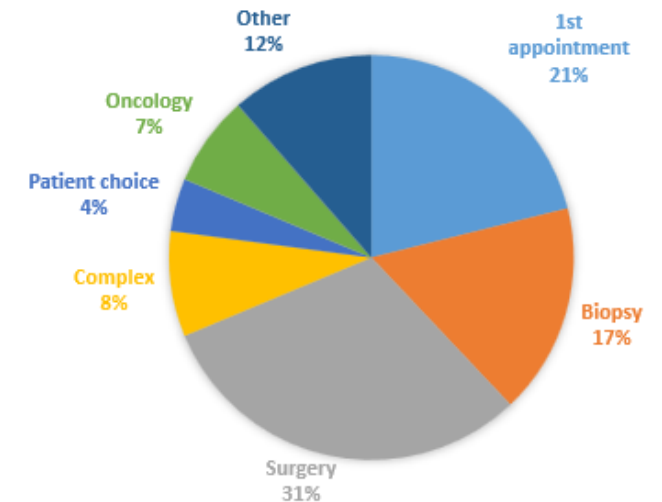
Actual number of patients treated is in brackets (number treated in target/total number treated)

Colour coding: Above target ie 75% and above; 65-74%; below 65%; arrows show change from last month

*Dermatology referrals managed as a single cohort across the Health Board

Month treated	BCU	West	Central	East
October 2023	61%	60%	56%	75%
November 2023	42%	43%	38%	50%
December 2023	21%	0%	38%	17%
January 2024	38%	29%	38%	50%
February 2024	29%	71%	0%	11%
March 2024	33%	67%	25%	20%
April 2024	28%	29%	25%	30%
May 2024	24%	20%	67%	11%
June 2024	44%	55%	13%	67%
July 2024	50%	55%	33%	56%
August 2024	36%	36%	25%	44%
September 2024	45%	38%	44%	60%
	75% and over;	65-74%;	under 65%	

ANALYSIS OF MOST SIGNIFICANT BREACH REASON FOR EACH BREACH



Current Position

- Single regional networked service with single MDT
- Gynae cancer surgical centre in Bangor with local units at YGC and Wrexham
- The expansion of clinics, staffing establishment, theatre lists, diagnostic capacity and resources has not followed at the same rate as the increase in referral numbers
- As a result we have seen an increase in wait time to first appointment and delays in booking any second appointment diagnostics, both creating a delay in the pathway and contributing to the failure to meet 10/62 day target for our patients
- As of October 2024 26% of patients were booked within 62 days (National average 30%) and a decline of 19% since September 2024



Cancer Improvement Activity

Equitable and Reduced Waiting Times	Challenges
<ul style="list-style-type: none"> • Ensure Pan North Wales Capacity is fully utilised at all stages 	<ul style="list-style-type: none"> • Significant gaps in establishment • National Recruitment Position • Patient ability to travel • PARR or equivalent payment for AfC staff • Estates • Reliance on WLIs
Alternative Service Delivery Methods	Challenges
<ul style="list-style-type: none"> • NHS England Commissioned activity/ opportunities • Pathway Development <ul style="list-style-type: none"> • Post Menopausal Bleeding • Unscheduled Bleeding on HRT • Educational sessions with Primary care clusters at Centre and West improving awareness around the USB on HRT pathway • Regular e-advice support offered by menopause specialists avoiding the need for USC referrals into secondary care • Identify examples of best practice (e.g. Cardiff and Vale) • PiFU (January 2025) 	<ul style="list-style-type: none"> • No commissioning opportunities • Business Case funding approval • Ultrasound capacity in order to fully roll out PMB model
Data Quality	Challenges
<ul style="list-style-type: none"> • Continue with Data Quality agenda focusing on escalation and validation • Weekly multi-disciplinary monitoring meetings 	<ul style="list-style-type: none"> • Funding for Pathway Trackers (Business Case presented to Planned Care Board – Executive decision for re-current funding awaited)

Planned Care Performance

Breaches & Trajectory Trends

Area: All | CPG: Womens | Specialty: 502 - Gynaecology | Waiting List Target: All | Booked Status: All

Icons: Bar chart, Calendar, Scales

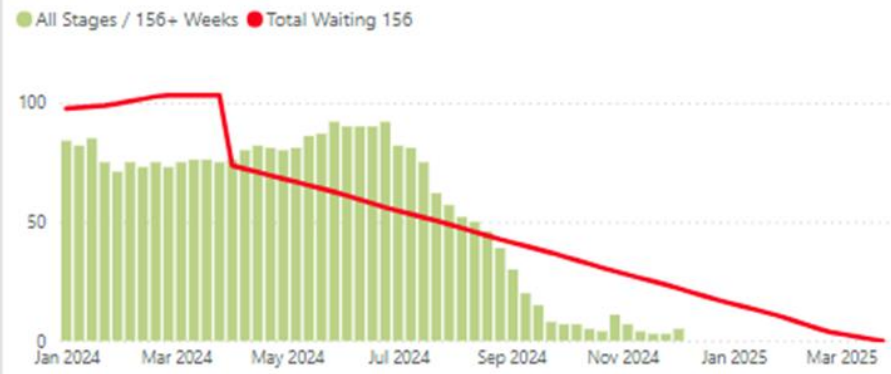
Stage 1 52 Week Actuals Vs Trajectory



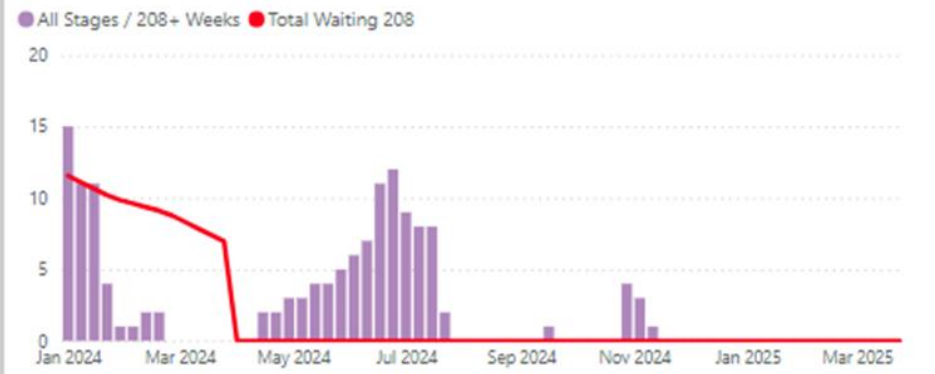
All Stages 104 Week Actuals Vs Trajectory



All Stages 156 Week Actuals Vs Trajectory



All Stages 208 Week Actuals Vs Trajectory



Planned Care Improvement Activity

Equitable and Reduced Waiting Times	Challenges
<ul style="list-style-type: none"> • Ensure Pan North Wales Capacity is fully utilised at all Stages in line with GIRFT recommendations <ul style="list-style-type: none"> • Stage 1 >104 weeks – With the exception of Menopause sub-speciality the Service have utilised the full North Wales core capacity and are forecasting zero General Gynae patients breaching >104 weeks at the end of March 2025 • Stage 4 >104 weeks – The current forecast stands at 211 unbooked with a potential of 287 conversions following Stage 1 activity detailed above. The Service have supported with 50 Core Transfer of Care patients to reduce the waiting times. 53 WLIs would be required to ensure that the Service has 0 patients breaching >104 weeks at the end of March • Improve Theatre Utilisation in line with GIRFT recommendations • Review current Gynaecology services offered across North Wales to identify areas that require development and/or expansion to ensure an equitable wait times for all patients regardless of sub speciality 	<ul style="list-style-type: none"> • Prioritisation/ Balance - Cancer Pressures • Winter Pressures • Patient ability to travel • PARR or equivalent payment for AfC staff • Staff availability out of hours
Alternative Service Delivery Methods	Challenges
<ul style="list-style-type: none"> • Pan North Wales Service • Clinically led opportunities to support appropriate protocols for SOS/PIFU aligned to reductions in waiting lists such as the 'Follow up Backlog' • Single Point of Access to Gynaecology Services 	<ul style="list-style-type: none"> • Business Case funding approval
Data Quality	Challenges
<ul style="list-style-type: none"> • Develop an accurate Gynaecology capacity position – to include sub-speciality position including derived demand, capacity and activity • Continue with Data Quality agenda focusing on the validation and accuracy of waiting lists/ open RTT pathways working collaboratively with PABC and Clinicians to ensure clinical conditions are included for risk management and forecasting • Development and confirmation of a consistent pan BCU capacity/demand model inclusive of sub speciality breakdown to ensure accurate delivery and monitoring of trajectories and activity plans aligned to ministerial priorities 	<ul style="list-style-type: none"> • Inaccurate reflection of capacity

