Bundle Performance, Finance & Information Governance Committee 30 April 2024

1 OPENING BUSINESS

1.1 09:30 - PF24/31 Welcome and Apologies - Verbal - Chair

1.2 09:32 - PF24/32 Declaration of Interest - Verbal - Chair

1.3 09:34 - PF24/33 Draft minutes of the previous meeting held on 22 February 2024 and 21 March 2024 for approval - Attached - Chair
Minutes of 22 February 2024 to follow
- PF24.33 - Draft minutes of the previous meeting PFIG Committee 21.03.24 V0.03

1.4 09:39 - PF24/34 Matters arising and table of actions - Attached - Chair
Table of Actions to follow

1.5 09:41 - PF24/35 Report of the Chair - Verbal - Chair

1.6 09:51 - PF24/35 Notifications of matters referred from other Committees - Verbal - Chair

2 STRATEGIC PRIORITIES

2.1 09:52 - PF24/37 Information Governance Quarter 3 2023/24 Report - Attached - Chief Digital and Information Officer
- PF24.37 - Information Governance Quarter 3 Coversheet
- PF24.37a - Information Governance Quarter 3 202324 Report Q3 KPI 2023-24-V1
- PF24.37b - Information Governance Quarter 3 202324 ReportIGG Chair's Assurance Report February 2024 V1

2.2 10:07 - PF24/38 Finance Report -Verbal - Interim Director of Finance

2.3 10:27 - PF24/39 Management Response to Independent Review – Planning Review - Attached - Assistant Director, Health Strategy Planning
- PF24.39 - Management Response to Independent Review – Planning Review
- PF24.39a - Final Independent Review – Planning Review

2.5 10:42 - PF24/40 Chair's Assurance Report - Transformation & Strategic Planning EDG - Attached - Executive Director of Transformation, Strategy and Planning
- PF24.40 - Chair's Assurance Report - Transformation & Strategic Planning EDG

2.6 10:52 - PF24/41 Performance Report - Attached - Director of Performance
- PF24.41 - Performance Report - Cover paper
- PF24.41 - Performance Report

2.7 11:07 - PF24/42 People Performance Report Including People plan monitoring report - Attached - Associate Director, Workforce Optimisation
- PF24.42 - People Performance Report Incl People plan monitoring report
- PF24.42a - People Performance Report Incl People plan monitoring report

3 ISSUES RELATED TO KEY RISKS

3.1 11:22 - PF24/43 Board Assurance Framework related to Committee - Attached - Director of Corporate Governance
- PF24.43 - Board Assurance Framework related to Committee

3.2 11:32 - PF24/44 Corporate Risk Register relating to Committee - Attached - Director of Corporate Governance
- PF24.44 - Corporate Risk Register relating to Committee v3

4 CLOSING BUSINESS

4.1 11:42 - PF24/45 Agree Items for referral to Board / other Committees - Verbal - Chair

4.2 11:44 - PF24/46 Review of Risks highlighted in the meeting for referral to Risk Management Group - Verbal - Chair

4.4 11:46 - PF24/47 Summary of Private Business to be reported in Public - Verbal - Chair

4.5 11:48 - PF24/48 Review of Meeting Effectiveness - Verbal - Chair

4.6 11:50 - PF24/49 Date of Next Meeting - Verbal - Chair

4.7 11:52 - Comfort Break

Betsi Cadwaladr University Health Board (BCUHB)

Minutes of the Performance, Finance & Information Governance Committee
21 March 2024 9:30 – 10.30am
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members and other Independent Members	
Name	**Title**
Gareth Williams	Independent Member / Chair of PFIG Committee
Mike Larvin	Independent Member
Chris Field	Independent Member
Rhian Watcyn-Jones	Independent Member (via Teams)
Clare Budden	Independent Member
Dyfed Edwards	Board Chair
In Attendance	
Russell Caldicott	Executive Director of Finance (Executive Lead)
Chris Stockport	Executive Director of Transformation, Strategic Planning and Commissioning
Other Executive Directors as required by the Chair	
Carol Shillabeer	Chief Executive
Phil Meakin	Acting Board Secretary
Angela Wood	Executive Director of Nursing & Midwifery
Other Attendees	
Justine Parry	Assistant Director of Compliance & Business Management (on behalf of Chief Digital and Information Officer)
Dave Harries	Head of Internal Audit
Nick Graham	Associate Director Workforce Optimisation
Natalie Cole	Audit Wales
Dylan Williams	Planning
Philippa Peake-Jones	Head of Corporate Affairs (Senior Committee Lead)
Laura Jones	Project Manager (Committee Support)

Agenda Item	**Action**
PF24/25 Welcome and Apologies **PF24/25.1** The Chair welcomed everyone to the meeting and also welcomed Rhian Watcyn-Jones and Chris Field as new members of the Committee. No apologies were noted.	
PF24/26 Draft 3 Year Plan 2024-2027 and Annual Delivery Plan 2024-2025 (including Finance, Capital and Workforce Planning)	

PF24/26.1 The Chair highlighted that a PFIG Development Session took place on 7 March 2024 to allow members to make comments on the Annual Plan and the aim of this meeting is to consider the revised version of the Plan. The suggestions made today will not be included in the version of the Plan that goes to the Board however the Chair will make reference to the recommendations and a version incorporating the track changes will be ready to be submitted if the recommendation made by the PFIG Committee are accepted by the Board. The following points were raised:

Recommendation/Comment	Response
There are a lot of hospital based pictures, can we add more variety	This a reflection on the journey of the Health Board, this will be picked up with the Communications team but may not be able to amend in the timescale for submission.
Will it be possible to monitor such a large number of objectives/actions?	These have been reviewed to make them easier to track and manage. Not all the actions will be completed this year. An Action Plan will be drafted early in the new Financial Year to clarify milestones and how these will be monitored.
There is no reference to the Health Minster's statement about Emergency Care,	We can add a sentence to state we are aware of the statement and that we will try and meet the Minister's requirements.
Why is income shown as a minus	Although this is standard practice in the accounts, this will be altered so it reads better for a lay audience.
The delivery plan is important and needs to be highlighted	There will be reference to the action plan and timings in the Board coversheet confirming the aim to complete the delivery plan by the end of April 2024.
Does the strategic context section need to be at the start of the document: it would be better to have this in an annex. Should the main document be the easy read version with the version for Welsh Government (WG) as a technical appendix?	The team are working on an easy read document – this will be available in April / early May, but not in time to meet the deadline for submission to WG. Starting the Plan with the Policy/Strategy fit is standard practice for WG plans. This suggestion can be taken forward in future years.
The Plan suggests that the capacity to meet demand is only constrained by Finance: can we make clear that we recognise there are ways we can do things more efficiently and productively as well?	This has been amended for the Board version in the specific part of the document highlighted: the team will review this within the remaining document.

The quadruple aim doesn't reference GMS.	This simply reflects the requirements of WG so does not need to be changed.
It would be good if the source of the data for the national performance measures was clear.	Review the national performance measures to make clear in the quadruple aim where the data has come from.
There is an assumption that the only workforce issues that needs tackling is the problem with unfilled vacancies. But it is far from clear that our current establishment – which has grown significantly without any parallel increase in output/productivity – is optimum and the vacancy rate is largely a function of the larger establishment.	The language has been reviewed and subtle changes made but there is a need to be clearer that there will be an establishment review: this will be added as an additional priority in the workforce section.
Amend reference to 'once or twice for North Wales' to 'once for North Wales'	This sentence has been amended.
How do we translate the large number of actions under the five strategic objectives into succinct Board Assurance Framework.	There needs to be an expanded section on delivery towards the end of the document, looking forward to the action plan and referring to the BAF and the Integrated Performance Report.
Can we make clear that we want to encourage the use of the Welsh Language section (not just support those who are anyway to motivated to learn) and strengthen the emphasis on the importance of culture around Welsh language.	This will be reviewed.
The section on decarbonisation feels very thin and unambitious	This can be strengthened. There is an executive Group in place which is taking forward some interesting initiatives and visibility will become clearer as this reports to the Board via the newly established Planning, Population Health and Partnerships Committee. Resource has also been allocated via Welsh Government and there is an intention to appoint a Director of Environment.
In relation to the 10 year vision and refreshing the wellbeing assessments, don't highlight tasks that have already been completed.	This will be reviewed.
There is a lack of clarity in the digital section on cyber security and GDPR.	This is intentionally vague, on the advice of the Director of DDaT.

The organisation has 20,000 employees who all have family members living in North Wales and encouraging our staff and their families to lead healthy lifestyles could have a big impact on the health of the population: the Health Board could lead by example.	There is reference to BCU being an anchor institution and this could be enhanced in this section.
There needs to be more emphasis on what we can do in Primary and Community care – particularly outside GP Practice hours - to relieve the pressure on ED.	This will be reviewed.
Long waits for Mental Health service diagnosis can be very damaging for children: perhaps we could make clear adult assessments are a lower priority.	Pathway work is taking place which focuses on a specific cohort of the adult population and this section can be enhanced to reflect that.
Should there be a reference to endometriosis in the section on 'challenged services'.	This was really an issue about service development but a reference could be added in the section on Women's Health.
Review the finance section to make reference in the narrative to a three year vision.	Our intention is to get to a position relatively soon where we can submit a 3 year IMTP, so we need to review the section to set out our intention more clearly.
The template on access to GMS may be over optimistic as the various plans are not at the stage that the template implies.	This will be reviewed.
The targets for delayed transfers of care are ambitious.	This will be reviewed in terms of the numbers and the days lost.
Vascular section has list of bullet points consistently repeating "the organisation" Page 97.	This will be reviewed.

PF24/26.2 The Board Chair recognised that a lot of work has gone into the Annual Plan especially during a time when the organisation is in Special Measures. He welcomed the fact that the document appeared to be outcome focussed and emphasised that the delivery plan should highlight what we are trying to achieve in the long term. The Committee Chair recognised the progress made since the last meeting and made reference to the right tone being set. The Executive Director of Transformation, Strategic Planning and Commissioning stated that this is an improved Plan from last year and although it is not an IMTP, it does look further forward in terms of priorities. The Chief Executive highlighted the global challenge around workforce and the need to plan for the future.

PF24/26.3 The Chief Executive highlighted difficulties in correlating money, service and demand pressures and gaining the right level of ambition and realism in terms of delivery.	
PF24/27 Special Measures Closure Reports **PF24/27.1** The Acting Board Secretary confirmed that the Committee has a role to note the Special Measures Closure Reports. The Committee Chair suggested it would be useful if there could be greater clarity over whether some items taken over from Cycle 2 to Cycle 3 were also amongst those that had not been delivered in Cycle 3. An Independent Member highlighted that the Urology Improvement Plan had not gone to QSE in January, but had been deferred to April.	
PF24/28 Date of Next Meeting Tuesday 30th April, 9.30-12.30pm	
PF24/29 Resolution to Exclude the Press and Public	

Teitl adroddiad: ***Report title:***	Information Governance Quarter 3 2023/24 Key Performance Indicators (KPI) Report.			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 30 April 2024			
Crynodeb Gweithredol: ***Executive Summary:***	BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, and requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice. This Quarter, Freedom of Information Compliance has decreased by 7%, and Information Governance Mandatory Training Compliance has fallen below the national target of 85% being reported at 84.5%.			
Argymhellion: ***Recommendations:***	The Committee is asked to receive assurance on compliance with the Data Protection and Freedom of Information Legislation.			
Arweinydd Gweithredol: ***Executive Lead:***	Dylan Roberts - Chief Digital and Information Officer			
Awdur yr Adroddiad: ***Report Author:***	Carol Johnson – Head of Information Governance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	• Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016; • Ensure Information Governance Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation; • Improve overall compliance with Freedom of Information and Subject Access request response times in line with legislative requirements by supporting governance leads, and raising awareness and improving overall availability and publication of information to enable improved transparency to the public; • Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working; • Maintain Information Governance Training Compliance in line with the national target of 85% to raise staff understanding and awareness; • Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register; • Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Data Protection Act and Freedom of Information Act
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)

Risk Register – Tier 1				
Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement
ID4766 – Duplicate Hospital Numbers	25	15	5	Unchanged
ID3659 – Potential Exposure to RansomWare and Zero-day Cyber risk attacks	25	20	15	Unchanged
ID4595 – Retention and storage of Patient Records	20	16	8	Unchanged
Risk Register Tier 2				
ID4603 – Lack of access to clinical and other patient data	20	12	8	Unchanged
ID4420 – Non-compliance with the subject access rights	12	12	9	Unchanged
ID2040 – Unsupported / Obsolete software or operating systems	12	12	3	Unchanged
ID4306 – Data Flow Mapping and ROPA	9	9	6	Unchanged
ID3804 – Management of Corporate Records	9	12	6	Increased due to external review findings and gaps in assurance
ID3801 – Failure to develop and improve the Asset	9	9	4	Unchanged

	Register System
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	*Information Governance - Q3 KPI 2023-24 V0.1* sent to Justine Parry and Carol Johnson 2nd February for review. *Information Governance - Q3 KPI 2023-24 V0.2* sent for further review following feedback and comments.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	**Board Assurance Framework** BAF-SP13 - There is a risk of failing to meeting the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change. **Corporate Risk Register** CRR24-07 – Availability and Integrity of Patient Information CRR24-17 – ICT Failure and Cyber
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
1) Data Protection Impact Assessment's to be published on the Internet.
2) Teams to review new reporting tools with the Freedom of Information and Subject Access Request system.
3) Teams to implement and use Information Asset Register System Quarter 4.

Rhestr o Atodiadau:
List of Appendices:
Appendix 1 – Information Governance Quarter 3 2023/24 Key Performance Indicators (KPI) Report.
Appendix 2 – Information Governance Group Chairs Assurance Report – February 2024.

Atodiad 1 - Dangosyddion Perfformiad Allweddol

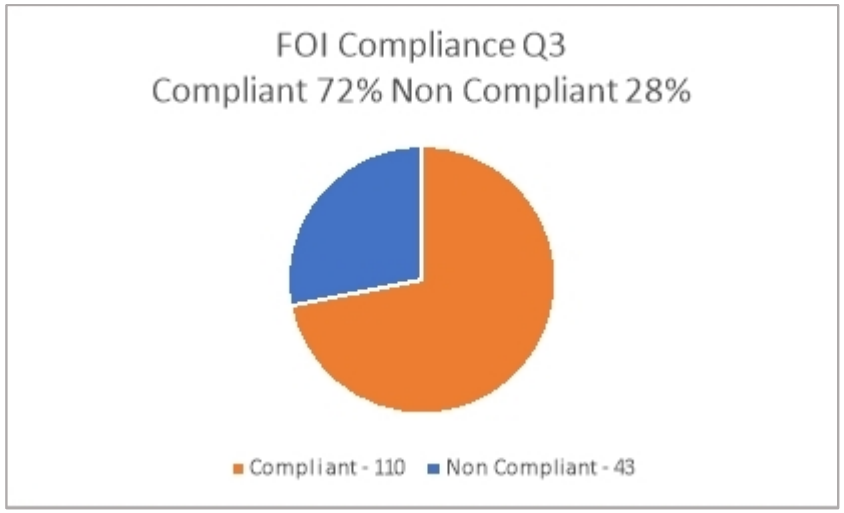
Chwarter 3 – Hydref i Ragfyr 2023

Appendix 1 - Key Performance Indicators

Quarter 3 – October to December 2023

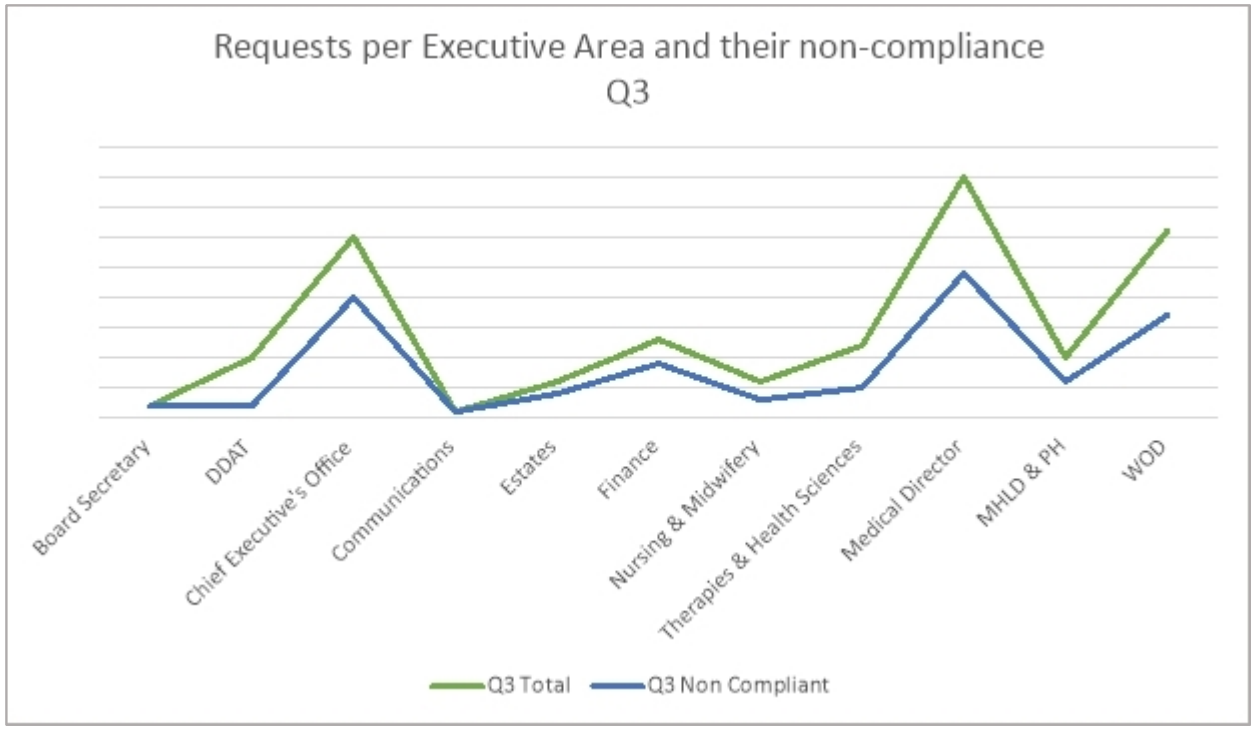
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

Appendix 1 - Key Performance Indicators: Quarter 3 – October to December 2023



*Decrease in total number of FOI's received from previous quarter. A total of 153 FOI's were received during Quarter 3.

Compliance has decreased to 72% from 77% reported during Q2. This is due to delay in receiving information from leads, delay in obtaining information due to missing records and number complex requests received.



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

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	10	0	0
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	4	1	Awaiting Final Response
Section 22 – Intended for future publication	Absolute – No Public Interest Test Required	1	1	Awaiting Final Response
Section 31 - Law Enforcement	Public Interest Test applied	1	0	0
Section 40 - Personal Information	Absolute – No Public Interest Test Required	9	1	Awaiting Final Response
Section 43 – Commercially Sensitive	Public Interest Test applied	5	0	0
No Exemption applied	N/A	113		
Total		153		

FOI: Main reasons for delays/breaches

- 11 delays reported due to current workload of Leads and teams gathering information.
- 10 delays in obtaining information required due to internal information or records missing.
- 10 delays due to complex cases, this has been reported by both Leads and Information Governance Team.

The divisions with the highest amount of delays

- 24 Executive Medical Director.
- 20 Chief Executive's Office.
- 17 Workforce and Organisational Development.

The total number of delays per division is higher than the total number of non compliant requests. This is due to a large number of requests requiring a response from multiple divisions and how this is recorded. Work is underway with the system supplier to amend this in order to provide a truer reflection.

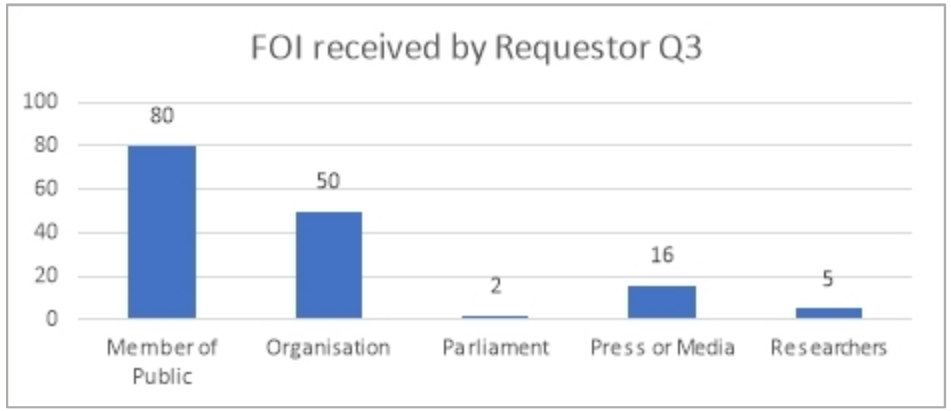
Regular meetings are being arranged with the divisions continuously reporting with high numbers of delays. The Information Governance Team also meet weekly to escalate any requests nearing the legislative deadline to avoid further delays and breaches.

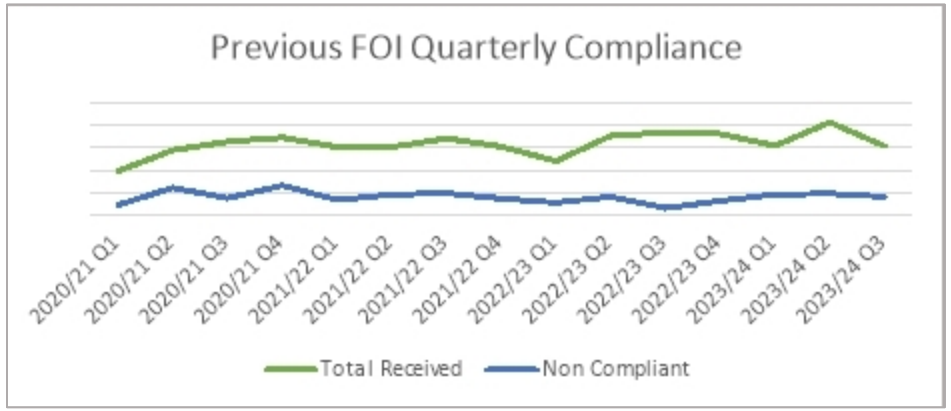
Trends in FOI Subject

- 14 requests regarding use of drugs and numbers prescribed for specific diagnosis.
- 8 requests for information on various topics around staffing.
- 6 requests regarding surgery and outpatient appointment times.
- 4 requests for information on the Health Board spending.

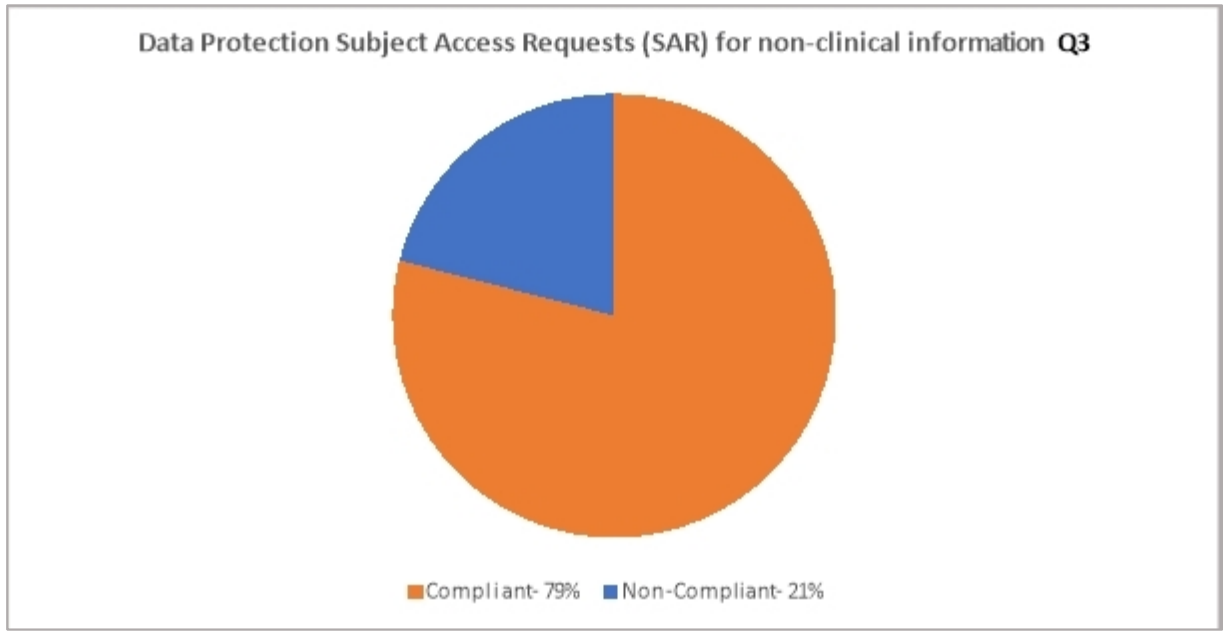
The Health Board Publication Scheme is currently being reviewed and where trends are identified, the plan will be to try and publish this type of information on a regular basis where appropriate. This will further support the Health Board's aim of being open and transparent.

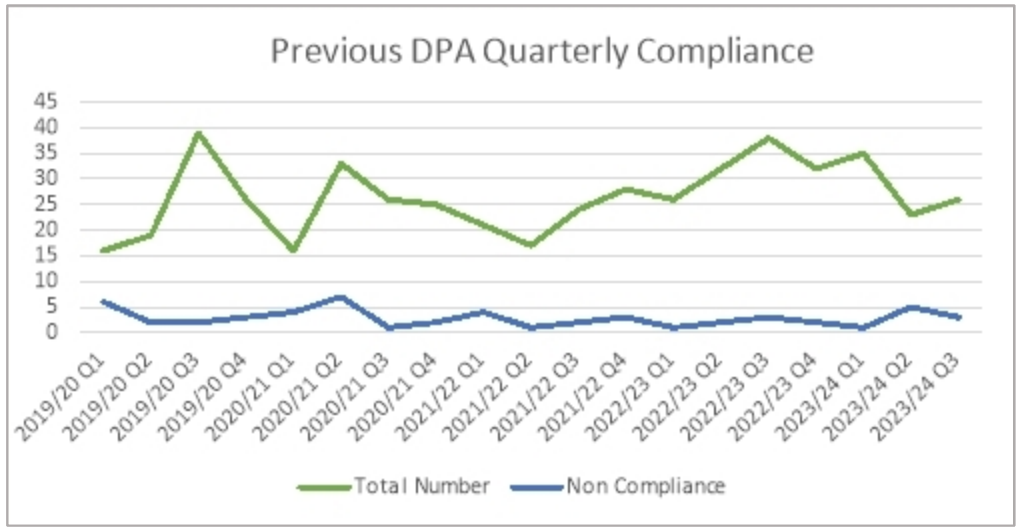
- There were no trends identified that would attract media attention or to have a negative effect the Health Boards reputation.
- The new FOI / SAR System has been implemented, with workshops provided for leads to help navigate their way around the system and to provide feedback.
- The total hours spent processing FOI requests this quarter was 228 hours. This is made up of time spent by the Information Governance Team, Leads and Executives.

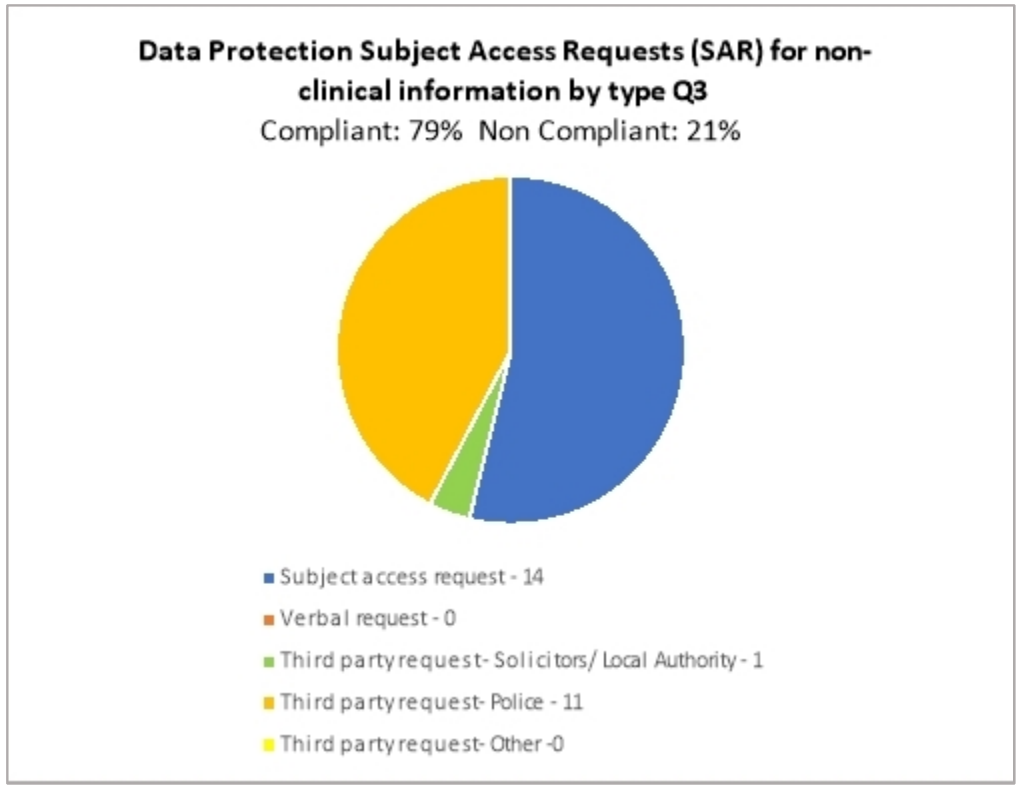




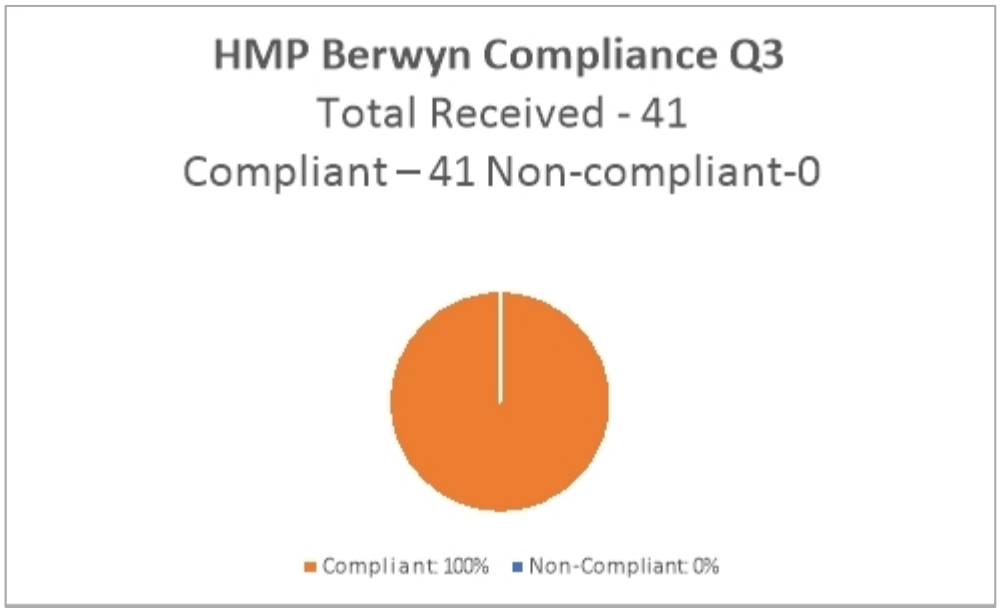
SAR: Reason for breaches Quarter 3
During Quarter 3, the Information Governance Team's compliance increased to 79% from 70% reported in Quarter 2. The requests received during this quarter continue to be complex and time consuming including BCUHB wide email searches, as well as requests for full medical notes from a large date range. This quarter included 11 Personal File requests and 3 Mailbox searches.
2023/24 Improvement Actions
The new FOI and SAR system was implemented during Quarter 3, technical issues that did not occur during User Acceptance Testing arose once the system was live. These issues were raised with the system supplier and have now been resolved. Information has been circulated via the BCUHB Bulletin to inform staff members of the importance of using mailboxes correctly. The Information Governance Team also continue to communicate with departments regarding how to deal with any SAR's they receive.

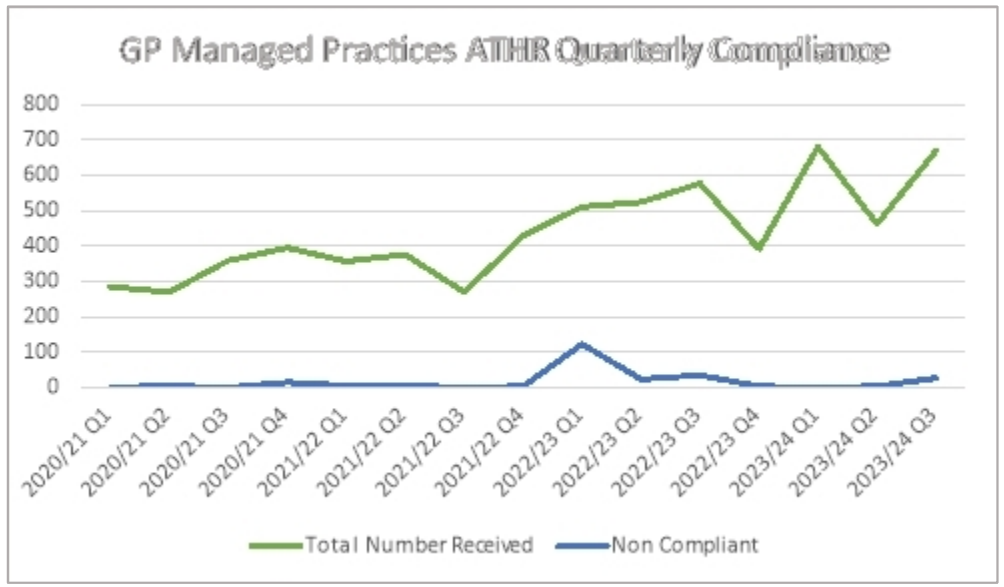


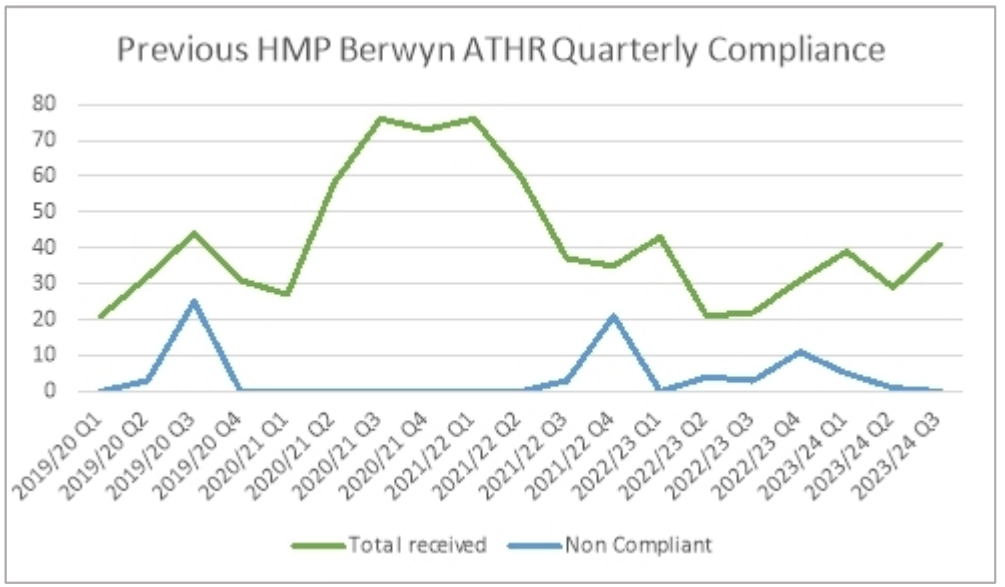




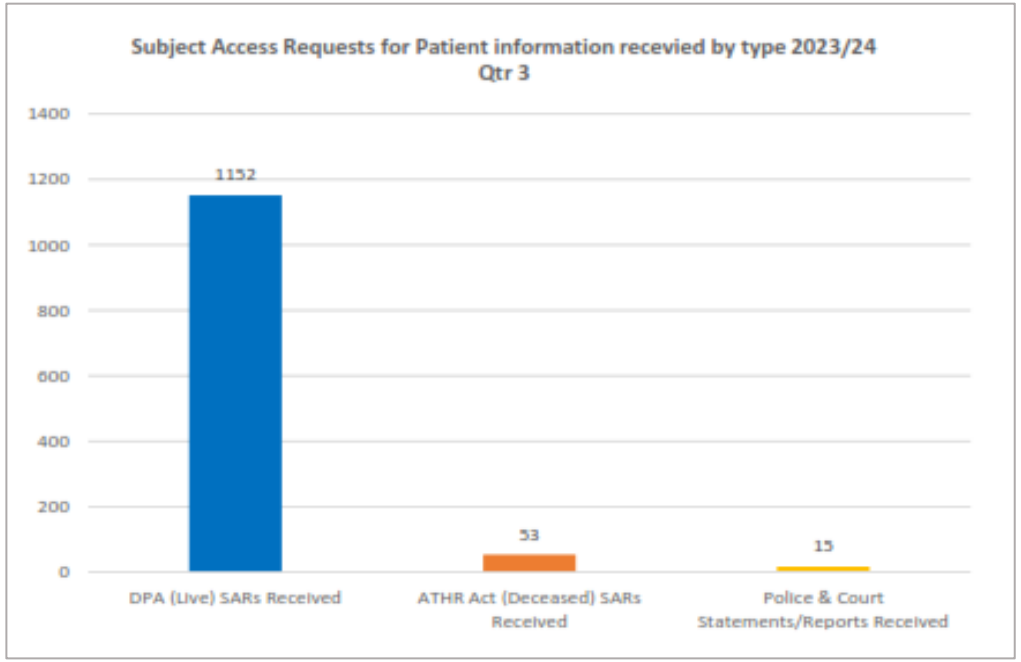
Managed Practices and HMP Berwyn Requests for Information Quarter 3 – October to December 2023

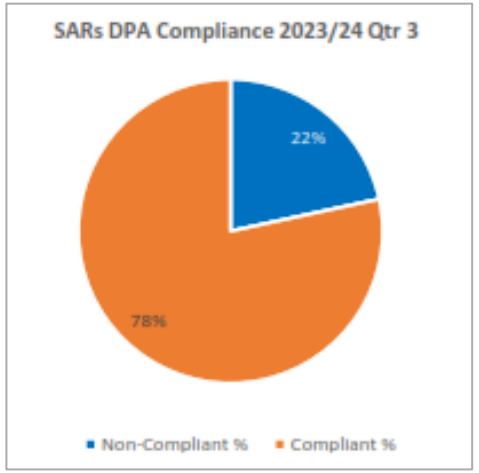


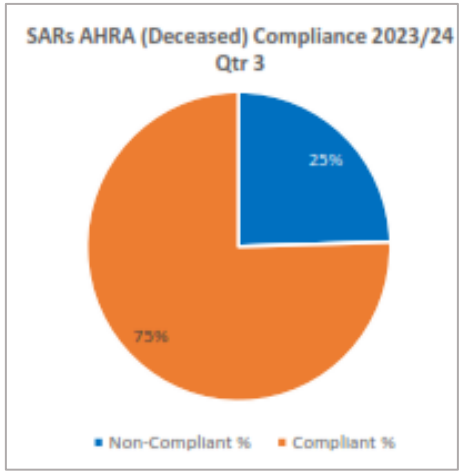


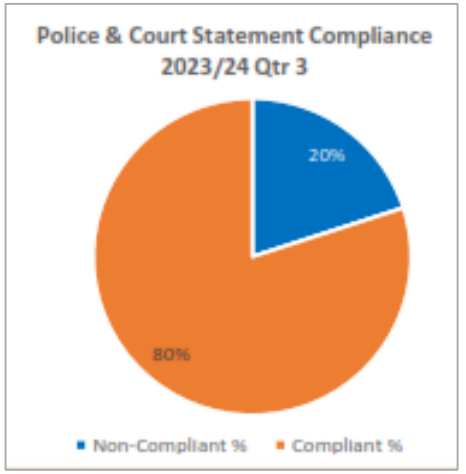


Access to Health Record Department Quarter 3 – October to December 2023.

