

Bundle Performance, Finance & Information Governance Committee 25 **February 2025**

- 1 PRELIMINARY MATTERS
 - 1.1 09:30 - PF25 01 Welcome & Apologies
Gareth Williams, Chair
 - 1.2 09:32 - PF25 02 Declarations of Interest
Gareth Williams, Chair
 - 1.3 09:34 - PF25 03 Unconfirmed minutes of meeting held on 23 December 2024
Gareth Williams, Chair
PF25 03.1 Draft Public Minutes PFIGC 23.12.24 V0.5
 - 1.4 09:39 - PF25 04 Matters Arising & Action Log
Gareth Williams, Chair
PF25 04 Action log - updated 24.02.25
- 2 ITEMS FOR ASSURANCE
 - 2.1 09:49 - PF25 05 M10 Finance Report
Russell Caldicott, Executive Director of Finance
PF25 05.1 BCU 2024-25 M10 Finance Report
 - 2.2 10:09 - PF25 06 Integrated Performance Report
Ed Williams (deputising for Stephen Powell, Director of Performance and Commissioning)
PF25 06 Integrated Performance Report
PF25 06 Integrated Performance Report
 - 2.3 10:29 - PF25 07 Integrated Medium Term Plan - Verbal Update
Russell Caldicott, Executive Director of Finance
- 3 ROUTINE REPORTING
 - 3.1 10:49 - PF25 08 Corporate Risk Register
Pam Wenger, Corporate Director of Governance
PF25 08.1 Corporate Risk Register Report PFIGC Committee February 2025
- 4 FOR INFORMATION
 - 4.1 PF25 09 Diabetes Service Performance Update
PF25 09 .1 NICE Diabetes Care Process 25 02 25
PF25 09.2 Diabetes Checks Paper(Final)
 - 4.2 PF25 10 Summary of Business to be Reported from Private
PF25 10.1 Summary of Business to be Reported from Private
 - 4.3 PF25 11 Committee Workplan
PF25 11.1 Workplan for PFIG Committee (Live Version as at 24.10.24)
- 5 CLOSING BUSINESS
 - 5.1 11:09 - PF25 12 Agree Items for Referral to Board / Other Committees
Chair
 - 5.2 11:11 - PF25 13 Agree Items for Chairs Assurance Report
Chair
 - 5.3 11:13 - PF25 14 Review of Meeting Effectiveness
Chair
 - 5.4 PF25 15 Date of Next Meeting
 - 5.5 Resolution to Exclude the Press and Public

Chair

'Those representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960'.

5.6 11:15 - Comfort Break

**Draft minutes of the meeting of the
Performance, Finance and Information Governance Committee (PFIGC)
held in PUBLIC on 23rd December 2024
in the Boardroom, Carlton Court and via Teams**

<p>Present: Gareth Williams Rhian Watcyn Jones Prof Mike Larvin Chris Lothian-Field</p>	<p>Vice Chair / Committee Chair Independent Member Independent Member (via Teams) Independent Member</p>
<p>In Attendance: Dyfed Edwards Russell Caldicott Imran Devji Fiona Giraud Liz Davies Nick Graham Stephen Powell Carol Shillabeer Chris Stockport Pam Wenger Dylan Roberts Dylan Williams Laura Jones</p>	<p>Chair Interim Executive Director Finance Interim Chief Operating Officer Director Of Midwifery & Women's Services General Manager and Business Lead, Women's Services Associate Director Workforce Optimisation Director of Performance and Commissioning Chief Executive Executive Director Transformation and Planning Director Corporate Governance Chief Digital and Information Officer (part meeting) Assistant Director, Health Strategy Planning Special Measures Project Manager (for minutes)</p>
<p>Observing Nadine Hughes</p>	<p>Corporate Governance</p>

Agenda item discussed	Action by
<p><i>Items are recorded in the order they were discussed due to the availability of supporting officers</i></p>	
<p>PF24/130 Apologies None were received.</p>	
<p>PF24/131 Declarations of Interest None were received.</p>	
<p>PF24/132 Unconfirmed minutes of the previous meeting held on 29.10.24 for approval The minutes of the previous meeting were reviewed and noted as not completed.</p>	

<p>PF24/133 Matters arising and table of actions</p> <ul style="list-style-type: none"> • Director of Corporate Governance agreed to present ‘Transforming Legal Services’ paper at next meeting. • Interim Director of Finance asked to provide an update at the next meeting on Shared Services and how we manage our own internal processes. • Rhian Watcyn Jones highlighted the following actions that have not been included on the action log: An update on Estates rationalisation and how we are moving to fill unfunded posts in Cancer services and an update on recruitment and retention strategies including those related to Cancer services. • Rhian Watcyn Jones queried the role of Arts in Health and it was agreed to circulate the paper that Jane Moore recently took to the Board, agreed that this item should report into the PPHP Committee and keep RWJ informed of the progress. Clarification on Action Log required regarding Oncology Services recruitment and retention strategy • Add Transforming Legal Services Paper to Forward Workplan. Director of Corporate Governance. <p>Actions:</p> <ul style="list-style-type: none"> • PF24/133.1 Interim Director of Finance asked to provide an update at the next meeting on Shared Services and how we manage our own internal processes. • PF24/133.2 Rhian Watcyn Jones queried the role of arts in Health, and it was agreed to circulate the paper that Jane Moore recently took to the Board, agreed that this item should report into the PPHP Committee and keep RWJ informed of the progress. • PF24/133.3 To provide a paper on transforming Legal Services. <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Agreed the action log updates provided. 	<p>RC</p> <p>PW</p> <p>PW</p>
<p>ITEMS FOR ASSURANCE</p>	
<p>PF24/134 Finance Report – Interim Executive Director of Finance</p> <p>Russell Caldicott, Interim Executive Director of Finance, presented the Finance Report, highlighting:</p> <ul style="list-style-type: none"> • At Month 8, £19.8m deficit • The Health Board had received a further £11.15m allocation recurrently • New control target of £8.6m (from £19.8m). • Actual year to date figure was £16.3m, leaving £10.6m adverse year-to-date variance • £14.6 million worth of risk at close of the financial year • Effectively running circa £1m adverse per month to planned position. To mitigate this, currently requesting revised down forecasts from each directorate and area. • Conversations being had with Welsh Government around retention of the the dental funding underspends. 	

- The total capital allocation for the year was £42.3m, with £10m having been spent to date. Remaining £30m must be spent by end of March 2025.
- Key risks identified:
 - Despite having received high levels of assurance from suppliers to Llandudno project, currently £4m behind projections. Health Board must spend total within £0.5 of the £30m allocation before end of financial year.
 - The centrally resourced Pay Award, valued at over £70m, needed to be secured from Welsh Government. Confirmation expected by mid-January.
 - Discussions ongoing with Welsh Government regarding the retention of dental underspend
 - The initial request for £18m strategic cash allocation may need to be revised down, due to additional recurrent allocation of £11.1m received from Welsh Government.
- Current savings performance was at £51.7m. A minimum 2% savings target is required for the 2025-26 financial year. Efforts underway to identify a savings program for the new year to ensure financial stability.

In discussion:

- The need for a clearer presentation of divisional performance to better understand the true variance and overspend within divisions. A detailed analysis of agency costs and other expenditure areas was requested in future Finance reports, to ensure transparency and accountability and a clearer picture of financial performance.
- Interim Executive Director of Finance to provide in future Finance reports the work being done to ensure divisions are on track to reach their targets
- The committee discussed the likelihood of achieving the control target, with an emphasis on the need for realistic planning and prioritisation.
- The importance of maximising capital spend was highlighted, particularly considering the need to demonstrate the ability to utilise additional capital effectively.
- Chris Lothian-Field to receive a briefing from The Interim Executive Director of Finance outside the meeting on how the recurrent elements of savings are assessed.
- The Interim Executive Director of Finance assured Members that repercussions associated with not reaching the control target were massive but that the goal was attainable, and that areas and directorate were sighted on the risk.
- The Chief Executive noted that risks associated with the Llandudno project were being escalated – to ensure that the capital, workforce and the clinical model streams were correct.
- The Interim Director of Finance would circulate further information on financial performance of other Health Boards when it was available.
- Concerns were raised about the efficiency of theatre utilisation, with a need to ensure that theatres start on time, finish on time and maximise the number of operations performed. Monitoring must take place to ensure new measures effective in increasing number of operations taking place.

Actions:

<ul style="list-style-type: none"> • PF24/134.1 To provide more detailed paper on value and sustainability workstreams at the next meeting (this could be shared as an appendix to the Finance Report). • PF24/134.2 To include an analysis of clinical implications of financial constraints in the next report. • PF24/134.3 To share the details relating to the capital spend profile and outturn to date ahead of the next Board meeting in January. • PF24/134.4 Chris Lothian-Field and The Interim Executive Director of Finance to meet outside the meeting to discuss recurrent elements of savings. <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Received and scrutinised the Report. 	RC RC RC CL-F / RC
<p>PF24/135 Integrated Performance Report, Month 7 – Director of Performance and Commissioning</p> <p>Stephen Powell, Director of Performance and Commissioning, updated the Committee highlighting:</p> <ul style="list-style-type: none"> • Due to the report being received only one day prior to the meeting, it was noted that Members would not have had the time to properly scrutinise the report and were therefore to contact the author if any clarifications were required. • There had been no new Never Events since the end of July and significant improvement in the 30-day compliance with responses to concerns and complaints. • Clinical Coding had been an escalated issue however plans were in place to improve coding compliance to address the backlog. • Status of PADR compliance below Welsh Government target, but stable • Current sickness rate was just below 6.5%, however concerns raised that the winter would negatively affect both patients and staff sickness rates. • Focus continued to reduce agency spend • Significant issues with referral to treatment times, cancer performance, and urgent care, however focus continuing in order to reduce the number of patients waiting over 104 weeks. • Following receipt of confirmation that funding will be provided to shorten referral to treatment times, commitment has been given to Welsh Government that the current 10,000 patients waiting over two years for treatment will be reduced to circa 5,000 by the end of March 2025. • It was noted that to fix some services, there was a need for significant changes in culture and behaviour, utilisation of resources and accountability; the challenges were being addressed. • Oncology performance at the end of October was up to 51.9%, and with the allocation of extra funding, further improvement will be made to improve capacity for delivery of services. 	

- With regards to Urgent Care, since October there had been some signs of improvement across a number of indicators., such as improvements noted in ambulance handovers and 12-hour waits.
- Adult Mental Health services are above or close to targets, but CAMHS performance continues to be an area for concern requiring ongoing escalation. Performance against the Part 1 b 28-day target and neuro-development assessment target for children remains poor not only in this Health Board but across the NHS in general.
- The team are making significant improvements to the format of the report in order to include more narrative on actions and mitigations being put in place, performance against agreed trajectories, and levels of confidence.
- Some progress on Planned Care, particularly on validation and centralised booking team was noted, however more information requested around the timetables for the various specialties.
- Further clarification around the extent to which Primary Care providers' premises could be used to deliver a greater number of minor operations, to help reduce the backlog of minor procedures was requested.

In discussion:

- The need for detailed trajectories and narratives around improvements already taken place was noted
- Concerns were raised regarding:
 - the poor utilisation of theatre capacity, noting that there was a need for scheduling improvement, as the evidence published by Getting it Right First Time (GIRFT) showed.
 - The need for better narrative including a comprehensive picture of trajectories, including how and when improvements to services were to be expected and the relevant monitoring taking place.
- The need to breakdown the waiting figures for urgent and emergency care, between acute hospitals and the minor injuries units (MIUs) to ensure better utilisation of the latter, thus reducing waiting times. The Director of Performance and Commissioning to explore the barriers and report back to Committee.
- The Director of Performance and Commissioning identified Planned Care as the most extreme and pressing matter, noting the imbalance between demand and capacity: a realistic clinical services plan - based on detailed demand and capacity planning and the alignment of physical and financial resources - was crucial to getting this right; until this work was complete, it will be difficult if not impossible to identify gaps and put in place proper recovery plans.
- The Chief Executive agreed to share with Members a piece of work she was undertaking for the Independent Members, in which she will identify the key barriers to getting to where the Health Board wished to be.
- The Chief Executive agreed to share with Members a briefing the Neuro Diversity Team was drafting which should include an overview of the current system and where they saw possible improvements. Following recent meetings with clinicians, the Chief Executive felt optimistic that with more effective systems for the clinicians, the situation would greatly improve.