Quality KPIs

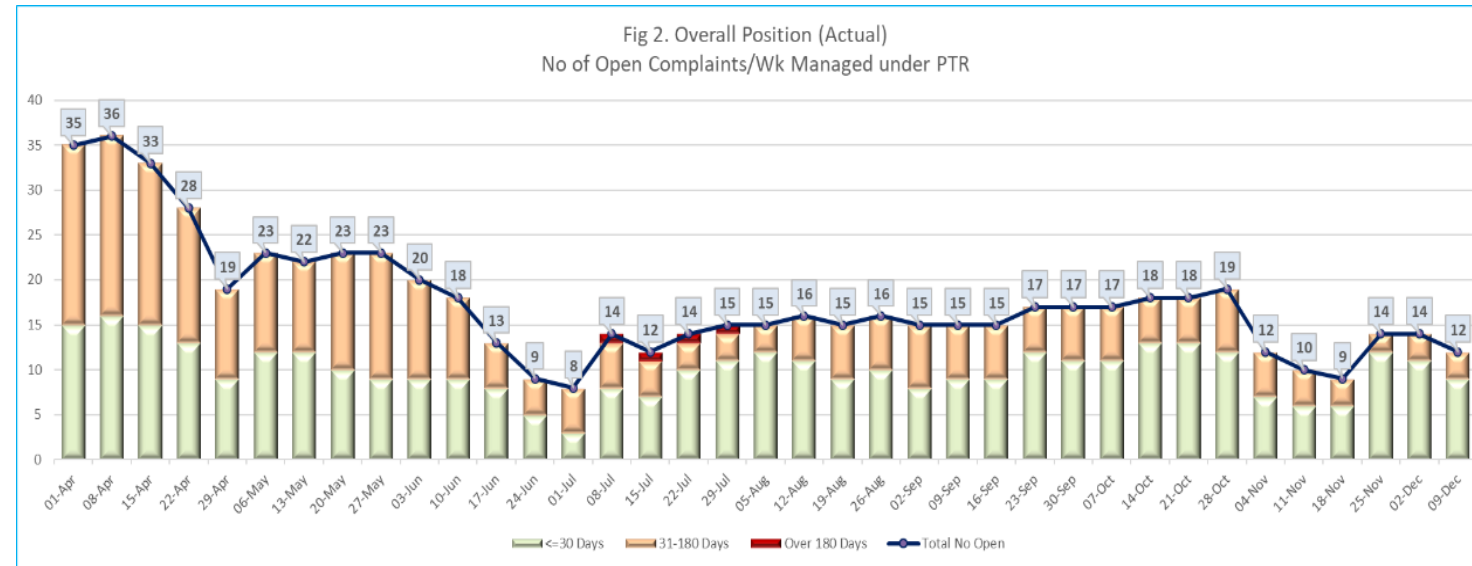


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Complaints Performance

Fig 2. Overall Position (Actual)
No of Open Complaints/Wk Managed under PTR



Current Position:-

	Currently open complaints
Managed through PTR	12
Overdue	3
Overdue percentage	75%

- Womens Services are working towards a complaints performance improvement trajectory of 75% of complaints responded to within less than 30 working days. (75%)
- As part of the Complaints Improvement Collaborative ‘Test of Change’, the introduction of a telephone conversation which is timely, robust and succinct to establish the outcome the complainant is seeking and the specific questions asked.
- Closure of grade 1&2 complaints as early as possible to ensure timelier responses for the public to their concerns.
- The adoption of a weekly ‘Putting Things Right’ meetings to manage the progress of complaints received with Women’s Services.
- Attendance at weekly complaints scrutiny meeting chaired by the Deputy Executive Director of Nursing, targeting support to facilitate resolution of complaints.
- An integrated approach to the BCUHB management of complaints / mortality and incidents, has been adopted to improve efficiency and accuracy in complaint responses.
- The Service has no open Ombudsman Cases.



Incidents Performance

Incidents by Date Reported

10 open, 0 overdue, 10 in date.

Overdue

None

Not overdue

- 103509 – Stillbirth - MIS completed, panel completed, report being written - due 23rd December 2024 – on track for approval prior to 25th December 2024
- 104429 – Stillbirth - MIS completed, approved by the Service - due 30th December 2024- on track for approval prior to 25th December 2024
- 105842 – NND – due 19th February 20224 – provisional Panel arranged for 6th January 2025
- 106256 – NND –due 19th February 2025 - provisional Panel arranged for 6th January 2025
- 108075 – NND – Vasa and Placenta Previa – Learning review completed – for PMRT – Panel completed, report being written – due 18th March 25
- 108869 – NND – 22week IUT Arrowe Park Hospital – Learning Review completed – for PMRT (Arrowe Park leading) awaiting panel date from APH. Presented at executive oversight Panel 01/10/24 – due 13th March 2025
- 111070 – SB – 24+2 weeks – Learning review completed, PMRT panel being arranged – due 4th April 2025
- 114179 – SB – Learning Review Completed for PMRT, panel to be arranged, - Due 15th May 2025
- 115006 – SB – Learning review completed for PMRT, panel to be arranged – Due 15th May 2025
- 115699 SB – Learning review completed for PMRT – panel to be arranged – Duet 15th May 20225.

Awaiting closure

None



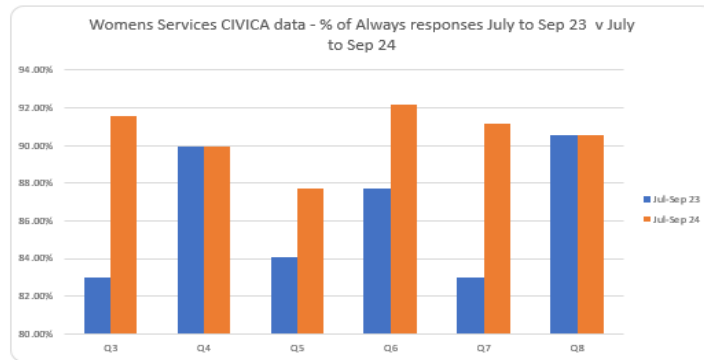
Patient Feedback

Patient feedback –how is CIVICA used, what is the percentage surveyed, response rate and what are the themes and trends identified across both areas.