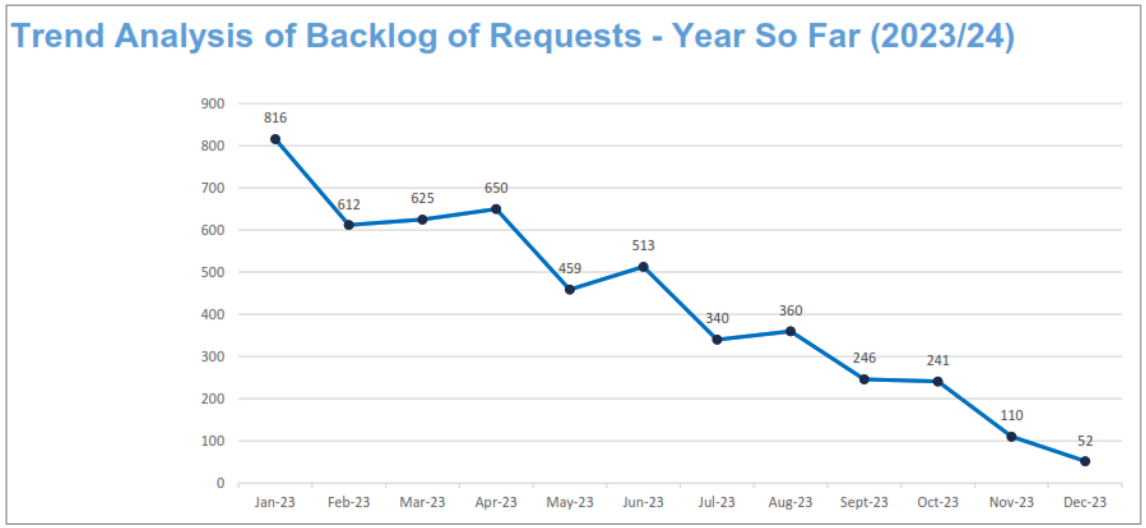


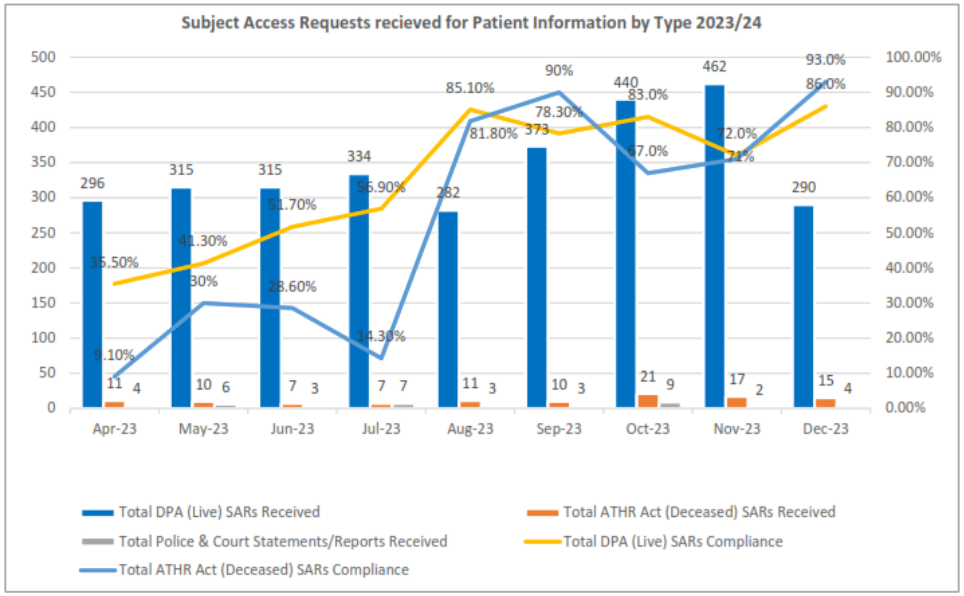


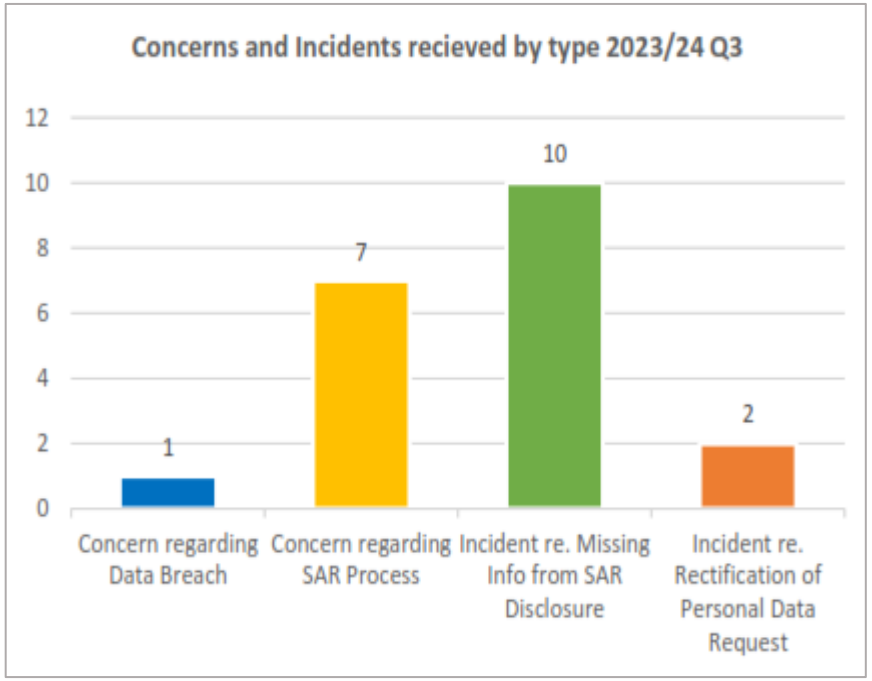




Increase in total number of Subject Access Requests received during this quarter to 1220 from 1030 in previous quarter.
Increase in compliance for all requests. SARs DPA (Live) compliance increase of 5%, SAR AHRA (Deceased) compliance increase by 7% and Police and Court statement compliance increase of 26%.







Type of Concern	Description of Lessons Learnt
Concern regarding Data Breach	A document was filed in the wrong patient notes during inpatient stay with same initials/surname. Was made aware it was relating to another patient by Subject Access Request (SAR) applicant and incident for investigation.
Concern regarding Subject Access Request	All 7 cases were in relation to concerns with the delay in receiving their SAR disclosure. The team conveyed apologies for the delay due to backlog of requests requiring processing in Access to Health Records which has been impacted by staff absence. All cases were prioritised and actioned with SAR disclosed.

Type of Incident	Description of Lessons Learnt
Incident regarding missing information from SAR Disclosure	All 10 cases were in relation to missing information not provided as part of their SAR disclosure. All were investigated and information provided to applicant.
Incident regarding Rectification of Personal Data Request	(i) One was closed due to no further information received/valid proof of identified from patient and therefore unable to process their request. (ii) Patient advised wrong date of birth noted on radiology disc. Contacted Radiology and demographics for patient updated.

Reference	Risk Description	Current Score	Existing Risk Mitigation Measures/ Controls place
PRG11	There is a risk that the Health Board will be uncompliant with our requirements under the Data Protection Act, Access to Health Records Act and the Information Commissioners Office (ICO) audit recommendations to effectively respond to requests for information due to lack of resource and efficient processes. The impact of this is a breach of the Data Protection and Access to Health Records Act which could lead to action, potential financial penalties and claims from individuals.	**12**	1. Full Service review – Scheduled for Quarter 4 2023/24 2. Business Continuity Plans to be put in place in the event of current SAR Management system failure to be utilised. This would involve team reverting to data inputting into Excel spreadsheet and manual paper forms (Active. Business Continuity Test to be completed in Nov-23) - Complete 3. Procurement and implementation of new SAR Management System to replace current Datix RFI Module (Went live 17/10/23) – Complete.

Reference	Issue Description
1.	There is a risk that the Health Board will be uncompliant with our requirements under the Data Protection Act (DPA), Access to Health Records Act and the ICO audit recommendations to effectively respond to requests for information due to lack of resource and efficient processes. The impact of this is a breach of the Data Protection and Access to Health Records Act which could lead to action, potential financial penalties and claims from individuals.
2.	Lack of resource within service to enable us to ensure compliance with our requirements under the DPA and the ICO audit recommendations to effectively respond to the subject access rights of an individual. This is due to vacancies and long term sickness.
3.	Increased turnover of experienced staff due to lack of career progression route within the Service.

Incidents and Complaints Quarter 3 – October to December 2023

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	Data Loss	3		
	Email	12		
	External Mail	20		3
	Records	16		2
	Prescription Error-Incorrect Patient Details	7		
Confidentiality Breach (Internal)	Data Loss	12		
	Email	6		
	Internal Mail	2		
	Records	35		
	Other	1		
Information Management & Technical Security	Hardware	4		
	ID Badge Loss	10		
	Records	14		
	Inappropriate Access	3		
Non Compliance with Policies & Procedures		17		1
Total		**162**	**0**	**6**

Please note: Incident and Complaint figures reported within Access to Health Records data have been incorporated into the overall figures shown here.

*Slight decrease from 165 in Quarter 2. There has been an increase in this quarter in incidents relating to both Internal and External Data Loss and Records, ID Badge Loss and Inappropriate Access. However, also during this quarter there has been a decrease in External Email, Hardware, IM&TS Records, Non Compliance to IG15 and IG14.

Incidents-Lessons Learnt

- Staff reminded of the importance of not removing handover sheets from the ward.
- Staff reminded to ensure ID badges are secure and kept safe to avoid losing while on and off site.
- Staff reminded to be vigilant when entering email addresses to avoid information being sent to the wrong recipient and potentially causing breaches.
- Staff members reminded to not print confidential documents unnecessarily to avoid the risk of misplacing.
- Information is circulated regularly via the BCUHB Bulletin when reoccurrence of the same type of incidents is reported.

Near Misses

There were 2 near misses reported in Quarter 3 of 2023/24.

- Medication prescribed on Symphony software for a different patient with the same name in department.
- Patient discharged from the Emergency Department given a bag of someone else's medicines by mistake by staff.

Both have been investigated with staff being reminded to be vigilant in checking patients details before carrying out tasks.

Legal Claims

2 legal claims were made during Quarter 3, this has increased from the 0 reported in Quarter 2.

Both claims were related to data breaches, details have been included below:

- A member of staff accessed claimant's Emergency Department and other medical records following her attendance.
- Claimant's highly sensitive medical records were sent out to a third party.

Both cases remain open and a further update will be provided within the Quarter 4 report.

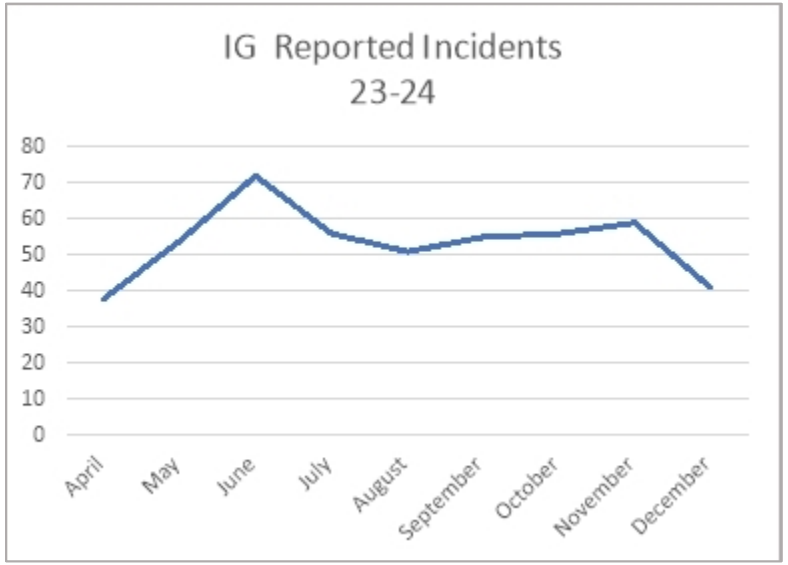
Complaints

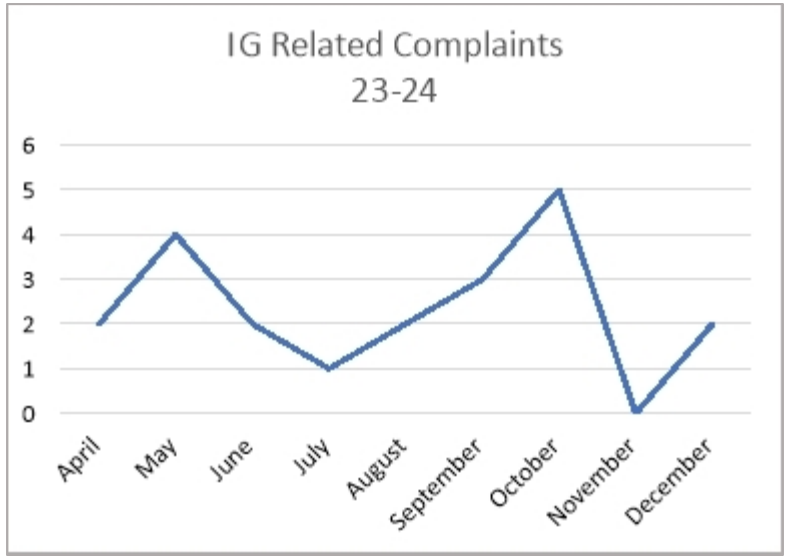
10 Data Protection complaints were made during Quarter 3, 3 of these have now been closed. This is an increase from the 5 reported in Quarter 2 and of which 2 of these complaints remain open and are continuing to be investigated.

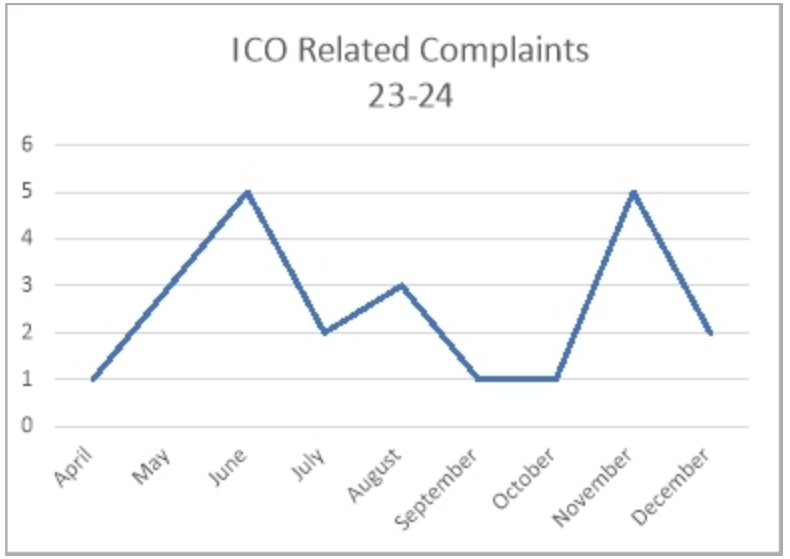
Complaints Received

- Delay in receiving report, when report was received, another child's details were included with report.
- Letter was sent to old address and was then opened by relative.
- Complainant listed as stranger's next of kin, letter received containing clinical information about patient.
- Failure to ensure full confidentiality of patient's personal medical information and that of others following a meeting.
- Incorrect telephone/address used from 20 years ago used for correspondence.
- An email containing sensitive information about patient sent to a different patient.
- 2 x Details of another patient being included in discharge letters.
- Appointment letters sent to the wrong address.
- Personal email address shared with an external third party to undertake an investigation.

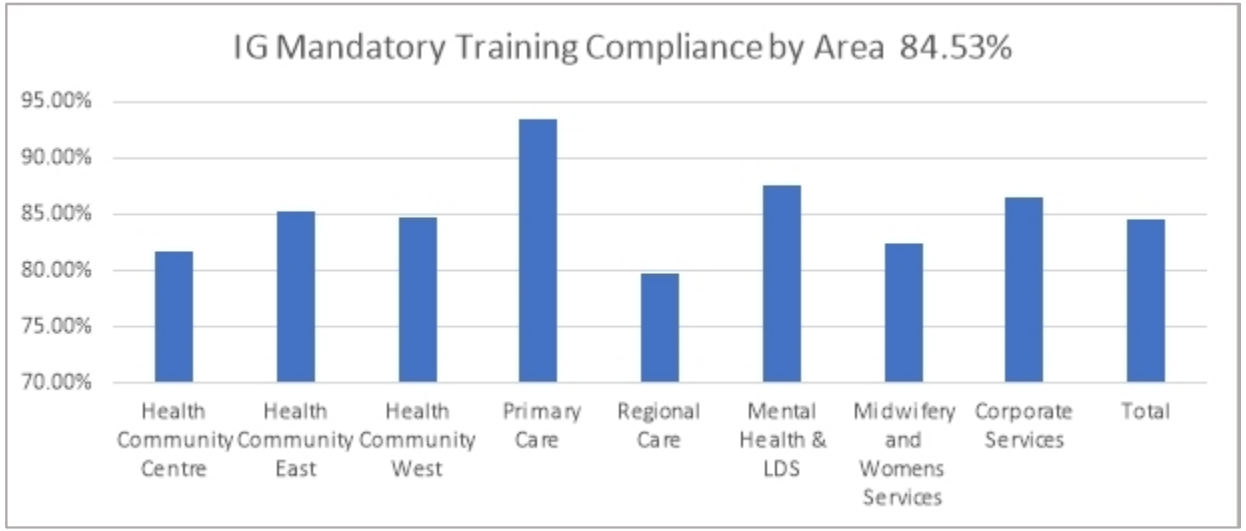
Information Commissioners Office (ICO) Complaints
Self-reported incidents to the ICO Quarter 3
During Quarter 3, there were no incidents reported to the ICO. This has remained the same from the figure reported in Quarter 2.
Complaints received from the ICO Quarter 3
During Quarter 3, there were 8 notifications from the ICO, this is an increase from 6 being reported in Quarter 2. 6 of these incidents from Quarter 3 have been closed with no further actions required. 6 x Delay in responding to Access to Health Record requests. 1 x Personal Data shared in error with a Childrens Home. 1 x Unprotected personal data of 11 individuals emailed to incorrect recipient.







Information Governance Training and Budget Information Quarter 3 – October to December 2023



Information Governance Mandatory Training

Virtual mandatory training sessions have continued via MS Teams with 8 taking place in Quarter 3 and a total number of 95 staff attending. This is decrease compared to the 13 sessions with attendance of 116 in Quarter 2. A plan to start face to face training again is underway, with further work to finalise the rotation of live sessions to MS Teams and online. This to ensure we can offer staff the most efficient way to complete their training.

The overall compliance of mandatory Information Governance training across BCUHB has decreased since Quarter 2 to 84.53%. Compliance has fallen below the National target of 85%. Compliance is monitored and departments are repeatedly reminded to ensure staff members undertake Information Governance training.

The Information Governance Team were due to deliver a training session to the Board during Quarter 3 to increase their compliance however this has now been delayed to Quarter 4 due to availability.

The new Information Governance mandatory training presentation is almost complete. An advertisement for staff to volunteer as actors has been circulated for us to film several small clips relating to Information Governance data breaches, human error and non-compliance. We are hoping this will be finalised by end of February 2024.

E-Learning Training

A national technical issue affecting the movement of slides within the Information Governance E-Learning Module was reported during Quarter 2 which had an effect on the number of completed sessions. This issue was ongoing during Quarter 3 and has been escalated to the National Team who are continuing to investigate.

The number of staff members who were able to complete the E-Learning module during Quarter 3 was 566, this has increased significantly from the 258 that was reported in Quarter 2, despite the technical issue.

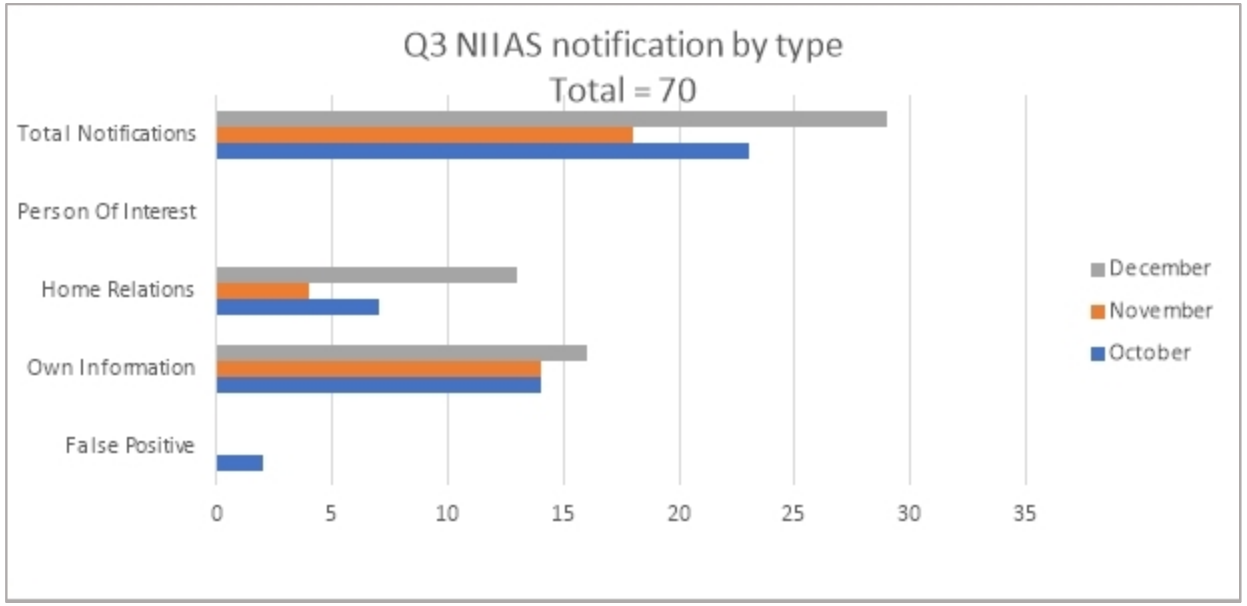
Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of December 2023	Year To Date Variance
T410	885,969 No change to previous quarter	456,779	210,963 (not a true reflection, please see below comments)

Please note the reason for the underspend this quarter is due to:

1) Staff turnover and time to recruit to vacancies, with 1 vacancy remaining.
2) Contiued agile / home working reducing travel costs.
3) Continued discrepancy in staffing, which is being progressed with Finance colleagues.
4) £124,998 still showing in General Reserves which still requires some transfer for staff moves, money to the the FOI /SAR system and Information Asset Register.

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

NIIAS, Service Desk and IG10 Information Quarter 3 – October to December 2023

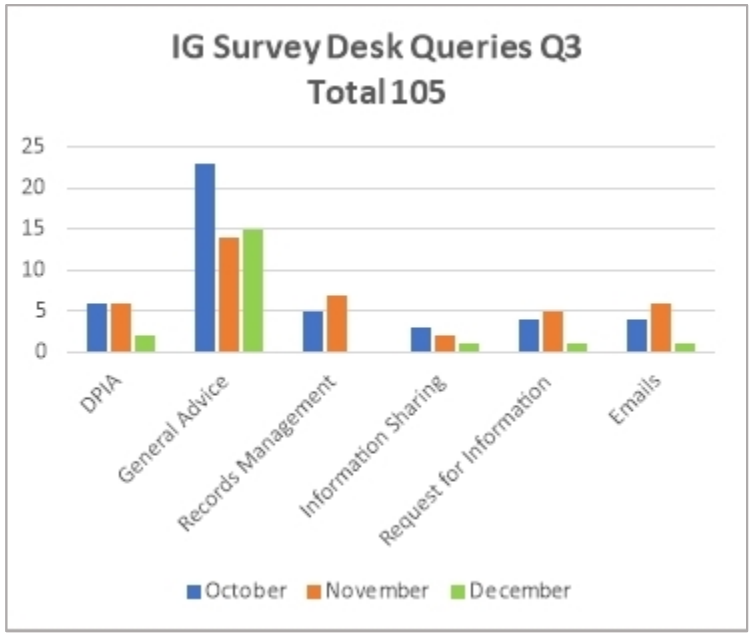


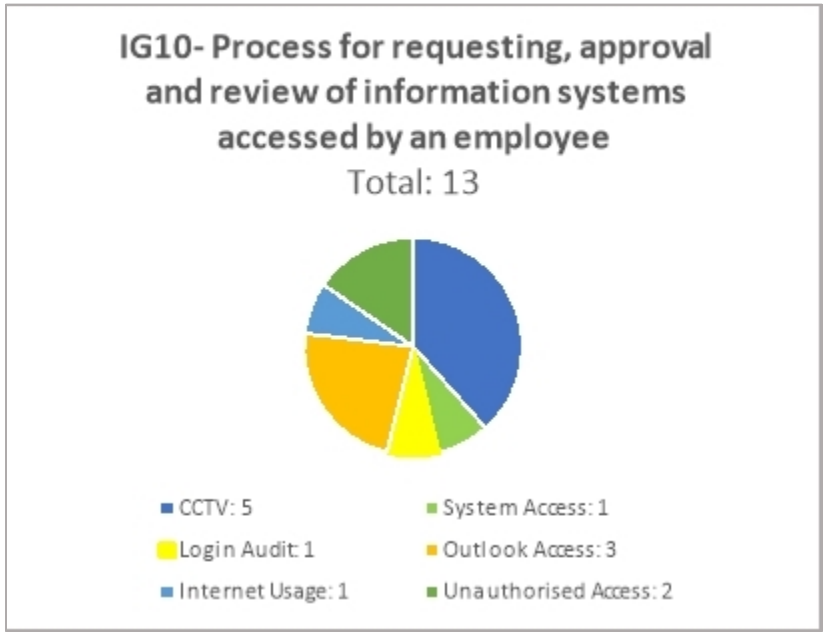
NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 3 of 2023/24 the number of NIIAS notifications received has increased to 70 from 57 in Quarter 2. From the data we can see accessing Own Information is repeatedly the highest notification however from analysing the figures further no trends in departments or sites has been identified. The severity of accessing own information is circulated via the BCUHB Bulletins and managers are asked to also disseminate this information to teams.

Service Desk – Information Governance Portal

During Quarter 3 the number of calls received into the Information Governance Service Desk have decreased to 105 from 120 in Quarter 2. The Information Governance Team continuously look at trends identified in queries received and publish guidance on our intranet pages. We are also reviewing the information available to staff members on our Betsi Net site to provide further guidance.





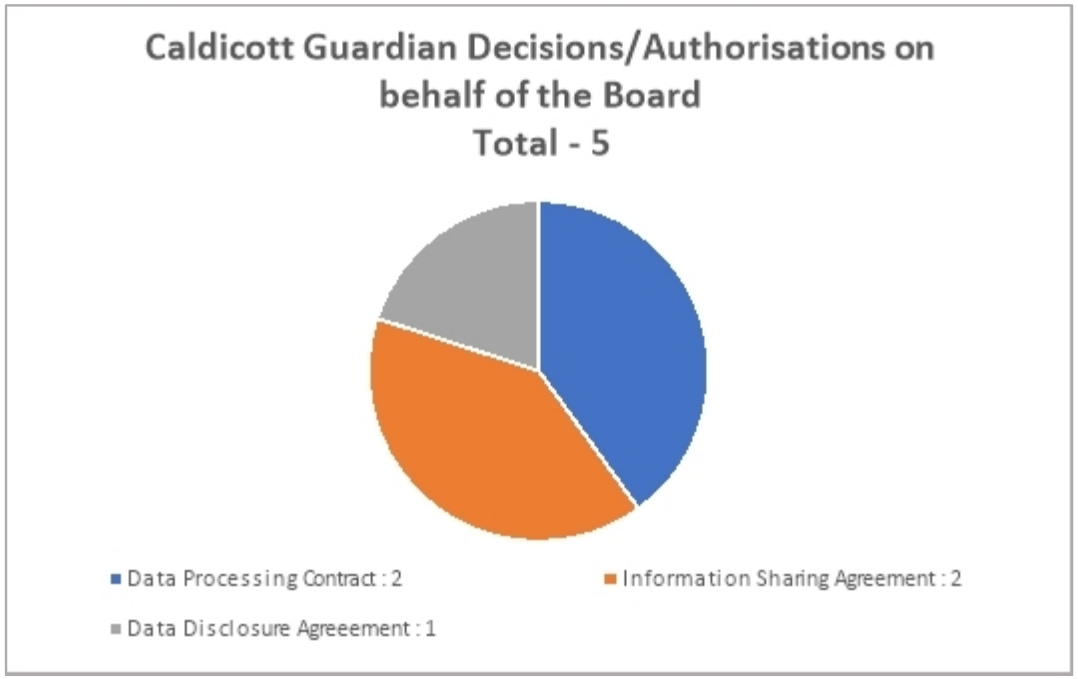
IG10

5 of the 13 IG10's approved during Quarter 3 were for CCTV footage. This has decreased from the 8 reported in Quarter 2. The total number of requests has been broken down into area below:

- East – 1
- Central – 8
- West – 2
- BCU Wide – 2

No trends in the reason for the request have been identified during this quarter but they will continue to be monitored.

Caldicott Guardian Decisions, DPIAs, Compliance Audits & Asset Register Quarter 3 – October to December 2023.



Compliance Audits

During Quarter 3, 3 on site Compliance Audits were carried out by the Information Governance Team. Audits were completed with added recommendations and actions added for departments, follow up visits were also arranged to ensure completeness. Some of the issues identified included:

- Storage of records.
- Compliance with Information Governance training.
- Confidential waste unnecessarily created i.e. printing of emails.
- Unaware of the requirement to display privacy notice.

Also during Quarter 3, 1 compliance audit was undertaken with the new streamlined compliance audit process using MS Teams with the Posture & Mobility Team. The audit was well received with no notable issues found other than a reminder of policies and procedures with regards to records management being recorded as an action.

Data Protection Impact Assessments (DPIAs)

During Quarter 3, 4 DPIA's have been approved which is a decrease in the 7 reported as approved in Quarter 2. 3 DPIA's were approved pending minor amendment and a further 7 have been received during Quarter 3 which are currently under review as further information is needed from the leads.

The Information Governance Team are reviewing the local DPIA process to streamline and improve the time taken for completion and approval. This will involve developing a new DPIA which is in line with National models but also include the information required at a local level.

Asset Register

During this quarter the Asset Register has been in the final stages of User Acceptance Testing with the final handover and implementation planned for Quarter 4.

Training dates for the Information Governance Team have been arranged with further training for Asset Administrators and Owners also being arranged.

A countdown to the "Go Live" with regular updates is due to be circulated in the bulletin to staff members.

Performance, Finance & Information Governance (PFIG)

30th April 2024

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

To improve health and provide excellent care

Committee Chair's Report

Name of Group :	Information Governance Group
Meeting date:	20th February 2024
Name of Chair:	Dr James Risley - Deputy Executive Medical Director
Responsible Director:	Dylan Roberts – Chief Digital and Information Officer
Summary of business discussed:	The Information Governance Group (IGG) met on the 20th February 2024. The Information Governance Group (IGG) was quorate. The meeting was deputised in the absence of the Chair (Executive Medical Director) in February by the Deputy Executive Medical Director. 9 outstanding actions on the IGG Action Tracker were closed with updates prior to the meeting, with 3 remaining open. This report summaries the activity of the Information Governance Group and members noted: 1. **Information Governance Workplan** – Continued good progress had been made for the majority of activity in the work plan and business as usual with the outstanding areas below: a. Information Asset Register – Asset register progress has been impacted due to issues with the third-party preparing system ready for release. The Project Support Officer is currently making contact with asset owners prior to go live. b. FOI/SAR replacement system – System has been in place since October 2023. Integration to Microsoft 365 is due to take place in the next month which should fix some outstanding issues, and then the project can be closed. c. Information Governance Training – The Training presentation has not yet been finalised. Information Governance officers have now filmed clips for training and the package will be complete by end of March to roll out at a training session for Independent Members. 2. **External Information Governance Review Findings - Report submitted –** this report recommended 48 actions for improvements. 21 actions were now complete, 19 actions

	have work underway, and 8 remain outstanding. There are plans in place to meet deadline dates and progress with outstanding actions. Meetings are taking place to progress any partially or outstanding actions through to completion. 3. **Information Governance Key Performance Indicator Report Quarter 3** – FOI Compliance decreased from 77% to 72%. Three main reasons being a delay in receiving information from leads, missing records, and high number of complex requests. No requests identified to attract media attention or which have a negative impact on reputation. New FOI system was implemented and workshop delivered by the Information Governance Team to provide support and gain feedback from FOI Leads across the Health Board. Total hours spent on dealing FOI requests was 228 hours. SAR Compliance increased to 79%. GP Managed Practices were compliant with 669 cases and overdue with 27 requests. HMP Berwyn were compliant with 100% of requests. Decrease to 162 incidents and an increase of internal and external data loss, ID badge loss and inappropriate access were the most common. No incidents were reported to the ICO, with 8 complaint notifications received from the ICO. 6 related to delays responding to Access to Health Record requests, 1 relating to personal data being shared inappropriately and 1 regarding unprotected personal data being sent to incorrect recipient. 8 MS Teams sessions took place to deliver the Information Governance Training with good attendance. Compliance has decreased to 84.5%, below the national target and work is in place to improve as the revised training package is almost complete. However during this time period the nationa E-Learning training developed a technical issue which still remains, a total of 566 staff have been able to still complete the E-training. 4. **Information Governance Toolkit –** Completion of the question set for the Toolkit submission is progressing well with no issues with meeting deadline raised. There is a requirement for owners to highlight any issues on meeting the deadline. Nothing raised at present from any leads. The evidence required is currently being gathered and uploaded to the platform with some evidence still outstanding. DHCW requested feedback regarding the updated question set, and feedback on behalf of BCUHB was given. Further specific detail has been requested from DHCW which will be given once reviewed.

	5. **Information Governance Service Improvement** – Report was presented to include the below three projects: a. **Compliance Audit Process -** a new self-assessment process has been piloted. This will involve service users completing an MS Form with set Information Governance compliance questions. The form will be completed on MS Teams sessions with support of IG colleagues. This is to gather whether more information or face to face review is required. Spot checks will continue and follow ups when incidents are raised. Project expected to be fully implemented next quarter and final update will be provided at the next meeting. b. **New FOI / SAR System –** The system is now fully implemented. There is a current issue with integration of Office 365 but this is being resolved with support of DHCW and IT. A workshop for leads will be rolled out in the new financial year to set out their requirements and assist on knowledge of exemptions to use within responses. This will be used as an opportunity to gain feedback on system to go back to the system supplier with any change requests. Overall, improvement in the management and coordination of FOIs and SARs has improved since using the new system. c. **Asset Register –** User Acceptance Testing is now complete and review of the system with the Information Governance Team identified some obsolete sections. The main piece of work at present is identifying system owners for ongoing ownership and responsibility. Once IT confirm changes to system have been made, the next steps will be arranging training packs and Standard Operating Procedures and then go live date will planned. Delays have been experienced due to changes and identifying system owners. 6. **Information Governance Risk Register** – Report was presented and the risks reviewed. Risk ID IG16 is in relation to the Asset Register for which an update was provided as part of the Service Improvements Projects Report. Risk ID IG18 has been completed as much as possible but will require additional resources to implement further actions. It was suggested that the Risk ID IG19 should close with the remaining actions transferred to a new more current risk description. This was fully supported however further work is needed as other departments will need to be involved as owners. 7. **Access to Health Records Update -** As of 1st January 2024, the team is working at a capacity of 11.20 WTE out of a total 13.20 WTE staffing budget. Utilising cost pressure for bank

	staff. 2 WTE backfilled to support with significant pressures within the team. The majority of team are case handles within the new system and responsible for their own workload. Team Key Performance Indicators will be looked at within the next quarter. There has been an improvement on compliance at 78% for SARs for live patient data and 75% for deceased patient data. There has also been an increase in police and court statement compliance at 80%. Risk ID PRG11 has been downgraded to 12 with the outstanding action of the full-service review to be completed. 8. **Policies and Procedures** – The below policies were circulated prior to the meeting for review by all members to which comments received have been actioned: a. **IG14 IMT Security Procedure –** The main concern raised at last meeting was regarding fax machines being an inappropriate means of communication and work on going to phase this out. Wording has now been amended in Section 13.9 to state the purchase of new fax machines is prohibited. A lengthy discussion took place around the management of foreign travel and how this could affect both Health Board and personal devices however this was raised for awareness purposes only and the procedure was approved. b. **IG29 Social Media Procedure –** The procedure was discussed at the last meeting as currently awaiting review of the national policy. The procedure was due to go to the Welsh Partnership Forum in December however this has now been delayed until March, concerns regarding this have been raised. 9. **Data Protection Impact Assessment (DPIA) Update –** DPIAs are a large part of role and are a lengthy process that shouldn't be compromised, however managing them with the current capacity has been difficult. The priority is to streamline the process making it more user friendly while still capturing the necessary information. 10. **MS Office 365 Update -** A number of the training sessions were cancelled due to no bookings however an increase is expected in the next quarter. There are currently 346 live SharePoint sites and 6 waiting for assistance. 29 support calls open with 36 being resolved. These have mostly been requesting advice and guidance. 529 requests for iOS applications have been submitted with 82 approved and 1606 devices issued. There are five ongoing new Office 365 pilots or innovations, these are listed below: • Digital Dictation on IOS

	• Co-Pilot • Pager Replacement Program • Symphony • 3rd Party Access to Clinical Systems 11. **Cyber Security Report –** There is a current threat regarding third party remote access onto systems. Any remote access should be regarded as accessing the highest level of data, high sensitivity. The team are aware of third parties trying to find a cheap way to carry out remote access within BCUHB and this is being managed. Defender has been refined to spot illegal and dangerous software. Biggest risk is PDF convertors and some have previously been blocked. Document containing sensitive information could be malicious or in unknown locations. A plan is in place to inform staff via email of the risks and to provide an alternative solution. 12. **Patient Record Group (PRG) update -** No update was provided during the meeting due to PRG meetings being postponed while terms of reference and governance structure is reviewed. 13. **Issues of significance from Information Governance Management Advisory (IGMAG) –** The Terms of reference has been agreed and cycle of business circulated with standing items. When issues within the Health Board have been raised, there has not always been engagement from other Health Boards. Discussions have taken place to resolve this and meetings are now once every two months with a shorter time slot and one face to face meeting each year. Conversations are ongoing regarding the Wales Information Governance Board (WIGB) and what exactly the role of this Board is. There are also plans to review policies with a more in-depth review going forward. The ICO have requested feedback regarding the new approach to fines and reprimands. The idea is to move away from fining public sector bodies and move towards reprimands. General concern was that it may remove an important deterrent and weaken the ICO position. Feedback on the current national training package is that it is too lengthy. DHCW will review but message should be reinforced that combining the three packages will be quicker and all valid areas of training.
Key assurances provided at this meeting:	• Continued progress made with the Information Governance Work Programme. • Improved compliance rates for FOI and Non-Clinical SARs.