SP

CS

CS

GW

<p>Actions:</p> <ul style="list-style-type: none"> • PF24/135.1 Chair to share queries relating to the presentation outside of the meeting. • PF24/135.2 Future reports to include: <ul style="list-style-type: none"> ○ an explanation in relation to whether planned care improvements were tracking trajectories. ○ Provide data on UEC waits segmented by IHC and differentiating between MIUs and Emergency Departments • PF24/135.3 The Chief Executive to share with Members a piece of work she was undertaking for Independent Members, in which she would identify the key barriers to getting to where the Health Board wished to be. • PF24/135.4 The Chief Executive to share with Members a Neuro Diversity Team briefing which should include an overview of the current system and where they saw possible improvements. <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Received the report and would scrutinise it outside the meeting. <p><i>[Director of Midwifery and Women’s Services and Divisional Finance Officer, Women’s Services joined the meeting]</i></p>	<p>GW</p> <p>SP</p> <p>CS</p> <p>CS</p>
<p>PF24/136 Unscheduled and Planned Care Assurance Report – Interim Chief Operating Officer</p> <p>This was reported via the Integrated Performance Report</p>	
<p>PF24/137 Divisional Performance, Finance & Workforce report: Women’s Services – Women’s Services Director</p> <p>The Women’s Services Director presented the Women’s Services Report, in particular noting:</p> <ul style="list-style-type: none"> • The Women’s pan-North Wales Leadership structure complied with the Royal College of Obstetricians’ and Royal College of Midwives’ workforce governance requirements. • Assurance that all high-level priorities listed for 2024/25, would be delivered in Q4. • The organisation contributes to National and UK strategies and development and include this into the local planning implementation for service delivery. • The opening budget of £48m, with more than 90% of the budget relating to pay. • The Year End forecast was a £1.1m deficit, which was an improvement on M7 and it was noted that the main pressure was due to medical agency spend, unfunded non-pay inflation and drug spend. • Work continued to reach the Expenditure Reduction Target of £0.7m, with £0.5m being identified in M8. • Workforce Challenges were identified as: 	

- Significant expenditure on medical agency staff due to vacancies and the need to maintain service delivery, which had been a major pressure on the budget, contributing to the Year End forecast deficit.
 - Despite multiple advertisements, there had been difficulty filling the 3 medical unit cancer lead and the gynaecology cancer oncology lead vacancies – alternative recruiting strategies being explored. Recruitment issues had compounded the challenges in cancer performance, with a significant drop in metrics.
 - The service is implementing various initiatives to enhance leadership and culture within Women's services. These initiatives are aligned with the Health Board's strategic objectives and aim to improve staff engagement and satisfaction.
 - The service has achieved above-target compliance for PADR appraisals and training. Continuous professional development is a priority to ensure staff are equipped with the necessary skills and knowledge.
 - Implementing strategies to retain existing staff and reduce turnover was considered crucial and included providing a supportive work environment, opportunities for career progression, and addressing any concerns promptly
- Efforts to continue to recruit for vacancies, including exploring international recruitment and alternative frameworks.
 - The need for additional support and resources for staff to manage workload and reduce burnout
 - The need to continue work to enhance collaboration with primary care, to improve referral quality and reduce unnecessary pressures on secondary care services.
 - The importance of maximising the use of capacity across North Wales to balance demand and reduce waiting times.
 - The need for better engagement with primary care to improve referral quality.
 - The need for a single point of access for gynaecology

[Chief Digital and Information Officer joined the meeting]

In discussion:

- Chair thanked the Director of Women's Services for her work in contributing to National and UK strategies.
- The Director of Women's Services confirmed that the newly heralded 'Women's Health hubs' were part of the 10 year Women's Strategic plan for Wales, with the Health Board being a major player in the formative discussions. The strategy was received 9th December 2024, with the first planning meeting arranged for during Q4.
- Following a question regarding the current poor access to Menopause services, the Director of Women's Services noted that the Health Board was looking to set up Menopause Super Clinics across North Wales to bring the service to a more central location, however this would provide remote access to services if necessary. This would reduce travel and provide equity in service provision.

Action:

<ul style="list-style-type: none"> • PF24/137.1 Director of Corporate Governance and Director of Womens Services to meet outside of the meeting to discuss the governance route of Women’s services and the potential for a wider discussion paper to a future Board meeting. <p>It was resolved that the Committee: Received assurance from the Women’s Services Divisional Performance Report.</p>	PW/FG
ROUTINE REPORTING	
<p>PF24/138 Corporate Risk Register - Director Corporate Governance</p> <p>The Director of Corporate Governance presented the standard report confirming that:</p> <ul style="list-style-type: none"> • work was ongoing to update the Corporate Risk register and improve robustness associated to Planned Care and Urgent Emergency Care. • A newly established Risk Scrutiny Group had been set up to ensure actions taken do reduce risks. • The Interim Executive Director of Finance to share the timelines in relation to the Six Facet Survey including the progression on asset disposal. <p>discussion:</p> <ul style="list-style-type: none"> • Members requested more standardisation in rationale for corporate risks <p>Action:</p> <ul style="list-style-type: none"> • PF24/138.1 Update to be provided at the next meeting in relation to the detail discussed by the Risk Scrutiny Group. • PF24/138.2 The Interim Executive Director of Finance agreed to provide Members with timescales and progression of disposal, in relation to the Six Facet Survey. <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> • Received assurance on the four corporate risks to which the Committee has overall accountability. 	PW RC
FOR INFORMATION	
<p>PF24/139 Summary of Business to be Reported from Private</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • Noted the report 	
<p>PF24/140 Committee Workplan</p> <p>No items were picked up</p>	
CLOSING BUSINESS	
<p>PF24/141 Agree Items for referral to Board / Other Committees - Committee Chair</p>	

- Risk appetite and extra money required / IMTP to refer to Board
- Request to PPHP for Rhian Watcyn Jones to be sighted of all regarding Arts therapy
- To refer to Board – discuss how Independent Members become engaged in service reviews

PF24/142 Agree items for Chair's Assurance report - including risks highlighted in the meeting

The Chair advised that he would report on:

To **alert** the Board:

- There is only limited assurance about the likelihood of achieving the financial control total for 2024/5. The Board will wish to consider at its January meeting whether there is a need for additional interventions to reach this goal.
- In considering the IMTP, the Board should agree which of those measures currently funded by non-recurrent funding are high priorities and authorise these to be taken forward on the basis that recurrent funding will be made available for them in 2025/6 and going forward.
- Continued sustained effort is needed to address the 'productivity challenge' if the Board is to succeed in putting forward a credible IMTP based on a balanced budget.
- It should seek further reassurance that our capital budget is likely to be fully utilised.

To **assure** the Board:

- Savings performance is generally good but efforts are still required to identify additional recurrent savings.
- The Committee continues to examine progress in terms of the value and sustainability workstreams and has requested a more detailed paper on this at the next meeting.
- The Committee held a useful session with Women's Services and believes that the division has a clear set of priorities and is addressing the financial and operational challenges it faces in a consistent manner while recognising that other committees will wish to examine issues related to service quality and planning, particularly in the light of the Welsh Government's new 10-year strategy for Women's health.

To **advise** the Board:

- The Committee remains concerned at the limited evidence of impact of the efforts being made to address planned care long waits and delays in Urgent and Emergency Care.
- Work is needed to ensure that, in line with GIRFT and the principle of care closer to home, the right surgical procedures are carried out in the right place.

<p>PF24/143 Review of meeting effectiveness - Committee Chair</p> <p>Discussion on the timing of meetings and the need for better scheduling to avoid the pre-Christmas rush.</p> <p>Action: PF24/143.1 To ensure the date for next December's meeting is not during the final week before Christmas.</p>	<p>LJ</p>
<p>PF24/144 Date of next meeting 21st January 2025</p>	
<p>PF24/145 Exclusion of the Press and Public</p> <p><i>"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</i></p>	

Confidential DRAFT

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

Updated 23.12.24

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF24/133.1	23.12.24	Matters Arising & Action Log Russell Caldicott to provide an update at the next meeting on Shared Services and how we manage our own internal processes.	Executive Director of Finance (Russell Caldicott)	February 2025	Remain Open It was agreed at agenda setting to look at this at the next meeting.
2	PF24/133.2	23.12.24	Matters Arising & Action Log Rhian Watcyn Jones highlighted the following actions that have not been included on the action log: An update on estates rationalisation and how we are moving to fill unfunded posts in Cancer services and a update on recruitment and retention strategies including those related to Cancer services.	Executive Director of Finance (Russell Caldicott)	February 2025	Remain Open Cancer Services update coming to the Private Agenda with an update on cancer staffing to return to the April meeting. Estates Rationalisation will be added to the forward work plan and return at a suitable time.
3	PF24/133.3	23.12.24	Matters Arising & Action Log Rhian Watcyn Jones queried the role of arts in Health, and it was agreed to circulate the paper that Jane Moore recently took to the Board, agreed that this item should report into the PPHP Committee	Director of Corporate Governance (Pam Wenger)	February 2025	Suggest close 12.2.25 PPJ uploaded this paper to the IMs channel and transferred action to PPHP Action Log.

			and keep RWJ informed of the progress.			
4	PF24/134.1	23.12.24	Finance Report Present a more detailed paper on value and sustainability workstreams at the next meeting (this could be shared as an appendix to the Finance Report)	Executive Director of Finance (Russell Caldicott)	February 2025	Suggest close Included in report
5	PF24/134.2	23.12.24	Finance Report Russell Caldicott and Gareth Williams to meet outside of the meeting to discuss KPIs and adverse variance.	Executive Director of Finance (Russell Caldicott) Committee Chair (Gareth Williams)	February 2025	Suggest close Additional dialogue in regards to reported variance and KPI's completed.
6	PF24/134.3	23.12.24	Finance Report Russell Caldicott to include an analysis of clinical outcomes and avoidance of clinical risks in the next Finance report.	Executive Director of Finance (Russell Caldicott)	February 2025	Suggest close Included in report
7	PF24/134.4	23.12.24	Finance Report Russell Caldicott to share the details relating to the capital spend profile and the financial detail ahead of the next Board meeting in January.	Executive Director of Finance (Russell Caldicott)	March 2025	Suggest close This will form part of the discussion at Board Development.
8	PF24/135.1	23.12.24	Integrated Performance Report Gareth Williams to share queries relating to the presentation outside of the meeting.	Committee Chair Gareth Williams	February 2025	Suggest close. Notes shared before the meeting.

9	PF24/135.2	23.12.24	<p>Integrated Performance Report Future reports to include: An explanation in relation to serious improvements and trajectories to highlight activity. Highlight IHC performance and the difference in types of emergencies. Detail on centralised booking and validation. Trajectory in relation to theatre utilisation.</p>	Director of Performance & Commissioning (Stephen Powell)	April 2025	Remain Open
10.	PF25/135.3	23.12.24	<p>Integrated Performance Report To share with Members a piece of work she was undertaking for Independent Members, in which she would identify the key barriers to getting where the Health Board wished to be.</p>	Chief Executive (Carol Shillabeer)	February 2025	
11	PF25/135.4	23.12.24	<p>Integrated Performance Report To share with Members a Neuro Diversity Team briefing which should include an overview of the current system and where they saw possible improvements.</p>	Chief Executive (Carol Shillabeer)	February 2025	
10	PF24/137.1	23.12.24	<p>Divisional Performance, Finance & Workforce Report: Women's Services Pam Wenger and Fiona Giraud to meet outside of the meeting to discuss the governance route of Women's services plus the potential</p>	Director of Corporate Governance (Pam Wenger) Director of Women's Services (Fiona Giraud)	February 2025	13.2.25 PW & FG due to meet to discuss on 24.2.25.

			for a wider discussion paper to a future Board meeting.			
11	PF24/138.1	23.12.24	Corporate Risk Register Committee members sought further assurance on the conversations had in Risk Scrutiny Group.	Director of Corporate Governance (Pam Wenger)	February 2025	Suggest close 13.2.25 RSG Chair's assurance reports are approved by the Executive Team, the committee are provided with the reports outside of the meeting for assurance'.
12	PF24/138.2	23.12.24	Corporate Risk Register Russell Caldicott to share the timelines in relation to the 6 facet survey including the progression on asset disposal.	Executive Director of Finance (Russell Caldicott)	February 2025	Suggest close This action is handed over to Director of Environment and a report to Board Development will 6 facet survey including the progression on asset disposal.
13	PF24/105.1	29.10.24	PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval In response to Rhian Watcyn Jones' comments, it was agreed that the Secretariat would amend the minutes to more appropriately explain allocative efficiency and clarify that the Chief Executive gave assurance that Emergency and Unplanned Care would be reported to the next Board meeting.	Director of Corporate Governance (Pam Wenger)	December 2024 Revised timescale February 2025	Remain Open Minutes being amended and Emergency and Unplanned Care was reported at the Board Meeting in November
14	PF24/107.1	29.10.24	PF24/107 Shared Service Partnership performance assurance report Rebecca Nelson's attendance would be factored into the Committee	Director of Corporate Governance (Pam Wenger)	December 2024 Revised timescale	Remain Open This will be taken forward when the COB is reviewed in the New Year

			workplan, along with areas of focus that would be agreed through the Committee Chair, Interim Executive Director of Finance and the Director of Corporate Governance		February 2025	
15	PF24/112.1	29.10.24	PF24/112 Diabetes service performance update To bring a paper in two meetings time detailing how to enhance the performance framework.	Jane Moore	February 2025	Suggest close Paper being presented to the February 25 meeting.
16	PF24/110.1	29.10.24	PF24/110 Divisional Performance, Finance and Workforce report: Cancer Services To return in December on how to prioritise and utilise the Planned Care funding of £42million	Executive Director of Finance (Russell Caldicott)	February 2025	Suggest close Discussions continue regarding use of the £42m. Delivery of control total, securing the funds into the 2025/26 financial year and risk appetite of the Health Board. Ongoing, update to be provided February 2024 – on private agenda.
17	PF24/109.2	29.10.24	PF24/109 Finance Report Add a risk to the Corporate Risk register around the going concern in terms of cash flow and how assets are valued.	Director of Corporate Governance (Pam Wenger)	December 2024 Revised timescale February 2025	Suggest close To be reviewed during the next round of Risk Meetings 13.2.25 Denise Roberts on behalf of Russ: This is all part and parcel of the SP2 BAF24-03 3.2 risks as there is not risk to the valuation of assets as that is managed through the NHS Wales Manual for Accounts. However the cash flow will form part of the BAF.