Maternity Services – Quarter 2 24/25

- There were many positive comments e.g. ‘ Being in a comfortable setting where I was listened to and my decisions and values were taken into consideration, nothing was to much trouble’

Item Summary for selection	Jul-Sep 23	Jul-Sep 24	Number Difference 23 v 24
Q3: Did staff introduce themselves to you?	82.97%	91.57%	+239
Q4: Do you feel you were listened to?	89.97%	89.97%	+196
Q5: Do you feel you were given all the information you needed?	84.06%	87.70%	+186
Q6: Did you get assistance when needed?	87.63%	92.19%	+196
Q7: Were you involved in decisions about care?	82.93%	91.16%	+219
Q8: Did staff take the time to understand what matters to you ?	90.52%	90.52%	+205



- Areas for improvement included: Waiting times; conflicting information from medical staff; use of phones in wards at night & visiting for partners.
- Work continues on the improvement plan that has been co-produced with Maternity Voices Partnership following feedback identified through the Birth Reflections Service, Real-time Feedback Surveys and formal concern themes raised. Informed consent, attitude and behaviours of staff and communication are areas identified in the plan requiring improvement.
- Introduction of the 15 Steps for Maternity – Quality from the perspective of people who use maternity services
- Awaiting the National Perinatal Engagement Framework in Q4 (PREMS & PROMS to be confirmed)



Maternity Quality Dashboard

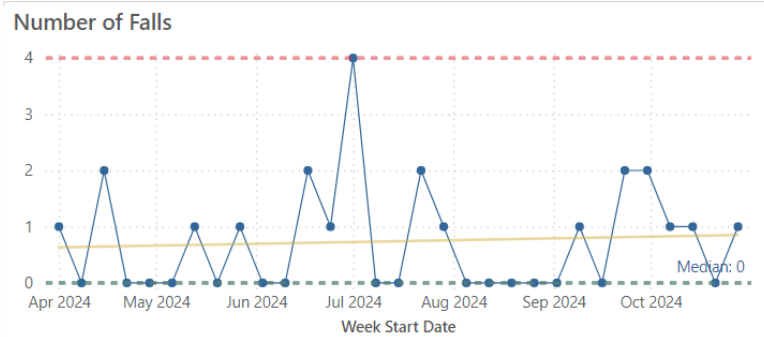
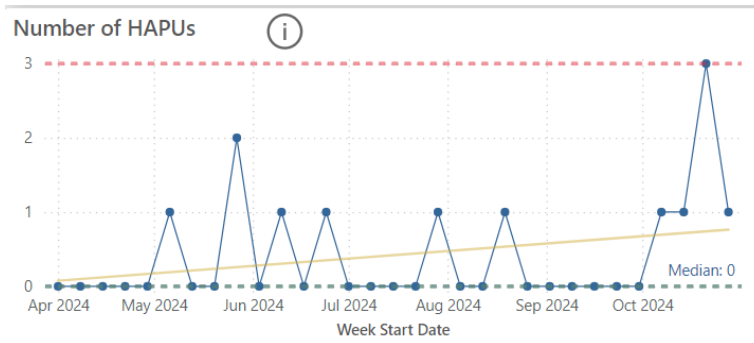
CLINICAL PERFORMANCE INDICATORS	National Avg.	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24		
C-section Rates (No National Target)	N/A	37.3%	38.4%	37.8%	41.0%	38.1%	44.4%	↑	
Initial assessment within 10 weeks	77%	79.3%	83.3%	82.8%	83.7%	85.2%	-	↑	Green
Percentage of women who are smokers at 36-38 weeks	14%	12.4%	14.7%	13.6%	14.1%	14.1%	18.4%	↑	Orange
Proportion of women with a birth weight below 2.5kg (Low birth weight)	7%	6.6%	6.7%	6.8%	6.6%	5.4	8.4%	↑	Orange
Women with existing MH condition	32%	5.3%	5.7%	5.0%	4.1%	4.6%	3.7%	↓	Green
Women with existing MH condition who have a care plan in place	100%	56.5%	40.0%	50.0%	50%	30%	37.5%	↑	Red
Induction of Labour Rates	35%	37.4%	37.2%	35.8%	37.0%	38.3%	37.1%	↑	Green
3rd/ 4th Degree tear following Instrumental Delivery		1.04%	0.71%	0.73%	0.98%	0%	0%	↔	Green
3rd/ 4th Degree tear following Normal Delivery		0.52%	1.65%	0.97%	0.73%	0	1.1%	↑	Green
PPH >= 1500 - 2499ml		2.4%	3.2%	2.5%	3.4%	0.26%	2.6%	↑	Green
PPH >= 2500ml		1%	1%	0%	0%	1	0	↓	Green
Neonatal Deaths (Early)		1	0	2	1	0	0	↔	Green
Still births (>24 Weeks Gestation)		1	0	3	1	1	3	↑	Green

Developments

- National Dashboard Maternity Beacon developed
- National Master KPIs & MOM being reviewed



Harms Prevention



Local plans-HAPU's, Falls and Medication errors

- Identified champions for each ward and utilise topic boards for information
- Ensure all training, documentation and risk assessments are up to date
- Continue monthly audits and identify areas for improvement
- Working with Medicine management team to support all staff and processes following medication errors
- Collaborative reviews with surgical wards around falls/HAPU's

MatNeo Safety Support Programme – Recognition and escalation of the deteriorating patient and National Priority Actions;

- Plan to adopt the NHS England MEWS tool using a phased approach to implementation, which incorporates training and cultural transformation. There will be exploration of the option for Wales to be included in data capture and validation.
- Implement the NEWTT 2.
- Introduction of the 'Team of the Shift' commenced in West and currently being implemented in Central and East



Infection Prevention & Control (IPC)

Key Milestones and Priorities

- Improved BBE and hand hygiene compliance noted in West.

Increasing IPC champions across the service in all areas

Engage with sites regarding proactive cleans to maintain low level of bioburden

Maintain highlight on BBE compliance across the service

Areas of good practice / Issues to celebrate

- Date awaited for successful capital improvements in East and community
- IP environmental audits Green in Q2

C4C

West MICAD scores	Cleaning	Estates	Nursing	Overall	Progress since last quarter
<u>Ffrancon</u>	99.24%	99.47	98.41%	97.91%	↑
Labour Ward	99.21%	99.06%	99.5%	98.4%	↔
<u>Llifon</u>	96.5%	99.84%	98.98%	95.81%	↔

Central MICAD scores	Cleaning	Estates	Nursing	Overall	Progress since last quarter
19A	98.91%	92.53%	99.04%	91.29%	↔
Labour Ward	98.7%	97.85%	98.32%	95.88%	↔
<u>Celyn</u>	96.82%	94.87%	96.03%	89.93%	↔

East MICAD scores	Cleaning	Estates	Nursing	Overall	Progress since last quarter
Bromfield	100%	94.42%	100%	99.43%	↑
Labour Ward	100%	95.93%	100%	96.01%	↑
Lawson Tait	100%	97.34%	98.95%	96.70%	↔

IPC Training Compliance – Q2

Improve education and training in infection prevention and decontamination

E-Learning	Target	Performance	Progress in last quarter	Actions for next quarter
IP Level 1	>85%	86.37%	↑	90%
IP Level 2	>85%	78.42%	↓	>85%
ANTT	>85%	81.83%	↑	>85%

CSSI HARP Report (Q2 2024) – Key Findings. Q3 data awaited

Consistent data collection, with data quality consistently at 100% for Q1 and Q2.

The most recently published HARP report for Q2 2024 evidences a reduction in CSSI rate to 2.8% across BCU.

Our inpatient rates of CSSI remain extremely low at 0.4% and are associated with women who have systemic infection at the time of procedure.

Most commonly, our infections are defined as late community onset, more than 5 days following hospital discharge.

The themes identified through report analysis include the use of non-standard wound closure, the rate of infection associated with non-dissolvable sutures and staples is around 15%. West have a higher rate compared with Central and East.