	• Maintained compliance rate with Mandatory Information Governance Training. • Cyber Security Update.
Key risks including mitigating actions and milestones	• Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.
Targeted Intervention Improvement Framework Domain addressed	• Strategy, planning and performance. • Leadership (including governance, transformation and culture). • Engagement (patients, public, staff and partners).
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by: • Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics. • Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.
Planned business for the next meeting:	Range of regular reports plus • Quarterly Information Governance Key Performance Indicator Report. • Information Governance Work plan. • Service Improvement Progress Report. • MS Office 365 Update report. • Cyber Security Report. • Information Governance Risk register – update report. • Management of Corporate Records. • Information Governance external review position report.
Date of next meeting:	Thursday 23rd May 2024.

<table>
<tr><td>Teitl adroddiad:

Report title:</td><td colspan="4">Independent Review of Integrated Planning - Action Plan 2024/25.</td></tr>
<tr><td>Adrodd i:

Report to:</td><td colspan="4">Performance, Finance and Information Governance Committee.</td></tr>
<tr><td>Dyddiad y Cyfarfod:

Date of Meeting:</td><td colspan="4">30th April 2024.</td></tr>
<tr><td>Crynodeb Gweithredol:

Executive Summary:</td><td colspan="4">The Health Board is required to implement an Action Plan that responds to the Special Measures Independent Review of Integrated Planning undertaken by Sally Attwood.</td></tr>
<tr><td>Argymhellion:

Recommendations:</td><td colspan="4">The Committee is asked APPROVE the action plan and management response for 2024/25.</td></tr>
<tr><td>Arweinydd Gweithredol:

Executive Lead:</td><td colspan="4">Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive).</td></tr>
<tr><td>Awdur yr Adroddiad:

Report Author:</td><td colspan="4">Dylan Pierce Williams – Interim Assistant Director - Health Strategy & Planning.</td></tr>
<tr><td>Pwrpas yr adroddiad:

Purpose of report:</td><td colspan="2">I'w Nodi
For Noting
☐</td><td colspan="2">I Benderfynu arno
For Decision
☒</td><td>Am sicrwydd
For Assurance
☐</td></tr>
<tr><td>Lefel sicrwydd:
Assurance level:</td><td>Arwyddocaol
Significant
☐

Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

High level of confidence/evidence in delivery of existing mechanisms/objectives</td><td>Derbyniol
Acceptable
☒

Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

General confidence / evidence in delivery of existing mechanisms / objectives</td><td>Rhannol
Partial
☐

Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

Some confidence / evidence in delivery of existing mechanisms / objectives</td><td>Dim Sicrwydd
No Assurance
☐

Dim hyder/tystiolaeth o ran y ddarpariaeth

No confidence / evidence in delivery</td></tr>
<tr><td colspan="5">Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</td></tr>
<tr><td>Cyswllt ag Amcan/Amcanion Strategol:

Link to Strategic Objective(s):</td><td colspan="4">To support IMTP and Special Measures.</td></tr>
</table>

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

Independent Review of Integrated Planning – Action Plan

This action plan provides a response to the recommendations provided in the Special Measures Independent Review of Integrated Planning, which was formally received by the Health Board in March 2024.

Background

The Health Board was unable to submit an approvable Integrated Medium Term Plan (IMTP) for 2023-2026. The special measures framework for 2023/24 confirmed arrangements for an independent assessment of the Health Board's integrated planning arrangements. The aims and objectives of the assessment were:

Aims:

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

Objectives:

1) Undertake a rapid assessment of integrated planning.
2) Assess capacity and capability within the BCUHB in terms of strategic, tactical and operational planning.
3) Establish what mechanisms were in place to support operational planning at IHC level.
4) Establish how corporate functions, partners and Integrated Health Communities feed into the planning process.
5) Confirm how all the various functions were considered and assessed in the planning framework.
6) Confirm if current strategic governance arrangements (from Ward to Board) support integrated planning.

Field work was undertaken by the independent advisor in August and September of 2023, with the draft report released to BCUHB by Welsh Government in January 2024 and the final report received in March 2024.

▪ Independent Review Recommendations and Action Plan 2024/25

The independent assessment identified strengths and opportunities for the organisation to improve and strengthen its planning function. These opportunities have been considered and included in the proposed action plan. The action plan is therefore structured to support **three key recommendation areas** identified in the recommendations of the assessment, with detailed actions set against timescales for delivery during 2024 – 2025. Links to other special measure independent review thematic action plans have also been considered, ensuring effective triangulation of priorities and reduced duplication. The recommendations provided in the final assessment report were allocated under three key areas as follows:

1	**Design an effective Planning System**
	• Improve availability of data for planning purposes. • Agree organisational approach to demand and capacity modelling. • Promote multi-discliplinary approach to planning. • Develop a process to assess feasibility of plans delivering the required outcome. • Integrate BAF with Annual Plan monitoring. • Align planning system to delivery of the full change portfolio. • Improve focus on Finance and Business Case efficiency. • Develop programmes of work via the PMO office.

2	**Develop an organisation route map**
	• Review Governance and Accountability arrangements for planning programmes. • Submit Plan for 2024/2027 which is supported by an Annual Plan. • Undertake stocktake of strategic commitments.

3	**Understand capacity and capability**
	• Develop collective leadership and ownership of plans. • Undertake review of capacity, skills and expertise within the strategic planning function.

Many elements of the proposed action plan are already underway, including stakeholder engagement to support planning process redesign, access to diploma level education to support and develop planning capability, and an initial review of corporate planning capacity and capability. A number of task and finish groups will also be established to oversee specific areas of work, and progress will be reported in line with the agreed special measure framework requirements.

▪ Recommendations

The Committee is asked **APPROVE** the action plan and management response for 2024/25.

▪ ACTION PLAN: Independent Review of Planning in BCU

This document represents the action plan and management response relating to the Special Measures Independent Review of Planning. It has been developed following the receipt of the final report from Welsh Government and discussion at the PFIG development session in March 2024, where the author of the report attended to present their findings.

Note that the action plan has been structured around the main themes that have already emerged from earlier Special Measures independent reviews.

No additional theme headings have been required as a consequence of this independent review.

[1] **RAG status definitions**:
Green: On track;
Amber: Off track with mitigation in place to bring back on track;
Red: Off track without mitigation in place to bring back on track'
Purple: Delivered

Theme: Data, Intelligence and Insight Theme owner: Transformation & Strategic Planning EDG; EDG Chair: Chris Stockport	Ref	Original Recommendation(s)	Action	Executive Team Lead	RAG Status[1]	Deadline	Progress Update
	1	**Develop an Effective Planning System: Undertake a review of the accessibility of data for planning purposes and problem solving**. *(Recommendation paras 61 and 79).*	1.1 Establish a working group to review existing data arrangements and identify opportunities to address accessibility / gaps. 1.2 Identify and agree what information is required to support planning activity and problem solving. 1.3 Agree data access routes and reporting format showing progress against plans.	Executive Director of Transformation & Strategic Planning.		30 Sep 2024 30 Sep 2024 30 Sep 2024	
	2	**Develop an Effective Planning System: Agree the organisational approach to Demand & Capacity Modelling and resource required**. (*Recommendation paras 50 and 84).*	2.1 Define and standardise BCUHB Demand and Capacity modelling processes and assumptions taking into consideration best practice. 2.2 Submit a paper to Exec Team outlining recommendations.	Director of Performance and Commissioning.		31 Oct 2024 31 Dec 2024	

Theme: Culture Theme owner: Organisation Development Steering Group; Chair: Carol Shillabeer	Ref	Original Recommendation(s)	Action	Executive Team Lead	RAG Status[1]	Deadline	Progress Update
	3	**Develop an Effective Planning System: 'Planning is everyone's business' - create the conditions for integrated planning which promote a more multi-disciplinary approach.** *(Recommendation paras 32, 43 and 80).*	3.1 Undertake Annual Planning Review Feedback Sessions for 2024/2007 Plan. 3.2 Develop a 'Planning Handbook' outlining roles and responsibilities in the organisation. 3.3 Review and update where necessary the BCU Integrated Planning Framework document. 3.4 Undertake a review of planning tools and introduce new tools where required. (Links to 1.1).	Executive Director of Transformation & Strategic Planning.		31 May 2024 31 Jul 2024 30 Sep 2024 30 Sept 2024	
	4	**Capacity and Capability: Develop collective leadership and ownership of plans**. *(Recommendation paras 23 and 62).*	4.1 Leadership - Hold a series of sessions on Integrated Planning as part of the Board Development Programme. 4.2 Ownership – Ensure appropriate governance is implemented for the cascade and accountability arrangements for the Annual Delivery Plan objectives.	Executive Director of Transformation & Strategic Planning.		Quarterly 30 Sep 2024	

Theme: Risk Management Theme owner: Risk Management Group; Chair: Nick Lyons	Ref	Original Recommendation(s)	Action	Executive Team Lead	RAG Status[1]	Deadline	Progress Update
	5	**Develop an Effective Planning System: Develop a process to assess the feasibility of plans delivering the required outcome** *(Recommendation para 97).*	5.1 Implement a revised process for the development of a BCU Annual Delivery Plan with SMART objectives and clear deliverables.	Executive Director of Transformation & Strategic Planning.		30 Apr 2024	
	6	**Develop an Effective Planning System: Develop a mechanism to integrate Board Assurance Framework (BAF) requirements around risk management into the Annual Plan Monitoring processes** *(Recommendation paras 97 and 98).*	6.1 Ensure effective links to BAF and Risk Management reporting, integrating risk and delivery plan objectives. 6.2 Submit recommendations to Exec team.	Director of Corporate Governance		30 Jun 2024 31 Jul 2024	

Theme: Organisation Governance and Compliance Theme Owner: TBC; Chair: TBC	Ref	Original Recommendation(s)	Action	Executive Team Lead	RAG Status[1]	Deadline	Progress Update
	7	**Develop an organisational route map: Review the Governance and Accountability arrangements for Programmes across the organisation and outline the decision making and accountability routes** *(Recommendation paras 47, 51 and 62).*	7.1 Identify and review current Programme Planning accountability process to include governance arrangements, control monitoring and resource plans. 7.2 Agree and implement revised Programme Level Planning approach with clearly defined accountability process.	Executive Director of Transformation & Strategic Planning.		31 Aug 2024 31 Oct 2024	

Theme: Integrated Planning Theme owner: Transformation & Strategic Planning EDG; EDG Chair: Chris Stockport	Ref	Original Recommendation(s)	Action	Executive Team Lead	RAG Status[1]	Deadline	Progress Update
	8	**Develop an Effective Planning System: Design and implement a new Planning System for the Health Board aligned to delivery of the full change portfolio** *(Recommendation para 15).*	8.1 Design and implement revised internal planning system that supports the planning and delivery of key organisational priorities	Executive Director of Transformation & Strategic Planning.		31 Mar 2025	
	9	**Develop an organisational route map: Submit Plan for 2024-27, based around 5 strategic objectives and supported by an Annual Delivery Plan** *(Recommendation paras 152 and 154).*	9.1 Submit 3 Year Plan in accordance with National Planning Cycle. 9.2 Triangulate Planning, workforce and finance.	Executive Director of Transformation & Strategic Planning.		28 Mar 2024 28 Mar 2024	Completed Completed
	10	**Develop an organisational route map: Undertake stocktake exercise of all existing strategic commitments and agree strategic objectives for the organisation** *(Recommendation para 6, 137 and 155).*	10.1 Delivery of Strategic Objectives to be detailed through the Organisational Annual Delivery Plan. 10.2 Alignment of strategic objectives to existing 10 Year Plan. 10.3 Ensure alignment of special measures with organisational Annual Delivery Plan objectives.	Executive Director of Transformation & Strategic Planning.		30 Apr 2024 31 Mar 2025 31 May 2024	

Theme: Integrated Planning Theme owner: Transformation & Strategic Planning EDG; EDG Chair: Chris Stockport	**11**	**Develop an Effective Planning System: Develop a programme of work via the Organisational Portfolio Management Office (PMO)** (*Recommendation p*aras 61, 141, 44).	12.1 Develop, agree and implement an refreshed approach to the definition and management of an Organisational Change Portfolio to include: • Project Management Standards. • Major change programmes • Management of risks in Programmes and Projects. • How to close, evaluate and learn from Projects and Programmes.	Executive Director of Transformation & Strategic Planning.		31 Aug 2024	

Health and Social Services Group
Welsh Government

SPECIAL MEASURES INTERVENTION
Betsi Cadwaladr University Health Board

Llywodraeth Cymru
Welsh Government

INDEPENDENT PLANNING REVIEW – SUMMARY

Sally Attwood
Independent Advisor
Integrated Planning
March 2024

INDEPENDENT PLANNING REVIEW - SUMMARY

Purpose

To understand how integrated planning was undertaken in BCUHB and identify improvement areas, with a specific focus on strategic planning capacity and capability. Review fieldwork was carried out through face to face, online interviews and the review of relevant documents.

Context

Leaders and planners across the health board were aware of national policy and its underpinning planning requirements. However, the organisational environment was not conducive to planning and managing change effectively. Overarching strategies existed but were not driving strategic planning in a meaningful way. There was a strong consensus that a clinical model and clinical implementation plan was needed urgently. A reorganisation that started in 2022 was ongoing and staff reported difficulties in finding the route for decision making – a critical component of managing change. Stabilising the leadership cadre was also considered a pre-requisite.

Alongside challenging service pressures, the health board had a significant change and improvement agenda to deliver. In this challenging environment where time and resources are limited, planning and implementation activities are pivotal in terms of controlling the future. Planners and implementers need the guidance, tools and support to deliver change effectively and consistently. Commendably, the health board had started to put some of these measures in place through structures and guidance.

Central Support for Change

At the centre, the health board had brought together into one over-arching group, specialist practitioners in service improvement, clinical pathways, programme management and strategic planning. Their main input being guidance, coaching, training and sometimes direct support to service improvement projects.

Strategic planners at the centre managed the IMTP process by supporting local planning activity; convening planners and others within collaborative forums; and developing the overarching annual plans. These activities were valued, though the strategic planning 'offer' from the centre was unclear. At the centre and locally more strategic planning capacity and capability was needed and the review outlined the areas for development.

There was evidence of broad support for a systematic and consistent approach to managing change. However, only a limited number of staff interviewed knew of the standards and programme documentation. Senior leaders wanted greater transparency on how the specialist resources at the centre were being deployed. The special measures arrangements were testing the agility of these central resources and it was recognised that this would provide valuable learning going forward.

In terms of ensuring integrated plans, there was strong evidence of structural support from enabling functions such as workforce, finance and digital. Different models existed in terms of support to local planning: business partnering and business relationship manager roles. Public health input into operational planning was valued.

Local Planning

At the local level, while the central teams' input was valued, there was a perception that more help was needed, particularly as the local business support/planning structures were still under development. Pan-North Wales services did not have access consistently to central support and appeared to be self-reliant.

While not reviewed in detail, partnership arrangements were not mature and a review was being planned to address this. Strikingly, systematic engagement with staff and stakeholders was not evident as a basic stage of planning, despite the health board having an experienced engagement team.

Projects and Programmes

Common planning structural devices such as programmes and projects were used routinely but few exemplars emerged. Rather, there was a picture of a history of multi-programme management with unclear governance and delayed decision-making. Programmes and projects were characterised as having high demands for information but low on delivering progress. In recognition of this, the PMO had been established to address these issues, though more recently it had been largely drawn into the special measures programme.

Notwithstanding these observations, there was a growing perception of improvement, particularly in terms of the right people being involved in programmes. There was a call for more empowerment in programmes i.e. greater authority to make decisions within programme parameters. The governance arrangements for programmes and projects would assist in enabling effective and appropriate decision making at the programme/project level.

IMTP Planning

Since the inception of the IMTP process the health board had been unable to secure approval for a three year plan and annual plans have been the norm. Planning has been the subject of special measures for several years; though the pandemic response and recent annual plans being evidence of promising improvement. The IMTP process does not capture every plan and, annually BCUHB sought contributions for areas of inclusion, experienced strategic planners at the centre providing advice as required. Contributors to the process had mixed views about the efficacy of the process and there were complaints about a lack of feedback. It was evident that in the past, this planning process had been seen as a means of securing investment which was less likely in the current conditions.

Commendably, learning from previous years' experience and from other NHS bodies had resulted in improvements in the plan for 2023-4 and also in planning for 2024-5, particularly around early engagement with planners which were continuing on a regular basis and were valued. These planning communities need to be helped to develop further.

Further positive steps were reported for the forthcoming annual plan: early financial inputs, workforce and digital inputs. These were promising signs of the integration of plans at an early stage. The regularity of engagement with planners and those involved in change at the local level was particularly welcomed by staff. These arrangements should form the basis of a strong planning community in the health board.

Overall, the annual plan process was perceived as an event rather that part of a continuous, mature planning process. It was described as resulting in a list of products which lacked meaning for staff. Greater ownership of the plan by the executive and wider communication were seen as important going forward. Reporting progress on the current annual plan was unclear and, understandably, Board scrutiny had been affected by the board level changes in early 2023. These matters were being addressed through new arrangements. More broadly, from a collective governance perspective, controlling and delivering the Annual Plan was primitive. New planning, risk and performance frameworks were helpful foundational steps for improvement and plans were in place to improve reporting.

Planning and Implementation Challenges

Key challenges to planning and implementation were perceived as operational staff being very busy and needed time to plan effectively, with central support being available at key points in the planning process. There was strong feedback about the lack of consistent planning information on which to base potential solutions. The health board has a vision for managing change and early steps to develop standards and bring together specialist practitioners was a strong sign of a systematic and controlled approach which is needed in the prevailing circumstances. The approach would benefit from further collaborative development and to continue to be informed through learning and best practice.

Effective planning and delivery of change was not clear in the roll out of the operating model and the three integrated health communities and the pan-North Wales services were working through the arrangements for this important aspect. Efforts to validate the current local change agenda were evident and yielded important information about feasibility and capacity requirements. The developing Annual Plan for 2024-25 should also be an important information source in this respect.

Partnership planning did not feature in interviews though partnership working through cluster development and cluster plans seemed to be thriving. This aspect of planning needs to be considered once the health board has had time to look at how to improve its contribution to this. Planning effectively across primary and secondary care was not developed, probably owing to the lack of a clinical model.

Planning Capacity and Capability

Not all change undertaken in the health board was included in the Annual Plan. While this was reasonable for the purposes of the IMTP process, without a full understanding of the current and future commitments, the Board does not have a line of sight on its change agenda which it needs to control. A baseline comprehensive plan is needed. Moreover,
the board should be interested in the estimated and actual costs of change to which it has committed. Trying to assess whether there is sufficient planning capacity is near impossible if plans do not estimate effort, similarly, estimating effort leads to assessing availability of key staff to deliver change – another crucial aspect of delivering change effectively. Without these fundamentals of planning and scheduling, the change agenda is built on weak assumptions from which little assurance can be drawn.

In terms of capacity and capability for planning and implementation, research used to inform the review supported planners also having a convening and facilitation role to

capture good thinking and should seek to open up new perspectives through the effective use of data/intelligence. High performing organisations were found to have deeply embedded strategic planning competence spread widely across the organisation. This type of research should inform the health board's onward development of strategic planning as it finalises the operating model and establishes the underpinning OD programme.

Recommendations

The information obtained during the review supported strongly a range of recommended actions that needed urgent attention. These include urgent attention on a clinical services model as well as ownership by the Board of joined up strategic plans. There is a need to focus on improving data and its availability for planning purposes as well as ensuring that systematic engagement with stakeholders is embedded in planning and implementation activity. The need for improvement in communicating plans and learning from change management initiatives will be a key step in developing an effective planning environment. On a practical level, how planning and implementation expertise is organised and deployed to support the health board's endeavours needed to be clarified. These are important areas for the healthy board to address if it is to become exceptional at planning and managing change.

The areas identified in the review report and summarised above are captured in three important first steps:

a) collaborating on the design of a **planning system** for the health board including its standards, governance and operating processes. This should address the capacity and capability issues addressed in the review and specifically, consider a long term proposition for strategic planning capacity across the organisation. The components of the system were described – see table appended to this summary;

b) developing of an **organisational strategic route map** – to display the strategic organisational inputs over the next three years. This will help planning and planners to understand the future environment in the medium term and to make appropriate provision in current plans. It is likely to include early milestone products such as: the agreed clinical model, an OD programme, when a further iteration of the long term strategy will be launched. First year milestones would be planned in detail and resourced in advance of publication of the route map;

c) Developing a **baseline plan** to capture and understand fully the health board current commitments around change. This needs to include estimates of the financial, workforce, skills and time needed. This baseline plan will provide a firm basis for feasibility, risk assessment and the management of the portfolio.

Appendix A

PROPOSED OUTLINE COMPONENTS TO GUIDE THE DESIGN OF THE HEALTH BOARD PLANNING SYSTEM

	Key Component	Focus for Planning
A	An **Overarching Strategy** and **Clinical Model**	Sets out the aims and goals of the organisation and the expected outcomes. Drives the planning 'ask' across the organisation. Provides the clinical blueprint for plans to follow.
B	Organisational development that supports and improves the **operating model** in order to meet strategic goals	Characterised by: leadership development programmes that include a focus on managing change effectively; technical upskilling in managing change; governance of change; risk management and planning for quality. Development and promotion of planning as a profession. Facilitation and convening skills essential for engagement with professional groups and multi-disciplinary teams, staff, other stakeholders and partners and the public.
C	Consensus on the **Organisational Approach to planning and delivering change** at corporate and local levels	Standards and approaches, information requirements for tracking and for benefits. Corporate and local planning activity described and supported. Agreed approaches on key inputs such as engagement.
D	Comprehensive **Analyses** and views of the change agenda, including the IMTP	Corporate systems and processes that generate multiple views of the change agenda to provide assurance that strategic benefits will be delivered. Performance views of the change agenda that support effective decision making
E	Support for **change initiatives,** Processes and planning activities at the front line	Standards and levels of detail for projects. Explicit expectations on key dimensions for change such as stakeholder engagement, level of fit with strategic direction. Practical measures to support front line service planning

Teitl adroddiad: ***Report title:***	Chair's Assurance Report – Transformation and Strategic Planning EDG			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	30th April 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide the committee with an overview of key business covered within the Transformation and Strategic Planning EDG.			
Argymhellion: ***Recommendations:***	The Committee is asked to **NOTE** the progress across a number of topics relating to the strategic direction of the organisation.			
Arweinydd Gweithredol: ***Executive Lead:***	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning			
Awdur yr Adroddiad: ***Report Author:***	Geraint Parry, Lead for Organisational Portfolio Office			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	To support the Annual Delivery Plan			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not applicable			

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

Performance, Finance and Information Governance (PFIG)

Date: *30th April 2024*

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

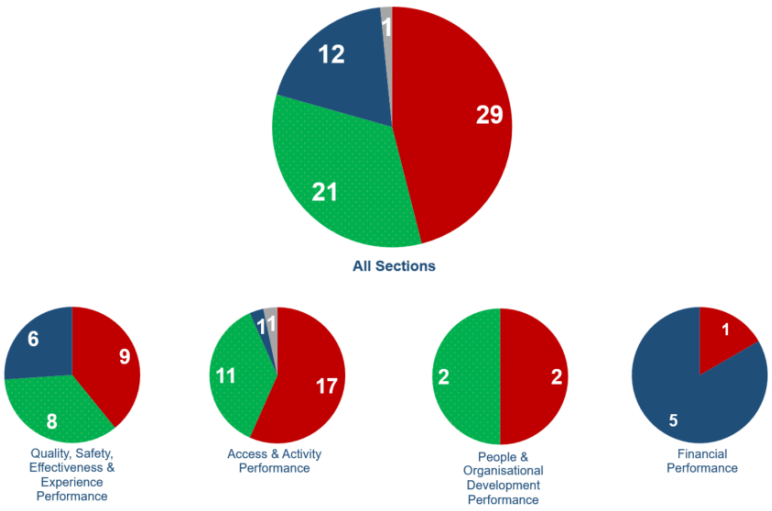
Committee Chair's Report

Name of Committee:	Transformation & Strategic Planning EDG
Meeting date:	18th April 2024
Name of Chair:	Chris Stockport, Executive Director of Transformation & Planning
Responsible Director:	Paolo Tardivel, Director of Transformation and Improvement
Summary of business discussed:	The meeting was chaired by Paolo Tardivel on behalf of the Executive Director of Transformation & Planning who was unavailable. The group discussed a range of topics related to the strategic direction of the organisation. The group received a brief summary of the Special Measures Cycle 3 closure from Geraint Parry along with a copy of the full closure report. This outlined the position as reported to the Board in March, and marks a transition point as the Special Measures Response plan is now integrated into the Annual Delivery Plan. This was supplemented by a further update on relevant themes from the Independent Reviews. The group were reminded that the themes from the reviews had been mapped to a responsible EDG group for oversight and that this EDG (the Transformation & Strategic Planning EDG) is responsible for Data, Intelligence & Insight, and Integrated Planning. An overview of progress was provided for assurance including reminding colleagues of reporting arrangements to Welsh Government to ensure this all links back to the original recommendations. Dylan Williams provided an updated on the Independent Review of Planning which had been formally received into the Health Board since the last meeting. An Executive summary and the full report were provided to colleagues along with an overview of the key findings and an update on the approach to reporting through committee and Board. Work is already underway to respond to the key findings including 3 workshops with senior managers across the Health Board to debrief on the planning cycle for 23/24 and to design and implement improvements for the coming year. The first of these had taken place the previous day with the next session on the 23rd April. Presentations and updates were also received on the following topics ▪ An update on the 3-year plan along with the progress on work regarding the Annual Delivery Plan which underpins this

	▪ A verbal update on the emerging approach to Major Change Programmes and a summary of the paper that is currently being reviewed by the Executive Team ▪ A paper summarising the position regarding work on Decarbonisation ▪ A presentation on a recent prioritisation exercise undertaken within DDaT
Key assurances	**Special Measures:** A detailed milestone assessment of the third cycle of Special Measures was submitted to the Board meeting on 28 March 2024. 70% of the agreed milestones had been completed which is the highest completion rate of all 3 cycles. There is a recognition that the 90-day cycle approach within the Stabilisation phase gave focus and impetus which can be built upon within the annual delivery plan. Special Measures reporting and monitoring will now move to an integrated approach as part of the annual delivery plan whilst ensuring we are still meeting the needs and asks of relevant forums and stakeholders relating specifically to our Special Measures response. Seven key themes from the Independent Reviews have been identified and will be key to all work going forward. The group received an update on the two areas assigned to this EDG, namely Integrated Planning and Data, Intelligence & Insight. The group identified additional steps around strategic use of data to complement the actions emanating from the reviews and future updates will be scheduled for this group. **Planning Review**: The Independent Planning Review has been received with a management response being prepared. The purpose of the review was to undertake an assessment of planning processes and capability across the organisation, within the context of a previous lack of an accepted Integrated Medium Term Plan (IMTP). The review had highlighted that there are some positive foundations within the organisation to build upon and enable the required change to be implemented. It was acknowledged that planning should not be a "one-off event" but a continuous cycle and a review of the planning cycle is already underway to better reflect this requirement moving forward. **Three-year and annual delivery plan:** The significant effort in developing the three-year plan was recognised, leading to a Board approved plan by the end of the financial year. The group acknowledged the process challenges that had been encountered along the we way and members are already engaged in the process to improve for future years. Whilst we await an official response from Welsh Government, work is underway to communicate the plan in the public domain and with our stakeholders, and a public facing version of the document is in development. The focus is now on developing the annual delivery plan for implementation in May 2024. **Major Change Programmes**: Building upon previous papers submitted to the EDG, an organisational approach to Major Change Programmes is currently being agreed with the Executive Team. The approach will incorporate three different tiers as part of an overall change portfolio, and determine the initial priorities and the resourcing

	required. A draft paper has been reviewed at the Informal Executives meeting on the 17th April, which generated constructive feedback to be incorporated into a further paper for the formal Executive meeting on the 24th April. **Decarbonisation**: An introductory paper was presented to the group on the work of the Decarbonisation Programme Board which was established in response to the Welsh Government's NHS Wales Decarbonisation Strategic Development Plan 2021-2030. The aim is for all Health Boards in Wales to develop a Decarbonisation Action Plan in support of the public sector achieving net zero carbon emissions by 2030. The BCU plan is currently under review with the Interim Executive Director of Finance, who is the Senior Responsible Officer. Different approaches are being reviewed including a "low to zero based" investment approach. **Digital prioritisation:** A prioritisation process of digital projects has taken place with broad engagement across the Health Board. This utilised a prioritisation matrix looking at strategic alignment, value and sustainability as well as affordability. There are 27 projects currently underway, each being aligned to priorities as outlined in the annual plan and funding has been secured for 12 of these projects.
Key risks and issues	**Data intelligence and insight:** There is a risk regarding the speed of access to data and ensuring resource alignment with key areas of organisational priority. Ongoing maturation of plans for becoming a more data-led organisation remains a priority for the coming months. This will be key in supporting developments such as the Quality Management System. This risk will be mitigated by the development of a Data and Intelligence Strategy and the group will receive updates regarding progress on this. **Digital prioritisation:** The Digital Prioritisation exercise has agreed the areas of priority focus however there is a requirement to undertake an impact assessment for those projects which have resulted in a lower prioritisation or have been recommended to cease. Mitigation plans will need to be developed to understand the impact on the organisation of not progressing at this time. **Special Measures:** The approach to integrating Special Measures into the Annual Delivery Plan brings strategic alignment and streamlines processes and reduces duplication. There is however a risk that the transition could see a loss of emphasis and the pace of 90 day cycles may be lost, and the group was therefore mindful of the need to ensure this does not lead to a hiatus and that Special Measures delivery remains visible within reporting. **Decarbonisation:** With only 36% of actions showing as on track to deliver within the overall plan, there is a recognition that the required level of investment is higher than the Health Board can currently commit to in order to meet full expectation in terms of outcomes.
Targeted Intervention Improvement Framework Domain addressed	N/A

Issues to be referred to another Committee	N/A
Matters requiring escalation to the PFIG Committee:	N/A
Well-being of Future Generations Act Sustainable Development Principle	N/A
Planned business for the next meeting:	Standard agenda, as per summary of business discussed
Date of next meeting:	06/06/2024 @ 12pm

Teitl adroddiad: ***Report title:***	Integrated Performance Report – Month 12 2023/24
Adrodd i: ***Report to:***	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 30 April 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report relates to the 2023/24 financial year and month 12 performance. The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF) and will align with the Quality Surveillance Strategy as it is developed. The purpose of Our Framework is to integrate key performance indicators (KPIs) from: - 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. The Health Board has in excess of 60 measures included in this report, 21 (33%) are on target and 29 (46%) are off target. As indicated within the below graphic;  The Framework supports the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities.

	The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement (utilising available industry benchmarks to assess performance) and builds on the commitment for all levels of the organisation to improve. Our Framework is firmly based on our values: - • Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate open and honestly The Framework reflects the Health Board's current level of performance escalation with Welsh Government. The Framework implementation approach will be subject to review should escalation levels change. The Framework requires the production of an Integrated Performance Report (IPR) and is presented at this committee (Appendix 1). The Performance Directorate has been working at with our partners across the organisation, including the Executive and the Integrated Performance Executive Delivery Group (IPEDG) in developing our IPR. The Committee should note the framework is continuing to be developed. Future reports will also outline the implementation and engagement arrangements for embedding the IPF and IPR at various levels across the Health Board. These arrangements include putting in place formal and informal accountability review structures and escalation/ de-escalation mechanisms. The structure of our IPR is based upon the Quadruple Aims as per the Welsh Government's healthier Wales paper, the NHS Wales Performance Framework 2023-24 and identifies where metrics fall within the Special Measures Framework for BCUHB or within the Ministerial Priorities. Performance is RAG rated against the targets set within the NHS Wales Performance Framework 2023-24, or as set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB's internal improvement trajectories as submitted and agreed by Welsh Government have also been included Key areas of escalation are identified within the 'Escalated Performance Measures' section at the beginning of the report, with the Executive identifying within a one-page summary and further detailed escalation reports key performance within the four quadrants of workforce, quality, performance and finance. Statistical Process Control (SPC) charts have been included where appropriate.
Argymhellion: ***Recommendations:***	The Committee is asked to: Review the contents of the report and identify additional assurance work or actions it would recommend Executive colleagues to undertake.
Arweinydd Gweithredol:	Russell Caldicott, Interim Executive Director of Finance and Performance

Executive Lead:				
Awdur yr Adroddiad: ***Report Author:***	Ed Williams, Acting Director of Performance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	This report will be available to the public once published for Performance, Finance and Information Governance Committee			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N The Report has not been assessed for its			

In accordance with WP68, has an SEIA identified as necessary been undertaken?	Socio-economic Impact as it is reporting on actual performance
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	There remians 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.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	The report is reviewed by Executive and the Executive Delivery – Integrated Performance Group (IPG). The full report has been reviewed by the Acting Director of Performance and Executive Director of Finance (interim)
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	This report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations:*** Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described. IM&T are seeking to organise development sessions on use of data and Statistical Process Control Charts (SPC). The Integrated Performance Report will undergo continuous development through the remainder of 2023-24 with a view to have the 'end product' embedded as business as usual from 1st April 2024 (a refreshed version presented through to Health Board for when it next meets).	
Rhestr o Atodiadau: ***List of Appendices: 1***	

The Integrated Performance Report in PowerPoint/ PDF

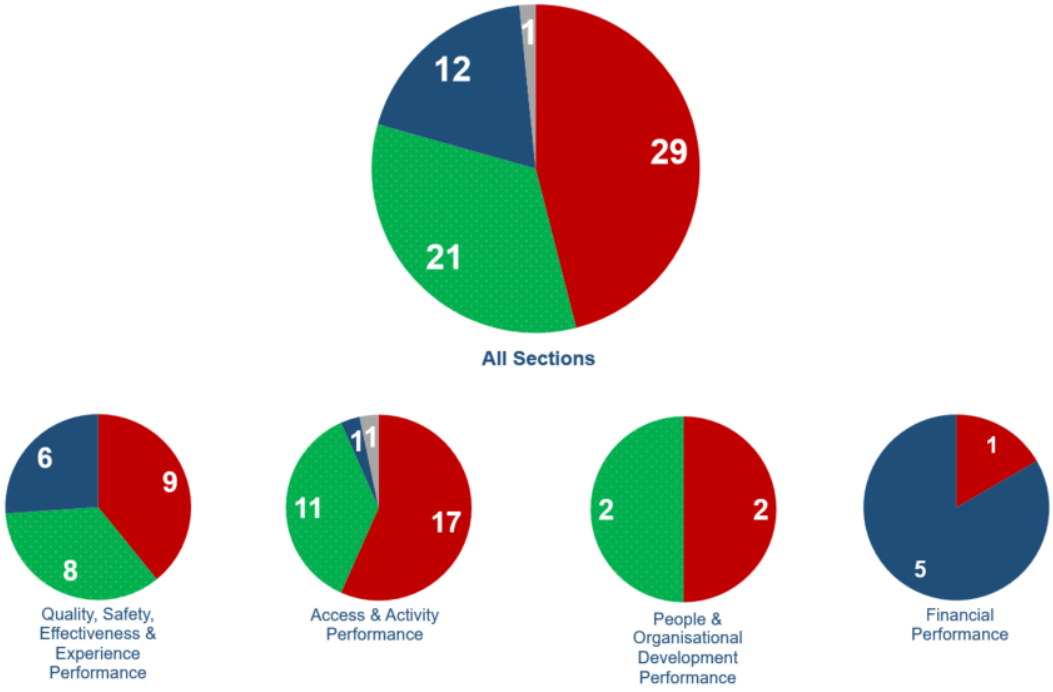
Committee; **Performance, Finance & Information Governance Committee**

Report title; **Summary of Integrated Performance Report (Month 12 of 2023/24)**

Report Author; **Director of Performance**

1. Overall Summary

Of the 62 measures included in the report, 21 are on target, 29 are off target and 12 are a cumulative basis. There is 1 measure for which the data is not yet available. For the remit of the Performance, Finance & Information Governance Committee, Section 1, Quality, Safety, Effectiveness & Experience Performance, is included for information only. This section falls within the remit of the Quality, Safety & Experience Committee (QSE).