18	PF24/113.1	29.10.24	<p>PF24/113 Information Governance Quarterly Key Performance Indicator report</p> <p>PF24/114 Information Governance Annual report 2023/2024</p> <p>Submit the feedback on the external audit on keeping secure reports secure to Audit Committee</p>	Justine Parry	<p>December 2024</p> <p>Revised timescale February 2025</p>	<p>Suggest close</p> <p>06/02/2025 Confirmation received, report is on the agenda and will be presented to the Audit Committee on the 4th March 2025</p>
19	TRANSFER LOG AC24.154.4	5.11.24	<p>Internal Audit Progress Report</p> <p>Due to the lack of regular oversight of the Llandudno Hospital Orthopaedic Surgical Hub, note this via PFIG Committee and provide an update back to the Committee. Potentially invite Chris Stockport to join the January 2025 Audit Committee meeting.</p>	Chris Stockport	February 2025	<p>Suggest close</p> <p>Below action closes this action</p>
20	PF24/85.4	27.8.24	<p>IG1 Information Governance Strategy</p> <p>Publish a Welsh version of the IG1 Information Governance Strategy</p>	Justine Parry	<p>December 2024</p> <p>Revised timescale February 2025</p>	<p>Suggest close</p> <p>1.10.24 In progress. The Strategy has been translated, but is waiting final approval from the Workforce Policy Group before it can be published alongside other strategies on the Internet.</p> <p>16.10.24 Confirmation received from Policy lead that Information Governance Strategy has been approved, just waiting for confirmation that Welsh version has been loaded into policy database with English Version and also this will be</p>

						<p>added under the Publication Scheme Class Five: Our Policies and Procedures Section on the Internet</p> <p>13.02.25 Advised by Policy lead that the Welsh version of the IG1 Information Governance Strategy was uploaded onto the intranet on 9.1.25 – the English version was uploaded on 16.10.24. It remains to be added to the Publication Scheme.</p> <p>Dosbarth Pump: Ein polisiau a'n gweithdrefnau - Bwrdd Iechyd Prifysgol Betsi Cadwaladr (gig.cymru)</p>
21	PF24/88.5	27.8.24	<p>Integrated Performance Report</p> <p>Invite Russ to give an overview on how the Integrated Planning Framework is operating</p>	<p>Executive Director of Finance</p> <p>(Russell Caldicott)</p>	February 2025	<p>Remain Open</p> <p>Deferred to a future meeting with portfolio changes. February 2024</p>

22	PF24/38	30.4.24	Finance Report Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	Director of Corporate Governance (Pam Wenger)	June 2024 Revised timescale February 2025	Remain Open To be provided once received by the organisation. No further update at this stage. 25.6.24 Arrange circulation to PFIGC members 2.8.24 Audit Wales will be commencing this work shortly will be circulated when more information is available 13.2.25 Awaiting confirmation if this is complete? Has been discussed at PFIG Dev Session & Board in Jan.
23	PF24/39.4	30.4.24	Planning Independent Review schedule Planning within the Board Development programme and schedule the Review's action plan update to the August PFIGC meeting.	Director of Corporate Governance (Pam Wenger)	December 2024 Revised timescale February 2025	Remain Open Initial session scheduled for July and further sessions to be included in the Board Development Plan. To be included on the forward work plans 25.6.24 Committee requested to leave open until completed 20.10.24 Suggest add to the Forward Plan and consider for the December meeting.
24	PF24/41.3	30.4.24	Performance Report Provide focussed performance reports to PFIGC on Dermatology, Ophthalmology, Cancer, Theatre Utilisation and management of waiting lists, following Quality Round Table session with WG based on	Executive Medical Director (Nick Lyons) Director of Corporate Governance (Pam Wenger)	June 2024 Revised timescale February 2025	Remain Open The business cycle for all the Committees is being reviewed to align with the Annual Plan Delivery Plan as agreed by the Board in March 2024. 25.6.24 Committee requested to leave open until completed

			scheduling agreed with Director of Corporate Governance			
25	PF24/63.7	25.6.24	Provide monthly updates in between PFIGC meetings to Committee members.	Executive Director of Finance (Russell Caldicott)	November 2024 Revised timescale February 2025	Remain Open 20.10.24 Suggest add to the Forward Plan for the Director of Performance and Commissioning to consider reporting frequency and updates. Presentation from Cancer Division scheduled for October 2024
Closed Actions (as agreed at meeting on 23.12.24)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF24/105.2	29.10.24	PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval. To ensure Emergency and Unplanned Care would be reported to the December PFIGC meeting.	Imran Devji	December 2024	On agenda for update
2	PF24/106.1	29.10.24	PF24/106 Matters arising and table of actions To provide a briefing on Trusted Assessor to members, to ensure a shared understanding.	Imran Devji	December 2024	Briefing circulated to members and then wider to the whole of the Board
3	PF24/107.2	29.10.24	PF24/107 Shared Service Partnership performance assurance report Share the budget set for Shared Services, to understand how the profiles are set.	Executive Director of Finance (Russell Caldicott)	December 2024	Budget for shared services shared in advance of the meeting. Complete

4	PF24/109.1	29.10.24	PF24/109 Finance report Following discussions at an Executive Committee meeting, the findings on Capital will return to PFIG.	Executive Director of Finance (Russell Caldicott)	December 2024	Capital update included within the financial report. Complete
5	PF24/115.1	29.10.24	PF24/115 Corporate Risk Register Update the report to note that the procurement for insourcing for endoscopy and diagnostic is now complete	Director of Corporate Governance (Pam Wenger)	December 2024	Referenced in paper
6	PF24/115.2	29.10.24	PF24/115 Corporate Risk Register Update the report to note that the Interim COO is now in post	Director of Corporate Governance (Pam Wenger)	December 2024	Referenced in paper
7	PF24/88.7	27.8.24	Integrated Performance Report Trusted Assessor briefing to be arranged	Director of Corporate Governance (Pam Wenger)	December 2024	Interim Chief Operating Officer circulated information on Trusted Assessor post meeting.

Finance Report January - Month 10 2024/25

Russell Caldicott
Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective	<ul style="list-style-type: none"> To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> Health Board received an additional recurrent allocation of £11.15m in Month 8, with the planned outturn improving from a £19.8m deficit to £8.6m deficit. A condition of accepting the additional income being the improvement in outturn, the £8.6m deficit being the new control total. In-month surplus of £1.9m, an improvement of £0.4m from previous month's surplus of £1.5m. Year to date total deficit of £12.9m, which is £5.7m over the £7.2m year to date planned deficit (10/12ths of the £8.6m full year planned deficit). Full year forecast outturn position remains at £8.6m deficit. This does not attain breakeven and the key first duty to break-even.
	Cash	<ul style="list-style-type: none"> Closing cash balance as at 31st January 2025 was £5.6m, including £1.2m revenue cash and £4.4m for capital projects. The Health Board is forecasting a closing cash balance for 2024-25 of (£1.8m) made up of (£4.3) revenue cash and £2.5m capital cash. Following the Health Board meeting of 28th November 2024, a request for strategic cash-only support was made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the financial year. Whilst the initial request was for £18.0m this requirement will be reduced to £6.8m in line with the revised planned deficit for 2024-25 (£8.6m forecast deficit less £1.8m cash to be managed internally).
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. Month 10 forecast is to deliver £54.9m (including £11.1m Accountancy Gains). An increase of £2.3m from Month 9 that exceeds plan requirements. Of the £54.9m forecast delivery, £28.5m is recurring schemes with a full year effect of £41.9m. The gap of recurrent savings to the target is £6.1m. Savings delivered in Month 10 totalled £6.1m, of which £2.5m is recurring. Accountancy Gains of £2.3m were also identified in month which contribute to the in-month delivery.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2024/25 is £44.5m. Year to date expenditure is £16.7m against a year to date plan of £22.3m.
Key Messages	<ul style="list-style-type: none"> ➤ In November 24, Welsh Government recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m. ➤ Year to date financial position exceeds planned deficit by £5.7m. This will need to be recovered over the remainder of the financial year by minimising expenditure and keeping control of emerging pressures to recover the overspend against plan. Focus continues to be on containing cost overruns and recovering the year-to-date deficit above plan. All divisions and IHC's have been instructed to identify cost reductions to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan. ➤ Attaining the control total of £8.6m deficit outturn is key to securing the £82m received non-recurrently 2024/25 into 2025/26 and beyond. The £74.6m allocation received as conditionally recurrent in 2024/25 also potentially at risk should the control total deficit of an £8.6m outturn deficit not be delivered. ➤ Additional controls and enhanced oversight agreed and endorsed at the January Integrated Performance Delivery Group (IPEDG) meeting. Escalation meetings to be held for services where they do not meet their required reductions and control totals. The additional controls implemented with immediate effect include cease use of non-clinical agency, all non-clinical requests for the use of Bank, acting up and additional hours will need to follow the Enhanced Establishment Control process for non-clinical roles. In addition, all discretionary non-clinical expenditure to be directed to the Executive Director of Finance for scrutiny and approval. 	

Key Performance Indicators



Month 10 Position

In Month: £189.5m against plan of £192.0m
£2.6m favourable above Plan (Total £1.9m favourable variance)

YTD: £1,864.3m against plan of £1,858.6m
£5.7m adverse above £7.2m YTD planned deficit (Total YTD deficit is £12.9m)



Forecast

£8.6m planned deficit

Year to date adverse variance and in month performance indicates a risk to delivery of c.£9.7m, this is an improvement over month 9 reporting, with allocations at risk secured and further resources received to off-set the recently notified additional costs from JCC.

Month 10 Divisional Performance

West IHC	£11.2m adverse
Central IHC	£17.7m adverse
East IHC	£20.8m adverse
Womens	£0.7m adverse
MH & LD	£16.2m adverse
Commissioning Contracts	£1.3m favourable
ICD Primary Care	£5.7m favourable
ICD Regional Services	£4.2m adverse
Support Functions	£1.4m favourable
Other Budgets	£56.4m favourable



Savings

In-month: £6.1m against target of £4.0m
£2.1m favourable

YTD: £47.6m (includes £11.1m accountancy gain) against a target of £40.0m
£7.6m favourable



Savings Forecast

£54.9m against target of £48.0m

£6.9m favourable



COVID-19 Impact

£9.1m YTD cost

£11.1m forecast cost against £12.2m COVID funding allocation from Welsh Government



Year to Date Income

£136.4m against budget of £131.3m

£5.1m favourable



Year to Date Pay

£931.8m against budget of £901.0m

£30.8m adverse



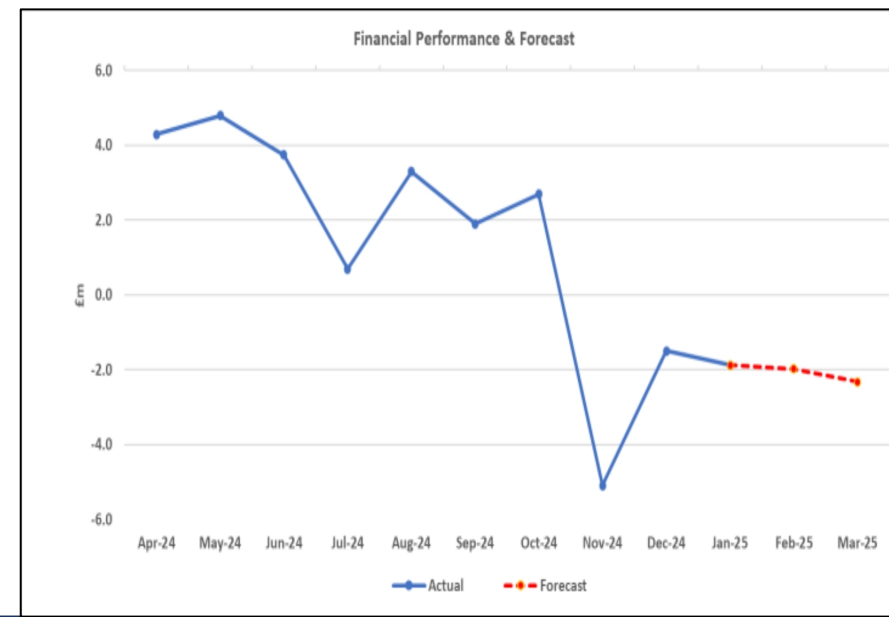
Year to Date Non-Pay

£1,074.5m against budget of £1,087.3m

£12.8m favourable (above planned deficit of £7.2m)

Revenue Position

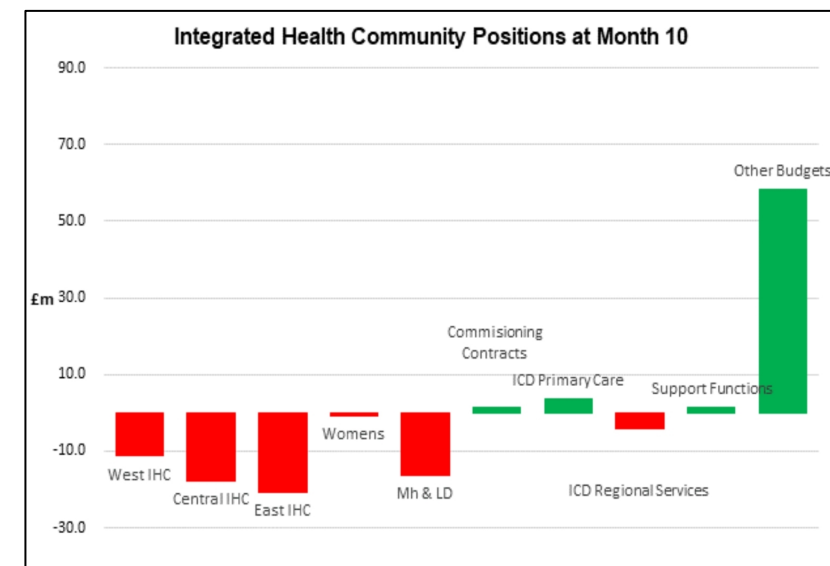
	Actual										2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(227.6)	(188.2)	(197.1)	(1,857.1)	(1,857.1)	0.0	0.00%	(2,235.7)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(13.8)	(13.4)	(14.8)	(131.3)	(136.4)	-5.1	3.73%	(163.4)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	96.0	901.0	931.8	30.8	3.42%	1,120.3
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	113.8	107.8	113.9	1,087.3	1,074.5	-12.8	-1.19%	1,287.5
Total Deficit / (Surplus)	4.3	4.8	3.7	0.7	3.3	1.9	2.7	(5.1)	(1.5)	(1.9)	0.0	12.9	12.9		8.6
Planned Deficit	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(5.8)	0.7	0.7	7.2	0.0	7.2	100.00%	
Total Deficit / (Surplus) above Plan	2.6	3.2	2.1	(0.9)	1.6	0.3	1.0	(0.7)	(2.2)	(2.6)	7.2	12.9	5.7		