Overall SSI rate

Betsi Cadwaladr UHB	
Valid forms received	2154
<i>Forms where inpatient and post-discharge SSI are completed, or there is a post-discharge SSI.</i>	
Overall SSI rate	61 2.8%
<i>= number of SSI / valid procedures x 100</i>	
Hospital onset (inpatient)	4 0.2%
Community onset	5 0.2%
Late community onset	51 2.4%
<i>Infection diagnosed 5 or more days after hospital discharge.</i>	
Unknown onset	1 0.0%

- A focus on reducing the use of non-standard wound closure methods by educating clinicians regarding their high infections rates.
- Focus on West data collection and reporting to ensure lessons can be learned.
- Further improve reporting by decreasing over-reporting and identifying themes on a local level through the use of RCA



Infection Prevention & Control (IPC)

←
Infections ⓘ
Last Refresh 26/11/2024 07:04:16

Date

[Clear all filters](#)

IHC

Specimen Location Hospital

Ward

Organism Type

Number of Infections ⓘ

Week Start Date

Infections by Month and Infection Type

Infection Type ● C. diff ● E. Coli ● MSSA ● Infections

Month

3
C-Diff

0
MRSA

Infection Type Infections

E. Coli	4
C. diff	3
MSSA	1
Total	8

Fiscal Year 2024/25

IHC	CDiff	MRSA
Midwifery and Women's Services	3	0
Total	3	0

[Infection Prevention and Control Datix data](#)

[Infections Daily Dashboard](#)

[PHW HCAI Surveillance](#)

Workforce

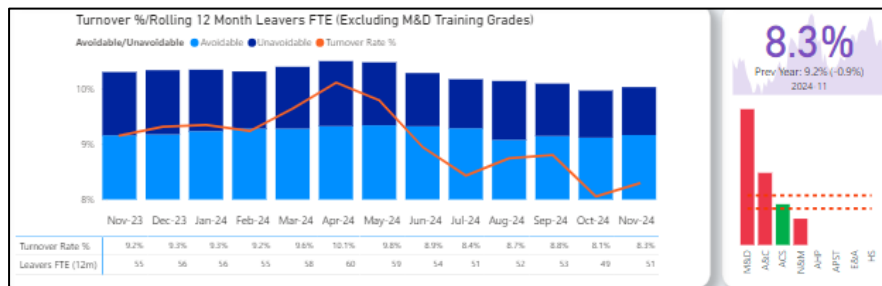
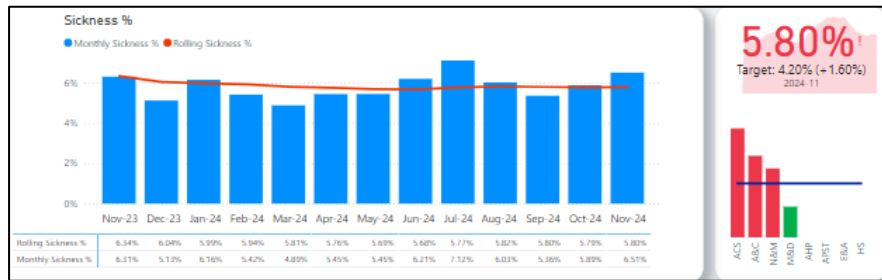
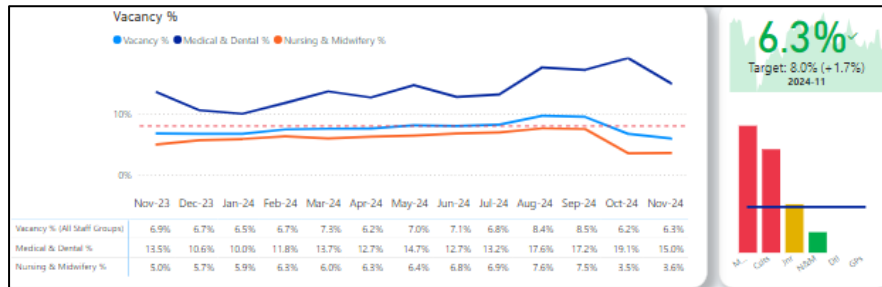


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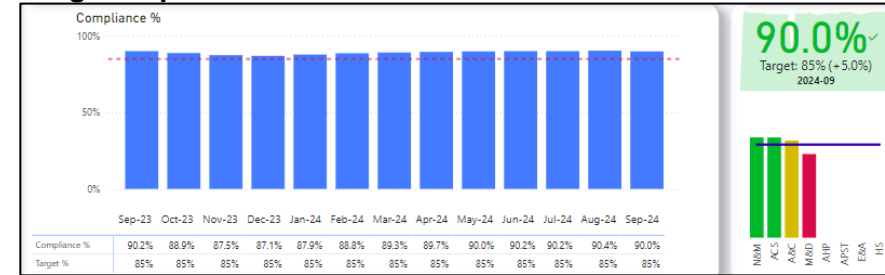
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Workforce – Current Position

- Birth Rate Plus – Compliant
- NSA – Compliant
- Medical Rota and Labour Ward Cover – Compliant

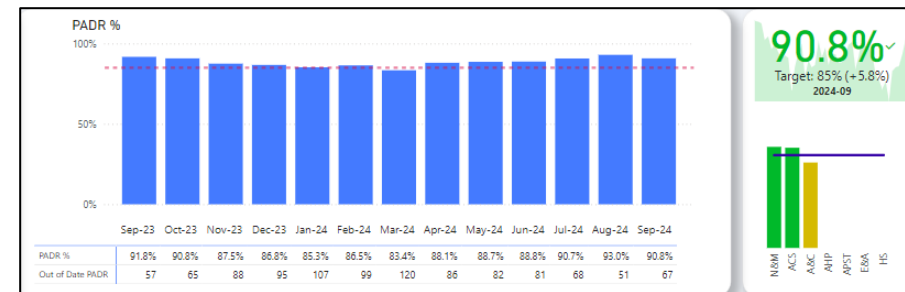


Training Compliance



	PROMPT	Fetal Surveillance
End of period compliance	July 2024 Midwives – 93.73% Obstetric Doctors – 82.93% Anaesthetists – 80.58%	March 2024 Midwives – 98.04% Obstetric Doctors – 61.96%
Current compliance	Midwives – 92.36% Obstetric Doctors – 61.96% Anaesthetists – 78.0%	Midwives – 37.99% Obstetric Doctors – 18.52%
Further Action to increase compliance	All staff are booked on a rolling basis.	3 CTG meetings per week diarised. Additional full days identified. (7/10 & 15/11 – 140 to attend)

PADR and Appraisal Compliance



- Medical Appraisals - 95%



Workforce – Development

- Staff Engagement Programme
- Diversity and Cultural Competency Programme
- Promotion of Compassionate Leadership
- Civility and Psychological Safety/ Speak Out Safely
- Standardisation of Induction for Leadership Roles
- Review of PADR process in line with Health Board Priorities
- Walk in their Shoes Shadowing
- Professional Development Opportunities
- Commissioning, Recruitment and Retention Strategy

Key Risks & Challenges



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Risks

Corporate Risk Register Entries

- Digital Maternity Cymru (ID TBC Score 20)
- Gynaecology Oncology Workforce (ID – TBC) Score 20
- Single Cancer Pathway Performance Target (ID4966) Score 16
- Urgent Patients on backlog waiting lists (ID5314) Score 16
- Patient safety as a result of not achieving Ministerial Planned Care recovery Targets (ID3524) Score 16

Women's Services Top 5 Risks (In addition to the above):

1. Risk to the Medical establishment due to TRAC delays and challenges in recruitment (ID 4630) Score 12
2. Poor or unsafe care may be delivered by CoCH to women known to BCU due to limited assurance (ID4019) Score 12
3. Compliance of Women's Services Clinical staff compliant with Manual Handling training has fallen below an acceptable level (ID4748) Score 12
4. Water Ingress to Celyn Ward and Delivery Suite (YGC) (ID5056) Score 12
5. Financial Balance (ID4631) Score 12

For assurance the Service Risk Register has recently been audited. Feedback was positive with minor actions relating to training and actions plans identified.

Key Challenges

Maternity

- DMC on-going support
- Preconception Strategy
- Additional C-Section List funding (25/26)
- Fractional Sessions
- Referral system into COCH Maternity Services
- Clinical outcome assurances following CQC report into the COCH

Women's Health

- Women's Health 10 Year Plan
- Recruitment and Retention to the Medical Establishment – particularly Gynaecology Oncology
- PARR Rates/ Equivalent to support cancer and planned care recovery
- Site/ Winter Pressures v maintaining Cancer/ Planned Care capacity
- Cancer/ Planned Care Pathway Trackers
- Gynaecology Single Point of Access



Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIGC)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 23 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which PFIGC has oversight.</p> <p>All 4 risks for which the Committee has overall accountability, currently have their risk score being above the tolerance set within the risk appetite.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to receive assurance for the progression of the four corporate risks to which the Committee has overall accountability.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				



Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Links to the BAF detailed in respective CRR reports
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	It is essential that the Health 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? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Not applicable for this report
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Not applicable for this report
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Links to the BAF detailed in respective CRR reports
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	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 <i>Workforce implications as a result of implementing the recommendations</i>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	See the individual risks for details of the related links to the Board Assurance Framework.