There are clearly significant risks to delivery on a number of key metrics for which the attached report at appendix 2 gives greater detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic. It is envisaged that for future reporting a prioritisation of the metrics off plan will be used to populate the escalation section of the IPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term.

This summary report will indicate some key elements from our access and activity, our people and our finance as seen within the Health Board. Escalations in the Quality quadrant of the IPR are not included as these are in the remit of the Quality, Safety & Experience Committee.

2. Key outputs from oversight of Access & Activity Performance

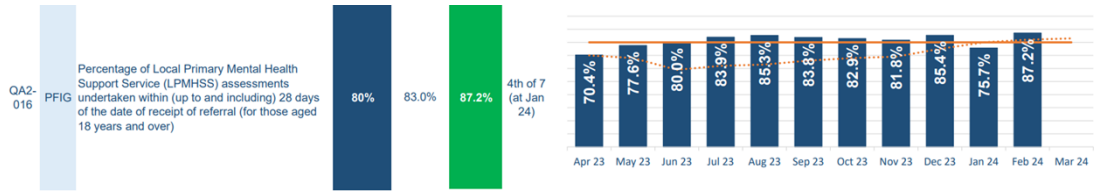
This quadrant contains the greatest number of measures within the report, with the 30 measures within this section requiring oversight through PFIG. It is noted that based on latest information BCUHB is not achieving the target rate for 17 (57%) of the measures.

3.1 Our Adult Mental Health Measures Performance

The measures for Adult Mental Health Performance are reported a month in arrears. The performance did dip below the 80% target in January 2024 but has recovered to 87.2% in February.

A seasonal reduction in demand during December 2023, which is typical of referral patterns seen for adult and older person's Mental Health Services at this time of year, along with some recent appointments, provided capacity to address some of the backlog of patients waiting in excess of 29 days.

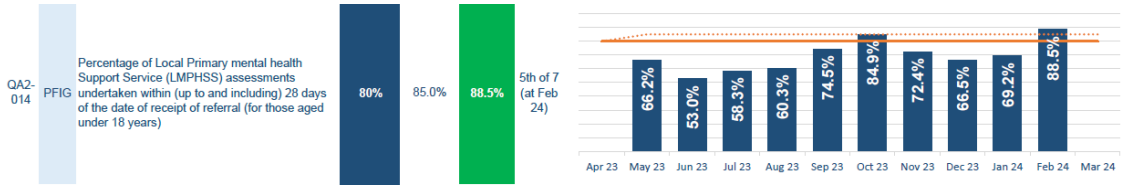
Whilst this waiting list reduction is positive for our patients and services, this did result in a reduction in our compliance level during January 24. Performance returned to compliance levels in February 24.



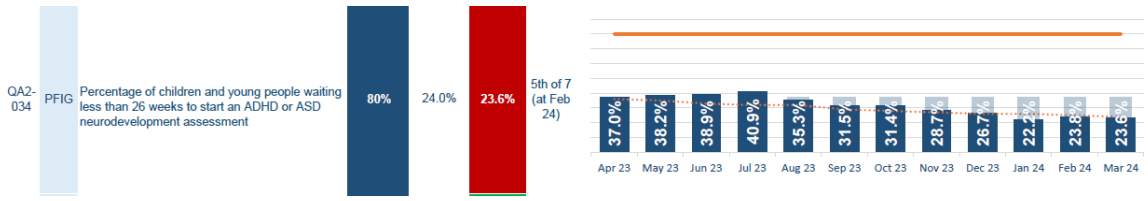
Within the above East is performing very well with further opportunity to enhance performance within the other areas.

3.2 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

Performance against the measures remains variable and whilst the target was achieved in February 24, this is not being achieved consistently.

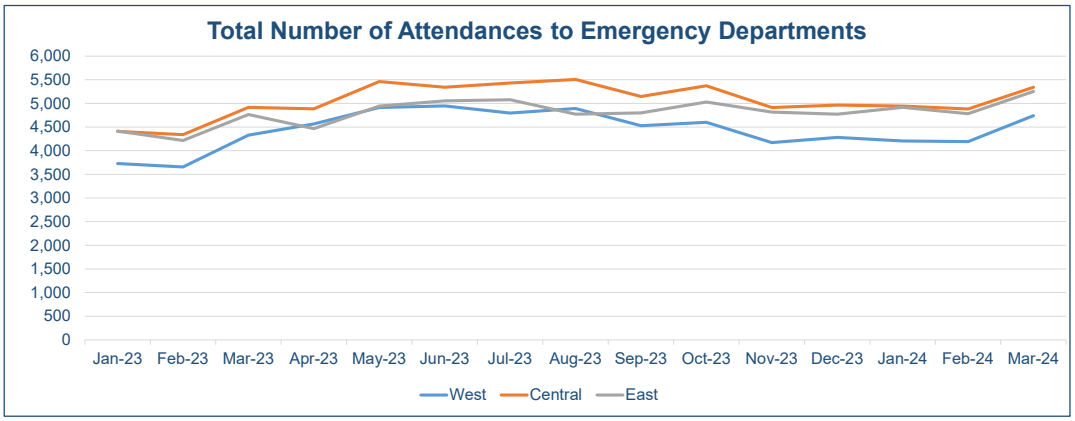


Neurodevelopment waiting times continue to deteriorate and remain a concern, with the Health board currently ranked as 5th of 7 in Wales. This is of concern owing to national indicators that articulate this to be of concern across the Health Boards.

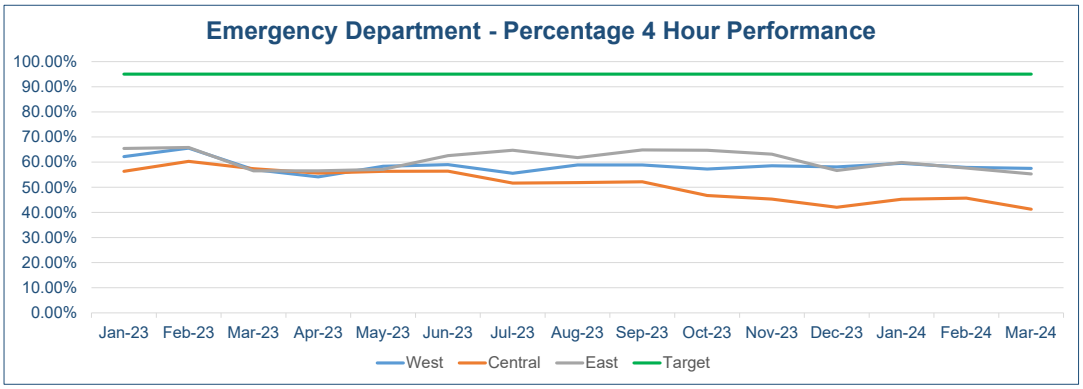


3.3 Urgent & Emergency Care Performance

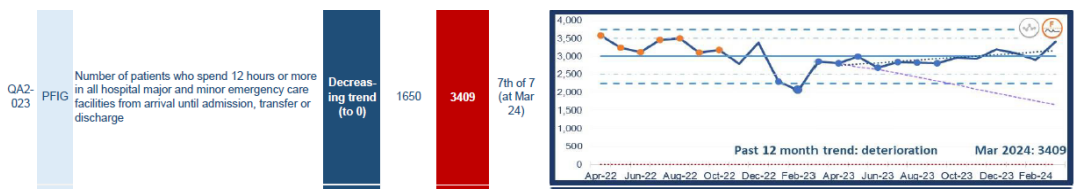
The number of patients attending our Emergency Departments was approximately 12% (4,500) higher in the final quarter of 2024-25 compared to the same period in 2023-24.



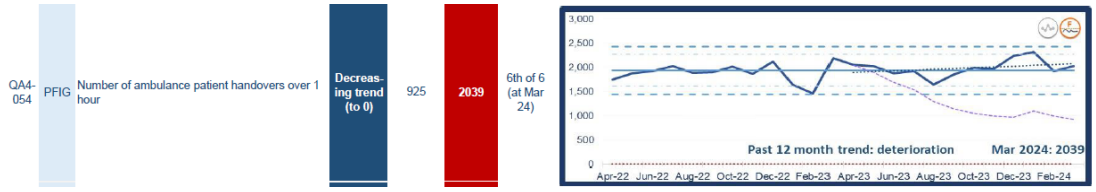
Overall, BCU 4 Hour performance was just over 60% in March 2024 and is ranked 7th out of the 7 Health Boards in Wales. Whilst West and East have remained steady between the 55% and 60% mark, Centre has seen a consistent decline of over 15% from 55.6% in April 2023 to 41% in March 2024.



Patients experiencing waits of over 12 hours continues to increase and remains an area of escalation within the service.



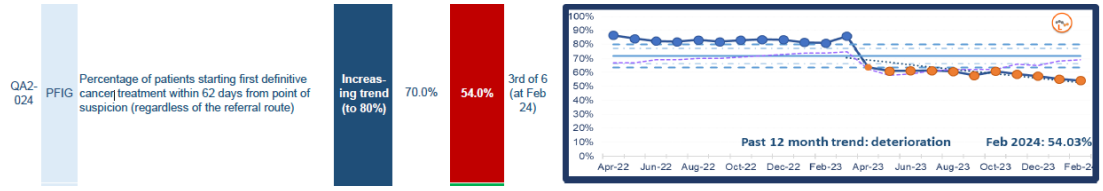
In addition, the number of ambulance handover delays of an hour or more continues to be of concern, and stood at 2,039 during March with the number of patient handovers over 4 hours at 665.



Delayed pathways of care remain a key concern for the Health Board with no improvement in the overall number of patients delayed in hospital or number of bed days lost. Reducing delays due to assessment remains a priority and a trajectory for reduction in the number of people, bed days lost and assessment delays identified as part of the Ministerial priorities.

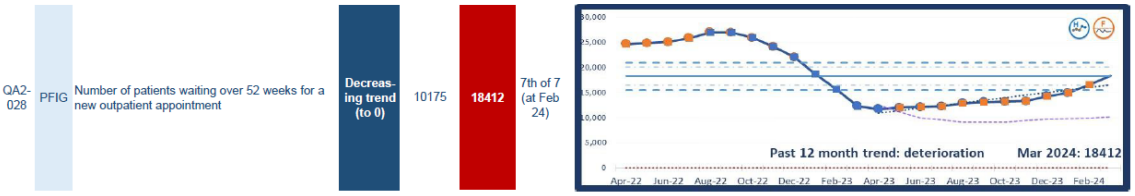
3.4 Our Planned Care Performance

There has been further deterioration in our performance against the single cancer pathway (SCP) target during Q4 and continued under performance is expected during Quarter 1 of 2024/2025 with pressures in dermatology, urology, endoscopy and oncology due to capacity pressures. Position will improve should Waiting List Initiative sessions be agreed.

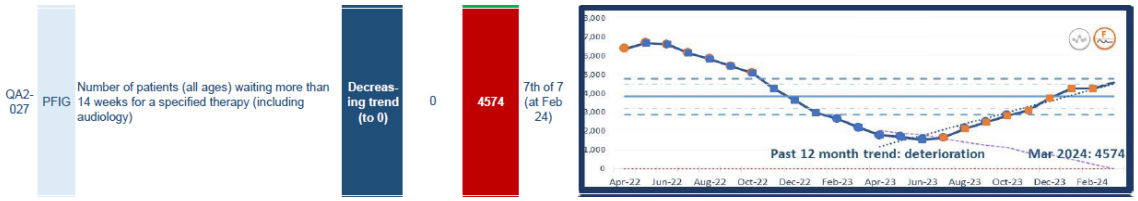


The Diagnostic waits for March maintains improvements (whilst slightly higher than February) with the number of patients waiting over 8 weeks for a diagnostic test at 6,504. This is far below the nearly 10,000 a year ago.

Over the past twelve months, there has been a deterioration in the number of patients waiting over 52 weeks for a new appointment, with the end of March position at 18,412 patients whereas the national expectation is zero.



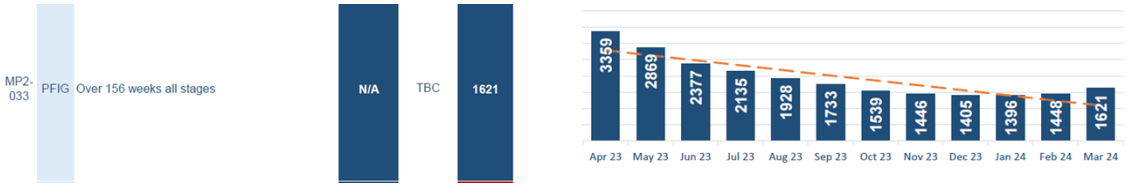
The number of patients waiting more than 14 weeks for a specified therapy has increased during 2023/2024 an increase of over 2,300 patients since March 2023 driven by physiotherapy and audiology waits.



The number of patients experiencing a delay of over 100% of their waiting time for a follow up outpatient appointment has reduced slightly during Quarter 4 but the end of March 2024 position of 87,690 is higher than the starting point in 2023/24 of c80,000.

Elective care performance has improved significantly during 2023-2024 as graphically demonstrated within the reported 156 week position. At the end of the year.

- 208 weeks – increased to 343 at end of March 2024 (from 288 at end of March 2023)
- 156 weeks – a significant reduction to 1,621 (3,813 in March 2023)
- 104 weeks – whilst increased from end of Q3 position there is an overall reduction in year to a latest reported position of 8,720 (9,772 in March 2023)



3. Summary

At the end of the 2023-2024 financial year, the Health Board is facing many challenges that will carry over into 2024-2025. The level of delayed pathways of care is compounding system flow pressures and overall system capacity has impacted upon planned care performance and elective care recovery.

The Health Board has key areas of challenge, centred upon;

- Maintaining CAMHS performance

- Achievement of cancer standards
- Ambulance handover times and performance
- Cancer waiting times
- Patient flow (emergency departments and delays to discharge)

4. Our People & Organisational Development

There has been a 1.2% reduction in the turnover rates of nursing and midwifery staff since September 2023, now at 1.6%. Sickness absence reduced in March to 5.5%, having fluctuated between 6.0% and 6.4% during the preceding five months. increased a little at 6.4% (compared to 6.2% in October and November)) with stress and other mental health issues continuing to be the main reason for sickness absence. At 78.5% PADR compliance has slightly improved during the year but has remained 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.

The percentage rate of agency spend as a proportion of the total pay bill continues to fall and now at 3.3% compared to 4.8% at the same period last year.

5. Our Financial Performance (Month 12)

The Health Board set a deficit plan of £134m at commencement of the financial year, with additional allocations of £101m received in year by Welsh Government and an ask to attain a £20m improved deficit at close of 2023/24, as denoted below;

Reference	Description	Amount £m's
1	Original Deficit Plan 2023/24	(134)
2	Additional Allocation from Welsh Government	101
3	Revised Deficit post receipt of additional allocation	(33)
4	Additional improvement ask on current deficit plan (cost reductions required)	13
5	Welsh Government Control Total	(20)

The Health Board experienced significant expenditure pressures from temporary workforce (Medical and Nursing) and further non-pay cost exposure from (a) Continuing Healthcare (b) Prescribing and Secondary Care Drugs and (c) Managed practices which would have resulted in an adverse outturn for 2023/24.

Implementation of cost controls with pay (establishment oversight group and Nursing and Medical oversight) and non-pay (subjective reviews of expenditure and enhanced controls environment) have resulted in a month-on-month improvement in financial outturn, as denoted below;

The Health Board financial outturn for the 2023/24 financial year is forecast to deliver a £24m deficit at 31st March 2024. The submission to Welsh Government to occur on the 3rd May 2024 and work continues in regards to this submission, with an update provided to the next meeting for members (a more detailed report is included within the pack for members).

6. Appendix

Appendix 1 – Integrated Performance Report March 2024

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

Integrated Performance Report

Reporting Period to 31st March 2024 (Where data is available)

Presented to the

Performance, Finance & Information Governance Committee

on 30th April 2024

Produced on behalf of our **Performance, Finance & Information Governance Committee**
by the **Performance Directorate** and **Partners**

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Performance Escalations Report

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Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

A Summary of Escalated Performance Measures

Quality, Safety, Effectiveness & Experience Performance

Reported via Quality, Safety and Effectiveness Committee

Access & Activity Performance

- Cancer Treatment
- Pathways of Care Delays
- RTT Waits – Over 156 weeks
- Therapies Waiting Times

People & Organisational Development Performance

- Sickness absence rate stayed below 6.5% for all of 23/24, in line with ongoing staff wellbeing work
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW,
- Focus on off-contract agency with the latest rate at 3.3%. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme
- PADR rate increased steadily over last 12 months with and end of March position 78.5%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

Financial Performance

The Health Board has a £20m deficit control target for the 2023/24 financial year.

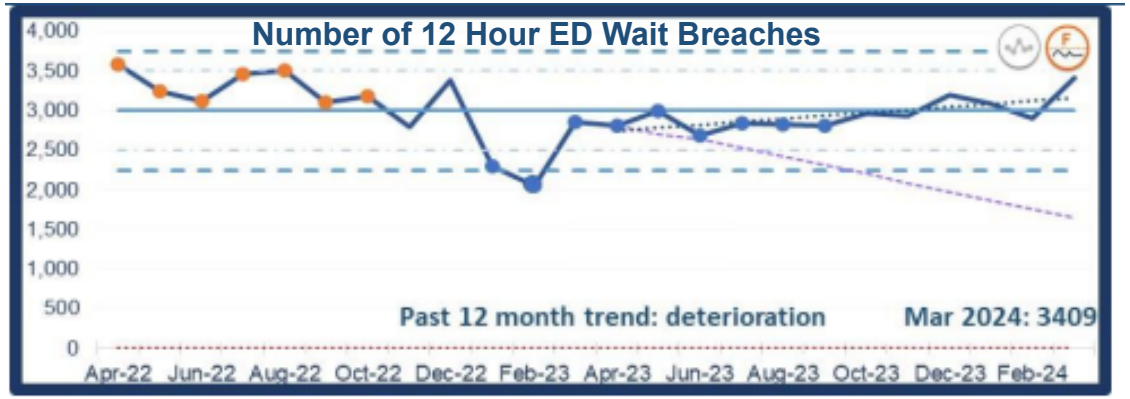
Reference	Description	Amount £m's
1	Original Deficit Plan 2023/24	(134)
2	Additional Allocation from Welsh Government	101
3	Revised Deficit post receipt of additional allocation	(33)
4	Additional improvement ask on current deficit plan (cost reductions required)	13
5	Welsh Government Control Total	(20)

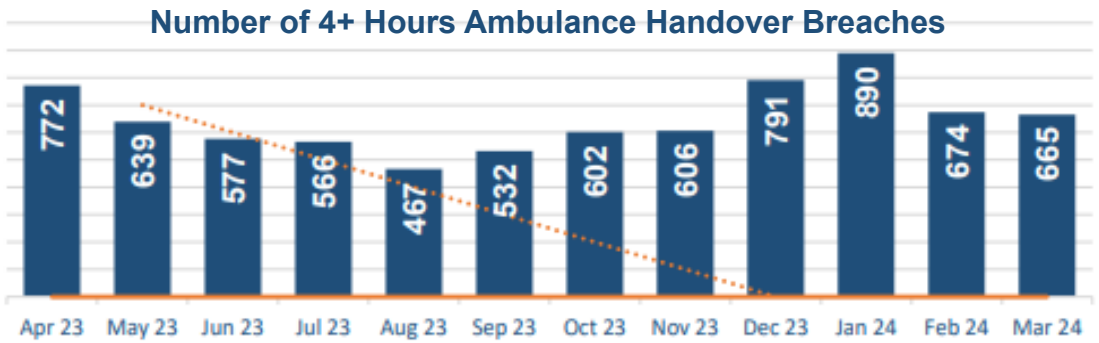
The Health Board is yet to submit the financial outturn to Welsh Government (3rd May 2024 the submission deadline. Initial indications are for a submission of a £24m deficit to the 31st March 2024 and this is included within the reports shared in Committee with members.

Whilst this does not attain the Welsh Government control target of a £20m deficit. It is an improvement on the original plan for the Health Board of a £33m deficit (£134m less the additional allocation in year

A detailed report of the position will be made to members upon completion of the submission to Welsh Government.

Access & Activity: Escalated Performance Measures
Urgent & Emergency Care





Headlines

Further periods of industrial action have resulted in command and control structure. Total number of Emergency Department attendances continues to rise during Quarter 4 and is approximately 12% (4,487) higher than for Quarter 4 2022-23.

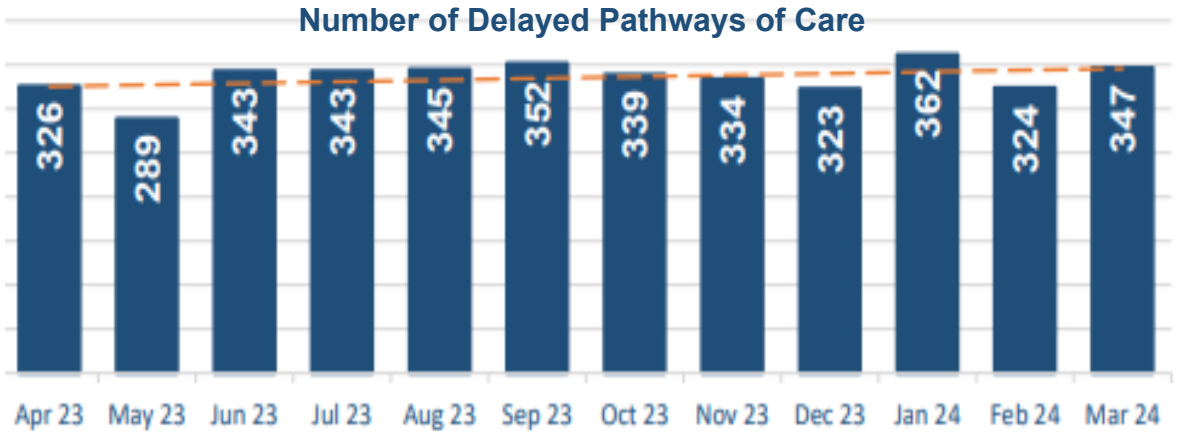
ED 12 hours+ delays at 3,409

- Main reason for delay – access to beds linked to high POCDs alongside increased acuity resulting in delays to clinician assessment on lower Triage category of patients.
- Presentation and support for Continuous Flow Model trial to enable improved patient journey on admission and experience.
- Focus on improving links between progress chasers and site managers when DTAs applied, along with better utilisation of Symphony when beds are allocated.

Ambulance Handover Delays 1 Hour+ 2,039 and 4 Hours + at 665

- IHCs - ambulance escalation processes in place.
- Goal 4 focus group in place - each IHC providing focus on 3 key deliverables (1 per IHC) with a sole focus on ambulance handovers and surge.
- Noticeable slight improvement Central and West.

Access & Activity: Escalated Performance Measures
Urgent & Emergency Care



Headlines

- The overall position for North Wales has not improved for the overall number of patients delayed in hospital, this is also the same for the number of bed days lost.
- There is significant variation across North Wales in the numbers, length and reasons for the delays e.g. High numbers of Social care delays in East, and high number of care home related delays in the West.
- Trajectory for reduction in number of people, bed days lost and assessment delays have been identified as part of the Ministerial Priorities.

Current Position

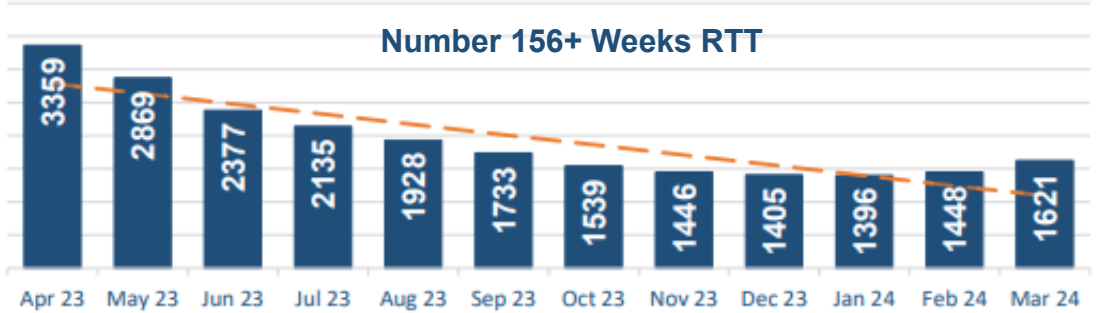
347 patients experiencing delays to their pathways of care.

- Reducing delays due to assessment remain a priority with a number of working groups in place including Data Quality Assurance and Utilisation.
- Draft HB Hospital Discharge Guidance, Choice Guidance and SOP are being finalised, and we are reviewing the use and success of the reluctant discharge guidance
- Adverse discharge groups set up (aim to build trust and reduce assessment delays)

New Actions / Refocus

- Targeted focus on reducing bed days lost (reducing harm)
- Targeted focus on reducing health related delays (reporting will change in April so that the health reason can be split by Nursing, AHP, Medical, Mental Health Assessment)
- D2RA reporting on a rolling programme (previously snap shot) – pilot phase will continue until September 2024
- STREAM Development group to support greater compliance in reporting of D2RA Measures
- Leadership and Governance arrangements to be further strengthened across region with clear reporting pathways and sign off of Action plans by RPB,
- Further Faster Funding – Recommendations for use of Further Faster funding will be made in April/May 2024

Access & Activity: Escalated Performance Measures Planned Care



Headlines

The number of patients waiting over 156 weeks wait has reduced considerably during the financial year, however, the number of patients waiting over 208 weeks within this cohort has increased from the starting point with specific challenge within the specialties of Orthodontics, Maxillo facial and Dermatology.

Current Position

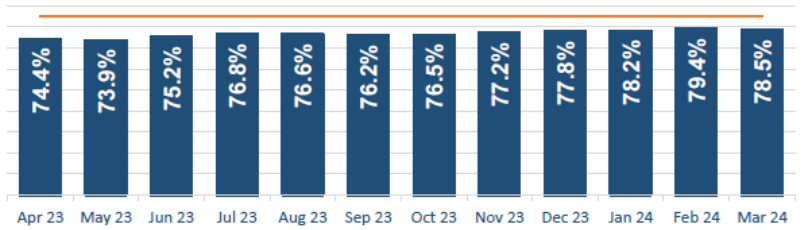
- Winter pressures and industrial action have impacted the delivery of planned care with USC position absorbing capacity to seem extreme waits in Dermatology. Clinical support in Orthodontics and gastroenterology is also affecting ability to reduce extreme waits in these specialties.
- Within Orthodontics there are consultant capacity constraints with 0.3WTE in post. Currently out to advert for one additional post. Discussions with external NHS organisations has not yielded a solution with no obvious private sector solution at the current time

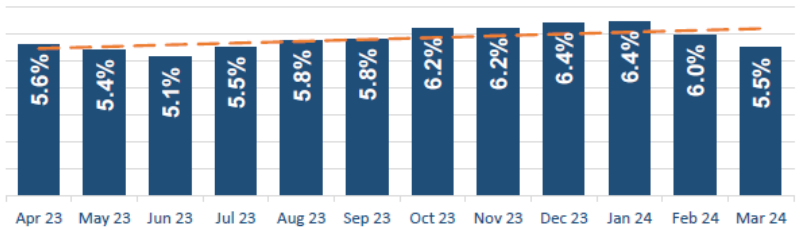
Forward Look

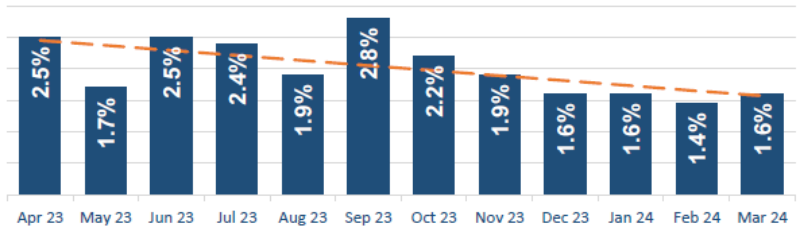
- In response to improvements in OP capacity utilisation, the forming of a corporate managed Patient Access and Booking Centre and Data Quality/validation team coming on line will make an impact in reducing stage 1 waits. Key focus on improvements in referral management are also being fully scoped to manage the flow into secondary care given the current increase in primary care referrals.
- Within Ophthalmology, further work is taking place on High Volume Low complexity programme (HVLC) and train and treat will open up alternative pathways for follow up and surveillance of R1/R2 high risk patients.
- Improvement plan for Urology is now integrated and will include both GIRFT and RCS recommendations.

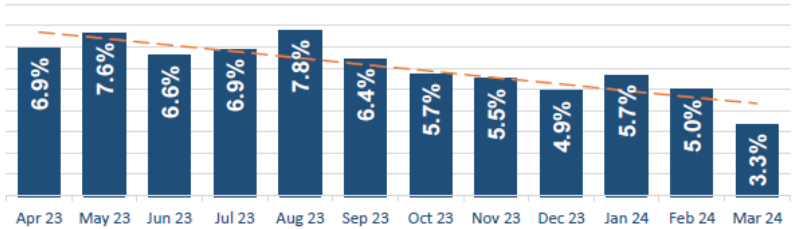
People & OD: Escalated Performance Measures

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	78.5%	3rd of 13 (at Jan 24)
QA3-036	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	5.5%	6th of 12 (at Jan 24)
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreas-ing trend against 2019/20	TBC	1.6%	3rd of 11 (at Nov 23)
QA3-038	PFIG	Agency spend as a percentage of total pay bill	Decreas-ing trend	TBC	3.3%	10th of 12 (at Jan 24)









- **PADR rate at 78.5%** the % compliant as slightly improved during the year but has remained 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.
- **At 5.5%, Sickness absence** rate stayed below 6.5% for all of 23/24 in line with ongoing staff wellbeing work.
- **At 1.6%, 3rd best performing in Wales as at latest benchmarking, Turnover rate** 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 HEIW
- At **3.3%**, 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 has been issued with a control target for the 2023/24 financial year of a £20m deficit, as detailed below;

Reference	Description	Amount £m's
1	Original Deficit Plan 2023/24	(134)
2	Additional Allocation from Welsh Government	101
3	Revised Deficit post receipt of additional allocation	(33)
4	Additional improvement ask on current deficit plan (cost reductions required)	13
5	Welsh Government Control Total	(20)

Update pending submission to Welsh Government of the Outturn for the year to 31st March 2024

The Health Board is yet to submit the financial outturn to Welsh Government (3rd May 2024 the submission deadline). Initial indications are for a submission of a £24m deficit and this is included within the reports shared in Committee with members.

Whilst this does not attain the Welsh Government control target of a £20m deficit. It is an improvement on the original plan for the Health Board of a £33m deficit (£134m less the additional allocation in year.

A detailed report of the position will be made to members upon completion of the submission to Welsh Government, with a separate report within the agenda for debate by members.

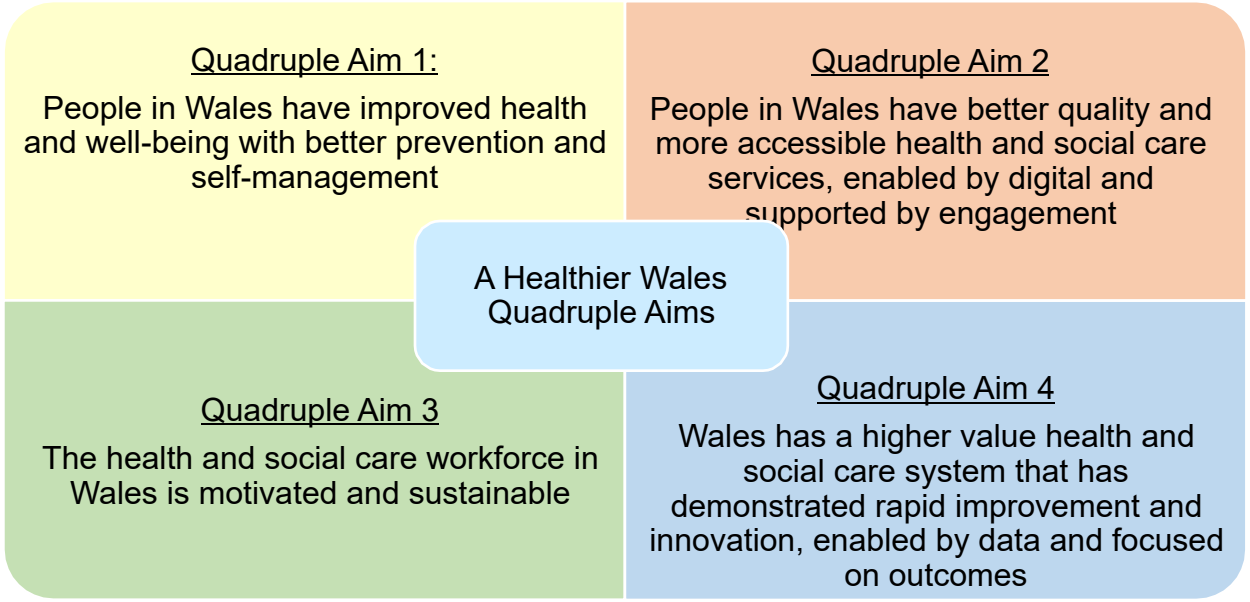
About the Integrated Performance Report

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

NHS Wales Performance Framework 2023-24

The NHS Performance Framework is a key measurement tool for "A Healthier Wales" outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require Health Board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

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



Our Integrated Performance Report

- **Our Quality, Safety, Effectiveness & Experience Performance**
- **Our Access & Activity Performance**
- **Our People & Organisational Development Performance**
- **Our Financial Performance**

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

The IPF is undergoing phased implementation across the Health Board with core integration by Q4 2023/24 and to run as business as usual from 1st April 2024.

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

Red, Amber & Green (RAG) Rating System

Performance is monitored against our Annual Plan but is RAG rated against the Welsh Government targets.

Green

Green = On track
A stable, sustained or improving position that is consistently on or above the **Welsh Government Target** for at least 3 or more consecutive months

Amber

Amber = Early Warning or Off Track and in Exception – Short summary provided
On or above **Welsh Government Target,** but a deteriorating position of 3 or more consecutive months or inconsistently above/on/below the **Welsh Government Target**

Red

Red = Off Track and in Escalation
Consistently below **Welsh Government Target** and below **BCU submitted improvement trajectories – Detailed Exception report provided**

Exception	Escalation
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.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	**Criteria for escalation**
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.

Interpreting Results of Statistical Process Control (SPC) Charts

Variance			Assurance*		
	 	 			
Common cause. No significant change	Special cause for positive change or lower pressure due to Higher (**H**) or Lower (**L**) values	Special cause for negative change or higher pressure due to Higher (**H**) or Lower (**L**) values	Variance indicates inconsistent performance (not achieving, achieving or passing the target rate)	Variance indicates consistent positive (**P**) performance (achieving or surpassing the target on a regular and consistent basis)	Variance indicates consistent negative (**N**) performance (not achieving the target on a regular or consistent basis)

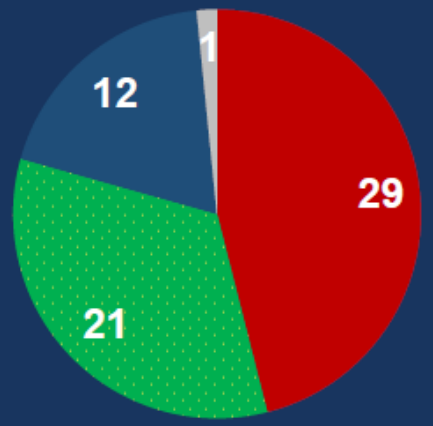
How to interpret variance results

- Variance results show the trends in performance over time
- Trends either show **special cause** variance or **common cause variance**
- **Blue Icons** indicate **positive** special cause variance
- **Orange Icons** indicate **negative** special cause variance **requiring action**
- **Grey Icons** indicate **no significant change**

How to interpret assurance results

- Assurance results demonstrate the likelihood of achieving a target and is based upon the trends over time
- **Blue Icons** indicate an expectation **to** consistently achieve the target
- **Orange Icons** indicate an expectation **not to** consistently achieve the target
- **Grey Icons** indicate an expectation for **inconsistent** performance, sometimes the target will be achieved and sometimes it will not be achieved.

* Assurance based upon observations of the data as presented in the SPC charts only.



Integrated Performance Report

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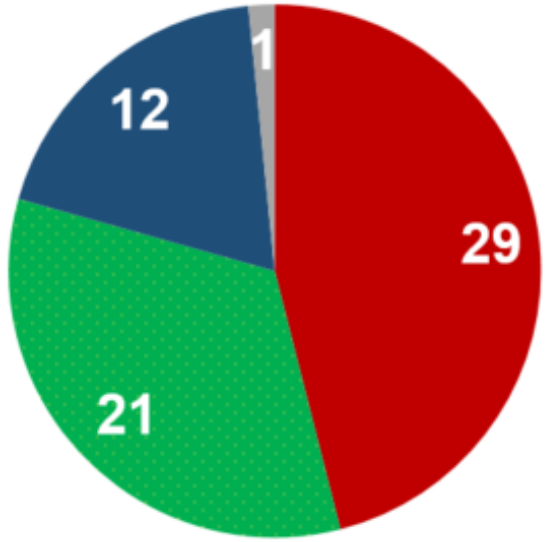
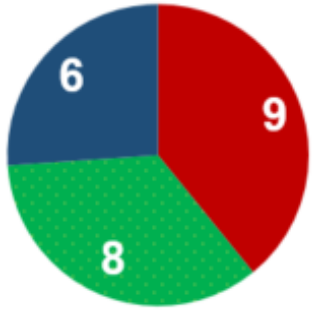
Betsi Cadwalar
University Health Board

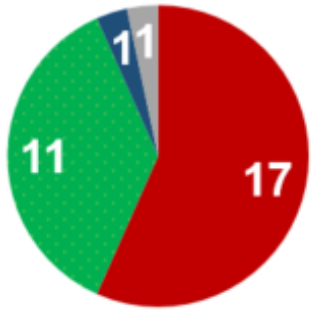
Summary of Performance to Month 12



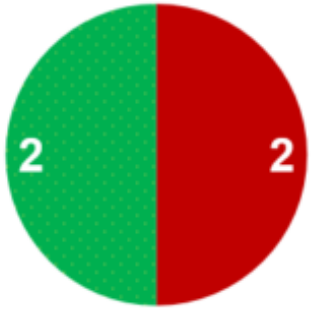
All Sections



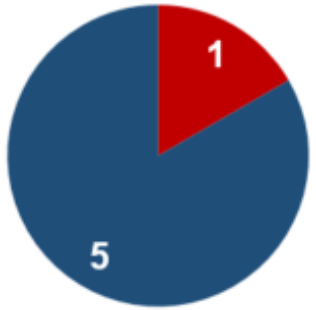
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

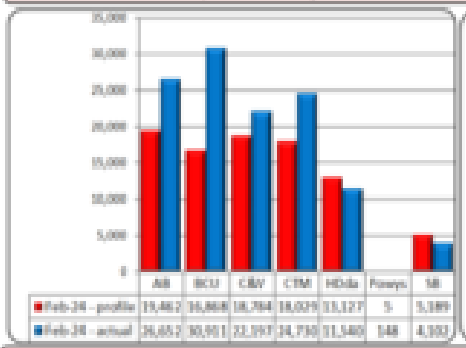


Financial Performance

NHS Wales Performance Dashboard- part 1

PERFORMANCE DASHBOARD

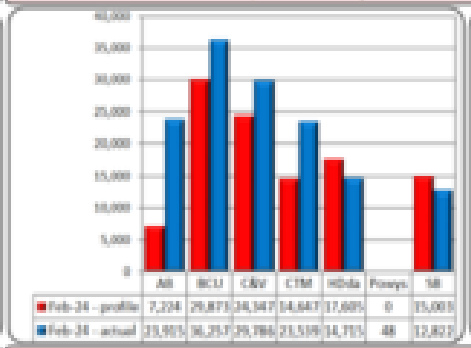
Number of patients waiting more than 36 weeks for a new outpatient appointment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Feb-24 - profile	19,462	16,868	18,784	18,029	13,127	5	5,189
Feb-24 - actual	26,652	30,911	22,597	24,730	21,540	148	4,102

- In Feb-24, HDda and SB achieved their trajectories for the number of patients waiting over 36 weeks for a new outpatient appointment.
- HDda, Powys and SB all saw a reduction in Feb-24 when compared to the previous month.
- At an all Wales level, the number of patients waiting over 36 weeks for a new outpatient appointment has increased in Feb-24 when compared to the previous month by 2,578 to 120,280, a 2.2% increase.
- Powys had the lowest number of patients waiting over 36 weeks for a new outpatient appointment in Feb-24 at 148, BCU had the highest number of waits at 30,911 (25.7% of the total).