- Within the 204/25 financial plan Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) was allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 was agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m. In November 2024, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.
- The Health Board's allocation tables for 2025/26 indicate that for BCUHB the £74.6m funding remains conditionally recurrent. As the Health Board has made significant progress towards attaining the control total and the re-classification would significantly increase the underlying deficit, the Health Board is seeking confirmation from Welsh Government over the treatment of the £74.6m remaining conditionally recurrent.
- Month 10 position is reporting an in-month surplus of £1.9m, an improvement of £0.4m from previous month's surplus of £1.9m. Year to date is reporting a deficit of £12.9m. This represents a £5.7m adverse variance compared to 10/12ths of the revised £8.6m full year planned deficit. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs. Risks to delivery of the plan totals £9.7m (See Slide 14).
- Additional controls and enhanced oversight have been agreed and endorsed at the January IPEDG meeting. Escalation meetings will also be held for services where they are not meeting their required reductions and control totals. The additional controls implemented with immediate effect include cease use of non-clinical agency, all non-clinical requests for the use of Bank, acting up and additional hours will need to follow the Enhanced Establishment Control process for non-clinical roles. In addition, all discretionary non-clinical expenditure to be directed to the Executive Director of Finance for scrutiny and approval.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
WG RESOURCE ALLOCATION	(197.1)	(197.1)	0.0	0%	(1,857.1)	(1,857.1)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	(0.0)		1.1	1.0	0.1		0.1
West Area	17.9	17.4	0.5		170.5	172.7	(2.3)		(2.6)
Ysbyty Gwynedd	11.4	12.3	(1.0)		110.8	119.0	(8.1)		(9.9)
Facilities	1.1	1.2	(0.1)		10.9	11.8	(0.9)		(1.1)
Total West	30.5	31.0	(0.6)	-2%	293.4	304.6	(11.2)	-4%	(13.4)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	(0.0)		1.0	1.0	(0.0)		(0.0)
Central Area	23.3	22.2	1.2		223.9	225.5	(1.5)		(3.8)
Ysbyty Glan Clwyd	14.0	15.8	(1.8)		138.6	153.8	(15.2)		(18.3)
Facilities	1.3	1.4	(0.1)		12.9	13.9	(0.9)		(1.1)
Total Central	38.7	39.5	(0.8)	-2%	376.4	394.1	(17.7)	-5%	(23.2)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.0	1.0	(0.0)		(0.0)
East Area	26.1	26.3	(0.2)		248.1	259.1	(11.0)		(12.2)
Ysbyty Wrexham Maelor	12.5	12.8	(0.2)		120.5	128.9	(8.4)		(9.8)
Facilities	1.0	1.1	(0.1)		11.8	12.9	(1.1)		(1.4)
Total East	39.8	40.3	(0.5)	-1%	381.4	402.0	(20.6)	-5%	(23.4)
Total Midwifery and Women's Services	4.3	4.4	(0.1)	-3%	41.3	42.0	(0.7)	-2%	(0.6)
Total Mental Health and LDS	15.0	16.4	(1.4)	-9%	147.3	163.5	(16.2)	-11%	(16.8)
Total Commissioning Contracts	31.3	29.6	1.7	5%	250.4	249.1	1.3	1%	1.2
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	0.6	0.6	(0.0)		6.1	5.9	0.1		0.3
Dental North Wales	2.8	2.7	0.1		28.4	24.7	3.7		4.4
Community Dental Services	0.6	0.6	(0.0)		5.6	5.9	(0.3)		(0.4)
Other Primary Care	0.2	0.2	0.0		1.4	1.2	0.1		0.1
Total Integrated Clinical Delivery Primary care	4.2	4.1	0.1	2%	41.4	37.7	3.7	9%	4.4
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(1.9)	0.1		(18.7)	(20.2)	1.5		1.7
Diagnostic and Specialist Clinical Support	7.1	7.5	(0.3)		69.4	73.7	(4.3)		(4.2)
Cancer Services	5.9	6.2	(0.4)		56.7	58.1	(1.4)		(1.3)
Total Integrated Clinical Delivery	11.1	11.8	(0.7)	-6%	107.4	111.6	(4.2)	-4%	(3.8)
Total Service Support Functions	14.4	15.2	(0.9)	-6%	139.0	137.6	1.4	1%	0.8
Total Other Budgets	8.6	2.9	5.7	66%	86.2	27.9	58.4	68%	2.5
Total Deficit above Plan	0.7	1.9	2.6	361%	7.2	(12.9)	(5.7)	-80%	72.3
Planned Deficit	(0.7)	0.0	(0.7)		(7.2)	0.0	(7.2)		(8.6)
Total Deficit	0.0	1.9	1.9		(0.0)	(12.5)	(12.9)		(8.6)



- In-month surplus of £1.9m (£2.6m surplus compared to the in-month planned deficit of £0.7m), an improvement of £0.4m from previous month's surplus of £1.5m.
- Year to date deficit of £12.9m and £5.7m adverse variance compared to 10/12^{ths} of the £8.6m full year planned deficit, an improvement of £1.9m from previous month. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay

Pay Costs as per Monitoring Return Table	Actual										Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	12.1	16.9	13.0	13.2	132.8	127.0	5.8	161.8
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	20.8	29.4	21.5	23.0	206.5	223.4	(16.9)	249.8
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	27.4	38.3	28.4	29.2	274.9	284.4	(9.5)	346.2
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	13.3	17.5	13.7	14.0	129.1	139.9	(10.8)	171.3
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	3.6	5.2	3.8	4.1	41.0	37.8	3.2	43.8
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	5.8	5.9	8.3	6.2	6.5	59.2	61.2	(2.0)	74.3
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	1.6	2.0	1.6	1.7	15.3	15.8	(0.5)	18.6
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	4.0	5.1	4.1	4.2	41.4	41.9	(0.5)	53.5
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.8	0.5	0.3	1.0
Health Board Total	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	96.0	901.1	931.8	(30.8)	1,120.3
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	3.7	3.5	3.0	3.0	26.0	29.9	(3.9)	35.9
Total Pay	89.3	89.8	89.6	90.5	90.5	99.4	92.4	126.0	95.2	99.0	927.1	961.7	(34.6)	1,156.1

Non-Pay Costs as per Monitoring Return Table	Actual										Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	19.6	18.6	20.0	19.6	19.6	19.6	20.3	21.7	20.1	19.1	200.3	198.2	2.1	237.6
Primary Care – Drugs and Appliances	10.9	10.5	10.2	10.8	11.6	10.8	12.4	11.3	10.8	11.4	103.5	110.8	(7.2)	132.4
Provider Services – Non Pay (excluding drugs & depreciation)	19.0	16.1	16.6	20.2	19.0	19.0	19.4	20.7	19.1	21.5	230.7	190.5	40.2	229.9
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	9.3	8.0	8.9	8.9	76.4	84.3	(7.9)	101.7
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	32.1	34.0	30.4	35.3	306.5	306.5	0.0	368.6
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	12.5	11.6	11.7	10.8	111.3	115.0	(3.7)	136.4
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	2.7	2.3	2.2	2.2	15.9	25.7	(9.9)	31.0
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	0.3	0.2	0.4	0.3	2.6	2.6	0.0	3.2
Losses, Special Payments and Irrecoverable Dets	0.2	0.3	0.3	0.3	0.5	0.2	0.3	0.4	0.4	0.5	2.5	3.3	(0.8)	4.1
Non-Pay Costs	99.9	98.8	99.1	100.6	104.1	101.0	109.4	110.0	104.0	110.2	1,049.8	1,036.9	12.8	1,245.1
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	3.9	3.9	3.9	3.9	37.6	37.6	0.0	42.5
Total Non-Pay	103.1	102.0	103.0	104.5	108.1	104.9	113.2	113.8	107.8	114.0	1,087.3	1,074.5	12.8	1,287.5

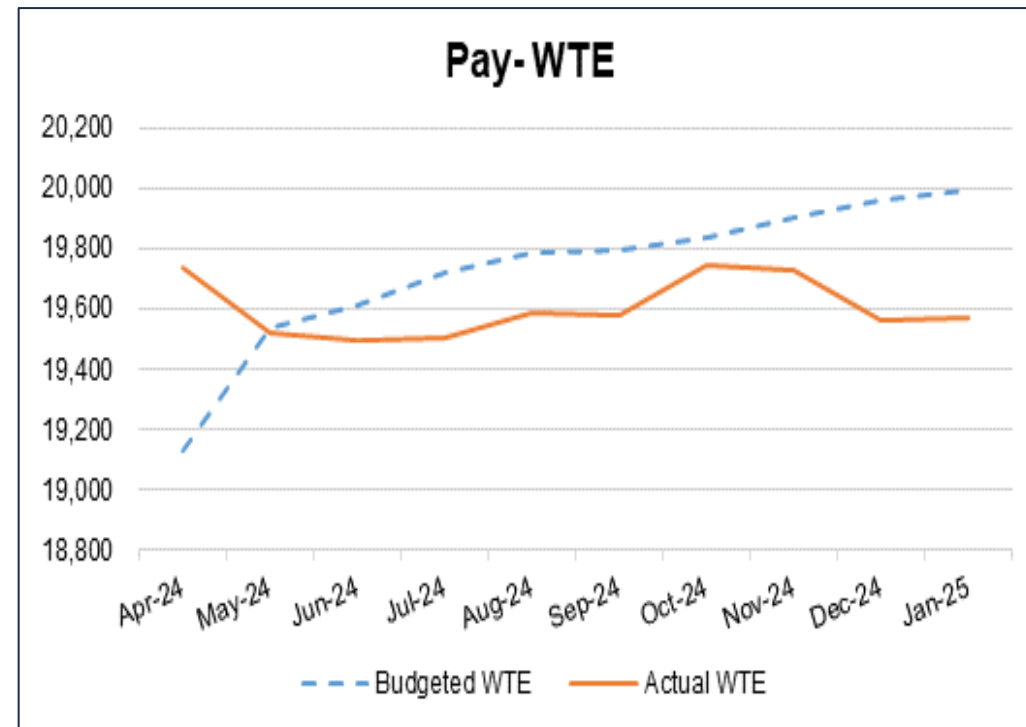
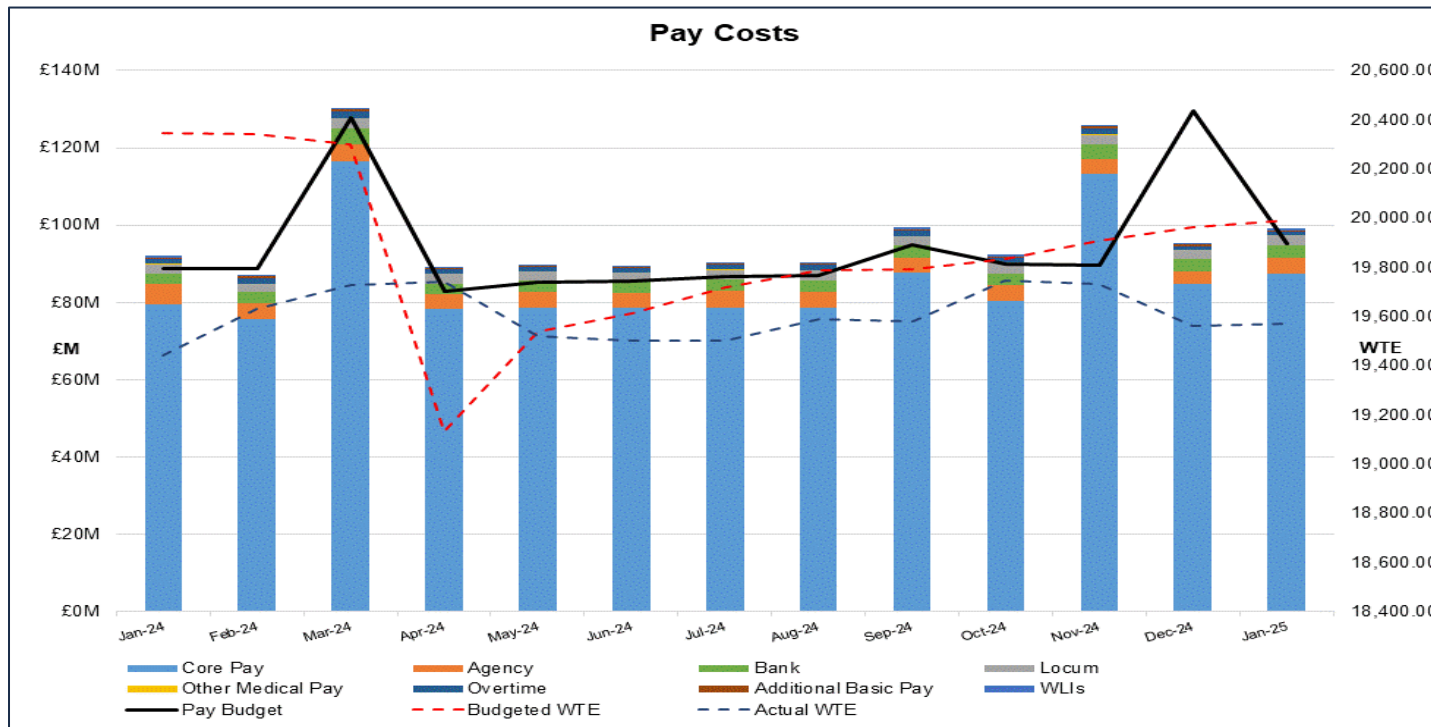
Health Board Pay:

- Month 10 Provider Services Pay increased by £3.8m (4.1%), of which £1.4m is the year-to-date impact of the Band 8a and above incremental progression (£1.7m full year cost), £0.9m M&D pay award on fees and allowances and increase in enhancements paid in January relating to December bank holidays.
- Provider Services Pay - £30.8m year to date adverse variance.
- Total updated cost of the Pay Award as of month 10 is £73.5m (including M&D, Band 8 incremental pay points, RLW and additional costs outside of payroll). See Slide12 for further detail.

Non-Pay Expenditure (excluding Depreciation):

- Non Pay expenditure increased by £6.0m from previous month, of which £2.5m increase is against Provider Services Non Pay and £4.9m increase is in Healthcare Services provided by other NHS Bodies, which is offset by an additional allocation.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay



2024-25	Actual										YTD
Variable Pay	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	£m
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	3.9	39.5
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	1.2	1.7	1.0	1.0	12.5
Locum	2.6	2.3	2.3	2.5	2.6	2.4	2.8	2.6	2.3	2.6	25.0
WLI's	0.3	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.3	0.4	3.3
Bank	2.6	2.9	2.8	3.0	3.1	3.2	3.0	3.7	3.1	3.2	30.5
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.1	0.1	0.0	0.6
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	0.4	0.5	0.4	0.3	3.7
Total	11.1	11.1	10.8	11.8	11.9	11.6	12.1	12.8	10.5	11.5	115.2

- Variable Pay totals £11.5m for January, an increase of £1.0m from previous month driven by a £0.5m increase in Agency, £0.3m in Locum, £0.2m in Bank and £0.1m in WLI's.