<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable for this report</p>
<p>Camau Nesaf:</p> <p>Next Steps:</p> <ol style="list-style-type: none">1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.2. Submission of Corporate Risks to Board.	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices:</p> <p>Appendix 1 – Corporate Risk Dashboard - Performance, Finance and Information Governance Committee</p> <p>Appendix 2 – Corporate Risk Register Report - Performance, Finance and Information Governance Committee</p>	

Corporate Risk Register Report

1) Introduction and Background

What Is a Corporate Risk?

A corporate risk register is a repository used by services and corporate functions to record significant risks that could impact the strategic objectives and operations of the Health Board. The register provides a comprehensive overview of the key risks facing the organisation. It is a pivotal tool to help proactively strengthen risk oversight and management.

1.1 There are 4 Corporate Risks for Performance, Finance and Information Governance Committee oversight and assurance. The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-05 - Financial Sustainability
- CRR24-06 - Suitability and Safety of Sites
- CRR24-10 - Urgent and Emergency Care
- CRR24-11 - Planned Care

2) Key Highlights

Corporate Risks Dashboard (Appendix 1) below provides a list of the 4 corporate risks to which the committee is accountable.

This paper presents all risks to which the Committee has oversight, currently with all four risks being above the tolerance set within the risk appetite.

The Committee is asked to note and receive assurance, following review of the risks:

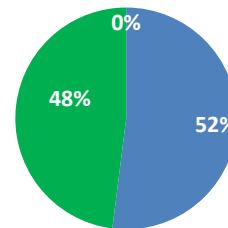
- CRR24-05 '2024/25 Financial Plan' - Year to date position is reporting a deficit of £18.7m. This represents an £8.9m adverse variance compared to 6/12ths of the full year £19.8m planned deficit. The year-to-date deficit above plan is driven by Primary Prescribing, CHC, Out of Area MH and Contracting pressures.
- CRR24-06 'Suitability and Safety of Sites' - Significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approximately £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not

being fit for purpose', approval has also been received to dispose of Rossett Health Centre and Ruthin Health Centre which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025

Out of the 4 corporate risks, 26 actions have been developed to mitigate the risks. 12 actions have been completed, 13 actions are progressing and on track, with 1 new action identified. No actions are currently overdue.

ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ Completed ■ Overdue



Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board

Appendix 1 - Corporate Risk Register Dashboard - Performance, Finance and Information Governance Committee

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoF	CRR24-05	Financial Sustainability	4 x 5 = 20 ↔	12	Financial Open 15-19	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, updated to reflect current financial year. 3 actions identified with 2 completed. Risk Score above tolerance set in risk appetite.
EDoF	CRR24-06	Suitability and Safety of Sites	4 x 5 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened March 24, 8 actions identified, 4 completed, 3 progressing, with 1 new action identified. Risk Score above tolerance set in risk appetite.
EDoO	CRR24-10	Urgent and Emergency Care	4 x 5 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened Feb 24, 10 actions identified, 4 progressing, 6 actions completed. Risk Score above tolerance set in risk appetite.
EDoO	CRR24-11	Planned Care	5 x 4 = 20 ↔	8	Quality Open 15-19	Performance, Finance and Information Governance Committee	Newly developed strategic risk Feb 24, 5 actions identified and progressing. Risk Score above tolerance set in risk appetite.

Key:

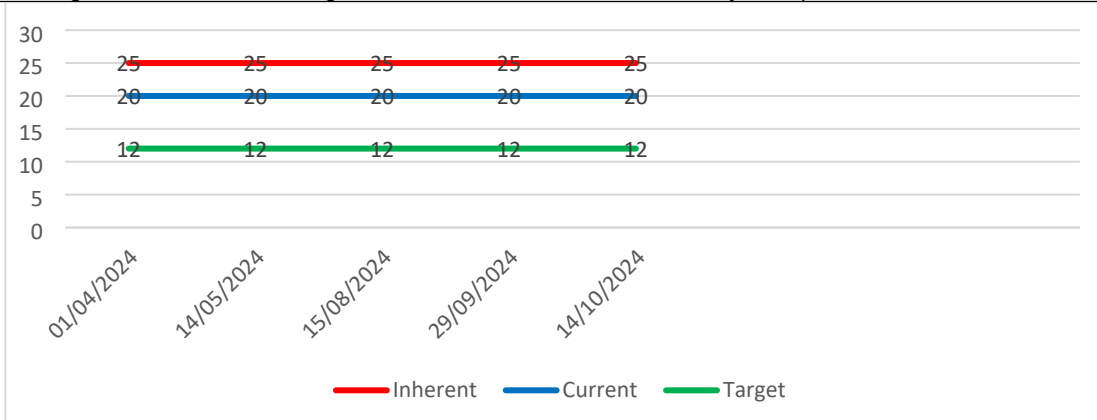
Executive Lead	
Executive Director of Workforce	EDoW
Executive Director of Nursing & Midwifery	EDoN
Executive Director of Finance	EDoF
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH
Executive Director of Operations	EDoO
Executive Director of Therapies and Allied Health Professions	EDoTH

Appendix 2 – Corporate Risk Register Report - Performance, Finance and Information Governance Committee

CRR 24-05	Risk Title: 2024/25 Financial Plan		Date Opened: 01/04/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 29/10/2024
Date Last Reviewed: 14/10/2024	Director Lead: Executive Director of Finance	Link to BAF:	Target Risk Date: 31/03/2025
<p>Failure to achieve the Annual Plan for 2024/25 (£19.7m deficit), due to non-delivery of planned level of financial improvement The financial plan for 2024-25 requires the achievement of financial improvement (expenditure savings) totalling £48.0m. Failure to deliver the target for financial improvement could adversely impact the achievement of the financial plan and increase the deficit.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive. Value and Sustainability programme approach to 2024/25 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery. Continuation, for a period of at least six months, of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&C posts and all Band 7+ posts (Non-Patient Facing), moratorium on requests for Permanent recruitment to Band 8D and above (non clinical posts) and minimising interim staff appointments. Internal scrutiny by Central Finance Team, of the Divisional financial assumptions, overspends and forecasts. Financial reporting to Welsh Government on a monthly basis, with the MMR. Financial Position (including Savings) oversight arrangements in place through the Performance, Finance and Information Governance Committee (PFIG) Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent rather than non-recurrent. Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements. 		<ol style="list-style-type: none"> Welsh Government (WG) expectation to achieve financial balance, due to the financial settlement/allocations to Health Boards and to enter into financial stability. The 24/25 Annual Plan and forecast financial outturn is currently based on a level of expenditure controls and savings delivery that the Health Board considers to be sufficiently challenging and deliverable, whilst maintaining quality and patient care. The Month 6 position shows a material deficit to date and therefore additional actions are now required to cease the run rate and recover the deficit above plan. WG have clarified that should the Health Board achieve the planned outturn, then the £82m Strategic Funding will be made recurrent. 	

9. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and regulations, and timely remediation of deficiencies.

Actions	Due Date	Progression Analysis
Value and Sustainability Programme approach to savings – assign Exec Leads and Support Teams to each theme and cost up Opportunity Plans for consideration by the Divisions.	31/06/2024	Complete
Monitor the identification of Savings opportunities against the £48m target that have progressed to Saving Scheme Documents and which set out the planned forecast delivery signed off by the Executive or Divisional Leads. Month 6 Update - Work has progressed well on identifying savings opportunities, with the full year forecast value of Green Schemes totalling £41.5m, fortuitous Accountancy Gains of £6.9m, giving a combined total of £48.4m, an increase of £6.0m from Month 5. Of these, £28.6m have been identified as recurring, with a full year effect of £39.2m, and £19.8m are non-recurring savings.	31/03/2025	Complete
Cease the run rate deterioration above plan and recover the year to deficit, to attain the forecast deficit of £19.7m. Via : Enhanced 'Check and Challenge' discussions with Chief Finance Officers, on a monthly basis, to ensure the forecast expenditure is robust. Escalation of Out of Area Mental Health Placements, through the Chief Executive Officer. Review of Corporate Controls and consider enhancing further. Continued oversight and holding to account via the Integrated Performance Executive Delivery Group.	31/3/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Financial		15-19

Rationale for Corporate Risk

M6 - Year to date position is reporting a deficit of £18.7m. This represents an £8.9m adverse variance compared to 6/12ths of the full year £19.8m planned deficit. The year to date deficit above plan is driven by Primary Prescribing, CHC, Out of Area MH and Contracting pressures.