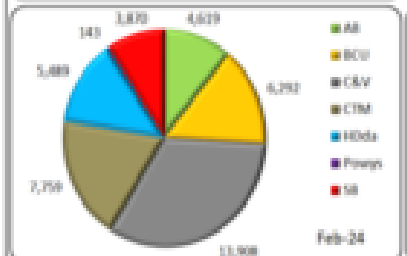
Number of patients waiting more than 52 weeks for referral to treatment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Feb-24 - profile	7,224	29,873	24,347	14,647	17,695	0	15,003
Feb-24 - actual	25,915	30,257	29,786	23,519	14,715	48	12,822

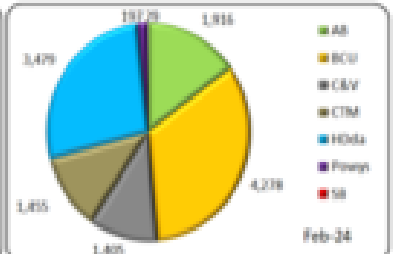
- In Feb-24, HDda and SB achieved their trajectories for the number of patients waiting over 52 weeks for referral to treatment.
- HDda, Powys and SB have seen a reduction in Feb-24 when compared to the previous month.
- At an all Wales level, the number of over 52 week referral to treatment waits has increased in Feb-24 when compared to the previous month by 2,510 to 141,082, a 1.8% reduction.
- Powys had the lowest number of patients waiting over 52 weeks for referral to treatment in Feb-24 at 48, BCU had the highest number of waits at 30,257 (25.7% of the total).

Number of patients waiting more than 8 weeks for a specified diagnostic



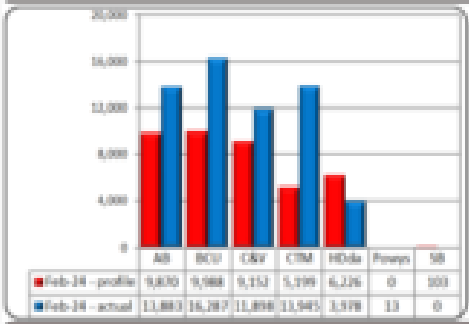
- In Feb-24, only SB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 8 weeks for a specified diagnostic.
- AB has not provided an 8 week diagnostic trajectory.
- All HBs saw a reduction in Feb-24 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has reduced in Feb-24 when compared to the previous month by 7,351 to 42,080, a 14.9% reduction.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Feb-24 at 143, C&V had the highest at 13,908 (33.1% of the total).

Number of patients waiting more than 14 weeks for a specified therapy (including audiology)



- In Feb-24 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM has not provided a 14 week therapy trajectory.
- C&V, HDda, Powys and SB all saw a reduction in Feb-24 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies decreased in Feb-24 when compared to the previous month by 209 to 12,759, a 1.6% reduction.
- SB had the lowest number of over 14 week waits for specific therapies in Feb-24 at 29, BCU had the highest at 4,278 (33.5% of the total).

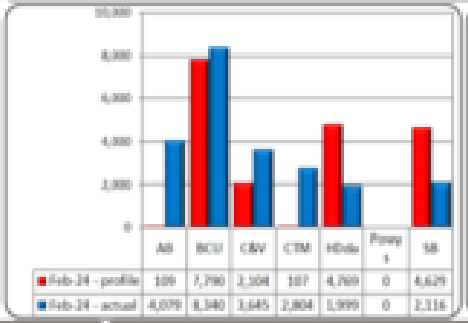
Number of patients waiting more than 52 weeks for a new outpatient appointment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Feb-24 - profile	9,870	9,988	9,152	5,199	6,226	0	103
Feb-24 - actual	11,883	16,287	11,898	13,945	3,978	13	0

- In Feb-24, HDda and SB achieved their trajectory for the number of patients waiting over 52 weeks for a new outpatient appointment.
- AB, BCU, C&V and CTM all saw an increase in Feb-24 compared to the previous month.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Feb-24 when compared to the previous month by 2,251 to 60,004, a 3.9% increase.
- SB have had no over 52 week new outpatient waits since Oct-21, BCU had the highest number of waits at 16,287 (27.1% of the total).

Number of patients waiting more than 104 weeks for referral to treatment

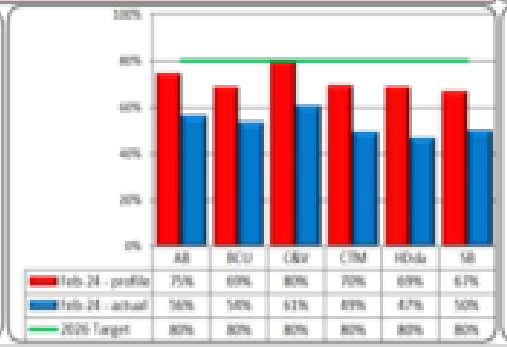


	AB	BCU	C&V	CTM	HDda	Powys	SB
Feb-24 - profile	109	7,790	2,104	107	4,769	0	4,629
Feb-24 - actual	4,079	8,340	3,645	2,804	1,999	0	2,116

- In Feb-24, HDda, Powys and SB all achieved their trajectories for the number of patients waiting over 104 weeks for referral to treatment.
- All HBs, except AB and BCU, have seen a reduction in Feb-24 when compared to the previous month.
- At an all Wales level, the number of over 104 week referral to treatment waits has reduced in Feb-24 when compared to the previous month by 464 to 22,983, a 2.0% reduction.
- Powys have had no over 104 week referral to treatment waits since Feb-22, BCU had the highest number of waits at 8,340 (36.3% of the total).

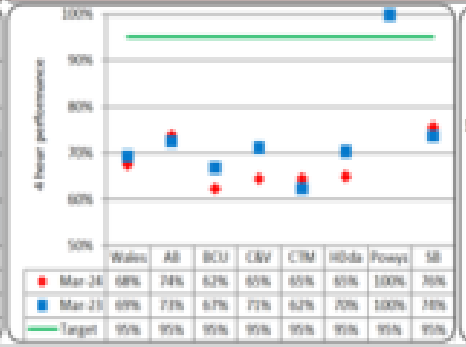
% of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route)

- In Feb-24, none of the HBs achieved their trajectory for the percentage of patients starting 1st definitive cancer treatment within 62 days.
- All HBs, except SB, saw a deterioration in performance in Feb-24 when compared to the previous month.
- At all Wales level, the percentage of patients starting 1st definitive treatment within 62 days has seen a deterioration in performance in Feb-24 when compared to the previous month of 1.3 percentage points to 53.4%.
- The best performing HB in Feb-24 was C&V with performance at 60.9%, HDda had the lowest performance at 47%.

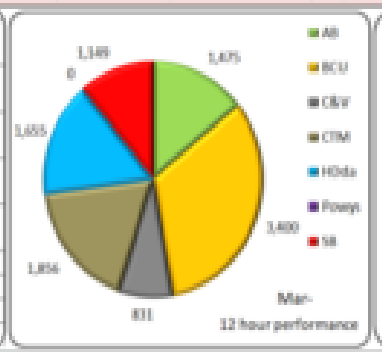


	AB	BCU	C&V	CTM	HDda	SB
Feb-24 - profile	75%	69%	80%	70%	69%	67%
Feb-24 - actual	56%	58%	61%	49%	47%	56%
2026 Target	80%	80%	80%	80%	80%	80%

4 hour and 12 hour A&E waiting times in all major and minor emergency care facilities - from arrival until admission, transfer or discharge



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Mar-24	68%	74%	62%	65%	65%	65%	100%	76%
Mar-23	69%	73%	67%	71%	62%	70%	100%	78%
Target	95%	95%	95%	95%	95%	95%	95%	95%

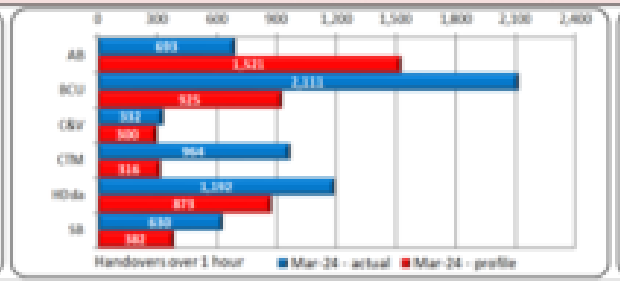


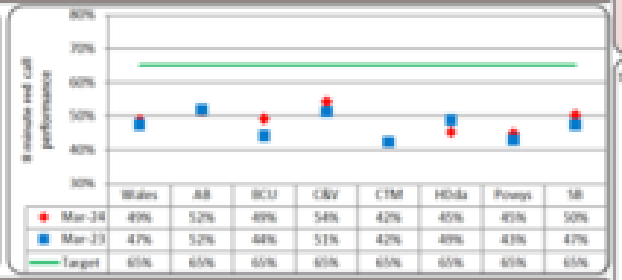
- In Mar-24 AB, CTM, Powys and SB achieved the target of an improvement compared to the same month in 2022-23, towards the national target of 95%, for the percentage of patients who spent less than 4 hours in A&E.
- All HBs, except BCU and HDda, saw an improvement in performance in Mar-24 when compared to the previous month. Powys remained the same at 99.9%.
- At all Wales level, the percentage of patients who spent less than 4 hours in A&E has seen a deterioration in performance in Mar-24 when compared to the previous month of 0.4 percentage points to 67.5%.
- The best performing HB in Mar-24 (exc. Powys) was SB at 75.7%, BCU had the lowest performance at 62.4%.
- In Mar-24 AB and Powys achieved the target of an improvement trajectory towards a national target of 0 by 31 March 2024 for the number of patients who spent more than 12 hours in A&E.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 831, BCU had the highest at 3,400 (32.8% of the total).

NHS Wales Performance Dashboard – part 2

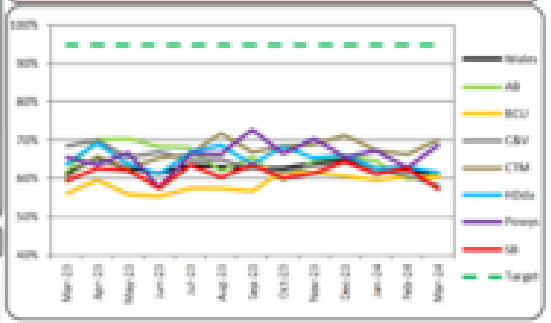
Number of ambulance patient handovers over 1 hour and % of emergency responses to red calls arriving within 8 minutes

- In Mar-24, only AB achieved their trajectory for the number of ambulance patient handovers over 1 hour.
- C&V had the lowest number of over 1 hour handovers in Mar-24 with 332 over 1 hour handovers, BCU had the highest at 2,111 (35.6% of the total).
- Over the last 12 months, only AB and C&V saw an improvement trend in performance.
- In Mar-24, no HB achieved the 65% target for the percentage of emergency responses to red calls within 8 minutes.
- C&V were the best performing HB in Mar-24 with performance at 54.3%, CTM were the lowest with performance at 42.4%.
- Over the last 12 months all HBs saw a deterioration trend in performance. C&V, Powys and SB saw an improvement in performance in Mar-24 when compared to the previous month.



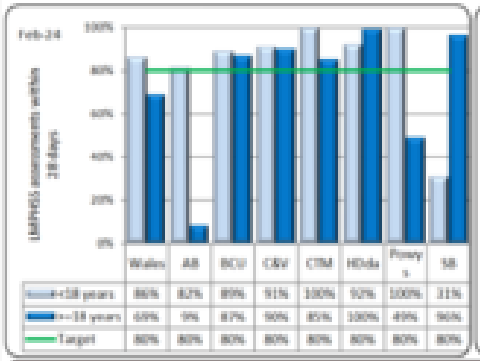


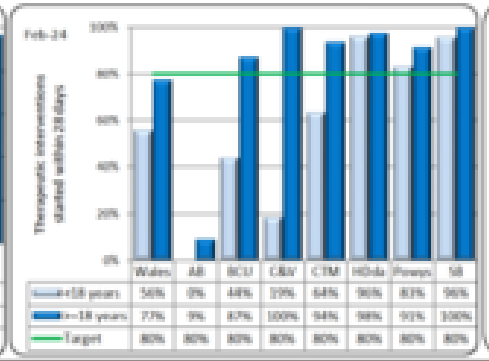
% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



- In Mar-24 no HB achieved the 95% target for the percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- The best performing HB in Mar-24 was CTM with performance at 70%, SB were the lowest performing HB with performance at 57.3%.
- In Mar-24, AB, CTM and Powys saw an improvement in performance compared to the previous month.
- Over the last 12 months, BCU, CTM and Powys saw an improvement trend in performance.

Mental Health Part 1 - % of LPMHSS assessments and therapeutic interventions within 28 days





<18 years

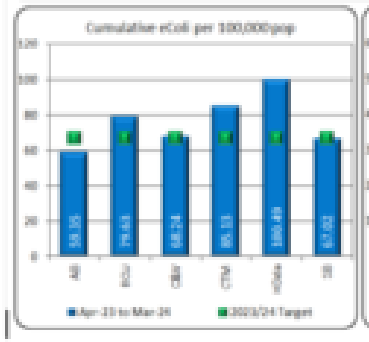
- In Feb-24, all HBs, except SB, achieved the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HBs were CTM and Powys at 100%, SB had the lowest performance at 11%. Over the last 12 months, all HBs saw an improvement trend in performance.
- In Feb-24, HDda, Powys and SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was HDda at 96.2%, AB had the lowest performance at 0%. Over the last 12 months, CTM, HDda, Powys and SB all saw an improvement trend in performance.

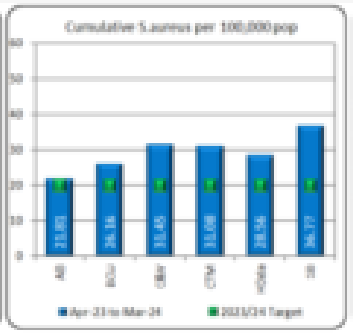
>=18 years

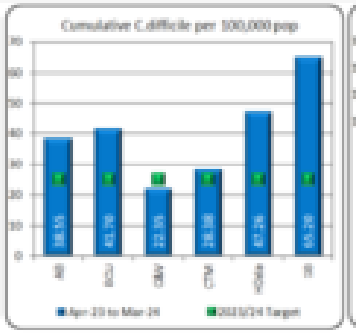
- In Feb-24, all HBs, except AB and Powys, achieved the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was HDda at 99.6%, AB had the lowest performance at 8.6%. Over the last 12 months, BCU, CTM, HDda and SB all saw an improvement trend in performance.
- In Feb-24, all HBs, except AB, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HBs were C&V and SB at 100%, AB had the lowest performance at 9.1%. Over the last 12 months, all HBs, except AB and HDda, saw an improvement trend in performance.

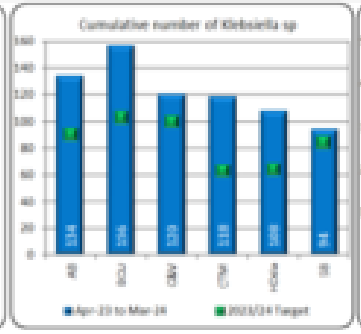
- Note: AB are still validating their data from Apr-23 due to moving to a new IT system so data may be revised in future months.

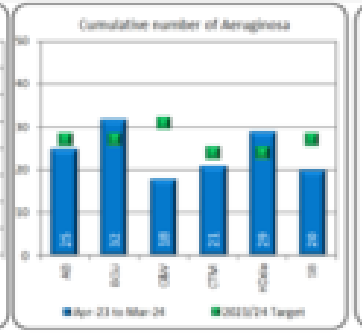
Health Care Acquired Infections - HCAIs (provisional data)





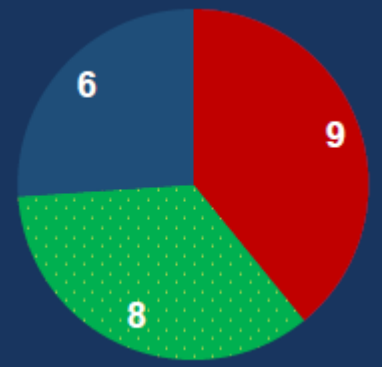






- For eColi, only AB have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, HDda had the highest rate of eColi at 100.49 per 100,000 population compared to AB who had the lowest rate at 59.55 per 100,000 population.
- For S.aureus, none of the HBs have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, SB had the highest rate of S.aureus at 36.77 per 100,000 population compared to AB who had the lowest rate at 23.83 per 100,000 population.
- For C.difficile, only C&V have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, SB had the highest rate of C.difficile at 65.20 per 100,000 population compared to C&V who had the lowest rate at 22.35 per 100,000 population.
- For Klebsiella, none of the HBs have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, BCU had the highest number of cases of Klebsiella at 156 compared to SB who had the lowest number at 94.
- For Aeruginosa, all HBs, except BCU and HDda, have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, BCU had the highest number of cases of Aeruginosa at 32 compared to C&V who had the lowest number at 18.

Section 1

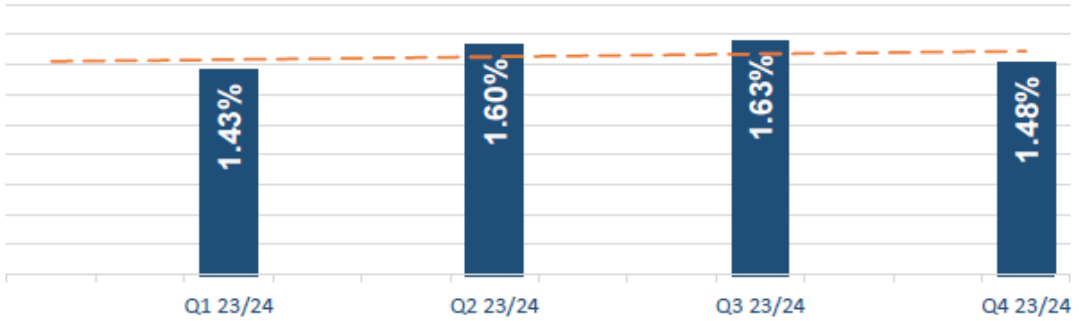


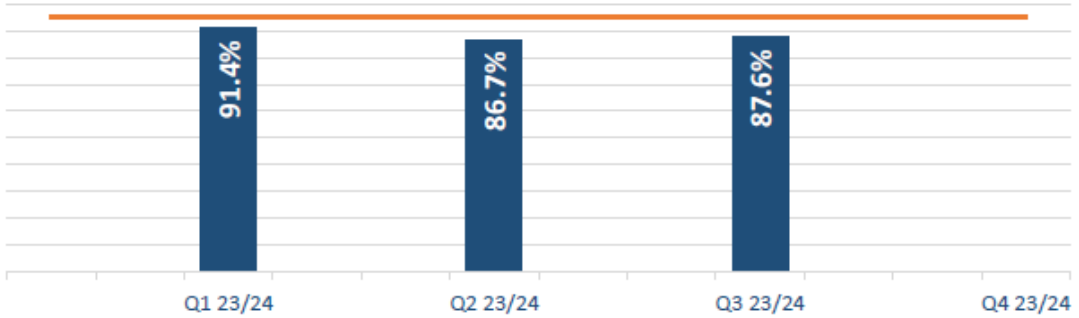
Quality, Safety, Effectiveness and Experience Performance

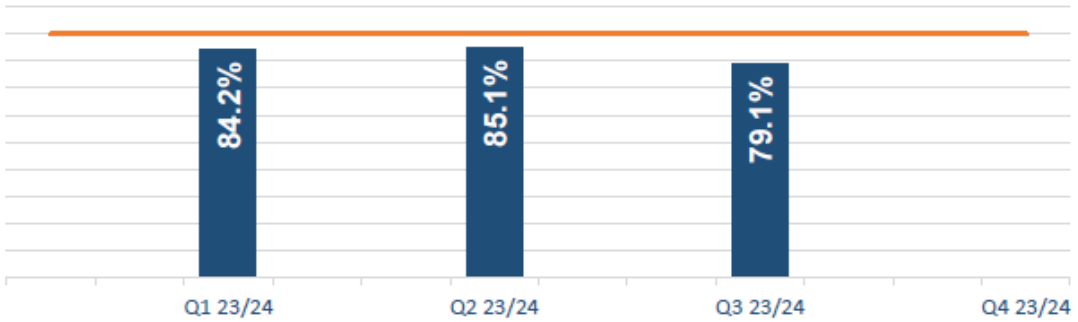
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-001	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	1.48%	2nd of 7 (at Dec 23)
QA1-003	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	87.6%	2nd of 7 (at Dec 23)
QA1-004	QSE	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	79.1%	5th of 7 (at Jun 23)

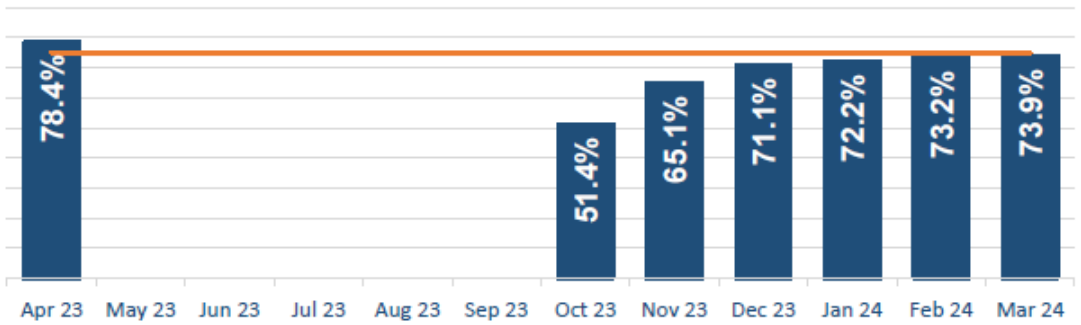


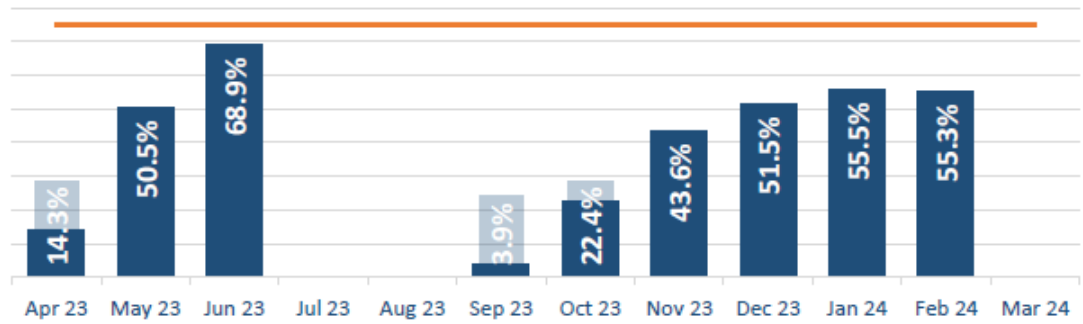


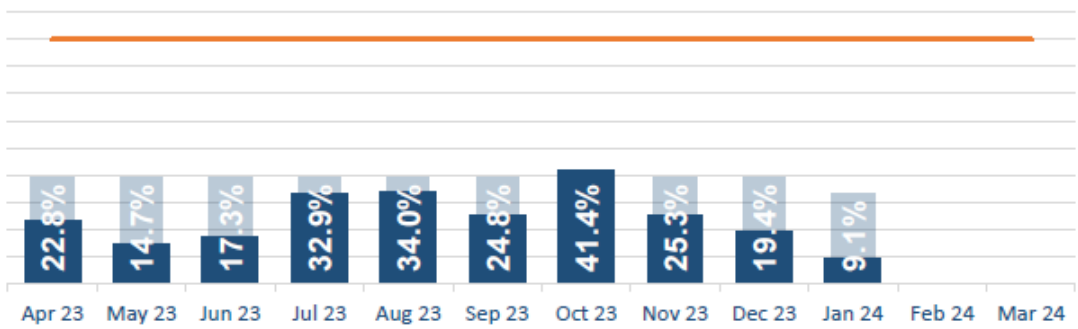


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-005	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	73.9%	2nd of 7 (at Mar 24)
QA1-006	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over Autumn Booster 2023: Age range to be confirmed	75%	TBC	55.3%	3rd of 7 (at Feb 24)
QA1-007	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	9.1%	4th of 7 (at Jan 24)

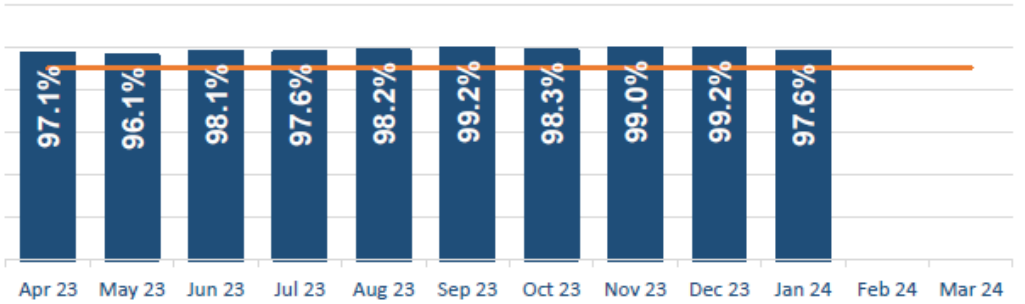


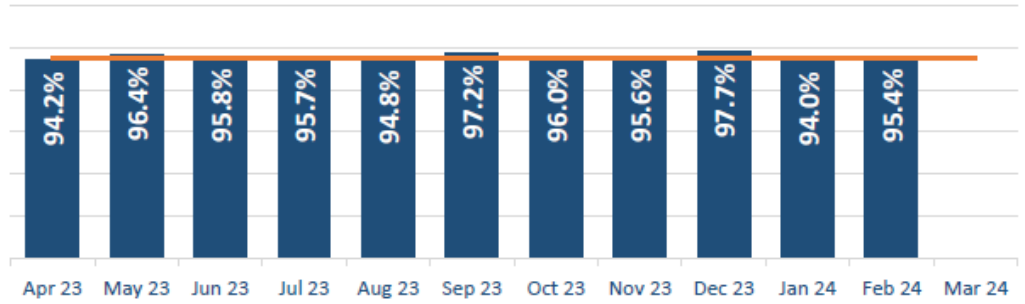


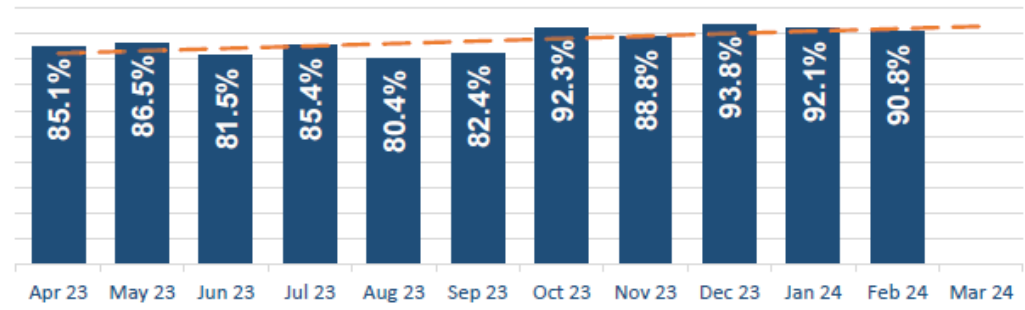


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-008	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	97.6%	1st of 7 (at Jan 24)
QA1-009	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	95.4%	5th of 7 (at Feb 24)
QA1-002	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	90.8%	3rd of 7 (at Dec 23)

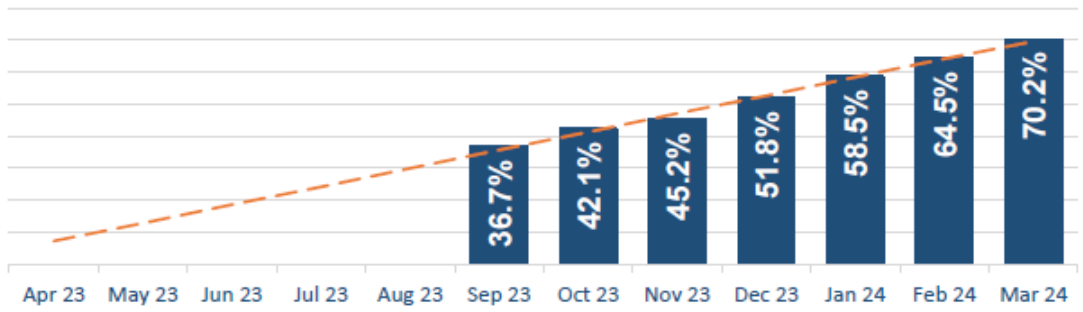


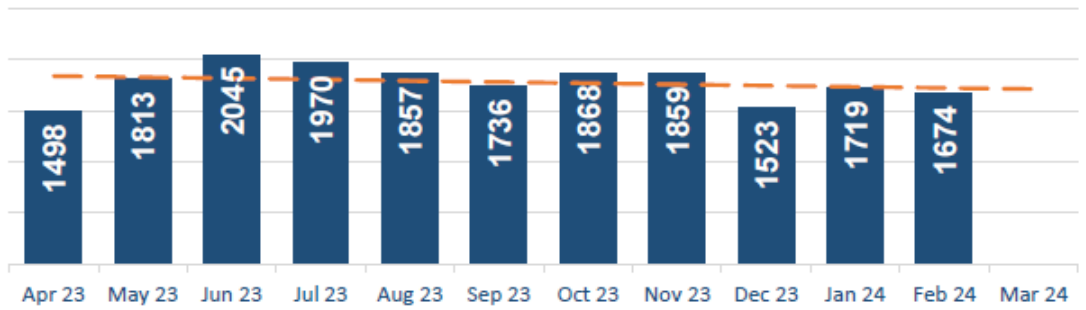


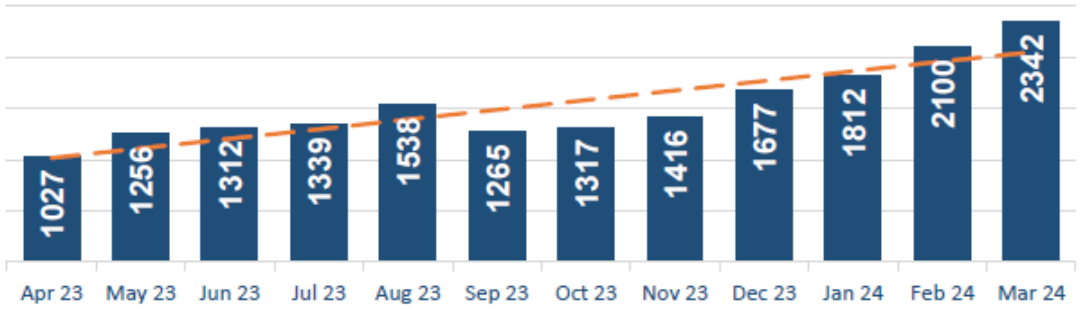


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-011	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increas-ing trend (to 100%)	TBC	70.2%	6th of 7 (at Mar 24)
QA2-012	PFIG	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Decreas-ing trend	TBC	1674	7th of 7 (at Feb 24)
QA2-013	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Mth to mth increase (2022/23 to 2023/24)	TBC	2342	1st of 7 (at Feb 24)

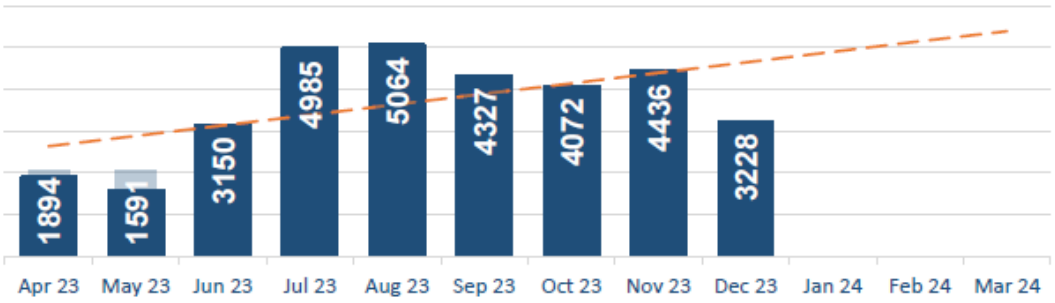


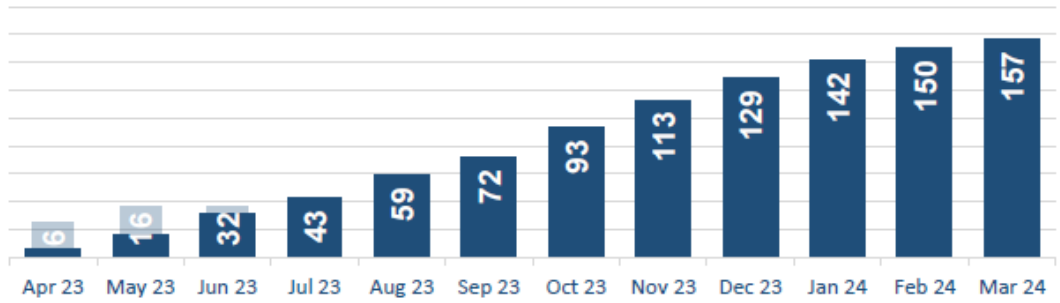


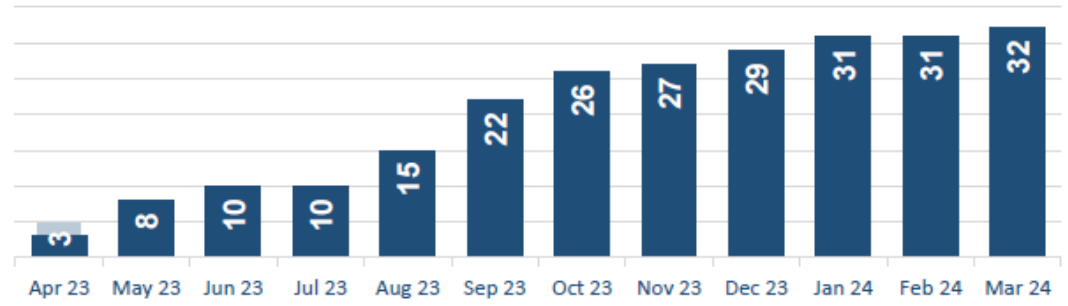


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-046	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increas-ing trend	TBC	3228	2nd of (at Dec 23)
QA4-047	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	Not avail-able	TBC	157	6th of 6 (at Mar 24)
QA4-048	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	Not avail-able	TBC	32	6th of 6 (at Mar 24)

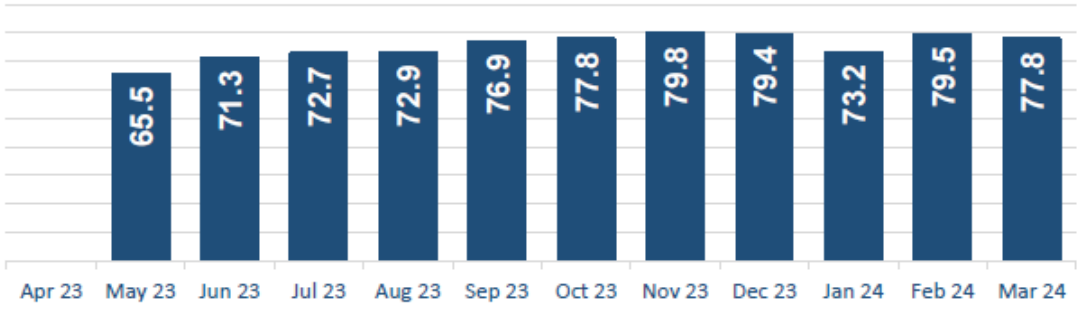


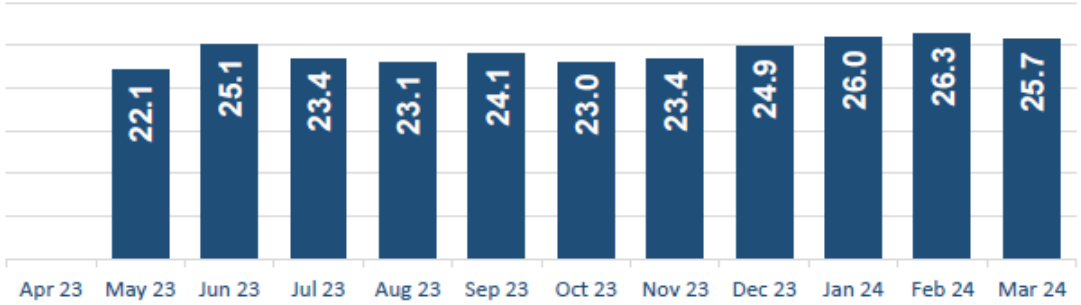


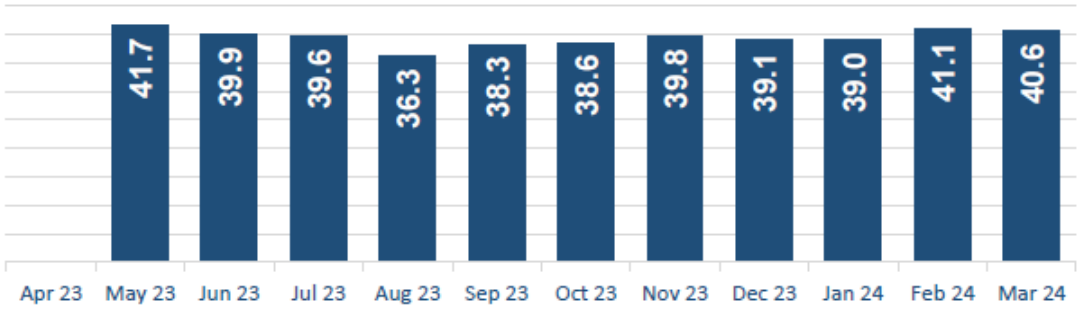


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-049	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	Not available	TBC	77.8	4th of 6 (at Mar 24)
QA4-050	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Not available	TBC	25.7	2nd of 6 (at Mar 24)
QA4-051	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Not available	TBC	40.6	4th of 6 (at Mar 24)