Pay - WTE

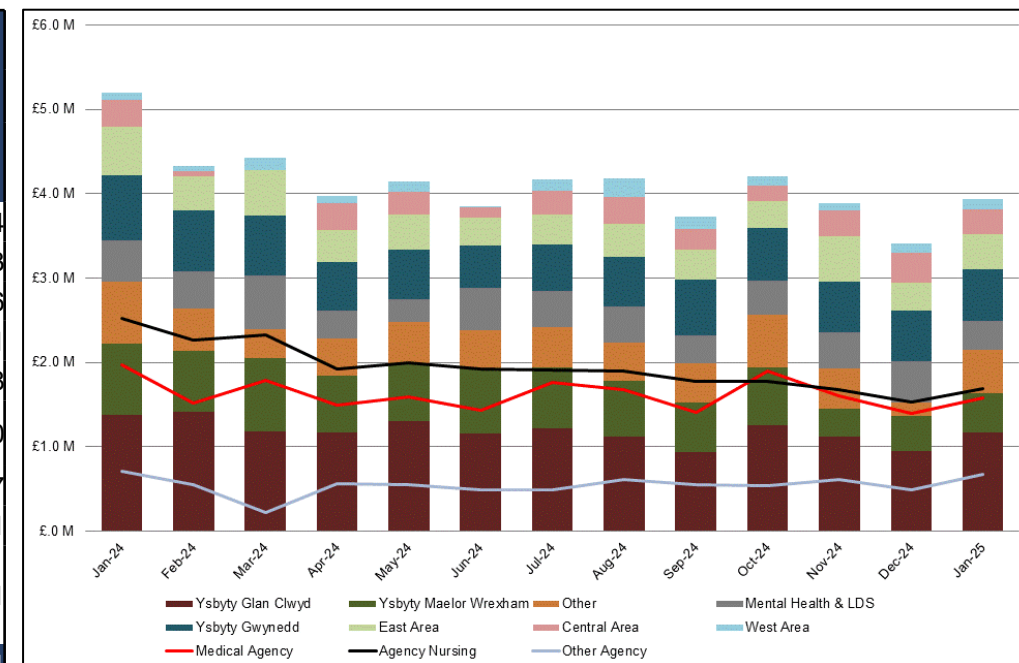
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Movement M10 v M9
Budgeted WTE	19,130	19,537	19,611	19,721	19,789	19,792	19,833	19,906	19,962	19,992	30
Actual WTE	19,740	19,518	19,500	19,503	19,590	19,580	19,746	19,731	19,562	19,571	9

- Actual worked in January is 19,571, an increase of 9 WTE from December.
- Budgeted WTE increased by 30 WTE between January and December.
- Below table provides a breakdown of Budgeted WTE movement by Division from Months 1 to 10:

BUDGETED WTE	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Oct WTE	Nov WTE	Dec WTE	Jan WTE	Movement M10 v M9	Explanation of M10 v M9 Key movements
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	3,712	3,722	3,724	3,715	-9	YG Patient Booking Centre (PABC) transfer of 21 WTE to Corporate offset by increase of 8 WTE in West Area due to transfer of School in-reach service from Central Area
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	4,828	4,862	4,878	4,857	-21	YGC 15 WTE transfer of PABC to Corporate. Central Area also reduced by 6 WTE due to transfer of School in-reach service to West Area.
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	4,586	4,589	4,608	4,610	3	YWM decreased by 26 WTE due to transfer of PABC to Corporate offset by 27 WTE increase in East Area for allocation of internal reserves to fund historical cost pressures within Community Hospitals.
COVID Response	33	168	134	134	134	134	134	134	137	137	0	
Dental GDS	14	14	16	16	16	14	14	14	14	14	0	
Dental CDS	173	173	173	173	173	172	172	172	172	172	0	
Womens	685	691	694	694	697	697	698	698	698	698	0	
Diagnostics	935	964	964	974	977	979	979	980	982	980	-2	
Cancer Services	370	392	392	399	400	401	405	411	419	417	-2	
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2,273	2,278	2,277	2,277	0	
Other Primary Care	14	15	15	15	15	15	15	15	15	15	0	
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	2,017	2,031	2,041	2,102	61	PABC transfer from YG, YGC, YWM to Corporate

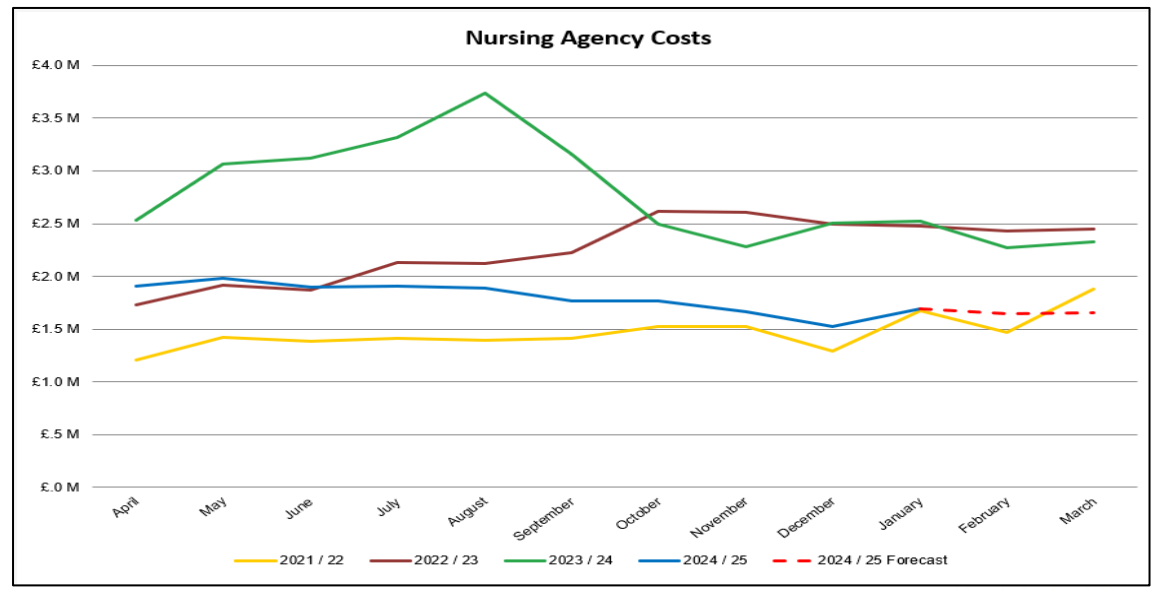
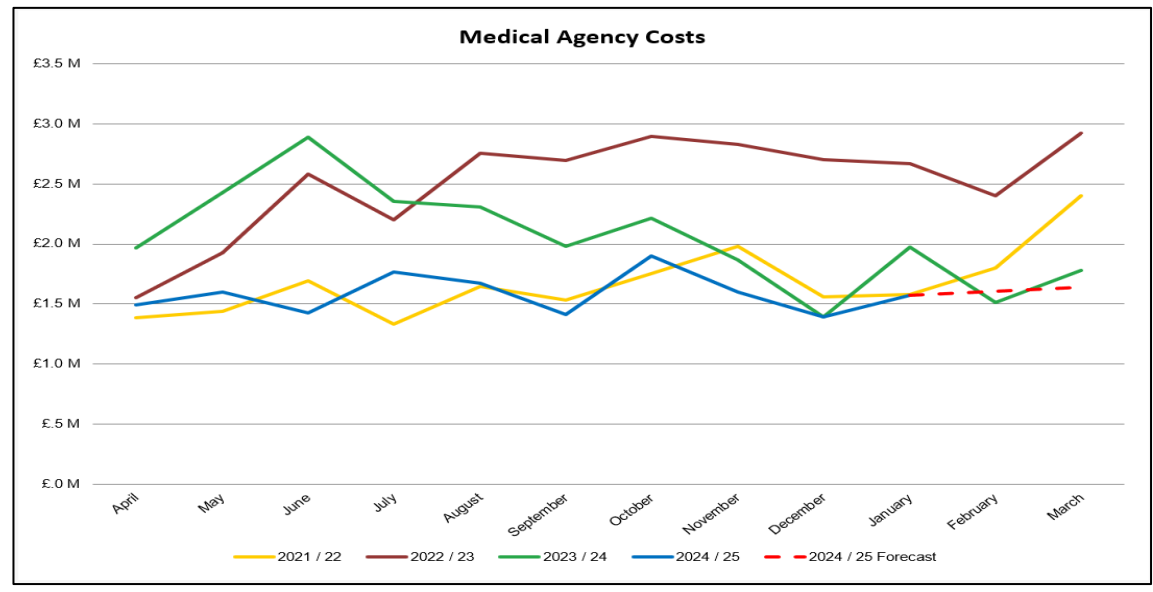
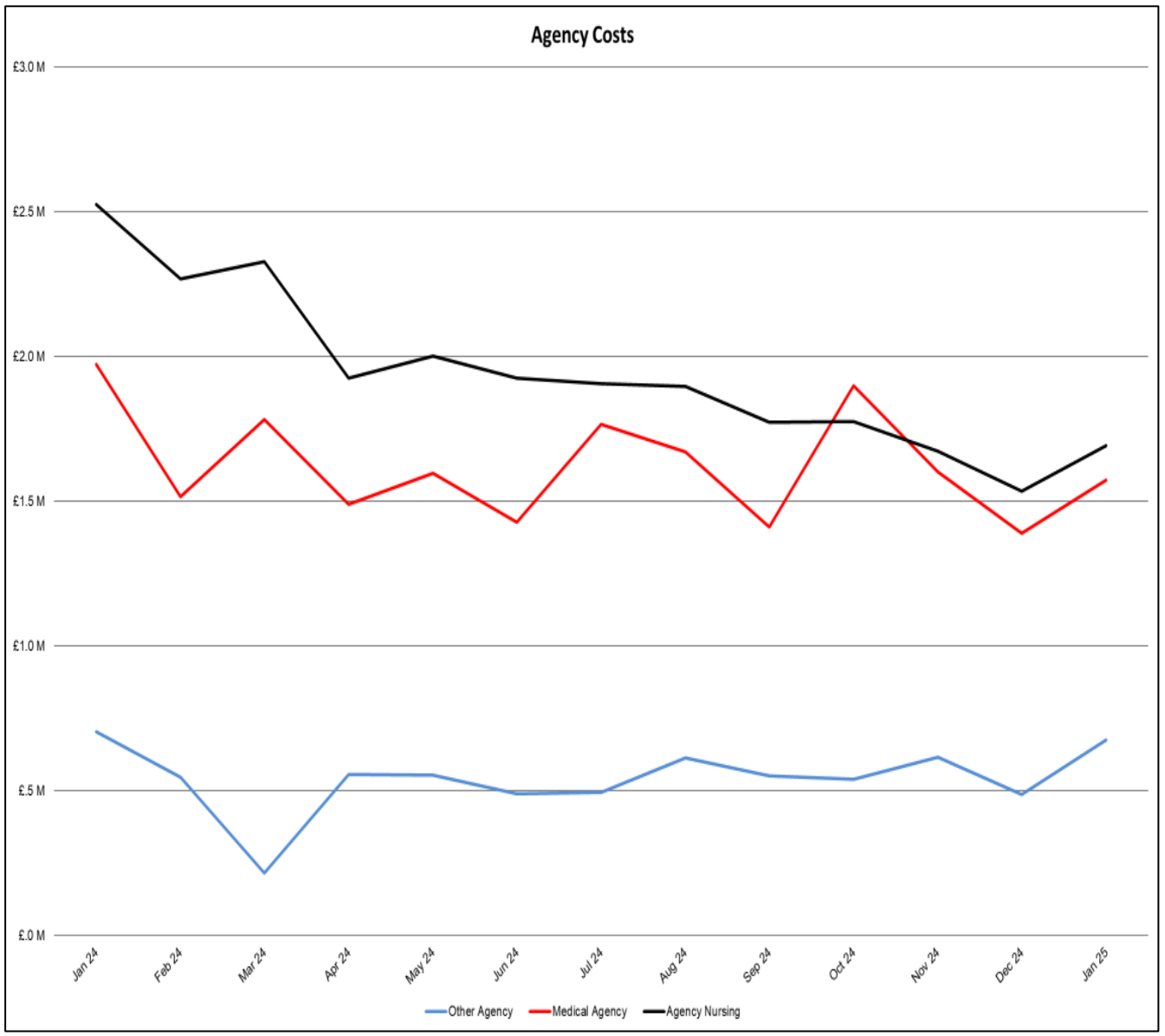
Pay Costs – Agency

	2024-25 Agency Spend £'m												Total Year to Date £m	Total Forecast £m
	Actual										Forecast			
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12		
West Area	0.1	0.1	0.0	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.1	1.4
Central Area	0.3	0.3	0.1	0.3	0.3	0.2	0.2	0.3	0.4	0.3	0.3	0.3	2.7	3.3
East Area	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.5	0.3	0.4	0.4	0.4	3.9	4.6
Ysbyty Gwynedd	0.6	0.6	0.5	0.6	0.6	0.7	0.6	0.6	0.6	0.6	0.6	0.6	5.9	7.1
Ysbyty Glan Clwyd	1.2	1.3	1.2	1.2	1.1	0.9	1.3	1.1	0.9	1.2	1.2	1.2	11.4	3.8
Ysbyty Maelor Wrexham	0.7	0.7	0.8	0.7	0.7	0.6	0.7	0.3	0.4	0.5	0.5	0.5	6.0	7.0
Mental Health & LDS	0.3	0.3	0.5	0.4	0.4	0.3	0.4	0.4	0.5	0.3	0.4	0.4	3.9	4.7
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.2	0.2	1.8	2.1
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.1	0.4	0.2	0.2	2.8	3.1
Total Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	3.9	3.8	3.8	39.5	47.1