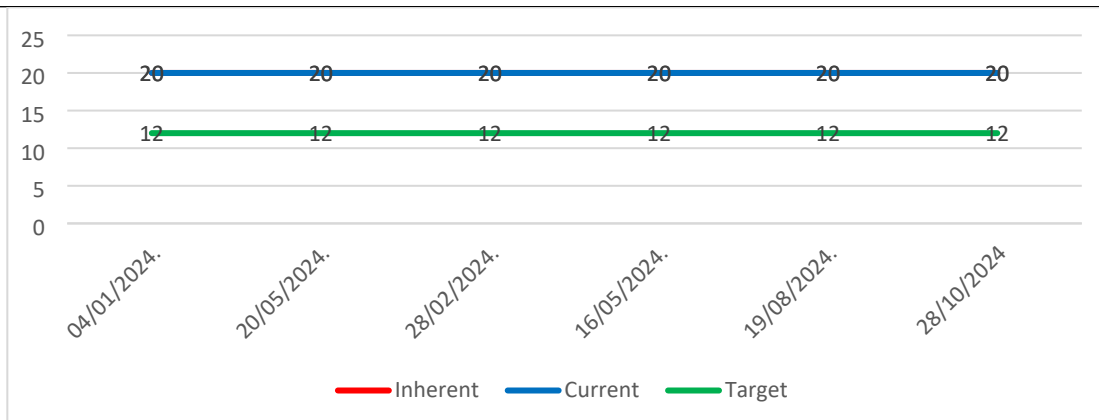
CRR 24-06	Risk Title: Suitability and Safety of Sites		Date Opened: 04/01/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 29/10/2024
Date Last Reviewed: 07/11/2024	Director Lead: Executive Director of Finance	Link to BAF: SP14	Target Risk Date: 31/03/2026 (10 year capital investment requests aligns with the capital prioritisation form that will be submitted to Welsh Government – completion target date 2035).
<p>There is a risk that the suitability and safety of the estates and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and unsuitable buildings, backlog maintenance issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Estates Strategy developed and approved by the Health Board in January 2023. 2. Internal Governance for capital allocation in place within the Health Board. 3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy 4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability. 5. Discretionary Capital Allocation of £12.448m for 24/25 approved by Welsh Government with an allocation of approximately £3.208m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register 6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff. 7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below <ol style="list-style-type: none"> a) Fire Management b) Asbestos Management c) Water Safety, d) Ventilation Safety e) Electrical Safety 8. Welsh Government Capital Resource Meetings in place to provide route for escalation. 9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance 		<ol style="list-style-type: none"> 1. 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate' this will inform the risk status by site, which will be assessed against the controls currently in place. Additional mitigation or strengthening of controls will also be considered. 2. Assurance around the development control plan that it is aligned with both the Estates strategy and the Clinical strategy. 3. Business Case Review Group to be set up to review all business cases to provide scrutiny prior to submission to Executive team. 4. Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community IHC's) and other services and the Estates/Capital teams – linked to the changes to the Operating Model. 5. Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance. 6. Internal Audit review of Fire Safety – Agreed Management Action Plan being implemented. 7. Timely progression of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase 1. 	



<p>10. Capital Allocation from Welsh Government – additional capital funding of £4.16M allocated to the Health Board to focus on Backlog Maintenance</p> <p>11. The Health Board submitted the Major Capital prioritisation plan to Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.</p> <p>12. Updated agreed protocol for use of Annual Discretionary Slippage in place for developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.</p> <p>13. Capital Funding from Welsh Government – additional capital funding of £2M allocated to the Health Board in year for slippage bids.</p>	
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Actions	Due Date	Progression Analysis
<p>Business Case Review Group to be developed by Health Board.</p> <p>Development of Business Case Review Group was agreed in principle by the Health Board. A Group devised of a multi-disciplinary team representing service and technical support leads has been established and has been trailed on a recent Business Case. The new process is being documented and will be presented to the next Capital Investment Group for ratification.</p> <p>The Revenue Case process / policy is current under review and is being led the Transformation and Improvement team – the Capital & Estates team are fully engaged where applicable.</p>	30/09/2024	Completed
<p>Completion of Welsh Government Prioritisation exercise.</p> <p>Welsh Government Prioritisation exercise completed and approved by the Health Board</p>	31/03/2024	Completed
<p>Undertake action to deliver a Health Board Estates Rationalisation Programme</p> <p>Estates Rationalisation Programme being developed and in draft format. This will be finalised in conjunction with the new Director of Environment, once in post. The Draft will be submitted to a multi-disciplinary group for initial comment, with a final version to be ratified by Capital Investment Group.</p> <p>Health Board Rationalisation Programme to be presented to CIG on 12th September 2024</p>	31/01/2025	Progressing
<p>Agree protocol for use of Annual Discretionary Slippage to be put in place.</p> <p>Protocol for the use of Annual Discretionary Slippage is now embedded and approval route is through the Capital Investment Group for endorsement before onward approval at Executive Team and Performance, Finance and Information Governance Committee and Board.</p>	31/03/2024	Completed
<p>Review / Standardisation of IHC's / Mental Health Learning Disability Estates and Capital Group 'Terms of Reference' (ToR) and escalation process</p> <p>A review of the current ToR for IHC and MHLD Capital and Estates Group has been undertaken which has identified a requirement for a standardised approach across the Health Board needs to be implemented (see new action).</p>	30/09/2024	Completed

Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years		Progressing
The 6 Facet survey contract is currently being procured through the SBS framework via mini-competition, the contract is due to be awarded by mid November 2024. A Phase 1 approach for the Acute Hospitals, is expected to be completed by 31/3/25. The completion of the full survey has been brought forward from the original 5 year time frame to a 2 year programme.	31/03/2026	
Review and update Development Control Plans		Progressing
	30/04/2025	
Develop a standardised ToR to be considered and endorsed by Capital Investment Group		New action
	31/3/2025	



N.B. Inherent and Current score lines stacked as both are 20.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	2	4	12
Risk Appetite	Quality		15-19

Rationale for Corporate Risk

Current Risk score of 20 aims to be reduced to a 12 by April 2035. Backlog maintenance is the cost to bring estate assets that are below acceptable standards (either physical condition or compliance with mandatory fire safety requirements and statutory safety legislation) up to an acceptable condition. Total 2021/22 backlog costs for all BCUHB properties was £348.4m. Cost to achieve physical condition B is c. £213m. Cost to achieve condition B for fire and safety statutory compliance is c. £136m. Total risk adjusted backlog is c. £240m. The majority (73%) of backlog relates to the 3 acute hospitals. Backlog for MH&LD, Community and Local Hospitals, and Community Facilities each comprise c.10% of total backlog.

The estate is facing significant risks and challenges and severe limitations on expected future funding. The current estate is not sustainable or viable in the long term and will not support the implementation of key BCUHB strategies and is a significant risk to the Board.