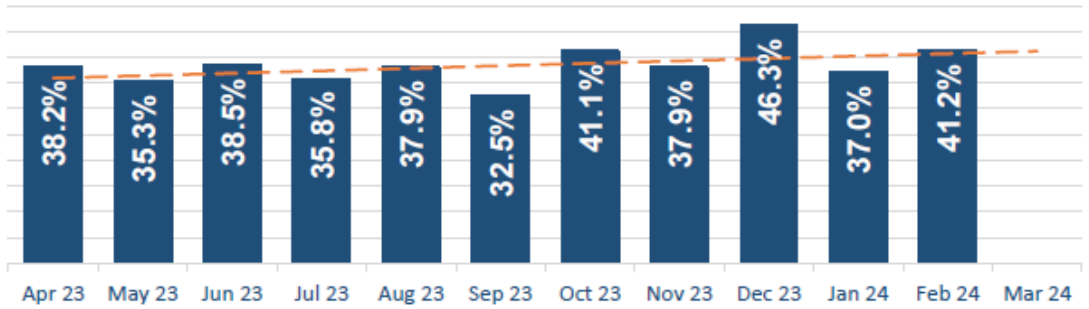


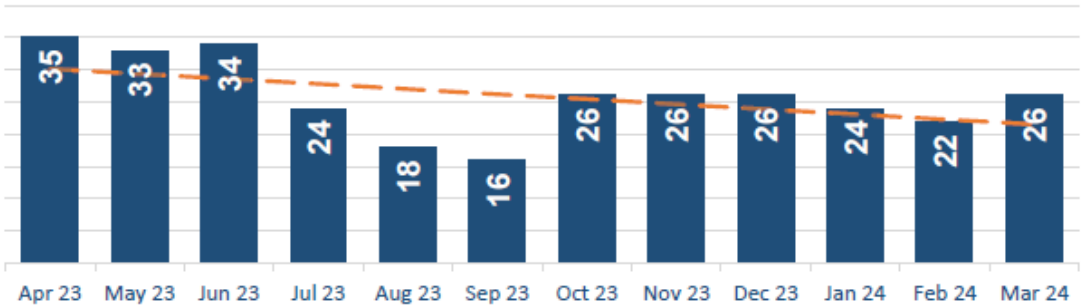


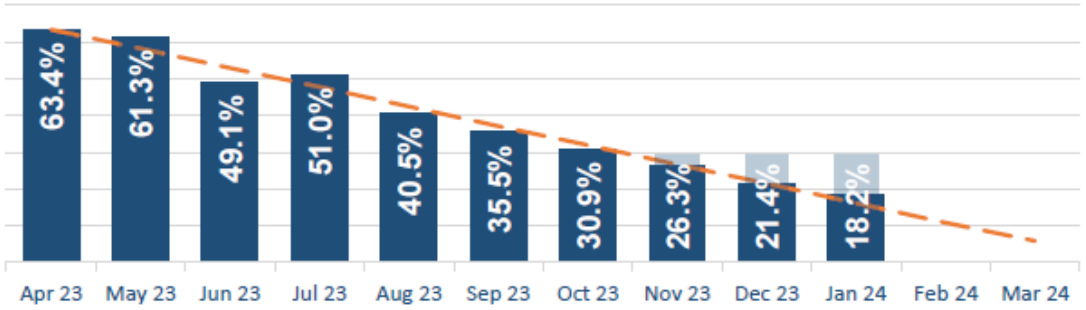


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-052	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Mth to mth reduction (2022/23 to 2023/24)	TBC	41.2%	6th of 6 (at Mar 24)
QA4-055	QSE	Number of National Reportable incidents that remain open 90 days or more	Decreas-ing trend	TBC	26	6th of 10 (at Mar 24)
QA4-040	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increas-ing trend (to 95%)	TBC	18.2%	8th of 8 (at Jan 24)

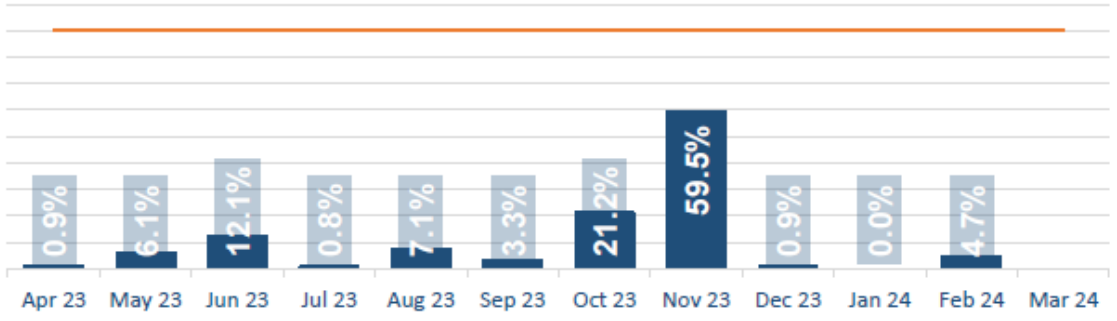


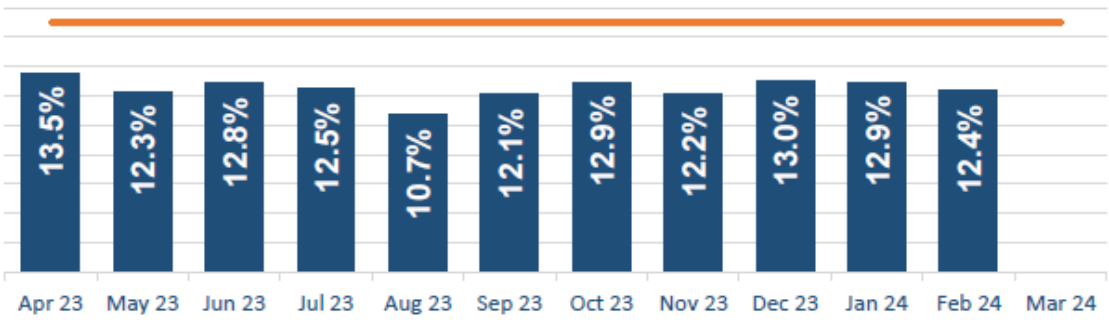




Quality: Performance

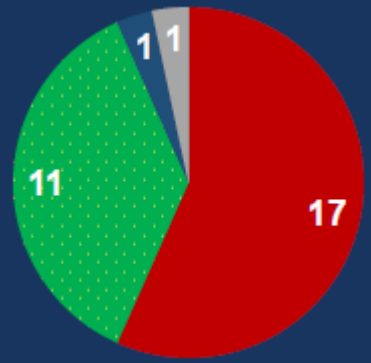
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-041	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	4.7%	8th of 8 (at Feb 24)
QA4-042	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	12.4%	6th of 7 (at Feb 24)





Section 2

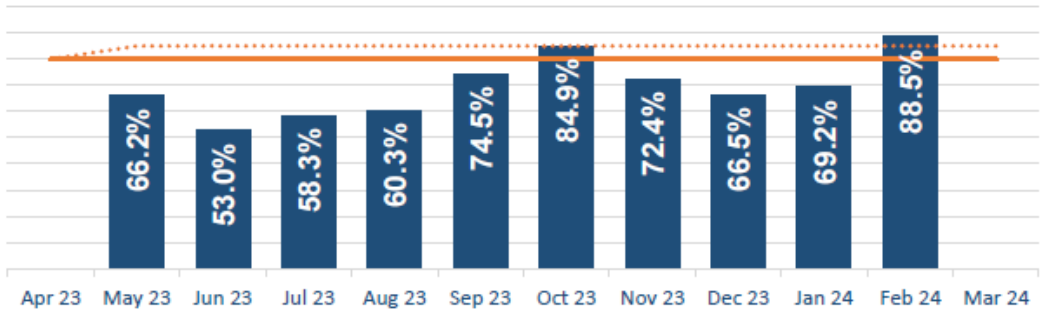
Access & Activity Performance

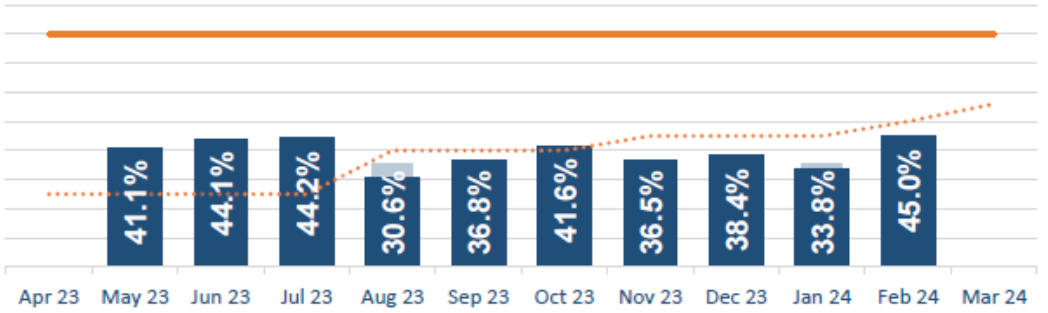


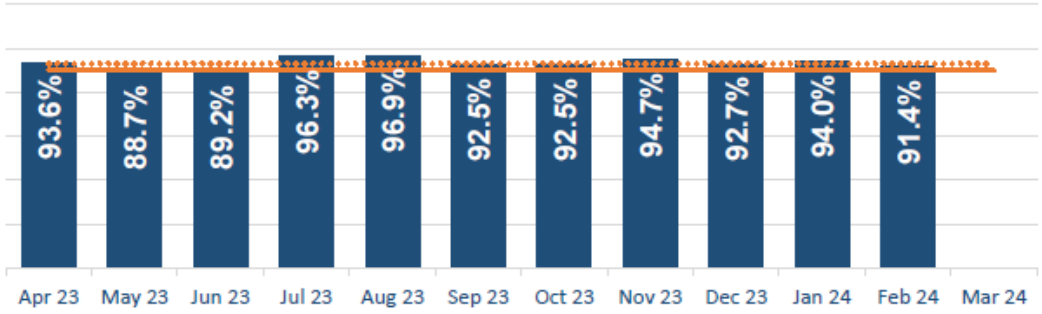
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
QA2-014	PFIG	Percentage of Local Primary mental health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	85.0%	88.5%	5th of 7 (at Feb 24)
QA2-015	PFIG	Percentage of theraputic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	56.0%	45.0%	5th of 7 (at Feb 24)
QA4-044	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	93.0%	91.4%	4th of 7 (at Feb 24)

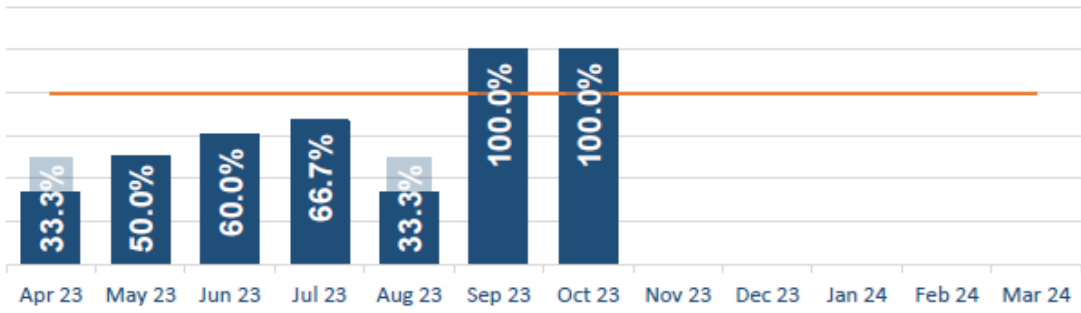


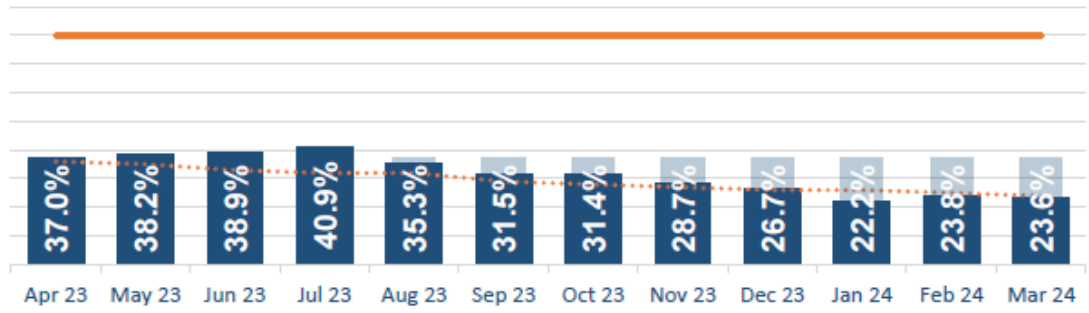


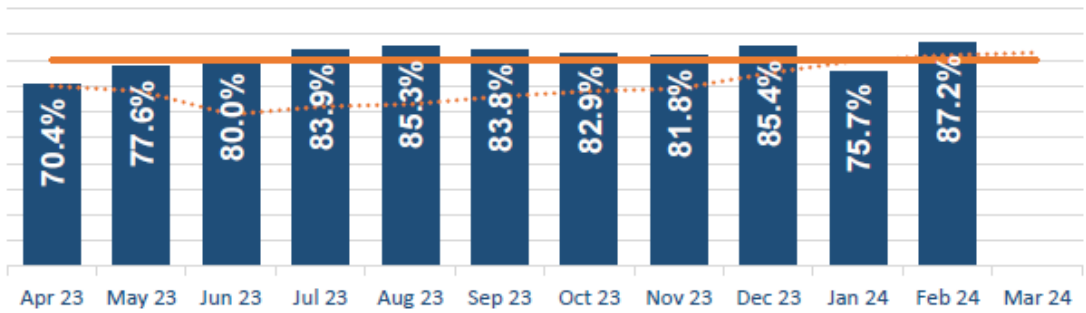


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-033	PFIG	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	80%	80.0%	100.0%	1st of 6 (at Oct 23)
QA2-034	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	24.0%	23.6%	5th of 7 (at Feb 24)
QA2-016	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	83.0%	87.2%	4th of 7 (at Feb 24)

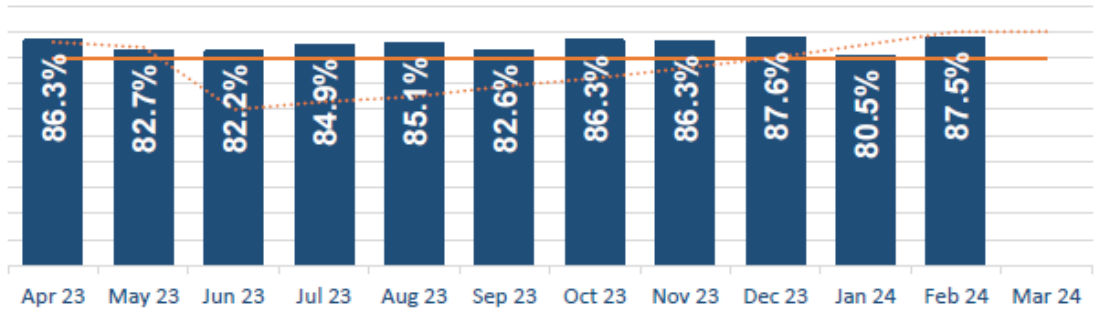


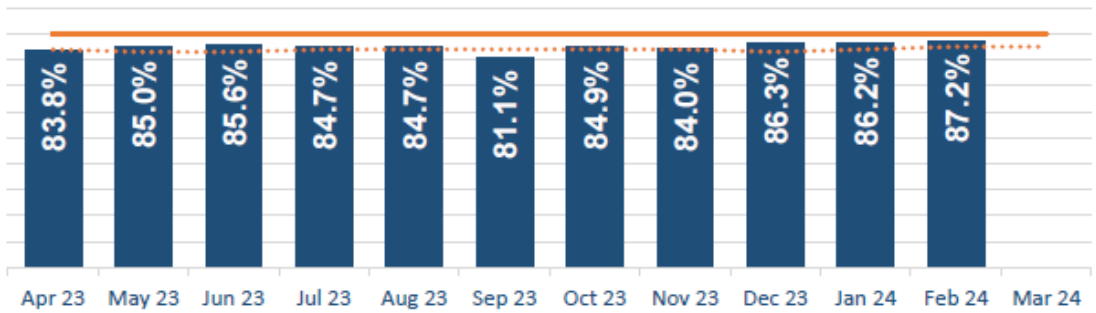


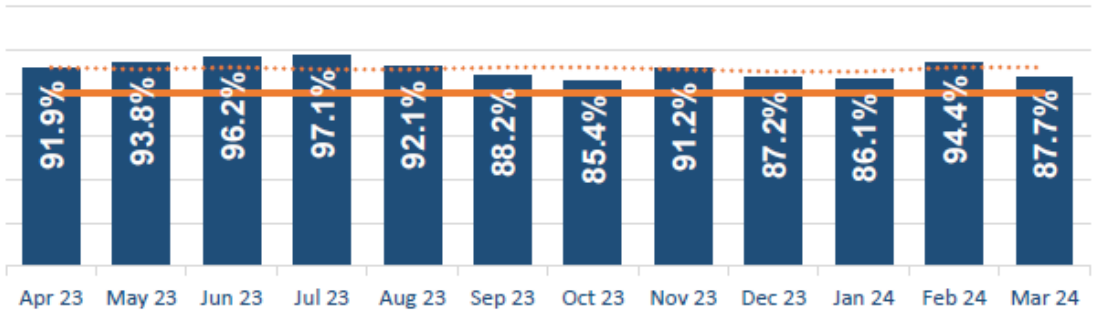


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-017	PFIG	Percentage of theraputic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	90.0%	87.5%	6th of 7 (at Feb 24)
QA4-045	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	85.0%	87.2%	4th of 7 (at Feb 24)
QA2-035	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	92.0%	87.7%	1st of 7 (at Feb 24)

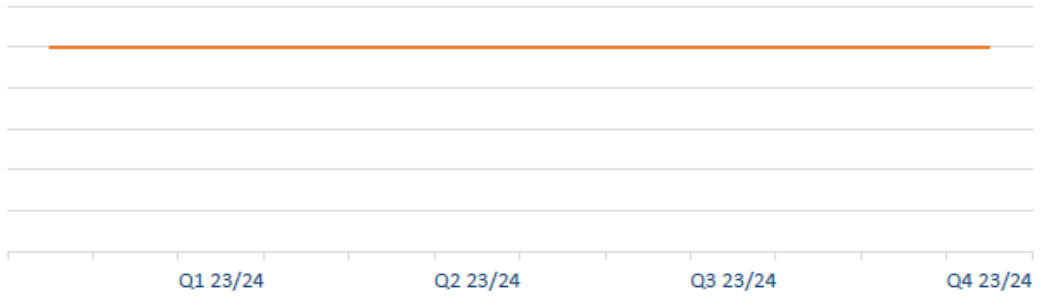


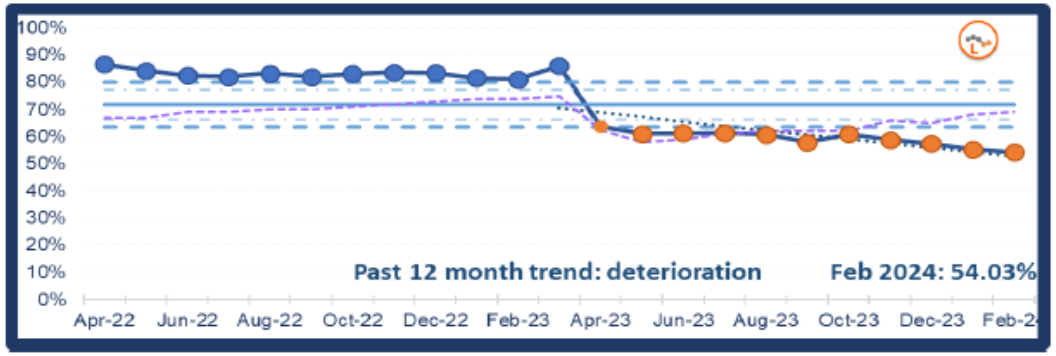




Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-010	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	#N/A	6th of 7 (at Mar 23)
QA2-024	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increas-ing trend (to 80%)	70.0%	54.0%	3rd of 6 (at Feb 24)
QA2-025	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	Decreas-ing trend (to 0)	2500	6504	5th of 7 (at Feb 24)

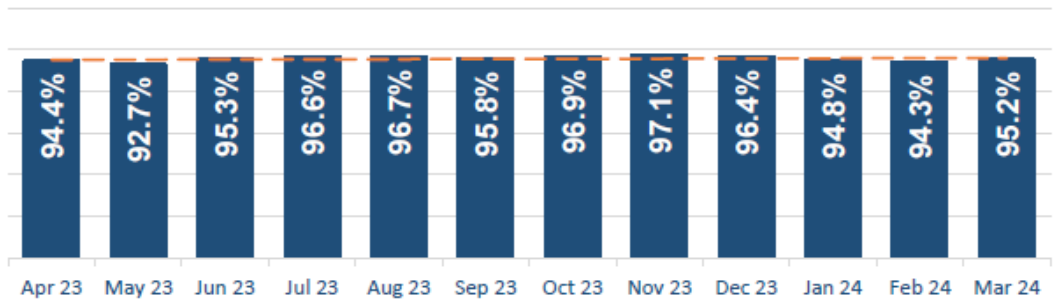




Legend
Performance
Control Line (Mean)
Upper Control Limit 3σ
Lower Control Limit 3σ
Upper Control Limit 2σ
Lower Control Limit 2σ
National Target
BCU Profile

Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-026	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	Increasing trend	TBC	95.2%	2nd of 7 (at Feb 24)
QA2-027	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)	Decreasing trend (to 0)	0	4574	7th of 7 (at Feb 24)
QA2-028	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	Decreasing trend (to 0)	10175	18412	7th of 7 (at Feb 24)

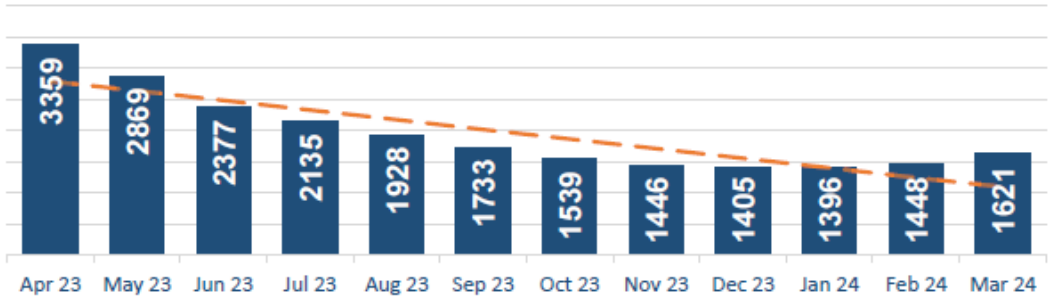


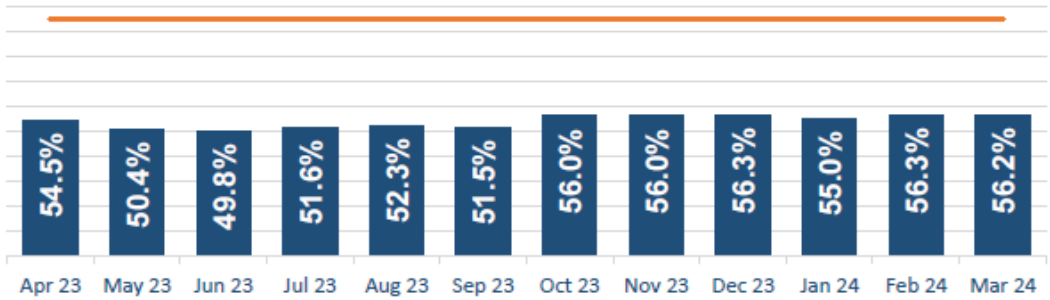
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-029	PFIG	Number of patients waiting more than 36 weeks for a new outpatient appointment	Decreasing trend (to 0)	17041	33781	7th of 7 (at Feb 24)
QA2-030	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	50371	87690	7th of 7 (at Feb 24)
QA2-032	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0)	29544	38957	7th of 7 (at Feb 24)

Access & Activity: Performance

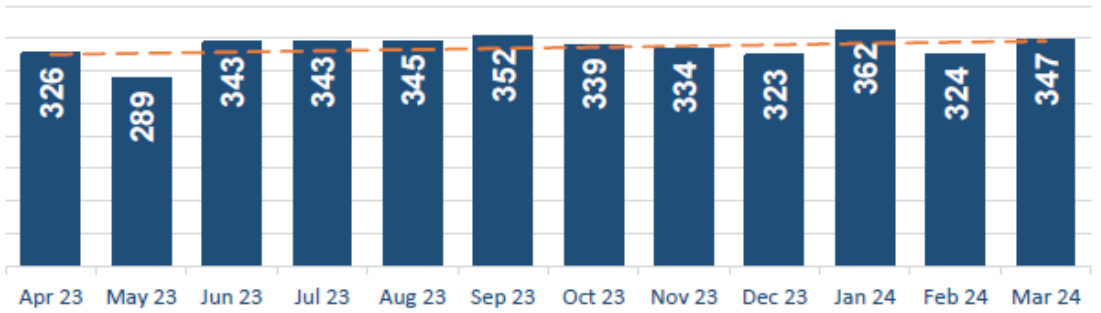
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-031	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	Decreasing trend (to 0)	7978	8720	7th of 7 (at Feb 24)
MP2-033	PFIG	Over 156 weeks all stages	N/A	TBC	1621	
QA4-053	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	TBC	56.2%	5th of 7 (at Mar 24)

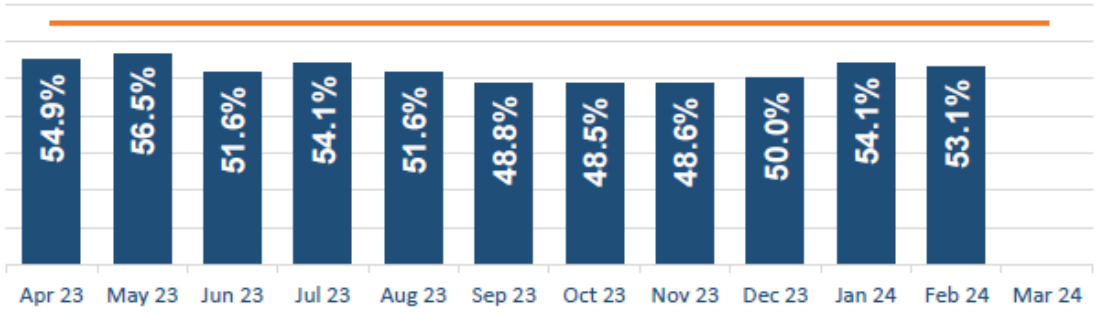


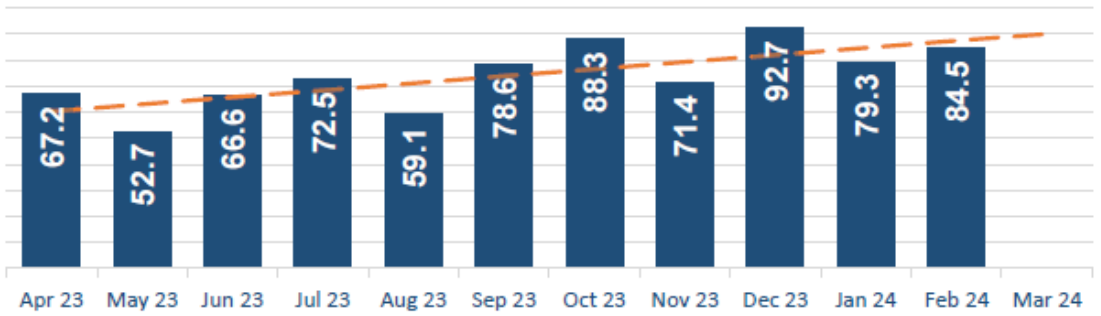


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-043	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	347	8st of 8 (at Mar 24)
QA2-018	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	TBC	53.1%	4th of 7 (at Mar 24)
QA2-019	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	84.5	3rd of 7 (at Mar 24)

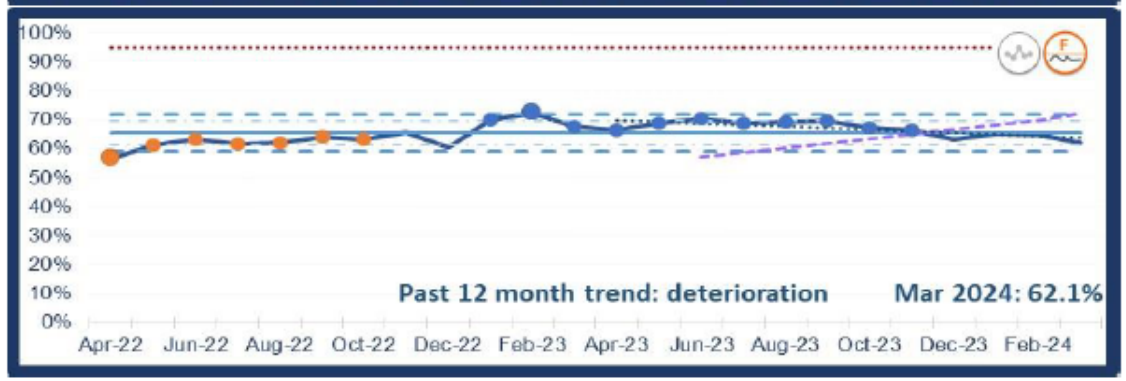






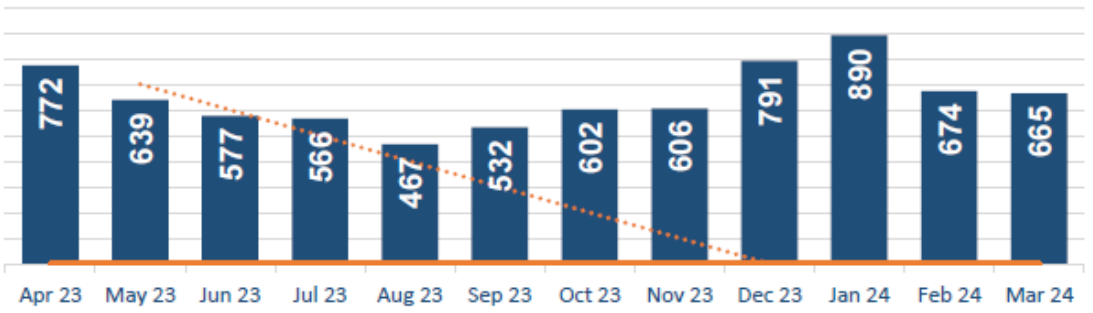
Access & Activity: Performance

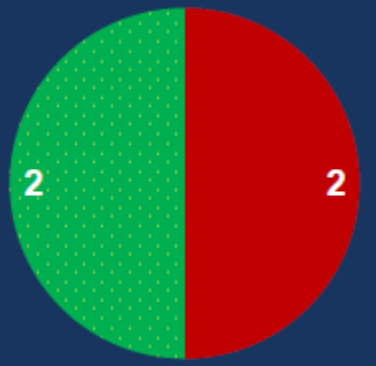
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-020	PFIG	Median time from arrival at an emergency department to triage by a clinician	Decreas-ing trend	TBC	23.0	4th of 6 (at Mar 24)
QA2-021	PFIG	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Decreas-ing trend	TBC	142.0	5th of 6 (at Mar 24)
QA2-022	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	Mth to mth increase (2022/23 to 2023/24)	72.0%	62.1%	7th of 7 (at Mar 24)



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-023	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	Decreasing trend (to 0)	1650	3409	7th of 7 (at Mar 24)
QA4-054	PFIG	Number of ambulance patient handovers over 1 hour	Decreasing trend (to 0)	925	2039	6th of 6 (at Mar 24)
MP4-054	PFIG	Number of ambulance patient handovers over 4 hour	0	TBC	665	





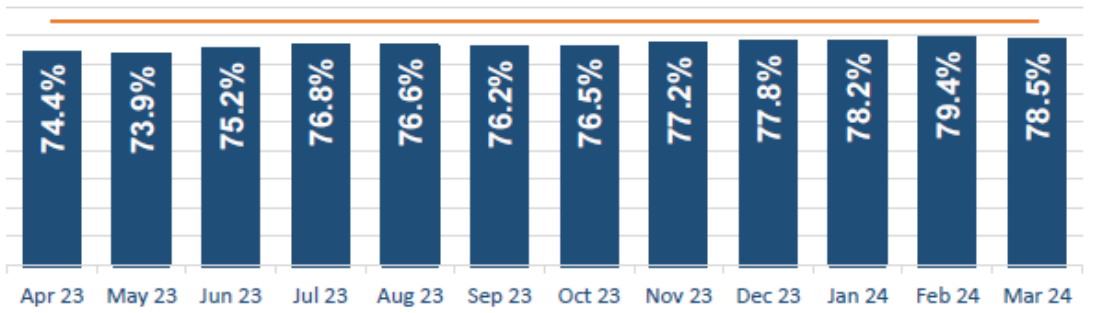
Section 3

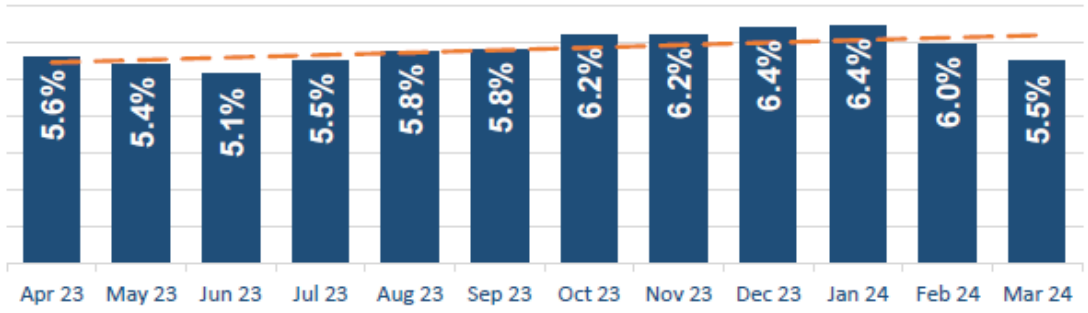
People & Organisational Development Performance

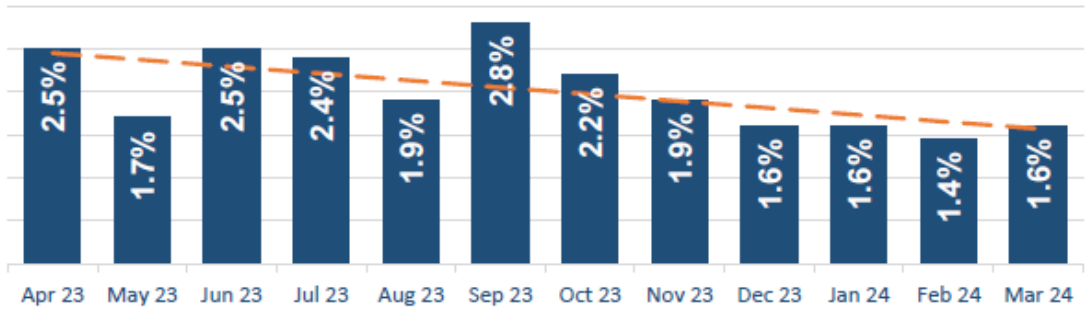
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	78.5%	3rd of 13 (at Jan 24)
QA3-036	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	5.5%	6th of 12 (at Jan 24)
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreas-ing trend against 2019/20	TBC	1.6%	3rd of 11 (at Nov 23)

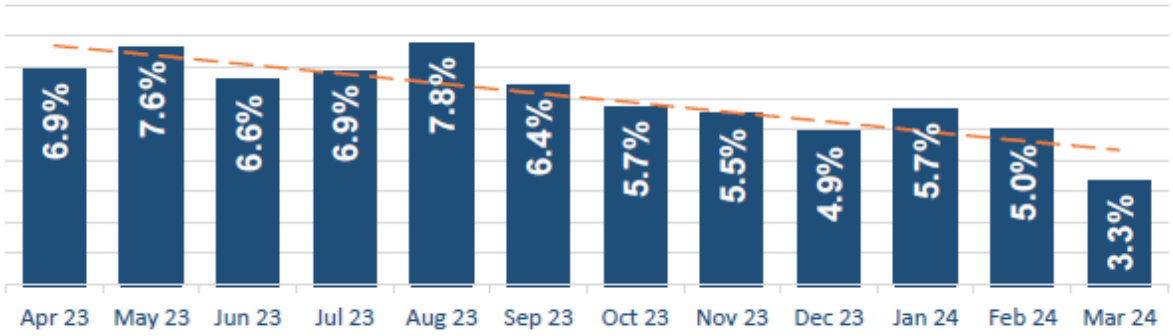






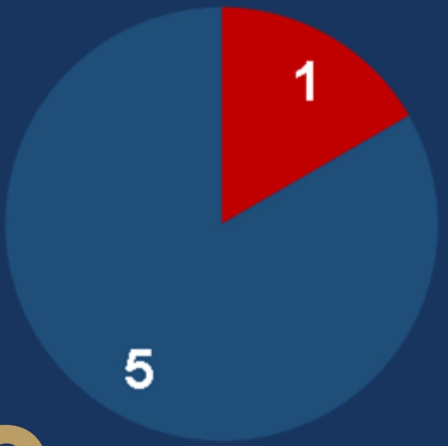
People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-038	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	3.3%	10th of 12 (at Jan 24)