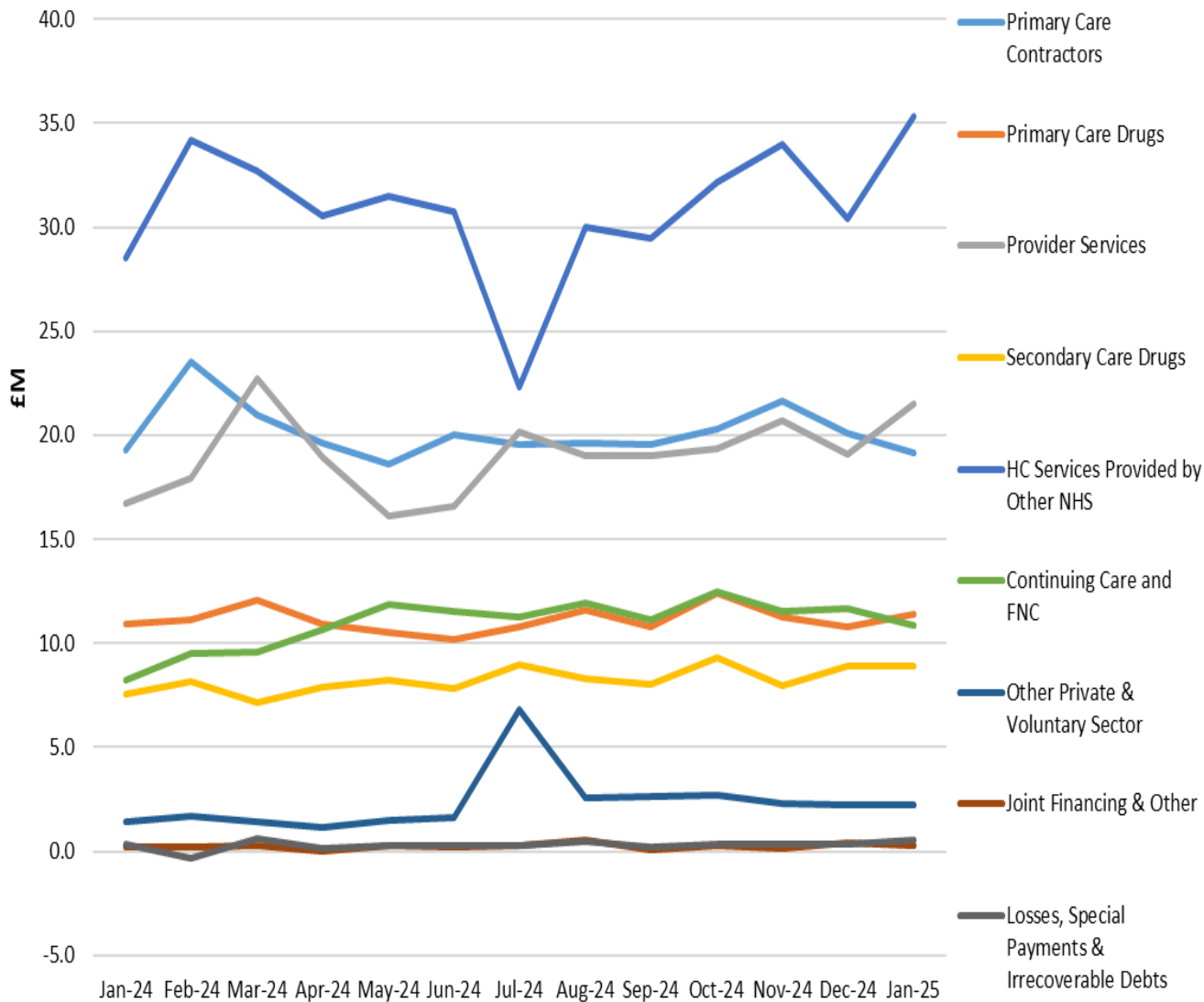
- Agency expenditure for Month 10 is £3.9m representing 4.0% of total pay, and an increase of £0.5m from previous month spend. The in-month increase is due to Agency covering additional Consultant vacancies from January, therefore future months Agency forecast profile increasing to end of March. Agency Nursing forecast profile is also forecast to increase due to additional escalation demand. 2024/25 monthly average Agency spend is £3.9m compared to a monthly average of £5.6m in 2023/24. Whilst the future months' forecast profile has increased for both Medical and Nursing from January to March, the 2024/25 total Agency year end forecast outturn has decreased by £1.2m, from £48.3m reported at Month 9 down to £47.1m reported at Month 10 due to the in-month reduced expenditure.
- Month 10 Medical Agency expenditure is £1.6m, an increase of £0.2m from previous month and in line with 24/25 previous months monthly average. The monthly average medical agency expenditure for 2023/24 was £2.1m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.3m) and Mental Health (£0.2m) covering Medical vacancies and sickness.
- Nurse agency costs totalled £1.7m for the month, an increase of £0.2m from previous month spend. Month 10 Nurse Agency spend is £1.1m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Maelor Wrexham (£0.4m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.2m) and East Area (£0.2m) to staff escalated beds and cover ward vacancies to ensure the Nurse Staffing Act ward staffing levels are maintained.
- Other agency costs totalled £0.7m in Month 10 an increase of £0.2m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.5m).

Pay Costs – Agency



Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** January expenditure is £1.0m (5.0%) less than previous month, of which £1.2m is the Roche contract accountancy gain, offset by an increase in General Ophthalmic Services.
- Primary Care Drugs:** Expenditure increased by £0.6m (5.9%) of which £0.4m related to backdated “Concession errors” included within the Month 10 position. Also, January estimate is based on the latest 3-month average cost per prescribing day model x 23 prescribing days (December included 22.5 prescribing days). The overall 3-month Average Cost per Prescribing Day, which is the basis for the in-month accrual increased by +0.9%. The overall number of Items Prescribed per Prescribing Day increased by 1.4%; November had 74,209 items prescribed compared to 73,215 in October.
- Provider Services Non Pay:** Expenditure increased by £2.5m (12.9%) from previous month, being predominantly due to an increase of £1.0m in Clinical Services and Supplies expenditure (including M&SE, Implants, Pacemakers) because of lower activity levels in December. In addition, both Premises and Fixed plan expenditure increased by £1.1m and External contract staffing and consultancy also increased by £0.4m.
- Healthcare Services provided by Other NHS Bodies:** An increase of £4.9m (16.1%) from previous month due to overperformance against the JCC contract, for which £6.9m WG funding has been anticipated and agreed to fund by WG.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure decreased by £0.8m (7.1%) due to a £0.7m accountancy gain reported in month.
- Losses, Special Payments and Irrecoverable Debt :** Expenditure is £0.2m higher than previous month due to the increased number of claims.

Allocations

Description	£m
Allocations Received	2,182.4
Total Allocations Received	2,182.4

Description	£m
Allocations anticipated	
AME/DEL Capital Adjustments	-0.5
Removal of Donated Assets / Government Grant Receipts	-1.0
Removal of IFRS-16 Leases (Revenue)	-4.7
Real Living Wage (Care Homes)	4.0
IM&T Refresh Programme	1.9
Pay Award 2024-25	39.9
Medical Training - TGS	1.5
ATMP	1.5
NWJCC NHS England – Growth & Cost Pressures	7.0
Six Goals	1.4
EPMA DPIF Funding	0.4
Other	1.9
Total Allocations Anticipated	53.3

	£m
Total Allocations Received	2,182.4
Total Allocations Anticipated	53.3
Total Welsh Government Income	2,235.7

- Total Revenue Resource Limit (RRL) for the year is £2,235.7m. £1,857.1m of the RRL has been profiled into the cumulative position, £6.0m less than 10/12ths of the RRL (£1,863.1).
- Confirmed allocations to date is £2,182.4m, with further anticipated allocations in year of £53.3m. Total COVID-19 funding allocation is £12.2m, with £9.7m profiled into the cumulative position. It is forecast that a surplus of £1.1m can be retained as confirmed within the month 8 response letter.
- Total cost of Pay Award impact is c.£73.5m as detailed below. An interim allocation of £33.5m has been received to date, with the remaining balance of £39.9m reported as anticipated income.
- The Health Board has received confirmation of £72.5m Pay Award funding allocation from WG which would present a £1.0m shortfall against the Pay award forecast costs as at Month 10. Some manual pay award uplifts are also still being processed by NWSSP Payroll services and further detail is being sought regarding these costs.

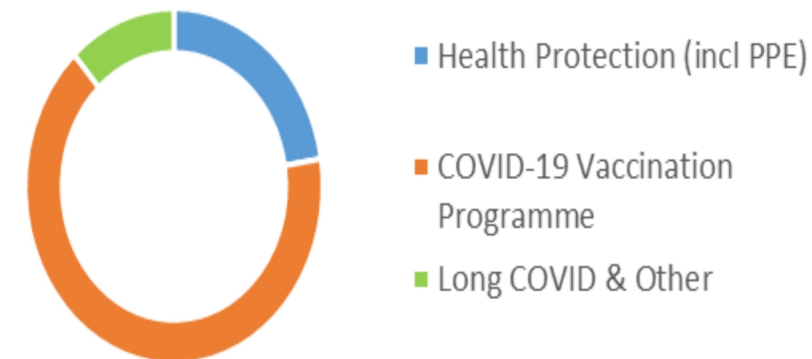
2024/25 Pay Award impact	Total £'m
November Pay Award Costs	£50.6m
Real Living Wage (RLW)	£3.8m
RLW Bank & Bank paid in November pay award	£1.6m
September M&D Pay Award	£14.3m
Additional costs outside of direct payroll (English rotational Doctors) and Apprenticeship Levy	£0.5m
Band 8 additional incremental points	£1.7m
M&D Intensity fees and allowances pay award paid in January	£1.0m
Total	£73.5m

- Pay award impact on centrally held balance sheet accrual and provisions is estimated at c.£1.5m which is excluded from the pay award calculation, and is required to be supported via additional allocations in line with the funding of the pay award impact.

Impact of COVID-19

	Actual										Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.3	2.1	2.5
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	0.7	0.9	0.6	0.6	6.0	7.3
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	1.0	1.3
Total COVID-19 Expenditure	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.0	1.0	9.1	11.1
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.3	1.2	9.7	12.2
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.3)	(0.2)	(0.6)	(1.1)

COVID-19 Cost Distribution 2024/25



Total COVID-19 Expenditure Per Month



- Total COVID expenditure for WG funded programmes in Month 10 is £1.0m, with a year-to-date cost of £9.1m. Total full year forecast spend is £11.1m against a COVID funding allocation of £12.2m for 2024/25. It's forecast that the projected surplus of £1.1m against the COVID funding allocation can be retained.
- Month 10 Health Protection expenditure is £0.3m with an annual forecast spend of £2.5m.
- COVID-19 Vaccination Programme expenditure for Month 10 is £0.6m and annual forecast spend is £7.3m.
- Month 10 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.3m.
- All COVID programmes expenditure plans continue to be assessed and refined. However, the COVID-19 forecast at Month 10 is projecting slippage of £1.1m against the COVID funding allocation (Health Protection including PPE £0.2m, Vaccination Programme £0.2m and Long Covid £0.6m). WG have confirmed that the Health Board can retain slippage against the 2024/25 COVID funding allocation to support the delivery of sustainable services as per the Month 8 response letter.

Risks (not included in position)

- Following further assessment of Risks at Month 10, a number of risks have been revised as per below table. The remaining risks will continue to be monitored and managed throughout the year.
- The below are current risks to the Health Board’s financial position for 2024/25 as at Month 10.

	Risks	£m	Level
1	Continuing Healthcare – continued patient number growth	£0.5m	Medium
2	Prescribing – growth above original plan expectation	£1.0m	Medium
3	Other Contract Performance (English Provider performance)	£0.5m	Medium
5	Risk on recovery of mitigating actions	£3.2m	Medium
6	Risk associated with further Cost Reductions and Balance Sheet (includes pay ward shortfall of £1m)	£4.5m	Medium
	Total Quantifiable Risks	£9.7m	

- The additional Health Care support workers ongoing discussions have not been incorporated into either the risk tables or the Health Board’s financial position.
- WG have confirmed that the underspend against the Dental ringfenced allocation can be retained by the Health Board, therefore the risk of potential clawback has been removed from the risk table in Month 10.
- JCC risks associated with charging through the risk share agreements for pay award and growth in external contracts has been mitigated for the 2024/25 financial year following confirmation of an additional allocation of funds.
- The risk associated with fines for late filing of returns in relation to ‘Learning from Events Reporting’ is not included above, as whilst each episode can accrue a fine of between £5k and £25k (total fines ranging from £0.2m to £2m) the Health Board is expecting this to materialise at historic levels of c£0.2m. However, there remains a small risk this fine exposure could increase.

Balance Sheet

- The closing cash balance as of the 31st January 2025 was £5.6m, this includes £1.2m cash held for revenue expenditure and £4.4m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£1.8m) made up of (£4.3m) revenue cash and £2.5m capital cash.
- Following the Health Board meeting of 28th November 2024, a request for strategic cash-only support was made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the financial year. Whilst the initial request was for £18.0m this requirement will be reduced to £6.9m in line with the revised planned deficit for 2024-25 (£8.6m forecast deficit less £1.8m cash to be managed internally).
- The forecast closing balance assumes working balance support of £4.7m for capital payments relating to Right of Use Assets, £13.3m for revenue balances and £0.1m for utilisation of CHC AME provisions.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Jan-25 £m	Forecast Closing Balance End of Mar-25 £m
Non-Current Asset			
Property, plant and equipment	724.0	704.4	728.3
Intangible assets	1.2	0.8	1.2
Trade and other receivables	84.6	84.6	84.6
Non-Current Assets sub total	809.7	789.9	814.1
Current Assets			
Inventories	20.9	20.7	20.9
Trade and other receivables	107.7	145.5	150.7
Cash and cash equivalents	5.0	5.6	-1.8
Non-current assets classified as held for sale	0.4	0.4	0.0
Current Assets sub total	134.0	172.2	169.9
TOTAL ASSETS	943.7	962.0	983.9
Current Liabilities			
Trade and Other Payables	209.6	196.6	191.7
Provisions	47.1	96.8	91.8
Current Liabilities Sub Total	256.7	293.4	283.5
NET ASSETS LESS CURRENT LIABILITIES	687.1	668.7	700.5
Non-Current Liabilities			
Trade and Other Payables	27.5	27.4	28.4
Provisions	85.9	85.8	85.8
Non-Current Liabilities Sub Total	113.4	113.2	114.3
TOTAL ASSETS EMPLOYED	573.7	555.4	586.2
FINANCED BY:			
Taxpayers' Equity			
General Fund	353.6	335.4	366.2
Revaluation Reserve	220.1	220.1	220.1
Total Taxpayers' Equity	573.7	555.4	586.2



Capital

- The approved Capital Resource Limit (CRL) for 2024/25 is £44.5m, which includes £1.0m IFRS16 and £43.6m Capital.
- Year to date expenditure is £16.7m against a year-to-date plan of £22.2m. The Month 10 position is reporting an year to date underspend of £5.6m. The underspend is largely against Orthopaedics and Backlog Maintenance which are both closely being monitored. Regularly updates are being communicated and any risks flagged with Welsh Government.