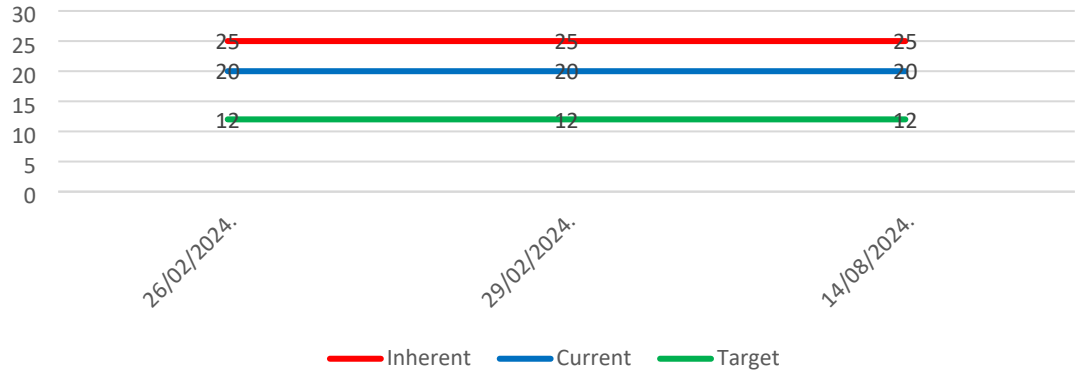
To aid with supporting a Capital Programme the Health Board will commence with a programme to deliver a 6 facet survey for the Estates, these surveys will commence in 2024 focussing on Acute sites and then community hospitals with a target to complete within

	<p>2 years. This will be a significant part of the estates portfolio and backlog maintenance cost. As sites are completed the cost associated with backlog maintenance will be identified and capital funding requested. The end date is dependant of how much capital investment is provided to the Health Board from Welsh Government. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government. In addition, significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not being fit for purpose', approval has also been received to dispose of Rossett HC and Ruthin HC which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025.</p>
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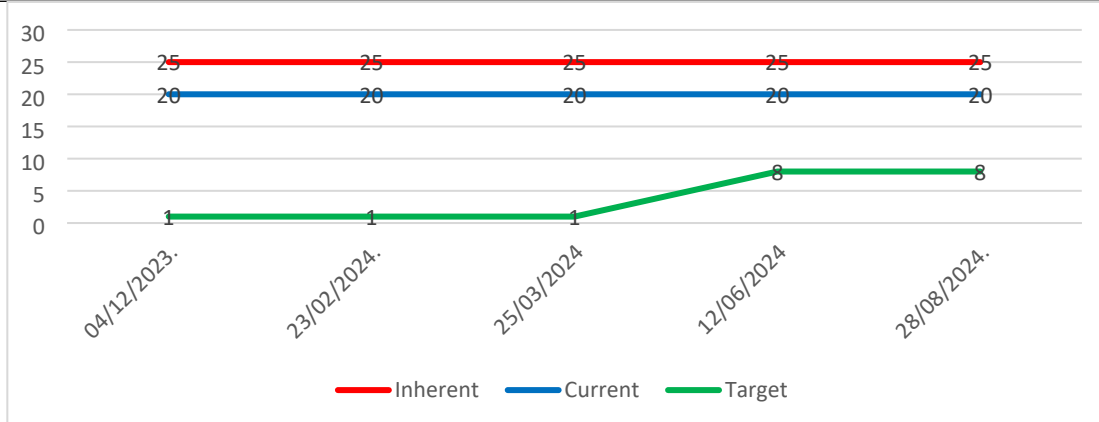
CRR 24-10	Risk Title: Urgent and Emergency Care		Date Opened: 26/02/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 29/10/2024
Date Last Reviewed: 14/11/2024	Director Lead: Chief Operating Officer	Link to BAF:	Target Risk Date: 30/03/2025
<p>There is a risk of mortality in relation to critically ill patients being seen in a timely manner through unscheduled care routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and EDs and UTCs being at capacity. This could impact on pressures for other services, reputation and litigation implications.</p>			
Mitigations/Controls in place		Additional Controls required	
<p>Daily management system in place to manage patient flow including daily local and national calls. This is further strengthened by the system resilience hub to co-ordinate BCUHB wide prevention of and response to delays.</p> <p>Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.</p> <p>Regular reviews of long stay patients in acute & community hospitals to reduce average length of stay.</p> <p>Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team.</p> <p>System lead management 5/7 to have a singular point of escalation with external agencies and internal IHC concerns.</p> <p>Single Integrated Clinical Advice Triage (SICAT).</p> <p>Ambulance escalation process to support peak periods of demand.</p> <p>Hospital full protocols to support rapid de-escalation during peak periods of demand.</p> <p>Care Home risk and escalation plans to support care home capacity with community team's support.</p> <p>Winter Plan developed to manage whole system pressures. Urgent review of escalation options in development between health and social care to increase community care capacity and to reduce delays.</p> <p>Industrial action command and control structure in place to manage service impact and to minimise disruption to services. Winer plan reviewed and signed off by Executives/Board December 2023, with planning under way to commence resilience planning from April 2024 for season 2024/2025, planning is inclusive of local authorities and voluntary sectors to support a North Wales approach</p> <p>0800-2000hrs funded GP service working alongside WAST/111 to reduce ambulance responses and manage patients through alternative pathways reducing the need for ambulance attendances</p>		<ol style="list-style-type: none"> 1. Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds. 2. Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost. 3. Resources – System lead runs alongside colleagues' day to day roles and is extremely fragile in the current climate and requires either extending criteria of colleagues to support or development of a permanent hub similar to that of IA. This is now due to start from 25th November 24 in shadow and to be set up in full from 1st December 2024 4. Funding spot purchasing of beds to assist with stepping up of patient care rather than hospital admissions. 5. Vacant essential roles across BCUHB that will impact on patient care and operational management resulting in inability to drive system change. 6. Trusted assessors development, ongoing work for the last 18 months, support required to progress at pace. 7. Review of system lead/on call to support a 24/7 provision with an equal service provision. That amends the narrative from On call to shift focus. 8. Winter resilience, earlier national feedback on any support available over the winter periods, in place of the November/December notification that does not allow maximum utilisation. 	



<p>Monthly updates from WAST to confirm care home at risk for escalation, with regular reviews and training to support managing the patients care closer to home, this is further expanded by Immedicare (Remote advice) being in place across 15 care homes across North Wales.</p> <p>Increasing periods of industrial action occurring, IHCs planning continues along with weekly Silver and Gold reviews to ensure accurate communication with all stakeholders along with assurance for national agencies</p> <p>Review of Complex Care arrangements in place to improve system improvements and to reduce delays, this is now managed via Goal 6 of the six goals programme and also via each IHC's Clinically optimised weekly meetings.</p> <p>Industrial action (IA) management plans in place and require review for sustainability in light of on-going planning for IA throughout 2024</p> <p>Urgent escalation plan to secure additional system impact to improve community care capacity and flow, amended from lessons learnt.</p> <p>UEC is now part of the major change programme with a focus across 4 workstreams (Moving the front door to the patient, Improving Emergency Department and Emergency Quadrant models of care, Hospital Flow and Discharge into community)</p> <p>A North Wales commitment as part of the Care Action Committee through the Regional Partnership Board to deliver the ministerial priorities as a system</p>	<p>9. Continuous flow modelling – National presentation on a model to decompress the Emergency department and create movement to reduce delays.</p>	
Actions	Due Date	Progression Analysis
<p>Health board to identify permanent Executive lead for UEC to allow sustainable programme development over the next 3 years. This will be the Interim and then the substantive COO</p>	01/09/2024	Completed
<p>Health board to support development of a pan North Wales UEC (SICAT remodelling) hub prior to Winter 2024 to ensure 24/7 service support, in conjunction with national support and forthcoming escalation triggers. The process of review is in place and will be led by workstream 1 of UEC major change programme. The development is supported.</p>	15/01/2025	In progress
<p>Transformational development of urgent care system (6 Goals) including ministerial priorities; in light of major change programme completion date has been amended to End of August 2024 to support a singular approach for one system.</p>	31/08/2024	completed
<p>GIRFT/SEDIT reviews ongoing to support demand management across North Wales, supported by the national programme team, capital funding being sourced from the national programme. This action is in place and has 4 active workstreams supported by the Care Action committee work via the North Wales Regional Partnership board. GIRFT is incorporated within the delivery programme.</p>	30/09/2024	In progress
<p>BCUHB agreement on IHC to trial the Continuous flow model and implement prior to August 2024- WXH IHC have been the site supported by Executives as initial trial site. Ongoing assurance discussions with East IHC and Swansea Bay continue in light of concerns raised. Final meeting planned for end of June 2024. This action has now been re-instated by the Interim COO and is being delivered through workstreams 2 and 3 with interim COO and CNO support for the winter. There will be an escalation process agreed by 30th December 24 to ensure arisk assessed approach to winter resilience in Q4 2024/25.</p>	30/06/2024	In progress