Section 4

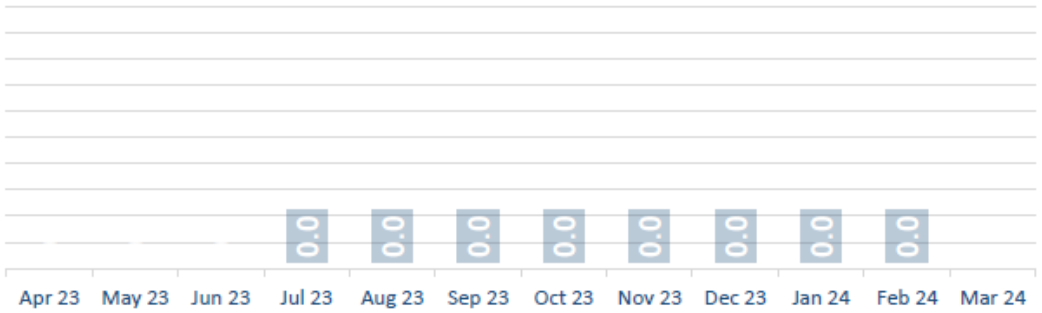
Financial Performance

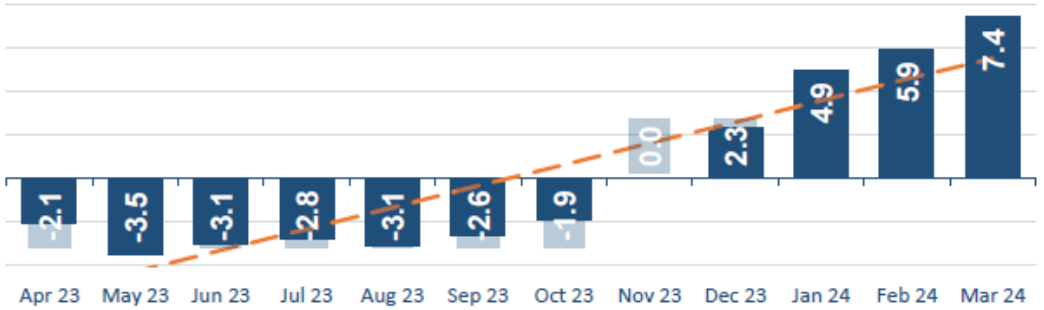


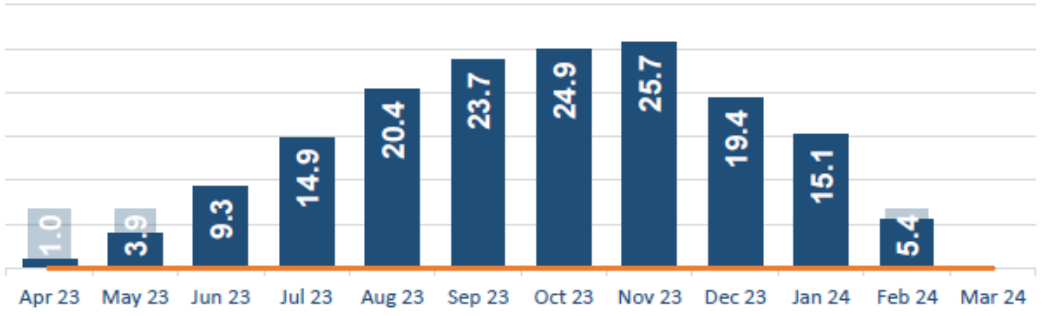
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Finance: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
LM	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	
LM	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	7.4	
LM	PFIG	Year to date deficit against plan (£million)	N/A	TBC	5.4	

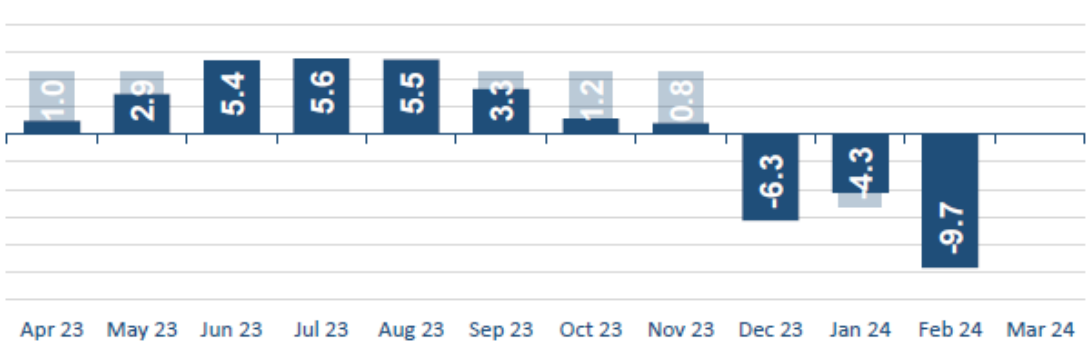


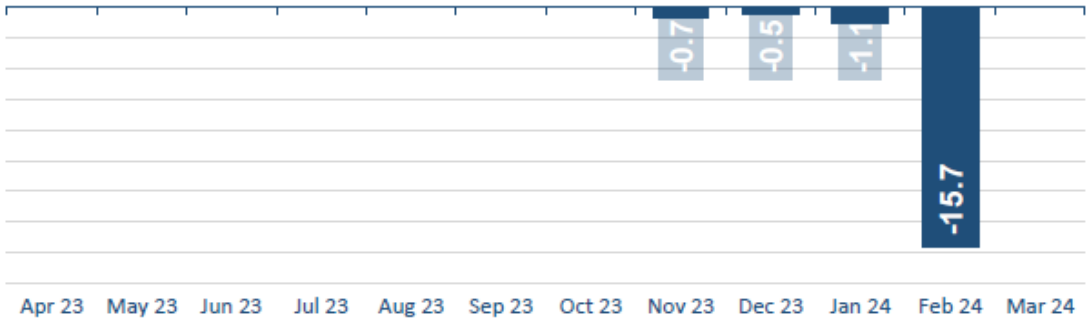




Finance: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
LM	PFIG	In month variance to plan (£million)	N/A	TBC	-9.7	
LM	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	7.4	
LM	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	-15.7	





Finance: Performance

BCU Wide and Divisional Positions (Red = overspend)	B/F in year £m	October £m	November £m	December £m	YTD £m
West IHC	(8.6)	(0.8)	(0.9)	(1.0)	(11.3)
Central IHC	(12.0)	(1.4)	(1.6)	(1.0)	(16.0)
East IHC	(6.9)	(0.9)	(1.2)	(0.7)	(9.7)
Womens	0.4	0.0	(0.1)	0.0	0.4
MH & LD	(2.9)	(0.2)	(1.4)	(0.9)	(5.5)
Commisioning Contracts	0.5	0.3	(0.5)	2.0	2.3
ICD Primary Care	(0.2)	(0.1)	0.2	1.2	1.2
ICD Regional Services	(2.2)	0.2	(0.1)	0.5	(1.7)
Support Functions & Other Budgets	8.1	1.7	4.9	6.1	20.9
BCU Wide	**(23.7)**	**(1.2)**	**(0.8)**	**6.3**	**(19.4)**

Savings Scheme Pipeline	Green		Green (Proc)		Green		Variance Green				Variance Total
	R	NR	R	NR	Total	Target	to Target	Pipeline	Red	Total	to Target
Centre	3,265	75	141	45	3,527	**7,950**	44%	189	704	**4,419**	56%
East	4,393	420	154	50	5,017	**8,070**	62%	30	172	**5,218**	65%
West	3,485	1,093	110	31	4,720	**6,046**	78%	0	136	**4,856**	80%
MHLD	3,355	0	5	8	3,368	**3,267**	103%		0	**3,368**	103%
Womens	915	10	5	4	935	**915**	102%			**935**	102%
Cancer	1,537	6	4	7	1,554	**755**	206%		0	**1,554**	206%
Diagnostics	108	37	341	25	511	**1,015**	50%		0	**511**	50%
Corporate	412	2,692	83	2,648	5,836	**2,495**	234%	0	24	**5,860**	235%
Primary Care	114		15	4	133	**154**	86%	0	0	**133**	86%
Provider Income					0	**267**	0%			**0**	0%
Procurement (VAT)					0	**-5,734**		0		**0**	
Budget Reducing Savings	**17,585**	**4,335**	**858**	**2,823**	**25,601**	**25,200**	**102%**	**219**	**1,036**	**26,856**	**107%**

Finance: Agency

Month 9 Agency per MR

B - Agency / Locum (premium) Expenditure
- Analysed by Type of Staff

		1	2	3	4	5	6	7	8	9	10	11	12		
REF	*TYPE*	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	508	484	421	370	319	185	181	291	94	120	120	120	2,853	3,213
2	Medical & Dental	1,967	2,431	2,890	2,357	2,308	1,982	2,213	1,866	1,389	1,702	1,720	1,730	19,403	24,555
3	Nursing & Midwifery Registered	2,536	3,068	3,125	3,314	3,742	3,155	2,496	2,279	2,493	2,538	2,443	2,380	26,208	33,569
4	Prof Scientific & Technical	16	24	(11)	27	(2)	20	20	(15)	11	13	13	13	90	129
5	Additional Clinical Services	54	80	43	(4)	25	30	21	8	16	19	19	19	273	330
6	Allied Health Professionals	655	616	471	729	534	414	423	454	351	306	306	306	4,647	5,565
7	Healthcare Scientists	19	20	15	11	16	3	10	5	5	5	5	5	104	119
8	Estates & Ancillary	15	(2)	18	6	73	(52)	1	6	16	14	14	14	81	123
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	5,771	6,721	6,972	6,810	7,015	5,737	5,365	4,894	4,375	4,717	4,640	4,587	53,660	67,604
11	Agency/Locum (premium) % of pay	6.9%	7.6%	6.6%	6.9%	7.8%	6.4%	5.7%	5.5%	4.9%	5.2%	5.3%	5.4%	6.5%	6.2%

Finance: Escalated Performance Measures

The Health Board has been issued with a control target for the 2023/24 financial year of a £20m deficit, as detailed below;

Reference	Description	Amount £m's
1	Original Deficit Plan 2023/24	(134)
2	Additional Allocation from Welsh Government	101
3	Revised Deficit post receipt of additional allocation	(33)
4	Additional improvement ask on current deficit plan (cost reductions required)	13
5	Welsh Government Control Total	(20)

The Year to date financial performance is as detailed below;

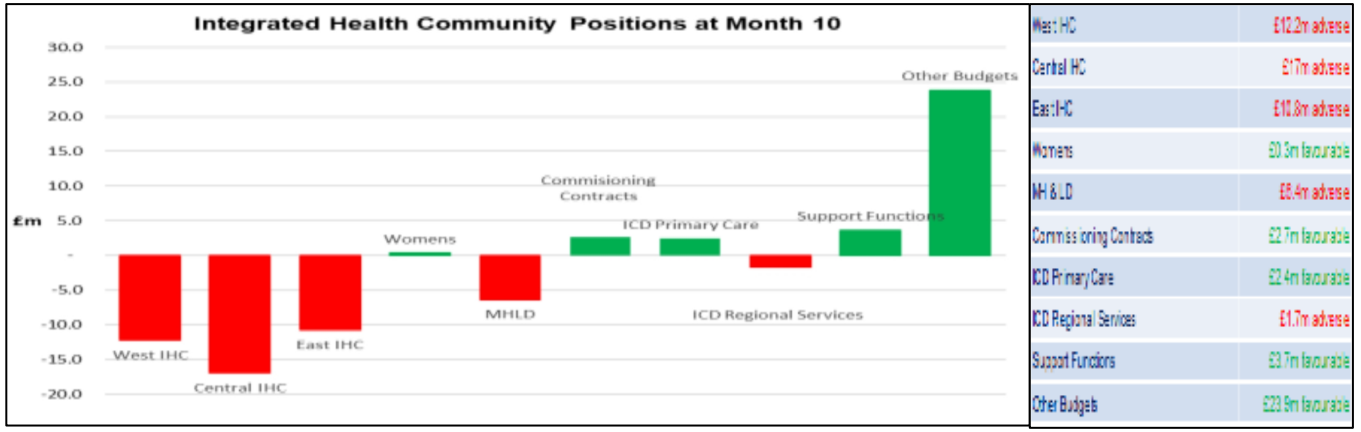
Description	Apr £m	May £m	Jun £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	YTD Total £m
Budget variance / (surplus) in month and overall.	1	2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	(4.3)	15.1

The current expenditure patterns indicate a risk to delivery of the outturn, the forecast for the financial year a £33m deficit (which does not attain the Welsh Government control target of a £20m deficit) with performance reported for year to 31st January 2024 being as follows;

- The Health Board has a deficit year to date totalling £42.7m
- £15.1m adverse to the plan to attain a £33m deficit for the year

The Health Board has implemented pay and non-pay expenditure controls that combined with release of balance sheet provisions results in delivery of the plan.

The deficit is largely driven through the IHCs, as detailed below;



Key drivers of the deficit being;

- Temporary workforce to service emergency additional bed capacity
- Costs of continuing Healthcare, prescribing and secondary care drugs

Expenditure continues to reduce with sustained reductions in use of premium working (Medical & Nursing agency) and non-pay cost exposure. Also, focus placed upon savings delivery has resulted in the Health Board exceeding targeted levels for the 2023/24 financial year, with £25.6m of schemes now rated green against the target of £25.2m (£19.7m of these schemes recurrent in nature).

The 2024/25 financial year is fast approaching, with an expectation of a minimum savings target of 2% (c£46m) and it is therefore important for the Health Board to place focus upon transformational opportunities, aligning the program with Welsh Government value and sustainability initiatives, commencing from 1st April 2024.

Additional Information

Introduction to Integrated Performance Report (IPR)

What is an Integrated Performance Report (IPR)?

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

The Integrated Performance Framework (IPF)

The Integrated Performance Framework (IPF) for 2023-2027 was ratified by the Health Board on 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.

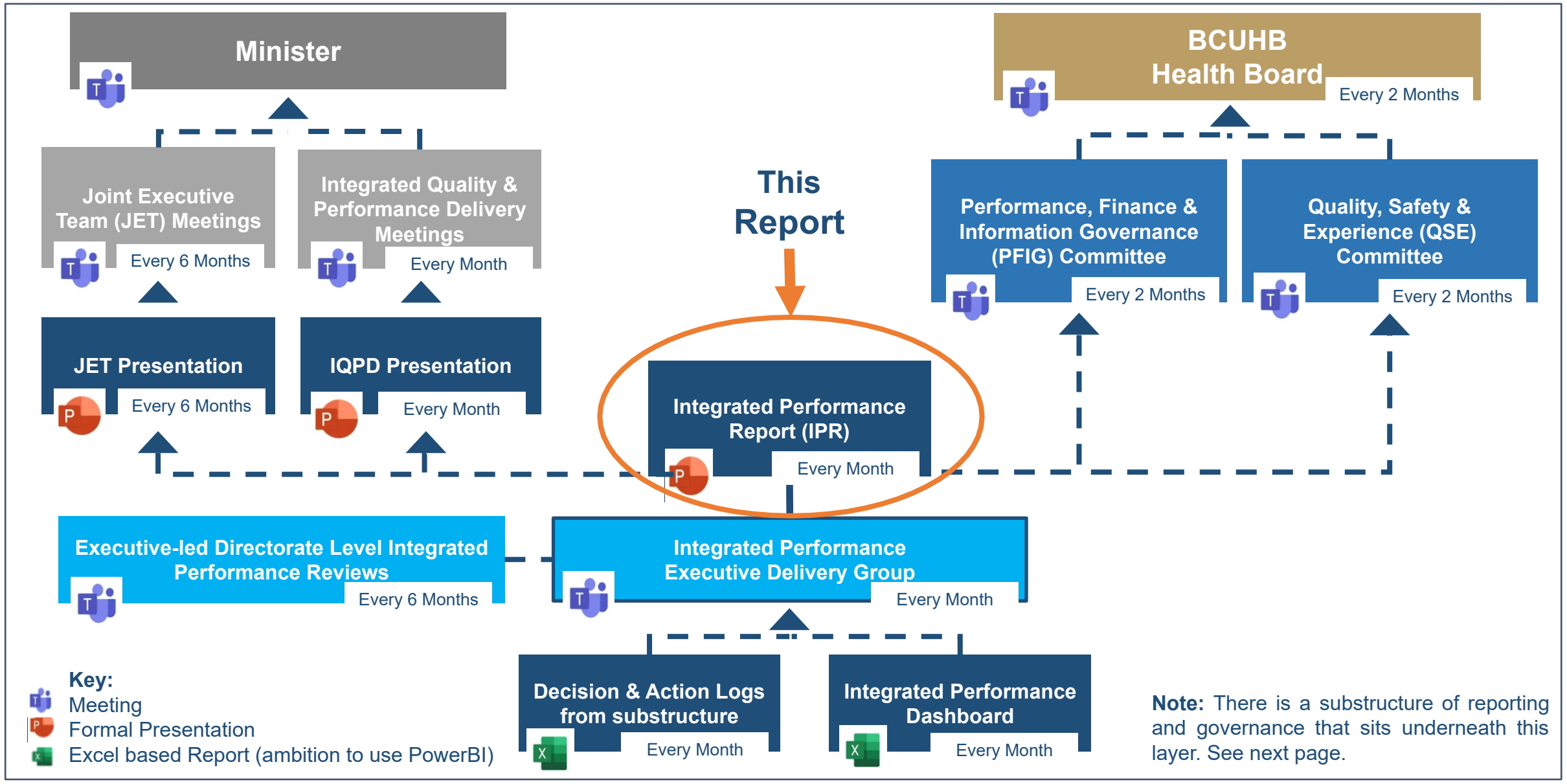
The Integrated Performance Framework sits within a "triumvirate" together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the 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.

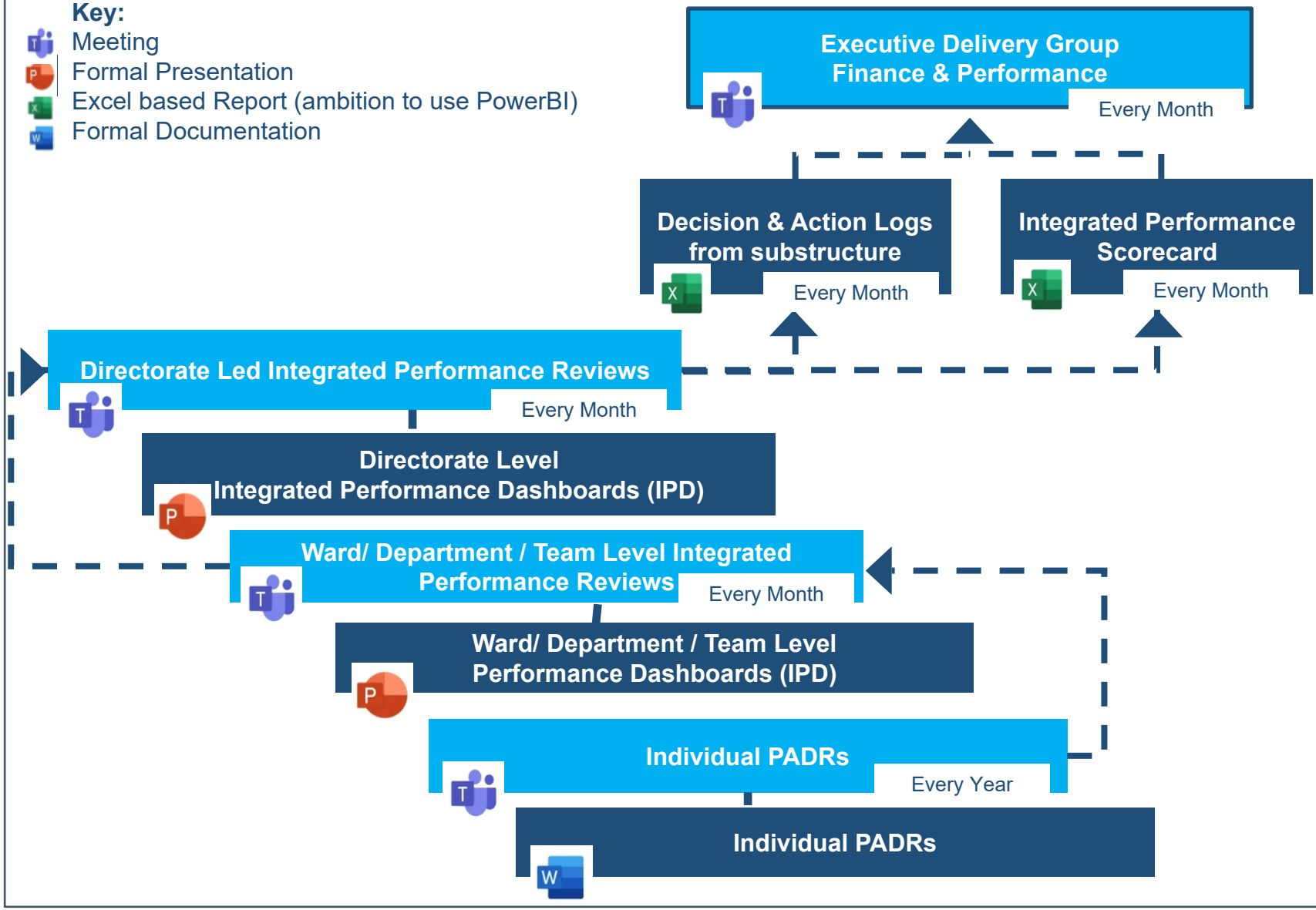
The IPR will be embedded as the 'single version of the truth' and used to report on performance to the Health Board, it's scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government. 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.

Performance Directorate Outputs

Integrated Performance Reports	Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD)(Welsh Government) and Joint Executive Team (JET).
Integrated Performance Scorecards	Summary scorecards for– Integrated Performance Executive Delivery Group et al
Integrated Performance Dashboards	Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance 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.

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

Our Partners

This report has been produced on behalf of the **Health Board** 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

Teitl adroddiad: ***Report title:***	People (Workforce) Performance Report			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 30 April 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to outline the current workforce performance position as of March 24. It also provides an update on the current position of Non-Clinical Senior Interims aligned to delivery of savings and the Recruitment KPIs update			
Argymhellion: ***Recommendations:***	The Committee is asked to NOTE the current performance position provided and feedback any observations regarding assurance required as a result of the reported positions contained in the report.			
Arweinydd Gweithredol: ***Executive Lead:***	Mr Jason Brannan, Deputy Director of People			
Awdur yr Adroddiad: ***Report Author:***	Mr Nick Graham, Associate Director of Workforce Optimisation			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Objective 1: Building an effective organisation			

Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not applicable
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	No It does not apply at this stage as no formal programmes of work have been agreed.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	No It does not apply at this stage as no formal programmes of work have been agreed.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	No direct implications arising from this report.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance and planning is taking place.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no direct implications associated with this paper at this time.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Links to BAF SP12 and CRR 24-01
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:***	
Rhestr o Atodiadau: ***List of Appendices:*** People Performance Report	

People Performance Report – April 2024

Jason Brannan

Deputy Director of People

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Workforce Metrics

Budget/Actual Establishment

Staff Group	Budgeted FTE	Actual FTE	Vacancy FTE
Total	**20373.9**	**18588.1**	**1785.9**
Medical and Dental	1752.4	1624.8	127.5
Nursing and Midwifery Registered	6323.3	5653.1	670.2

Over the course of 2023/24 the budget grew by 1296.3 FTEs, actual by 589.2 FTEs and vacancies by 707 FTEs with Nursing seeing the greatest improvement, reducing vacancies by 66.6 FTEs, whilst vacancies increased across A&C, Additional Clinical Services and Estates & Ancillary by 391.1, 220.2 and 127.6 FTEs respectively.

More recently, between February 2024 to March 2024, budgets have decreased, reducing by 15.3 FTE whilst actual SIP increased by 11.3 FTEs, reducing the vacancy FTE by 26.7 FTEs. Nursing vacancy FTE reduced by 26 FTEs over the last month and Additional Clinical Services by 20.1 FTEs whereas A&C vacancies grew by 19.1 FTEs. A reduction in budget FTE in IHC West of 31.8 FTEs caused vacancy FTEs reduce by 33.8 FTEs.

Vacancy Rates

Staff Group	Vacancy %
Total	**8.8%**
Medical and Dental	7.3%
Nursing and Midwifery Registered	10.6%

Vacancy rates are highest amongst Estates & Ancillary (12.7%), Add Prof Scientific and Technical (11.6%) and Nursing (10.6%). The vacancy rate has grown by 3.1% over the period 2023/24 to 8.8% which the greatest increases being within A&C (+9.9%) and Estates & Ancillary (+8.1%). Nursing vacancy rate shows improvement over the last 12 months (-1.6%) whilst M&D has remained fairly static.

The vacancy rate within ICD – Primary Care continues to grow and is currently at 22.6% with large numbers of vacancies across the Covid and Health Protection cost centres. MHLD has a vacancy rate of 15%, however, this continues to improve and is 2.4% lower than the same period last year. The IHC East vacancy rate is 5.4%, IHC Centre is 8.9% and IHC West is 6.9%.

Sickness Absence

Staff Group	Average Sickness FTE Lost per Day	Monthly Sickness %	Rolling Sickness %
Total	**994.0**	**5.48%**	**5.83%**
Medical and Dental	27.1	2.35%	2.13%
Nursing and Midwifery Registered	313.8	5.55%	6.22%

The monthly sickness rate in March 2024 has reduced by almost 1% from the peak in January of 6.44%. Additional Clinical Services continues to be the worst performing staff group in terms of sickness absence levels with the monthly rate for March at 7.4%, followed by Estates and Ancillary with a rate of 6.4%, however, sickness rates for these staff groups are improved compared to the same period last year.

Areas with the highest vacancy rates also have the highest sickness rates, MHLD and ICD - Primary Care at 6.6% and 6.2% respectively. Whilst ICD – Primary Care has seen little change in the sickness rate compared to the same period last year, MHLD has seen a reduction of 1.6%.

Staff Turnover

Staff Group	Turnover Rate %	External Leavers FTE
Total	**8.5%**	**-159.5**
Medical and Dental	9.1%	-7.7
Nursing and Midwifery Registered	7.3%	-34.1

Turnover is slowly improving month on month and is 0.6% lower than it was in March 2023. The highest turnover rates are within the non clinical/non registered staff groups, Estates & Ancillary (11.1%), A&C (9.3%) and Additional Clinical Services (9.2%). Estates & Ancillary is the only staff group to have seen an increase in turnover over the last year, increasing by 1%. Nursing turnover has reduced by 1% since March 2023 and M&D by 0.6%.

Corporate Services, Women & Midwifery and ICD – Primary have the highest turnover rates in excess of 9%. Turnover is lowest in IHC West at 7.6%.

Agency Usage

Staff Group	Agency Utilised FTE
Total	**581.9**
Medical and Dental	77.7
Nursing and Midwifery Registered	370.2

Agency equivalent FTE usage increased in March 2024 by 16.6 FTEs on the previous month, however, the figure is much improved from the position in March 2023 where usage was 347.2 FTEs higher at 929.2 FTEs. Registered Nursing had the highest agency FTE usage at 370.2 FTEs in March 2024, followed by AHPs at 93.3 FTEs and M&D at 77.1 FTEs with all three staff groups showing improvement compared to the same period last year.

IHC Centre has the highest agency FTE usage in March 2024 at 188.6 FTEs, however, usage has almost halved since March 2023, down 170.8 FTEs. IHC East has similar agency usage in March 2024 at 186.9 FTEs whilst usage for IHC West is significantly lower at 89.8FTEs.

Bank Usage

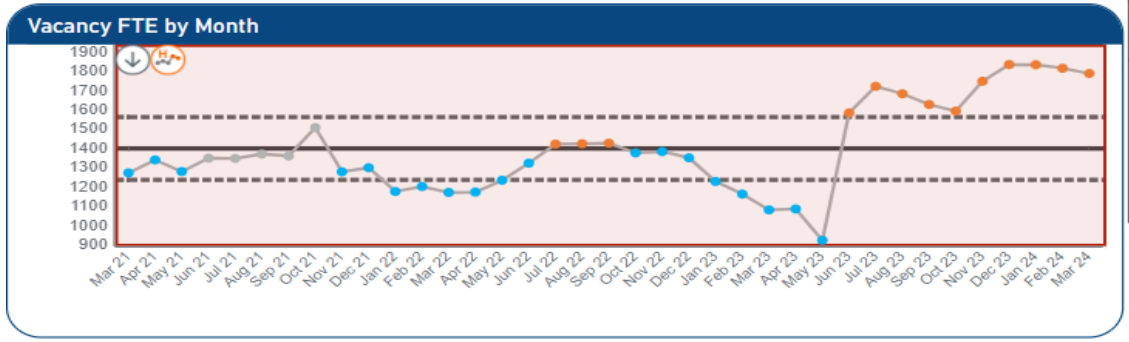
Staff Group	Bank Utilised FTE
Total	**1062.9**
Medical and Dental	133.1
Nursing and Midwifery Registered	140.4

Bank equivalent FTE utilised increased by 79.7 FTEs between February and March 2024 with the biggest increases in A&C (+30.8 FTEs) and Additional Clinical Services (+20.9 FTEs). Bank usage has increased across almost all staff groups compared to the same period last year.

Corporate Services saw the biggest increase in bank usage between February and March 2024 at +22.5 FTEs, followed by MHLD at +19.9 FTEs and IHC East at +19.1 FTEs. Compared to the same period last year, MHLD has seen an increase in bank usage of +34.4 FTEs and IHC East has seen an increase of +27.8 FTEs.

Workforce Metrics

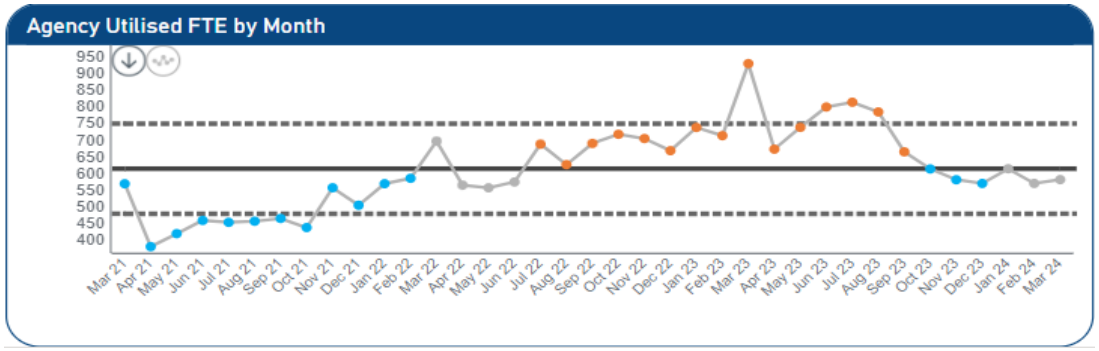
Vacancy FTE



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

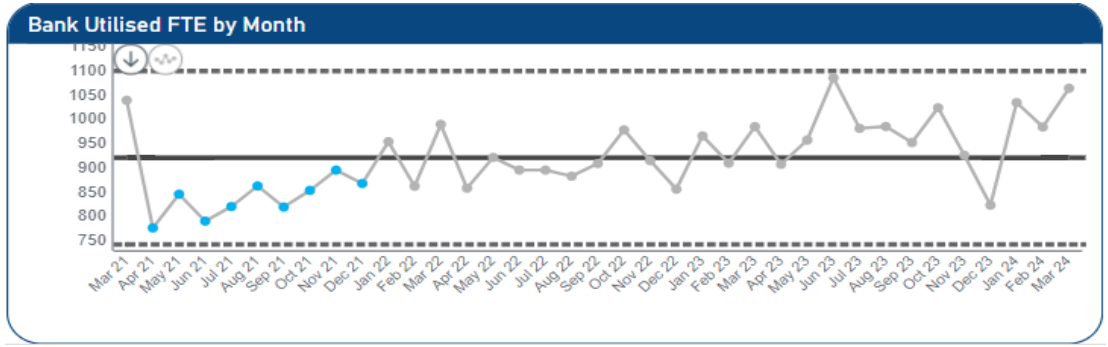
The vacancy FTE trend continues to show special cause variation in the months following the addition of the NSA budgets to ESR in June 2023 and increases to the A&C budget within Corporate teams in November 2023. Since May 2023 the budget FTE has increased by 1313.5 whilst the actual staff in post FTE has grown by only 448.6 FTEs and as a result the vacancy FTE has remained above the upper control limit over the last 9 months.

Agency Usage FTE



Increases in Agency FTE usage in June and July 2023 were related to amendments to nursing budgets coinciding with the implementation of Auto Cascade, however, changes to the Auto Cascade process appears to have had a positive impact over recent months. In addition, work to reduce the number of agency interims has had a positive impact on usage within the Admin and Clerical staff group. November and December 23 showed a Special Cause of Improving nature due to the trend of reductions in each of the previous 7 months with the latest month showing no significant changes.

Bank Usage FTE

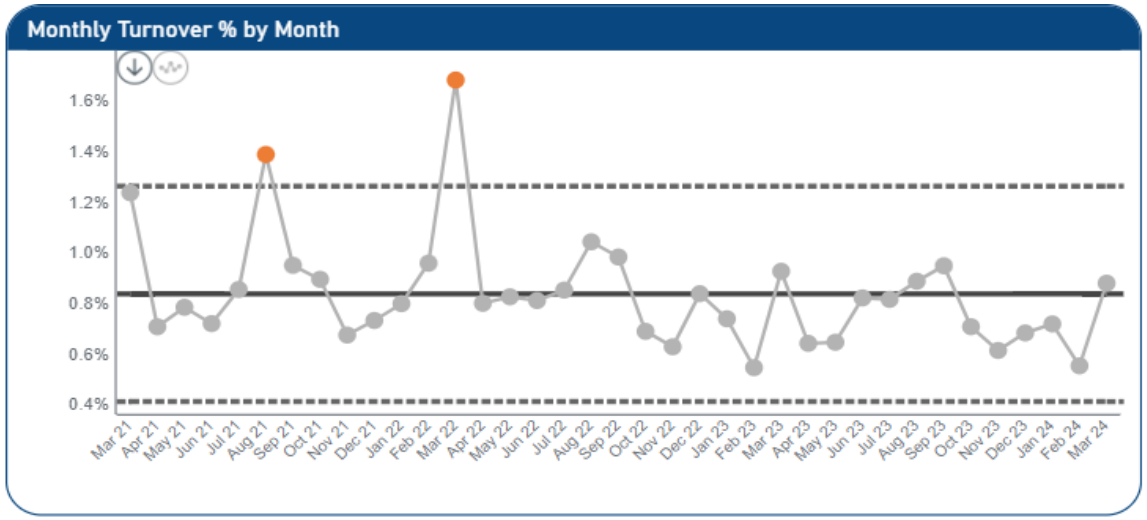


Bank usage FTE falls within the process control limits with no Special Causes seen since December 2021.

Workforce Metrics

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

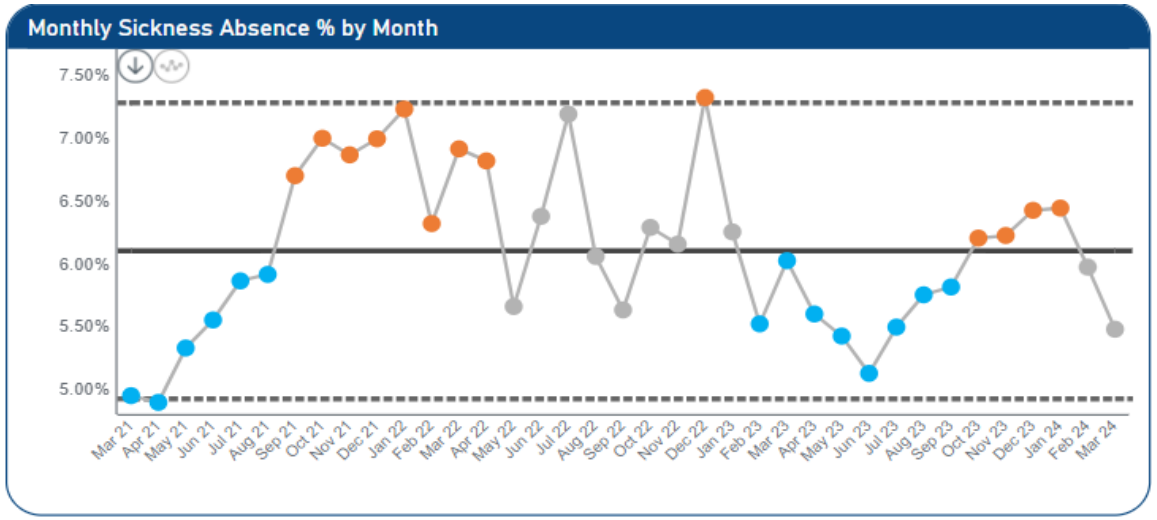
Turnover %



Despite the erratic nature of the monthly turnover trend, it continues to fall within the process control limits indicating that there is no significant change or special cause of concern. The increase in the monthly rate in March 2024 is typical for this period as there are a higher number of leavers as a result of fixed term contracts coming to an end.

Please note the turnover rate displayed here is a monthly rate not a 12 month rolling rate.