BUDGET 2024/25

1) Capital Resource Limit 2024/25	£m	Brief Overview / Update
WG Discretionary Capital	12.4	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).
All Wales Scheme	31.1	
Total CRL	43.6	

CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.9	1.4	4.8	0.1	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.4	0.8	1.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.9	2.2	2.0	-0.1	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.4	2.0	3.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All Wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
WG Discretionary Capital	12.4	6.360	11.6	0.8	Under Commitment

Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.2	0.0	0.3	-0.1	The IRCF team in WG is currently reviewing all informaton submitted. BCUHB is waiting on formal responses to proceed with the OBC proposal.
Estates Facility Advisory Board - Fire	2.8	1.1	2.6	0.2	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Infrastructure	0.7	0.9	1.3	-0.6	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Decarbonisation	0.4	0.3	0.4	-0.1	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Regional Orthopaedic Hub at Llandudno Hospital	11.3	5.1	11.6	-0.2	Contractors on site and programme of works are progressing to handover in 2025/26. There is a continuous process to review the works and cashflow to meet the critical path. It is acknowledges and has been communicated to WG that the project is currently behind the spend profile with formal commercial meetings taking place to mitigate risks.
Substance Misuse Building, Llandudno	0.1	0.1	0.1	0.0	The tenders has been received and there is current value engineering (VE) exercise taking place. The planning approval for change of use has now been received. However as result of the VE the CRL has been revised and brokered into 2025/26 to manage the delay.
CAMHS Crisis Hub	0.3	0.2	0.3	0.0	Project is now completed and final account is being agreed.
Diagnostic Equipment 2024-25 - YG CT	2.9	0.4	2.9	0.0	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	The capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	5.0	0.7	5.0	0.0	There has been a small delay in getting all the tenders issued and instructed. Planned works has commenced and the Health Board will meet the budget forecast however any risk to delivery will be mitigated through discretionary and reported to WG.
Year End Funding – October 2024	1.7	0.1	1.7	0.0	Additional slippage monies has been received in month 6. The majority of the allocation is for 3 x DR Rooms, purchase orders are in place and delivery is time for March 2025.
Diagnostic and Medical Equipment 2024-25	2.5	1.2	2.5	0.0	Various medical equipment items form part of the £2.5m allocation. All purchase orders have been raised with delivery by the 31st March 2025.
Digital Equipment - December 2024-25	1.5	0.0	1.5	0.0	The funding is for additional hardware equipment and the transaction will complete by March 2025.
DPIF - Electronic Precribing and Medicines Administration (EPMA) Implementation	1.0	0.0	1.0	0.0	The EPMA project implementation is over 2 years. The CRL forecast will be spent by the of the financial year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	0.0	The IT project is being implemented over a couple of year and this allocation if for hardware that will be procure by March 2025.
HCF – Bladder Scanners	0.0	0.0	0.0	0.0	Equipment to be delivered - scheme complete
All Wales Capital	31.1	10.3	32.0	-0.8	Over commitment
Total Capital Funding Available	43.6	16.7	43.6	0.0	

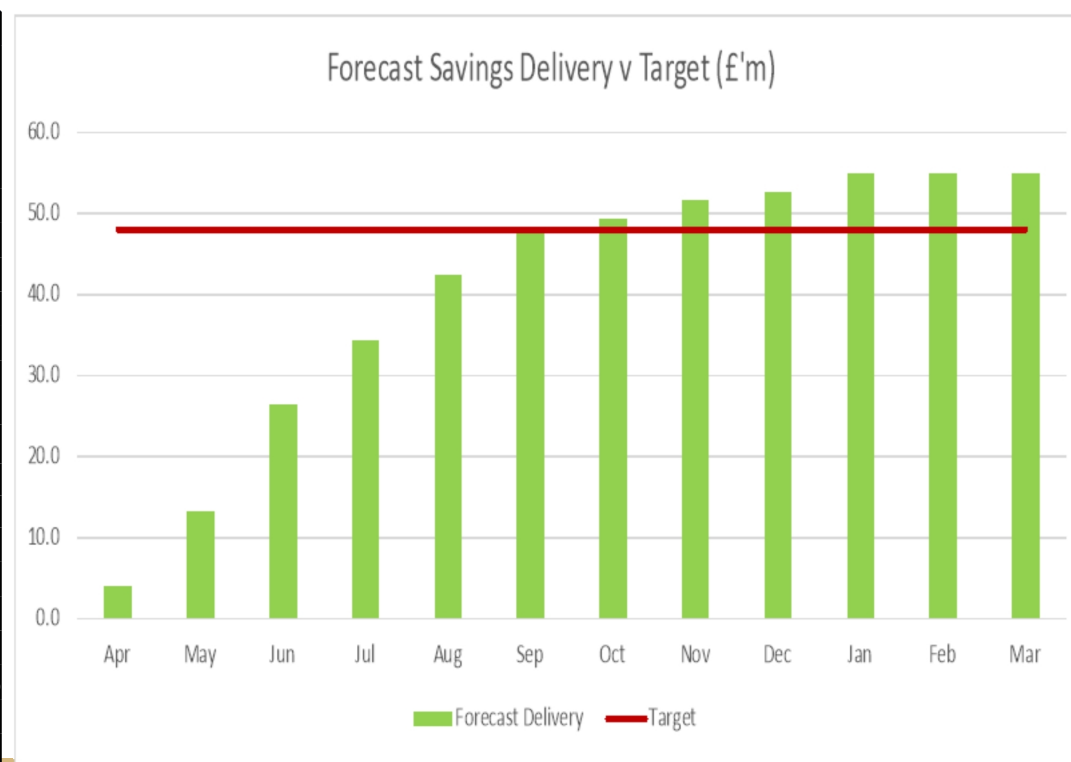
- The approved Capital Resource Limit (CRL) for 2024/25 is £44.5m, which includes £1.0m IFRS16 and £43.6m capital. Year to date expenditure is £16.7m against a year-to-date plan of £22.2m. The Month 10 position is reporting a £5.6m underspend year to date.
- The underspend is largely against Orthopaedics and Backlog Maintenance which are both closely being monitored. Regularly updates are being communicated and any risks flagged with Welsh Government.
- The forecast spend for month 11 is £12.5m and month 12 £14.4m respectively with significant spend against IT, medical devices such as the CT scanner and the completion of estates schemes in the last month.



Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts.
- Full year forecast value of Green Schemes totals £54.9m (including £41.6m Savings, £1.5m Income Generation, £11.1m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £2.3m from Month 9. Of these, £28.5m have been identified as recurring, with a full year effect of £41.9m, and £26.3m are non-recurring savings. Accountancy Gains of £11.1m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year. The gap of recurrent savings to the target is £6.1m, an improvement of £0.5m.
- In-month delivery includes Savings of £3.5m, £0.4m Income Generation and £2.3m Accountancy Gains totalling £6.1m, against a £4.0m Target
- The combined year to date delivery is £47.6m, of which £23.4m is recurring, against a £40.0m Target.

Service Performance against Target	Annual			Full Year Effect	Year to Date		
	Target	Forecast Delivery	Delivery v Target (+ve = adverse)		Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	6.8	1.9	8.7	7.2	5.7	1.5
Central Integrated Health Community	10.9	8.3	2.6	8.0	9.1	7.1	2.0
East Integrated Health Community	11.2	10.3	0.9	8.9	9.3	8.8	0.6
MHLD	4.2	7.7	-3.5	12.8	3.5	5.4	-1.9
Womens Services	1.4	1.4	-0.1	0.7	1.1	1.2	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.2	0.9	0.2	1.8	1.0	0.8
Cancer Services	1.6	1.2	0.4	1.1	1.3	1.1	0.2
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.2	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	1.0	-1.0
Corporate & Support Services	3.7	4.3	-0.6	1.5	3.1	3.8	-0.7
Reserves	4.0	1.4	2.6	0.0	3.3	1.4	2.0
Saving Total	48.0	43.7	4.3	41.9	40.0	36.5	3.5
Accountancy Gains		11.1	-11.1			11.1	-11.1
Total		54.9	-6.9	41.9	40.0	47.6	-7.6



Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.6	2.7	0.5	0.6	0.0	0.0		0.3	6.8	1.9
Central Integrated Health Community	10.9	2.7	4.1	0.4	0.8	0.0	0.4		0.0	8.3	2.6
East Integrated Health Community	11.2	5.1	3.7	0.8	0.7	0.0	0.0		0.1	10.3	0.9
MHLD	4.2	1.1	0.1	0.1	2.5		4.0			7.7	-3.5
Womens Services	1.4	1.4	0.1	0.0						1.4	-0.1
Diagnostic and Specialist Clinical Support	2.1	0.1		1.0					0.0	1.2	0.9
Cancer Services	1.6	0.4	0.8	0.0						1.2	0.4
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.1		0.0						0.1	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.6	0.0	1.7	0.0	0.0	0.0	0.0	0.0	4.3	-0.6
Reserves	4.0		0.4	1.0						1.4	2.6
Total Cash Releasing Savings	48.0	15.9	11.8	5.4	4.6	0.0	5.5	0.0	0.5	43.7	4.3
Accountancy Gains		0.3	2.2	3.1	1.9		1.8	1.7		11.1	-11.1
Total		16.2	14.1	8.6	6.5	0.0	7.3	1.7	0.5	54.9	-6.9

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	48.0	28.5	19.5	40.0	23.4	16.6
Non Recurring	0.0	26.3	-26.3		24.2	-24.2
Total	48.0	54.9	-6.9	40.0	47.6	-7.6



Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	125,433	125,433	0	125,433	125,433	0
Cancer	Biosimilar Initiation, switching	R	17,952	47,878	29,926	14,960	42,216	27,256
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	37,027	-2,129	32,630	36,403	3,773
Cancer	Medical Agency	R	83,865	96,568	12,703	70,623	83,978	13,355
Cancer	National agreed contracts for secondary care drugs	R	888,869	557,415	-331,454	718,209	524,410	-193,799
	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	2,781	-30,591	27,810	2,781	-25,029
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	13,650	1,950	-11,700
Cancer	Outsourcing savings (homecare)	R	325,110	156,154	-168,956	270,924	156,154	-114,770
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	780,000	780,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	322,500	322,500	0
	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
	DDaT - Hold on scanning patient paper records due to EPR review	NR	80,000	80,000	0	66,666	66,666	0
Corporate	DDaT - McAfee Subscription & CISCO DUO	R	66,590	66,590	0	54,483	54,483	0
Corporate	DDaT - Pay Savings	NR	241,887	241,887	0	238,709	238,709	0
	DDaT - Reduction in external storage of records - Oasis	NR	30,000	30,000	0	25,000	25,000	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	61,860	-18,912	80,772	61,860	-18,912
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	112,602	80,430	-32,172
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	82,487	82,487	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	317,765	317,765	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
	New Medacs Contract - Medical Bank & Medical Agency Optimisation	R	261,625	261,625	0	186,875	186,875	0
	Non recurrent vacancy slippage, Local Public Health team 24/25	NR	121,713	121,713	0	121,713	121,713	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	RSUK - VAT Recovery - Prior Year	NR	729,365	729,365	0	729,365	729,365	0
Corporate	Staff savings opportunities 24/25	R	127,193	127,193	0	105,994	105,994	0
Corporate	VAT Recovery	NR	963,882	963,882	0	963,882	963,882	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	Financial Accounting Gains	NR	86,641	86,641	0	86,641	86,641	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	43,900	43,900	0
DSCS	LINC Project	NR	453,000	831,366	378,366	377,500	656,940	279,440
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	31,921	31,921	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	36,490	36,490	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	16,765	16,765	0
DSCS	Toxicology Service	R	29,202	29,202	0	24,335	24,335	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	196,351	19,635	176,716	196,351	19,635
Estates	Disposal of Ala Road	R	60,738	6,746	-53,992	47,243	0	-47,243
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	3,864	3,864	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	1,188,995	650,722	494,524	1,026,434	531,910