Confirmation of national requirement for winter resilience plan going forwards or focus on a North Wales resilience plan for 2024-2025. Draft winter plan for north wales in place – further checks in progress for Nov 24 board. Awaiting the national guidance due mid-November to sense check.	31/08/2024	In progress																																				
Communication – BCUHB requires a singular approach to communication on UEC planning to prevent conflicting information occurring due to planned care forecasting. The interim COO and Director of Performance and commissioning are co-leading an integrated approach for planning with a consistent approach and clear interdependencies addressed across all the programmes of care (such as UEC, Planned care, cancer, diagnostics, mental health, therapies)	30/07/2024	Completed																																				
Review of Complex Care arrangements in place to improve system improvements and to reduce delays, this is now managed via Goal 6 of the six goals programme and also via each IHC’s Clinically optimised weekly meetings.	30/04/2024	Completed																																				
Industrial action (IA) management plans in place and require review for sustainability in light of on-going planning for IA throughout 2024	30/04/2024	Completed.																																				
Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow to be reviewed and amended from lessons learnt since implementation	31/05/2024	Completed																																				
 <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Date</th> <th>Inherent</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>26/02/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>29/02/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> <tr> <td>14/08/2024</td> <td>25</td> <td>20</td> <td>12</td> </tr> </tbody> </table>	Date	Inherent	Current	Target	26/02/2024	25	20	12	29/02/2024	25	20	12	14/08/2024	25	20	12	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Open</td> <td>15-19</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	5	5	25	Current Risk Rating	4	5	20	Target Risk Score	4	3	12	Risk Appetite	Open		15-19	<p style="text-align: center;">Rationale for Corporate Risk</p> <p>Regulations 28, preventing future death reports (2020-2023),</p>
Date	Inherent	Current	Target																																			
26/02/2024	25	20	12																																			
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CRR 24-11	Risk Title: Planned Care		Date Opened: 04/12/2023	
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 29/10/2024	
Date Last Reviewed: 14/11/2024	Director Lead: Chief Operating Officer	Link to BAF:	Target Risk Date: 31/12/2024 (interim review)	
<p>There is a risk of further deterioration in patients' health, harm, mortality or need for more complex treatment in relation to planned care services with a, resulting in failure to meet national access targets. This could be caused by long waits and delays for planned care, insufficient capacity, staffing shortages, increasing demand, and backlogs exacerbated by COVID. The impact would be worsening patient outcomes and experiences, increased complaints, financial penalties for target breaches, and reputational damage.</p>				
Mitigations/Controls in place		Additional Controls required		
<ol style="list-style-type: none"> 1. Routine prioritisation of patients by clinical risk according to national Referral to Treatment Time (RTT) guidance (Cancer > Urgent > Routine) 2. Performance monitored via weekly corporate access meeting and locally via IHC weekly access meetings including long waits and clinical prioritisation. 3. Clinical prioritisation and review of waiting lists ongoing. 4. Validating waiting list cohorts. 5. Phase 1 sustainability funds secured and deployed 6. Joint Patient Admin and Booking Centre 		<ol style="list-style-type: none"> 1. Capacity and demand modelling and trajectory tracking 2. Development of sustainable service models to mitigate existing clinical risks 3. Application of GiRFT and other performance improvement approaches (monitor progress of implementation via planned care board and performance outputs via access). 4. The planned care funds available will mitigate the risks and will be closely monitored through the Planned Care Programme Board 5. Chief Operating Officer vacancy. Now recruited for both interim and substantive. 6. Refresh and renew INNU policy to ensure referrals are appropriate. 7. Commissioning services where there is need 8. Demand and capacity plan (in progress) completed to inform specialty level position for 2025/26 and targeted support 		
Actions			Due Date	Progression Analysis
Recruitment to the Llandudno/ Abergele business case (orthopaedic site). Funding not released, action overdue. Dedicated project lead in place supported by the Interim COO around the staffing model to include resource shift with the activity to Llandudno site. Interim COO to work with the CFO and IHC Directors on next steps.			30/12/24	In Progress
Recruiting to support specialty programmes of work in order to support successful design and delivery of sustainable models of care This is in progress and will involve colleague selection process from within the existing team for continuity/local knowledge			30/12/24	In progress
Procurement for insourcing for endoscopy and diagnostics Insourcing endoscopy business case approval at Executive Team			01/11/2024	Progressing (revised date from 01/05/2024)
Ensure completion of demand and capacity analysis to inform forward looking activity and produce mitigations for shortfalls			01/12/2024	Progressing
Minimise escalation into elective capacity through UEC improvement programme			01/12/2024	Progressing
			Impact	Likelihood
				Score



Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	2	8
Risk Appetite	Open		15-19

Rationale for Corporate Risk

RTT 52 week waits stage one - NHS Wales Performance Framework 2024-25 Target = 0. Current positions RTT >52 Stage 1 – 27,880 (unbooked)

RTT 104 week waits all stages - NHS Wales Performance Framework 2024-25 Target 0. Current positions RTT 104 all Stages -11,993 (9,706 over 104w +1,198 over 156w + 10 over 208w – unbooked position) To achieve this within 12 months would mean in the order of an additional 2,417 cases per month, at least 1,459 of which would be stage ones.

RTT 52 week waits all stages - NHS Wales Performance Framework 2024-25 Target 0 by 30.06.2025 Follow up backlog 100% overdue - Target reduction compared to same month last year. East has a bigger share of stage ones over 52w by 2k so there is room to make the pan-BCU list more equitable. Continue to prioritise eliminating 156 or 208 weeks as early in the new financial year as possible.



Teitl adroddiad: <i>Report title:</i>	Summary of business considered in private session to be reported in public			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Monday, 23 December 2024			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 29 October 2024:</p> <ul style="list-style-type: none"> • Planned Care Performance update • Ty Glyder Contract • Vascular Business Case • Wheelchair Service and Maintenance Contract • Community Equipment Maintenance & Repair Contracting Briefing Paper 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, Interim Executive Director Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Philippa Peake-Jones, Head of Corporate Affairs			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithia</p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithia</p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p>

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	u / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	u / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>				
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>		<p>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</p>		
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>		<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>		
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>		<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>		
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>		<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>		
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>		<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>		
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p>		<p>Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.</p>		

<i>Workforce implications as a result of implementing the recommendations</i>	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	Not applicable
<i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
<i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)	
<i>Reason for submission of report to confidential Committee (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	Advised in private session reports where appropriate
Rhestr o Atodiadau: Dim List of Appendices: None	

Performance, Finance & Information Governance Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
11.07.24	Action from Private Board Meeting Action 24/122.4	Pam Wenger via email	Bangor Health & Wellbeing Centre	Pam requested this is on the PFIG forward workplan – Action from Board “Outline the future governance route of Bangor H&WB Centre development, and ensure that the Board is provided with regular progress updates”	Pam Wenger	Pam Wenger	TBC Potentially 21.01.25	
25.7.24	Action from 25.7.24 Public Board meeting	Health Board action	24/154.9 Performance report	Follow up on the lack of contemporaneous performance data within the Performance report given that Financial reporting was made available to the Board in a timely manner. Explore strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere.	Director of Performance and Commissioning	Interim Executive Director Finance	December 2024	Director of Performance and Commissioning takes up post in October, and this will be part of his remit to build upon improving performance reports. Suggest the Performance, Finance and Information Governance Committee take oversight of this on behalf of the Board.