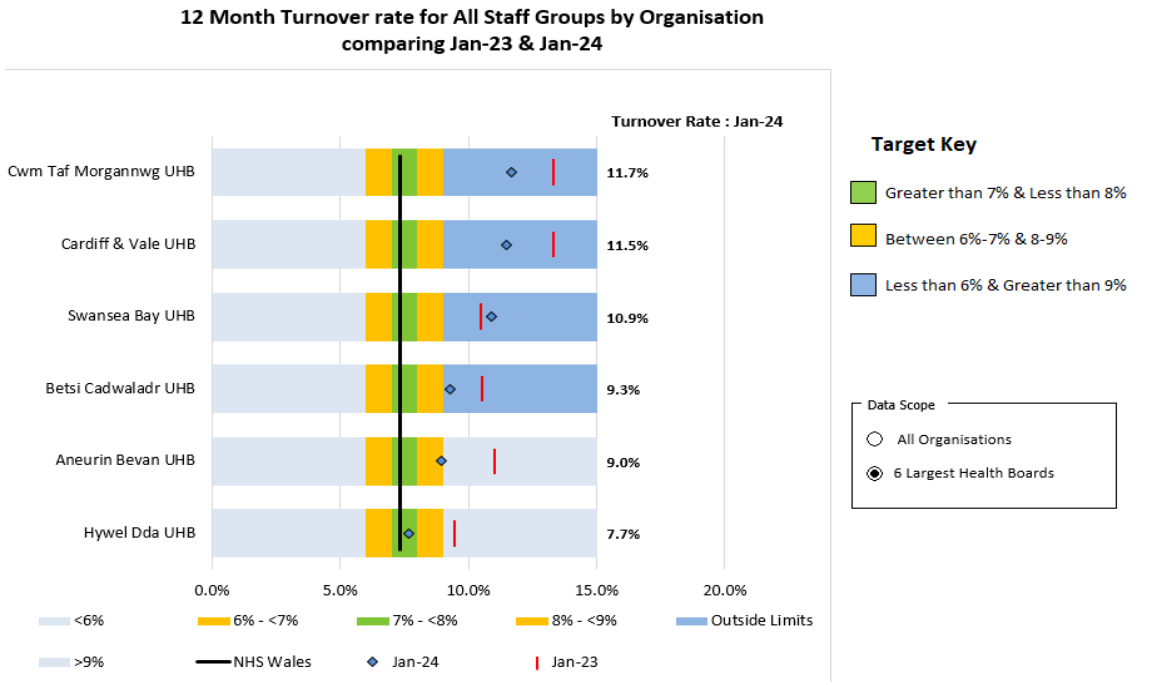
Sickness Absence %



The monthly sickness rate was indicating special cause variation through October 2023 to January 2024 due to the upward trend as we progressed through the winter months where there is a greater prevalence of short term Cold, Cough and Flu and Gastro related absence. The reduction in sickness rates over February and March 2024 has brought the trend down below the mean and is now indicating no special cause for concern.

Workforce Comparators

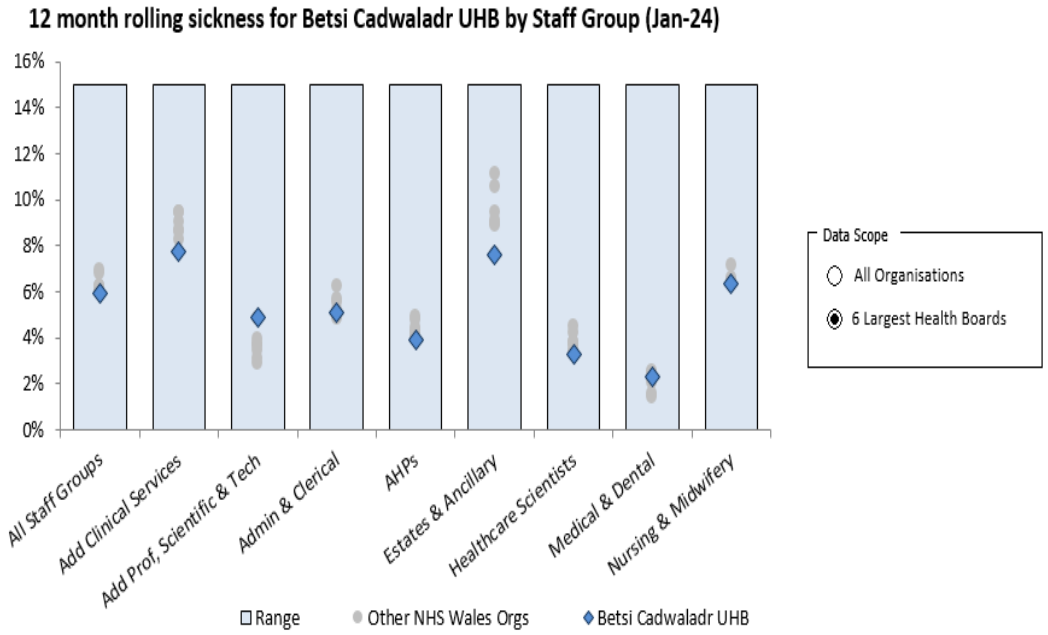
Turnover %



Of the 6 largest Health Boards in Wales, BCU has the third lowest turnover rate in January 2024 at 9.3% behind Hywel Dda at 7.7% and ABU at 9.0%. BCU's turnover rate is 2.2% lower than Cardiff and Vale and 2.4% lower than Cwm Taf Morgannwg.

Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations

Sickness Absence %



During January 2024, BCU had the lowest sickness rate of the 6 largest health boards at 5.9%. Swansea had the highest sickness rate at 7.0% followed by Cwm Taf Morgannwg at 6.8%. Over all, the sickness rate for NHS Wales was 6.1%.

Recruitment KPIs

Current Position (in days) – March 24

	T0a - Notice Date to authorisation start date	T1a - Time to approve vacancy request	T4 - Time to shortlist	T5b - Time to update interview outcomes	T9b - Time to check references	T13 - Vacancy Creation to offer letter issued	T23 - From conditional offer to ready for Start Date with outliers	T14 - Vacancy Creation to ready for Start Date
Health Community Centre (HCCX) L4	91.0	6.6	5.3	1.9	1.7	44.5	29.8	82.3
Health Community East (HCEX) L4	64.5	6.1	5.0	1.6	2.1	43.2	19.9	65.7
Health Community West (HCWX) L4	83.0	7.5	5.4	2.2	3.2	43.5	21.2	66.7
Mental Health & LDS (MX00) L4	48.5	5.4	5.0	1.2	5.7	39.9	19.5	62.0
Midwifery and Womens Services (WXXX) L4	40.1	1.0	2.3	0.5	1.4	38.3	12.4	53.9
Corporate Services	52.6	6.2	3.5	1.4	1.5	48.7	9.4	62.2
BCU Average	**72.0**	**6.3**	**5.0**	**2.1**	**2.2**	**43.8**	**21.5**	**68.8**
Wales Average	**49.2**	**6.8**	**6.2**	**3.2**	**2.7**	**41.0**	**19.7**	**61.5**

The KPI metrics included above are all specific metrics that are the responsibility of the Health Board and are within our gift to effect. The current position across BCU is that against the All Wales average we are performing better than the average in 4 of the 8 metrics.

There appears to be notable delays in T0a - Notice Date to Authorisation Start date where BCU averaged 72 days in March 2024 compared to the All Wales average of 49.2 days.

T4 - Time to shortlist for BCU takes an average of 1.2 days less in comparison to the all Wales average with the highest average length of delay in IHC West. This is largely in part due to the ongoing work the at the Recruiting Well programme has carried out over the last 3 months.

T9b - Time to check references is high in MHLD at 5.7 days on average compared to the BCU average of 2.7 days.

Performance against total time to recruit (T14) is within the target of 71 days at 68.8 days during March 2024 but this is significantly higher than the all Wales average of 61.5 days. Only IHC Centre failed to meet the performance target for total time to recruit during March 2024.

Senior Interims

Current Position

As of the 17 April 2024 there were a total of zero senior agency interims working across the organisation. This is a drop of 29 from the number reported as of April 2023 . This 100% reduction as part of the concerted effort to reduce the reliance on senior agency interims across the organisation.

Details of which can be seen in the table below.

	01.05.23 (Apr)	01.06.23 (May)	01.07.23 (Jun)	01.08.23 (Jul)	01.09.23 (Aug)	01.10.23 (Sep)	01.11.23 (Oct)	01.12.23 (Nov)	28.12.23 (Dec)	01.02.24 (Jan)	01.03.24 (Feb)	01.04.24 (Mar)
No of Agency Interims	29	23	22	18	15	7	4	2	2	2	1	0

The benefit of this is the reduction in the daily cost of agency interim to the organisation. The daily cost at the end of April 23 stood at £20,795. The daily cost as at the end of March 24 stood at £0 This is a reduction of 100% per day, drop in agency expenditure across the organisation.

Details can been seen in the table below.

	01.05.23 (Apr)	01.06.23 (May)	01.07.23 (Jun)	01.08.23 (Jul)	01.09.23 (Aug)	01.10.23 (Sep)	01.11.23 (Oct)	01.12.23 (Nov)	28.12.23 (Dec)	01.02.24 (Jan)	01.03.24 (Feb)	01.04.24 (Mar)
No of Agency Interims	29	23	22	18	15	7	4	2	2	2	1	0
Average Cost Per Day	£20,795	£18,905	£16,281	£13,570	£9,700	£4,542	£2,440	£1,230	£1,230	£1,230	£492	£0

In real terms if you take an average agency interim would work 220 days per year the annual expenditure across the organisation has gone from £4.57M in April 23 to £0 in March 24. A reduction of nearly £4.6M per annum.

An ongoing focus on interim usage across the organisation is still in force with a push to minimise requests for agency interim usage going forward and to look to drive the use of internal solutions for covering vacancy gaps through secondments or acting up arrangements. This approach has reduced the reliance of the organisation on senior agency interims. This work will transfer from the workforce optimisation programme to the strategic recruitment team at the end May 2024 to ensure collaboration with Enhanced Establishment Teams and the wider workforce to keep this senior agency interim need at a minimum as part as business as usual going forward.

Teitl adroddiad: ***Report title:***	Board Assurance Framework			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee (PFIGC)			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 30 April 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide Committee with information and assurance of the management of one risks identified, as a requirement of a completed Board Assurance Framework (BAF) but in relation to the 23/24 Annual Plan Organisational Deliverables. SP14- Estates & Capital - Risk score of 20 approved at Risk Management Group 09/04/24 and the Executive Team meeting 10/04/24.			
Argymhellion: ***Recommendations:***	The Committee is asked to note and assurance on the management of one BAF risks to which it has accountability for.			
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: ***Report Author:***	Nesta Collingridge, Head of Risk Management			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: **BAF risks to be reviewed and aligned to Objectives**				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:N/A	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Appendix 2 -BAF highlights the link between Tier 1 risks and CRR.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	CRR and BAF paper prepared for committee
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	BAF risks approved by Executives as the lead for the risk
Cysylltiadau â risgiau BAF:	BAF paper which further links Tier 1 and CRR.

(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: ***Next Steps:*** 1. Provide Audit Committee and Board with a plan to develop the risks in line with the Objectives of the Health Board now approved.	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 - PFIGC Strategic Priority Risk scoring and progress. Appendix 2 - PFIGC BAF Risk Reports.	

Introduction/Background

1. The purpose of the Board Assurance Framework (BAF) is to inform and assure the Board with controls and action plans for identified high-extreme risks that relate to any possibilities of not delivering on the Annual Strategic Priorities of the Health Board.

   Where risks are deemed to be high or extreme, a risk report (Appendix 2) outlines controls/mitigations and action plans in relation to ensuring deliverable of the plan.

   Changes to note:

   SP14- Estates & Capital - Risk score of 20 with Risk score of 20 approved at Risk Management Group 09/04/24 and the Executive Team meeting 10/04/24.

   All BAF risks will be reviewed in line with Strategic Objectives now approved at the Board meeting and plan proposed to the Audit Committee and Board.

Summary

PFIGC is asked to receive assurance on the management of one identified high risk to which the Committee has overall responsibility for.

Next steps

1. Provide Audit Committee and Board with a plan to develop the risks in line with the strategic Objectives of the Health Board.

Appendix 1 – PFIGC Strategic Priority Risk scoring and progress.

Title	Score	Revision	Annual Plan Analysis	Risk Management Commentary
No changes this reporting cycle				
Strategic Priority P14: Estates and Capital	20		Overall 'Amber' Delivery Confidence With multiple priorities having amber delivery confidence. 7 actions completed, 7 Amber, 0 Red.	Risk developed by service and approved.

Appendix 2- PFIGC BAF Risk Reports.

<table>
<tr><td rowspan="4">BAF
SP14</td><td colspan="2">Executive: Executive Director of Finance</td><td>Date Opened: 04/01/2024</td></tr>
<tr><td colspan="2">Committee: Performance, Finance and Information Governance Committee</td><td>Date Last Reviewed: 28/02/2024</td></tr>
<tr><td>Strategic Priority: P14
Estates & Capital</td><td>Link to CRR: 24-06 Suitability and Safety of sites</td><td>Committee: NEW</td></tr>
<tr><td colspan="2"></td><td>Target Risk Date: 31/03/2035</td></tr>
<tr><td colspan="4">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.</td></tr>
<tr><td colspan="2">Mitigations / Controls</td><td>Gaps in Controls</td><td>Current Risk Score</td></tr>
<tr><td colspan="2">1. Estates risk reviews to determine know high risk issues, review current mitigation and align capital funding request.

2. Current capital plan has been risk assessed to ensure they address known high risk within capital financial limits.

3. Pan BCUHB Operational Estates risk group has been formed to review and assess all infrastructure risks and develop an action plan.

4. Estates Funding Advisory Board (EFAB) funding allocated by Welsh Government to focus on key themes – MHLD, Fire, Decarbonisation and Infrastructure.</td><td>1. Capital Programme to be focused on addressing highest risk issues to the Health Board. All capital request will be aligned to Datix risk register and funding will be determined by the executive team to ensure highest risk issues are resolved. The capital programme will align with findings of the 6 facet survey and focus on compliance, engineering infrastructure and building fabric / environment. The current estimated backlog maintenance costs associated with the Health Board is in the region of £350M.
2. Inadequate resources and multiple constraints including finance, resulting in significant shortfall in capital funding to make an adequate impact on risk reduction.
3. Unable to quantify the extent of the issue due to the lack on a 6 facet survey data.
4.CRR 24-06 Suitability and Safety of Sites – Currently an open Corporate Risk for the Health Board with a current risk score of 20.</td><td><table><tr><td>Impact</td><td>Likelihood</td><td>Score</td></tr><tr><td>5</td><td>4</td><td>20</td></tr></table></td></tr>
</table>

Actions and Due Date	
Action Detail	**Due Date**
1. Capital Programme to be focused on addressing highest risk issues to the Health Board. All capital request will be aligned to Datix risk register and funding will be determined by the exec team to ensure highest risk issues are resolved. **– Action –** Exec to review capital allocation and confirm funding aligns with the risk appetite of the Health Board.	31st March 2024
2. Unable to quantify the extent of the issue due to the lack on a 6 facet survey data. **– Action –** Plan already in place and providing exec approve revenue funding to support the programme, Operational Estates will commence with a 5 year programme of survey works across the Health Board.	31st March 2029
3. Significant shortfall in capital funding to make an adequate impact on risk reduction. **– Action –** Development and submission of Business Cases to Welsh Government to resolve major infrastructure issues and reduce the Health Board's Backlog Maintenance in line with the Estates Strategy.	31st March 2035

Lines of Defence			Overall Assessment
1	**2**	**3**	Three actions due end of March 2024, Committee to be provided with progress update and if risk can subsequently be reduced. Significant investment is required to enable the Health Board to reduce the risk score and current backlog maintenance. The current estimated backlog maintenance costs associated with the Health Board is in the region of £350m.
1. CPMT Existing groups in operation within the Health Board where capital prioritise are reported: a. Capital Planning Management Team b. Capital Investment Group c. Performance Finance Information Governance d. Exec's group 2. Existing groups in operation within the Health Board where environmental issues and safety are escalated: a. Strategic Occupational Health and Safety Group b. Strategic Infection Prevention Group	1. Risk Management Group 2. Executive Team 3. Internal Audit 4. Performance, Finance and Information Governance Committee	1. NHS Wales Shared Services Partnership – Specialist Estates Services	

Annual Plan for Reference

Strategic Priority P14 **Estates & Capital:** key actions for 23/24					
Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim	Completion Timescales (quarters)
P14.1	Implement the key national and local discretionary capital programmes including:	DOF		QA2 & 4	Q1 – Q4
	▪ Health and safety, risk and statutory compliance				◆✥◆☒
	▪ Fire compliance				◆✥◆☒
	▪ Planned and unscheduled care and patient experience				◆✥◆☒
	▪ Mental health				◆✥◆☒
	▪ Sustainability including decarbonisation				◆✥◆☒
	▪ Medical Devices replacement programme				◆✥◆☒
	▪ Informatics				◆✥◆☒
P14.2	Progress the major Capital programme Schemes, including:	DOF		QA2	Q1 – Q4
	▪ Wrexham Maelor Continuity Programme				◆✥◆☒

▪ Ysbyty Gwynedd Compliance Programme	☒
▪ Nuclear Medicine/PET CT	☒
▪ Radiotherapy programme	☒
▪ Royal Alexandra Development Project	☒
▪ Integrated Primary Care Resource Centre	☒
▪ Ablett Unit redevelopment FBC	☒

Teitl adroddiad: ***Report title:***	Corporate Risk Register Report			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee (PFIGC)			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 30 April 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which PFIGC has oversight. Key changes to note in report: CRR24-05: 2023/24 Financial Plan – Comments from the Executive Team 10/04/24 to strengthen the risk for the 24/25 and risk of possible deficit, reduction in score proposed from 20 to 16 **not** approved. CRR24-06 Suitability and Safety of Sites -1 overdue action CRR24-11 Planned Care - 3 overdue actions. Appendix 1 Risk Dashboard Appendix 2 Detailed Risk Reports			
Argymhellion: ***Recommendations:***	The Committee is asked to **receive assurance** for the four corporate risks to which the Committee has overall accountability.			
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: ***Report Author:***	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Links to the BAF detailed in respective CRR reports
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	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 EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Links to the BAF detailed in respective CRR reports
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Individual Executive Sign off of CRR reports, Review at next Risk Management Group and subsequent Executive Team Meeting.

Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	See the individual risks for details of the related links to the Board Assurance Framework.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: ***Next Steps:*** 1. Submission of Corporate Risks to Board	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 – Risk Dashboard, Performance, Finance and Population Health Committee Appendix 2 – Corporate Risk Register Report - Performance, Finance and Population Health Committee **1. Financial Sustainability** **2. Suitability and Safety of Sites** **3. Urgent and Emergency Care** **4. Planned Care**	

Corporate Risk Register Report

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

The Committee is asked to note:

CRR24-05: 2023/24 Financial Plan - Reduction in current risk score from 20 to 16 not approved by Executive Team 10/04/24 as the risk needs to be aligned to the 24/25 financial plan and outlook of possible risk associated with the potential deficit but recognising the positive year to date deficit above plan significantly reduced.

CRR24-06 Suitability and Safety of Sites 1 overdue action

CRR24-11 Planned Care 3 overdue actions

Next steps

1. Submission of Corporate Risks to Board

Appendix 1 - Corporate Risk Register Dashboard

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type / Appetite Level	Lead Board Committee	Risk Management Commentary
EDoF	CRR24-05	Financial Sustainability	4 x 4 = 16 ↓	12	Financial 3 - Open	PFIG	Risk score has remained at 20 since opened in March 2023. 2 actions identified and progressing. This risk is presented to the Risk Management Group and Executive Team in April for a proposed reduction in score. The **current risk score has reduced from 20 to 16** as the year-to-date deficit has improved, reducing the likelihood reduced from 5 down to 4.
EDoF	CRR24-06	Suitability and Safety of Sites	4 x 4 = 16 ↔	8	Quality 3 – Open	PFIG	Newly developed strategic risk March 24, 7 actions identified, 0 completed, 6 progressing, **1 overdue**. The overdue action relates to develop a Business Case Review Group. More progress is needed on the 6-facet survey, rationalisation programme and discretionary capital spend to reduce the risk in line with the 2026 target date. The backlog maintenance costs are **£348m**.
EDoO	CRR24-10	Urgent and Emergency Care	4 x 5 = 20 ↔	12	Quality	PFIG	Newly developed strategic risk Feb 24, 6 actions identified, 0 completed, 6 progressing. Actions due August 2025. Challenges remain around ambulance handover delays, hospital flow, alternative pathways, and community capacity to mitigate this risk further which is further detailed in the performance reports to Board.
EDoO	CRR24-11	Planned Care	5 x 4 = 20 ↔	1	Quality 4 - Seek	PFIG	Newly developed strategic risk Feb 24, 5 actions identified, 0 completed, 2 progressing, 3 overdue. The **3 overdue actions** around recruitment, funding approval and leadership require immediate resolution to address this risk impacting several specialities. Work remains to put sustainable plans in place to tackle the backlogs and avoid patient harm which is further rationalised within the details of the performance reports to Board.

Key:

Executive	
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

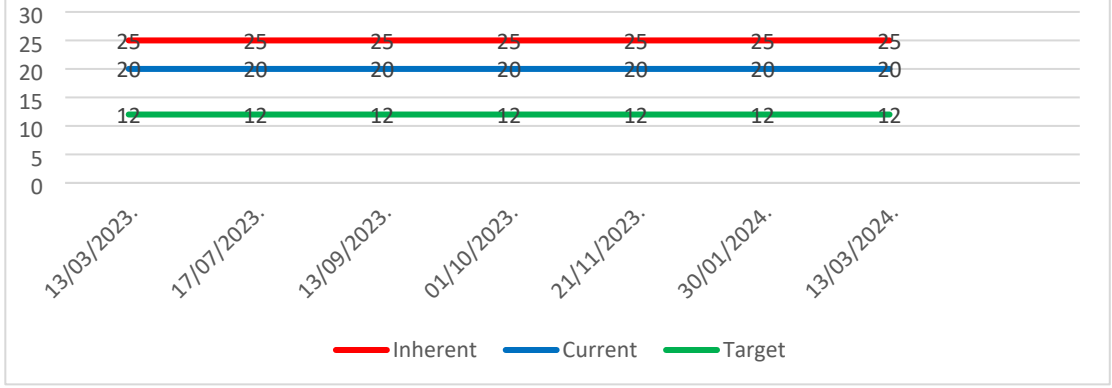
Appendix 2 – Corporate Risk Register Report - Performance, Finance and Information Governance Committee

<table>
<tr><td rowspan="2">CRR 24-05</td><td colspan="2">Risk Title: 2023/24 Financial Plan</td><td>Date Opened: 13/03/2023</td></tr>
<tr><td colspan="2">Assuring Committee: Performance, Finance and Information Governance Committee</td><td>Date Last Committee Review: 22/02/2024</td></tr>
<tr><td>Date Last Reviewed: 13/03/2024</td><td>Director Lead: Executive Director of Finance</td><td>Link to BAF: N/A</td><td>Target Risk Date: 31/03/2024</td></tr>
<tr><td colspan="4">Failure to achieve the Annual Plan for 2023/24 (£134.2m deficit), due to non-delivery of planned level of financial improvement
The financial plan for 2023-24 has identified a forecast deficit of £134.2m. This includes a target for financial improvement of £38.7m, which is based on the following:
• Disinvestment identified £13.5m
• Savings Target £25.2m (Stretch Target £30m)
Failure to deliver the target for financial improvement could adversely impact on the achievement of the financial plan and increase the deficit.</td></tr>
<tr><td colspan="2">Mitigations/Controls in place</td><td>Lines of Assurances</td><td>Additional Controls required</td></tr>
<tr><td colspan="2">1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions has been agreed to meet at senior leadership team SLT and performance to be challenged at EDIPG.
2. Cross cutting themes with Executive leadership have also been agreed to support IHC/other delivery.
3. Introduction of the Recurrent Investment Group Assurance (RIGA) to assess the £100m Annual Plan investment (Phase 1).
4. Introduction of the Establish Control Group to review all requests for A&C posts and all Band 7+ posts (Non-Patient Facing) and to obtain Executive approval before advertising and reduction of Interim Corporate Staff from 52 to 7.
5. Internal reporting by Department on a monthly basis including review of overspends and forecasts.</td><td>1st – eg. Local Assurances:
1. CEO led Divisional Performance Management of Directors at IPEDG and individual performance reviews
2. Control Total Actions and Monitoring of Progress
3. Regular review of Risks and Opportunities for mitigation
4. Regular Check and Challenge meetings between FD’s and CFOs and Divisional Directors on in-month\forecast outturn and savings delivery
2nd – eg. Board/Committee Assurances:
1. Executive Team
2. Performance, Finance and Information Governance Committee /Audit Committee
3. Board Committee
3rd – eg .External Assurances:</td><td>1. Welsh Government (WG) expectation to achieve a control total deficit of £20m. Delivery of control target may result in the £82m previous WG funding support plus the new 23/24 £76m investment, becoming recurrent funding in 2024/25.</td></tr>
</table>

6. Financial reporting to Welsh Government on a monthly basis, with the MMR. 7. Financial (including Savings and Finance Special Measures Action Plan) oversight arrangements in place through the Performance, Finance and Information Governance Committee (PFIG) 8. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent rather than non-recurrent. 9. Additional £101m (£76m conditionally recurrent) provided by Welsh Government, reducing the deficit from £134m to £33m at Month 7. 10. Standing Financial Instructions updated to reflect the model issued by Welsh Government and Scheme of Reservation and Delegation (SoRD) strengthened	1. Monthly, granular level, financial performance monitoring by WG in the form of a monitoring return submission – detailing for example, expenditure run rates and reasons for movements, savings profile delivery and risks and mitigating actions. 2. Fortnightly performance meeting with the WG and NHS Executive and submission of a Finance: Special Measures Action Plan	

Actions	**Due Date**	**Progression Analysis**
Recurrent Investment Group Assurance (RIGA) to assess the £42m Investments Plan (Phase 2).	31/03/2024	Progressing
Application of Control Totals to Divisions to reduce expenditure by 2% between November and March 2024 Month 11 - Year to date deficit above plan significantly reduced – now only requires a £2.7m surplus to be posted in the final month of March to achieve the £33m outturn position. Further opportunities are currently being considered which will reduce the outturn to c £27m by year end. Whilst this does not achieve the control total of £20m deficit set by WG, it demonstrates progress and is an improvement against the original planned outturn. Month 11 - The Health Board is forecast to deliver £34.3m Savings, £9.4m Accountancy Gains and generate additional Income of £0.6m, totalling £44.2m and therefore exceeding the target (£25.2m) and the stretch target (£30.9m). Of these forecast savings £21.3m is identified as recurring, with a full year effect of £27.6m	31/03/2024	Progressing

	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	4	20
Target Risk Score	4	3	12
Risk Appetite	Financial		2 – Cautious



Rationale for Corporate Risk
Year to date deficit above plan significantly reduced – now only requires a £2.7m surplus to be posted in the final month of March to achieve the £33m outturn position. To be reviewed to 24/25 outlook based on comments from ET.

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:** New risk
Date Last Reviewed: 28/02/2024	**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 submitted to Welsh Government – completion target date 2035).

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.

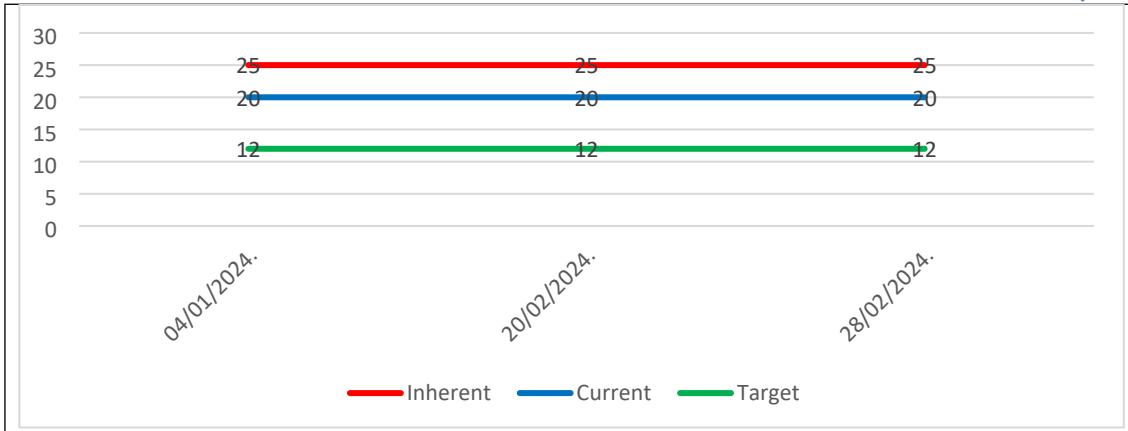
Mitigations/Controls in place	Lines of Assurances	Additional Controls required
1. Estates Strategy developed and approved by the Health Board in January 2023. 2. Internal Governance for capital allocation in place within the Health Board. 3. Business Cases to Welsh Government to resolve major infrastructure 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 a) Fire Management	**1st** – eg. Local Assurances: Existing groups in operation within the Health Board where capital prioritise are reported: 1. Capital Planning Management Team 2. Capital Investment Group 3. Risk Management Group 4. Executive Team meeting 5. Internal Audit Existing groups in operation within the Health Board where environmental issues and safety are escalated: 6. Strategic Occupational Health and Safety Group 7. Strategic Infection Prevention Group 8. Risk Management Group 9. Executive Team meeting 10. Internal Audit **2nd** – eg. Board/Committee Assurances: 1. Performance, Finance and Information Governance Committee **3rd** – eg.External Assurances:	1. 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate. 2. Assurance around the development control plan 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. 5. Ensure that the Health Board Capital prioritisation plan is shared with 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

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	External Audits undertaken by NHS Wales Shared Services Partnerships, Specialist Estates Services, Authorising Engineers in the following disciplines: a. Fire b. Water Safety c. Ventilation d. Electrical (HV / LV) e. Medical Gases f. Decontamination Inspections by the North Wales Fire and Rescue service within inpatient areas.	capital prioritisation form that we will submit to Welsh Government. 6.Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance. 7.Updated agreed protocol for use of Annual Discretionary Slippage to be put in place by 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.

Actions	**Due Date**	**Progression Analysis**
Business Case Review Group to be developed by Health Board.	29/02/2024	Overdue
Completion of Welsh Government Prioritisation exercise	31/03/2024	Progressing
Undertake action to deliver an Health Board Estates Rationalisation Programme	31/03/2024	Progressing
Agreed protocol for use of Annual Discretionary Slippage to be put in place	31/03/2024	Progressing
Review / Standardisation of IHC's / Mental Health Learning Disability Estates and Capital Group 'Terms of Reference' and escalation process	30/09/2024	Progressing
Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years	31/03/2026	Progressing
Review and update Development Control Plans	30/04/2025	Progressing

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	2	4	8
Risk Appetite	Quality		3

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.

Our 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 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.

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:** New
Date Last Reviewed: 22/03/2024	**Director Lead:** Executive Director of Operations (Executive Director Therapies & Health Science)	**Link to BAF**: N/A	**Target Risk Date:** 30/03/2025

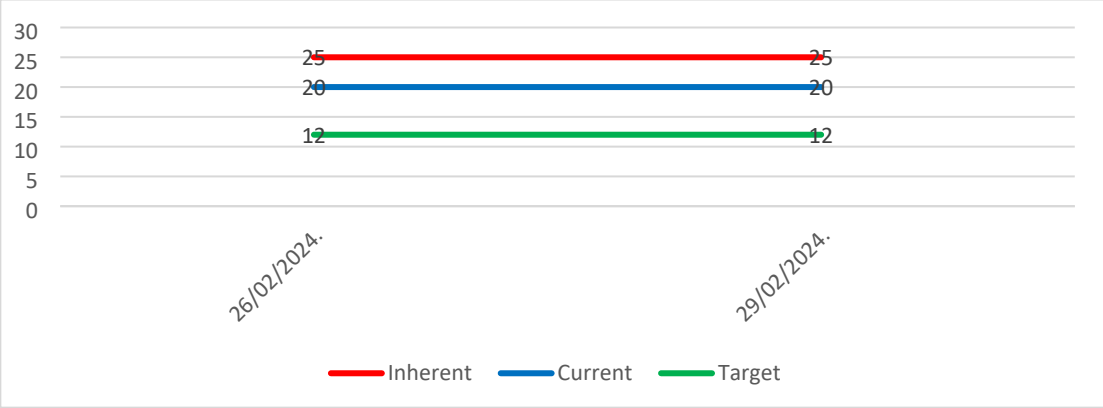
There is a risk of mortality in relation to **critically ill** patients being seen in a **timely** manner through unscheduled **care** routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and EDs and UTCs being at capacity. This could impact on pressures for other services, reputation and litigation implications.

Mitigations/Controls in place	Lines of Assurances	Additional Controls required
Daily management system in place to manage patient flow including multiple daily local and national calls. 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. Regular reviews of long stay patients in acute & community hospitals to reduce average length of stay. Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team. System lead management 5/7 to have a singular point of escalation with external agencies and internal IHC concerns. Single Integrated Clinical Advice Triage (SICAT). Ambulance escalation process to support peak periods of demand. Hospital full protocols to support rapid de-escalation during peak periods of demand. Care Home risk and escalation plans to support care home capacity with community team's support.	**1st** – eg. Local Assurances: 1. Operational Meetings ensure a Pan North Wales approach for managing daily UEC demand with external stakeholders 2. Clinically optimised reviews across all IHCs take place on a regular basis with access into social care providers for support on getting patients care closer to home. 3. IHC Management team led reviews with clear focus on action to support reducing LoS with a full multi-disciplinary team representation. 4. Nurse led discharges being rolled out across North Wales to support timely discharges and utilisation of STREAM (IT System) to track planning. 5. Senior operational managers managing daily demand across North Wales and being a singular point of escalation when Unplanned and Emergency Care (UEC) demand and capacity increases. 6. Each Acute site has a process of internal escalation when delays occur with ambulance handovers occur with triggers for escalation and actions to be completed. 7. Each IHC has a bed escalation process that supports triggers for escalation and gives triggers to support de-escalation in a timely fashion. **2nd** – eg. Board/Committee Assurances:	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 staffs day to day roles and is extremely fragile in the current climate and requires either extending criteria of staff to support or development of the a permanent hub similar to that of IA. 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.

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. 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 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 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. 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	1. Regular reporting to Performance, Finance and Information Governance Committee. **3rd** – eg.External Assurances: 1. Regulatory inspections and investigations – HSE, HIW, CIW, PSOW. 2. WG performance monitoring and assurance 3. Welsh Government Reviews 4. Royal College Reviews	6. Trusted assessors development, ongoing work for the last 18months, 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. 9. Continuous flow modelling – National presentation on a model to decompress the Emergency department and create movement to reduce delays.

Actions	**Due Date**	**Progression Analysis**
Transformational development of urgent care system (6 Goals) including developing 1000 beds and focus on ministerial priorities	31/03/2024	Progressing
Review of Complex Care arrangements in place to improve system improvements and to reduce delays	30/04/2024	Progressing
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	Progressing
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	Progressing

BCUHB agreement on IHC to trial the Continuous flow model and implement prior to August 2024	30/06/2024	Progressing
Confirmation of national requirement for winter resilience plan going forwards or focus on a North Wales resilience plan for 2024-2025	31/08/2024	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Quality		3 - Open

Rationale for Corporate Risk

Regulations 28 (2020-2023)

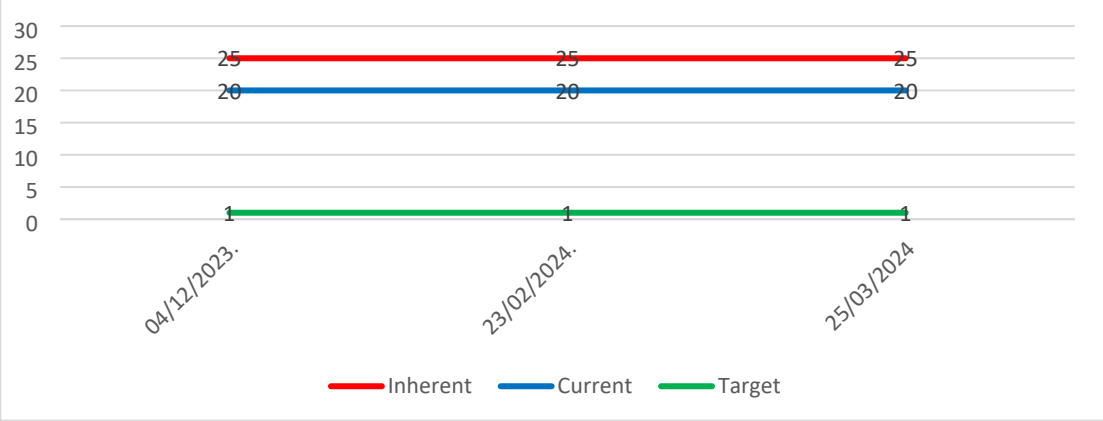
CRR 24-11	**Risk Title:** Planned Care		**Date Opened:** 04/12/2023
	Assuring Committee: Performance, Finance and Information Governance Committee		**Date Last Committee Review:** New
Date Last Reviewed: 25/03/2024	**Director Lead:** Executive Director of Operations (Executive Medical Director)	**Link to BAF**: N/A	**Target Risk Date:** 31/12/2024 (interim review)

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.

Mitigations/Controls in place	Lines of Assurances	Additional Controls required
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.	**1st** – eg. Local Assurances: 1. Routine operational performance monitoring (weekly corporate access meeting). 2. Application of RTT guidance in maintaining and improving treat in turn rates 3. Escalation to Planned Care Board 4. Risk Management Group 5. Internal Audit 6. Executive Team **2nd** – eg. Board/Committee Assurances: 1. Performance, Finance and Information Governance Committee **3rd** – eg.External Assurances: 1. Regulatory inspections and investigations – HSE, HIW, CIW, PSOW 2. WG performance monitoring and assurance 3. Welsh Government Reviews 4. Royal College Reviews	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. 6. Refresh and renew INNU policy to ensure referrals are appropriate.

Actions	Due Date	Progression Analysis
Recruitment to the Llandudno/ Abergele business case (orthopaedic site). Funding not released, action overdue.	31/03/2024	Overdue

Approval of the application of sustainability funds and authority to deploy in line with Plan	31/03/2024	Overdue
Senior Responsible Officer for Planned Care Board	31/03/2024	Overdue
Recruiting to programmes of work in order to support successful delivery	31/05/2024	Progressing
Board Development session on planned care	31/12/2024	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	1	1	1
Risk Appetite	Quality		3 - Open

Rationale for Corporate Risk

RTT 52 week waits stage one - NHS Wales Performance Framework 2024-25 Target = 0. Current positions RTT 52 Stage 1 - 17,505 (although surgical West actuals are nearly 500 lower than the trajectory)

RTT 104 week waits all stages - NHS Wales Performance Framework 2024-25 Target 0. Current positions RTT 104 all Stages -11,503 (9,435 over 104w +1,734 over 156w + 334 over 208w) To achieve this within 12 months would mean 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.