Savings Variance

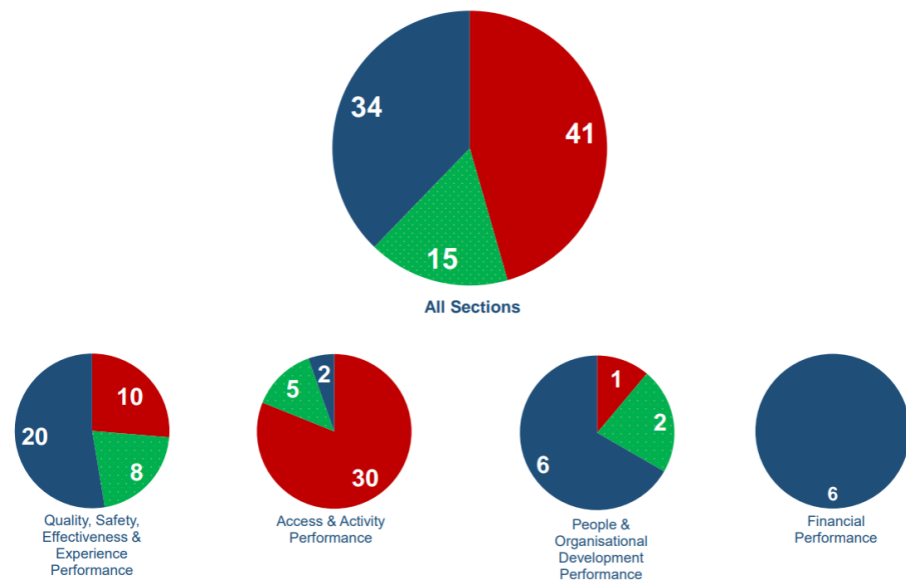
			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	CAMHS Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	456,653	456,653	0
HC - Centre	CAMHS OOA - Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,910	19,910	0	19,910	19,910	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	40,851	40,851	0
HC - Centre	Continuing Health Care (CHC) AG	NR	597,056	597,056	0	597,056	597,056	0
HC - Centre	Continuing Health Care Schemes	R	734,000	771,110	37,110	611,670	771,110	159,440
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	286,957	-393,858	510,611	116,753	-393,858
HC - Centre	DDAC prescribing	R	1,253,076	1,243,076	-10,000	1,262,179	1,207,301	-54,878
HC - Centre	Dressings review	R	80,000	18,769	-61,231	66,667	18,769	-47,898
HC - Centre	GMS Accountancy Gain	NR	130,992	130,992	0	130,992	130,992	0
HC - Centre	GMS Accountancy Gain - Roche Contract	NR	397,997	397,997	0	397,997	397,997	0
HC - Centre	LAC Income over-achievement	NR	400,000	400,000	0	310,664	400,000	89,336
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	96,132	-39,836	108,546	82,714	-25,832
HC - Centre	Nurse Agency Run Rate Reduction	R	201,705	270,851	69,146	201,529	201,654	2,126
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	18,496	166,831	148,335	19,080	114,079	95,000
HC - Centre	Optimisation of generic prescribing	R	121,666	136,188	14,522	115,315	114,454	-861
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	8,734	8,734	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	41,666	41,666	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	204,924	204,924	0
HC - Centre	Polypharmacy medication reviews	R	300,000	616,062	316,062	250,000	542,672	292,672
HC - Centre	Review low value medicines prescribed including liothyronine	R	115,432	12,301	-103,131	112,860	12,301	-100,559
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	83,038	42,954	27,750	72,310	44,560
HC - Centre	Scriptswitch & Optimise savings	R	250,000	526,391	276,391	208,333	439,677	231,344
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountancy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountancy Gain - Renal PD	NR	83,000	83,000	0	83,000	83,000	0
HC - East	Accountancy Gain - ED PD	NR	24,091	24,091	0	24,091	24,091	0
HC - East	Accountancy Gain - Locum Medical Surgery	NR	51,083	51,083	0	51,083	51,083	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	189,000	-51,000	200,000	165,538	-34,462
HC - East	Biosimilar Initiation, switching	R	442,735	176,201	-266,534	321,333	143,736	-177,597
HC - East	Catering Consumables	R	92,169	92,169	0	75,835	75,835	0
HC - East	Cease Inco sheet usage	R	4,215	4,215	0	3,372	3,372	0
HC - East	CHC Cost containment	R	604,512	577,180	-27,332	504,512	541,180	36,668
HC - East	Childrens - Medical Agency Reduction	R	250,000	399,910	149,910	208,333	359,910	151,576
HC - East	Childrens CHC Package Review	R	120,000	98,184	-21,816	105,000	98,184	-6,816
HC - East	Continuing Health Care (CHC) AG	NR	250,000	250,000	0	250,000	250,000	0
HC - East	DDAC prescribing	R	1,489,958	1,370,373	-119,585	1,407,770	1,356,076	-51,694
HC - East	Dressings review	R	60,000	10,778	-49,222	50,000	10,778	-39,222
HC - East	GMS Accountancy Gain	NR	209,465	209,465	0	209,465	209,465	0
HC - East	GMS Accountancy Gain - Roche Contract	NR	393,501	393,501	0	393,501	393,501	0
HC - East	Increase of catering income	R	88,698	88,698	0	73,910	73,910	0
HC - East	Increased Income from Residences	R	75,521	26,520	-47,201	56,641	9,440	-47,201
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	330,926	-19,074	290,000	274,926	-15,074

Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	Medical Agency Reduction - Community Services	R	261,163	348,089	86,926	217,636	309,439	91,803
HC - East	National agreed contracts for secondary care drugs	R	157,451	123,156	-34,295	126,225	112,489	-13,736
HC - East	Nurse Staffing - Agency Reduction	NR	453,996	453,996	0	272,398	272,398	0
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	68,398	27,694	33,920	63,818	29,898
HC - East	Optomisation of generic prescribing	R	223,666	277,288	53,622	213,798	227,288	13,490
HC - East	Outsourcing savings (homecare)	R	118,128	146,185	28,057	88,596	137,114	48,518
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	7,511	7,511	0
HC - East	Polypharmacy medication reviews	R	350,004	740,549	390,545	291,670	649,378	357,708
HC - East	Portering Staffing	R	30,996	30,996	0	25,830	25,830	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	55,552	-4,448	50,000	45,552	-4,448
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	5,830	5,830	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	4,750	4,750	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	316,322	147,322	147,000	267,677	120,677
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	709,006	469,006	200,000	629,006	429,006
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	350,777	120,058	196,021	284,777	88,756
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Renal VAT - Mold Clinic	NR	245,869	245,869	0	245,869	245,869	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	10,625	-86,059	80,570	10,625	-69,945
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	80,040	32,915	32,625	72,277	39,652
HC - East	RSUK - VAT Recovery - In Year	R	138,012	138,012	0	99,991	99,991	0
HC - East	Scriptswitch & Optimise savings	R	350,004	639,237	289,233	291,670	550,117	258,447
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	27,034	27,034	0
HC - East	Urology Scope Stacker	R	75,000	46,875	-28,125	56,250	28,125	-28,125
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	90,564	-154,005	201,025	57,375	-143,650
HC - West	BCU Accommodation for CHC West team	R	9,876	3,292	-6,584	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	260,084	90,170	134,767	205,668	70,901
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	100,000	-34,088	105,778	92,000	-13,778
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	83,333	83,333	0
HC - West	Continence Products	R	50,000	8,330	-41,670	41,670	0	-41,670
HC - West	Continuing Health Care (CHC) AG	NR	601,469	601,469	0	601,469	601,469	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	2,160	2,160	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	108,000	11,500	86,140	98,000	11,860
HC - West	DOAC prescribing	R	1,095,519	989,397	-106,122	981,737	912,244	-69,493
HC - West	Dressings review	R	30,000	3,329	-26,671	25,000	3,329	-21,671
HC - West	Flexible Job Plan Sessions	NR	83,603	83,602	-0	62,702	62,702	-0
HC - West	GMS Accountancy Gain	NR	162,857	162,857	0	162,857	162,857	0
HC - West	GMS Accountancy Gain - Roche Contract	NR	394,344	394,344	0	394,344	394,344	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	180,000	-68,000	202,000	150,000	-52,000
HC - West	Grip and control measures - pay SDEC	R	241,500	149,000	-92,500	172,500	113,000	-59,500

Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	Home Enteral Tube Feeding (Ancilliary items)	NR	20,000	20,000	0	16,660	15,000	-1,660
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	5,900	-84,100	30,000	0	-30,000
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	234,100	-4	215,268	200,000	-15,268
HC - West	Increase of catering income	R	218,024	229,000	10,976	181,680	205,000	23,320
HC - West	Llandudno Decant - Pay	NR	150,000	132,000	-18,000	150,000	132,000	-18,000
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	39,000	-41,000	60,000	29,000	-31,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	120,206	-45,649	132,917	108,393	-24,524
HC - West	Ophthalmology Private Patient Income	R	53,000	90,000	37,000	44,167	82,000	37,833
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	105,787	74,987	25,667	97,796	72,129
HC - West	Optomisation of generic prescribing	R	107,361	123,630	16,269	102,218	102,814	596
HC - West	Outsourcing savings (homecare)	R	28,893	86,006	57,113	24,078	86,006	61,929
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	598,554	348,554	208,333	499,987	291,654
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	83,000	-103,000	143,000	63,000	-80,000
HC - West	Residential Accommodation rental increase (West)	R	65,416	21,483	-43,933	43,611	17,483	-26,127
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	6,457	-41,699	40,130	6,215	-33,915
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	70,309	45,934	16,875	63,874	46,999
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	14,000	-10,024	20,020	13,000	-7,020
HC - West	RSUK - VAT Recovery - In Year	R	60,093	60,093	1	45,765	38,395	-7,370
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	370,000	210,000	120,000	300,000	180,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	340,000	80,000	159,333	250,000	90,667
HC - West	Scriptswitch & Optomise savings	R	200,000	343,488	143,488	166,667	343,488	176,821
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	509,644	-151,356	550,833	396,390	-154,444
MH&LDS	Continuing Health Care (CHC) AG	NR	481,284	481,284	0	481,284	481,284	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	64,981	0	64,981	64,981	0
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	71,552	71,552	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	22,232	-49,734	50,359	19,108	-31,251
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	50,833	-10,163	50,830	40,667	-10,164
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	222,809	-31,579	211,990	178,247	-33,743
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	3,991,383	-1,459,161	3,849,120	2,389,959	-1,459,161
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	124,128	0	103,440	0	-103,440
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	2,027,778	2,098,498	70,721
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	8,790	8,790	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	20,607	20,607	0
Midw & Womens	E-roster Housekeeping	NR	53,073	53,073	0	53,073	53,073	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	11,669	11,669	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	33,549	33,549	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	50,199	19,177	24,714	40,505	15,791
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction	NR	11,400	11,400	0	9,500	9,500	0
Midw & Womens	Womens BFI Accreditaion	NR	11,400	11,400	0	9,500	9,500	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	48,762	-16,314	54,230	37,916	-16,314
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	635,336	368,683	259,431	577,142	317,711
Midw & Womens	Vacancy Factor	R	500,000	529,685	29,685	416,667	441,404	24,737
Primary Care	Accountancy Gain - Integrated Clinical Delivery	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Primary Care Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
Subtotal			45,561,253	46,038,071	476,818	39,396,656	40,276,501	879,846
Procurement			1,208,051	1,560,921	352,870	900,152	1,274,830	374,678
Close of PO's AG			826,980	826,331	0	826,331	826,331	0
Enhanced mileage rates			229,230	326,139	96,909	191,025	287,934	96,909
Enhanced Recruitment Control Savings			2,272,251	6,110,079	3,837,828	2,272,251	4,910,599	2,638,348
Telephone Line Rental			12,914	12,981	67	10,761	10,812	51
Total			50,110,680	54,874,522	4,764,492	43,597,177	47,587,007	3,989,830

Teitl adroddiad: Report title:	Integrated Quality & Performance Report – Month 10 2024/25																		
Adrodd i: Report to:	Performance, Finance & Information Governance Committee																		
Dyddiad y Cyfarfod: Date of Meeting:	Tuesday, 25 February 2025																		
Crynodeb Gweithredol: Executive Summary:	<p>This report relates to Month 10 of the 2024/25 financial year.</p> <p>The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF).</p> <p>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: -</p> <ol style="list-style-type: none"> 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures. <p>There are 90 measures included in this report, 34 of which are locally defined or do not have a specified monthly target rate. Of the remaining measures, 15 (15%) are on target and 41 (45%) are off target. As indicated within the below graphic;</p> <div data-bbox="446 1254 1356 1836" data-label="Figure">  <table border="1"> <caption>Performance Metrics by Section</caption> <thead> <tr> <th>Section</th> <th>On Target</th> <th>Off Target</th> </tr> </thead> <tbody> <tr> <td>All Sections</td> <td>15</td> <td>41</td> </tr> <tr> <td>Quality, Safety, Effectiveness & Experience Performance</td> <td>8</td> <td>10</td> </tr> <tr> <td>Access & Activity Performance</td> <td>5</td> <td>30</td> </tr> <tr> <td>People & Organisational Development Performance</td> <td>2</td> <td>1</td> </tr> <tr> <td>Financial Performance</td> <td>6</td> <td>0</td> </tr> </tbody> </table> </div> <p>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.</p> <p>The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement</p>	Section	On Target	Off Target	All Sections	15	41	Quality, Safety, Effectiveness & Experience Performance	8	10	Access & Activity Performance	5	30	People & Organisational Development Performance	2	1	Financial Performance	6	0
Section	On Target	Off Target																	
All Sections	15	41																	
Quality, Safety, Effectiveness & Experience Performance	8	10																	
Access & Activity Performance	5	30																	
People & Organisational Development Performance	2	1																	
Financial Performance	6	0																	

	<p>(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: -</p> <ul style="list-style-type: none"> • Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate open and honestly <p>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.</p> <p>The Framework requires the production of an Integrated Quality & Performance Report (IQPR) and is presented at this committee (Appendix 1). The Performance & Commissioning Directorate has been working with our partners across the organisation, including the Executive and the Integrated Performance Executive Delivery Group (IPEDG) in developing our IQPR.</p> <p>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 IQPR at various levels across the Health Board. These arrangements include putting in place formal and informal accountability review structures and escalation/ de-escalation mechanisms.</p> <p>The structure of our IQPR is based upon the Quadruple Aims as per the Welsh Government's healthier Wales paper, the NHS Wales Performance Framework 2024-25 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 2024-25, 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</p> <p>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.</p> <p>Statistical Process Control (SPC) charts have been included where appropriate, with the cover report including reference to theatres utilisation, in future reporting these measures will be included (with improvement trajectories) within the main IQPR for members as reported local metrics.</p>
<p>Argymhellion:</p> <p>Recommendations:</p>	<p>The Committee is asked to:</p> <p>Review the contents of the report and identify additional assurance work or actions it would recommend Executive colleagues to undertake.</p>
<p>Arweinydd Gweithredol:</p>	<p>Stephen Powell, Director of Performance & Commissioning</p>

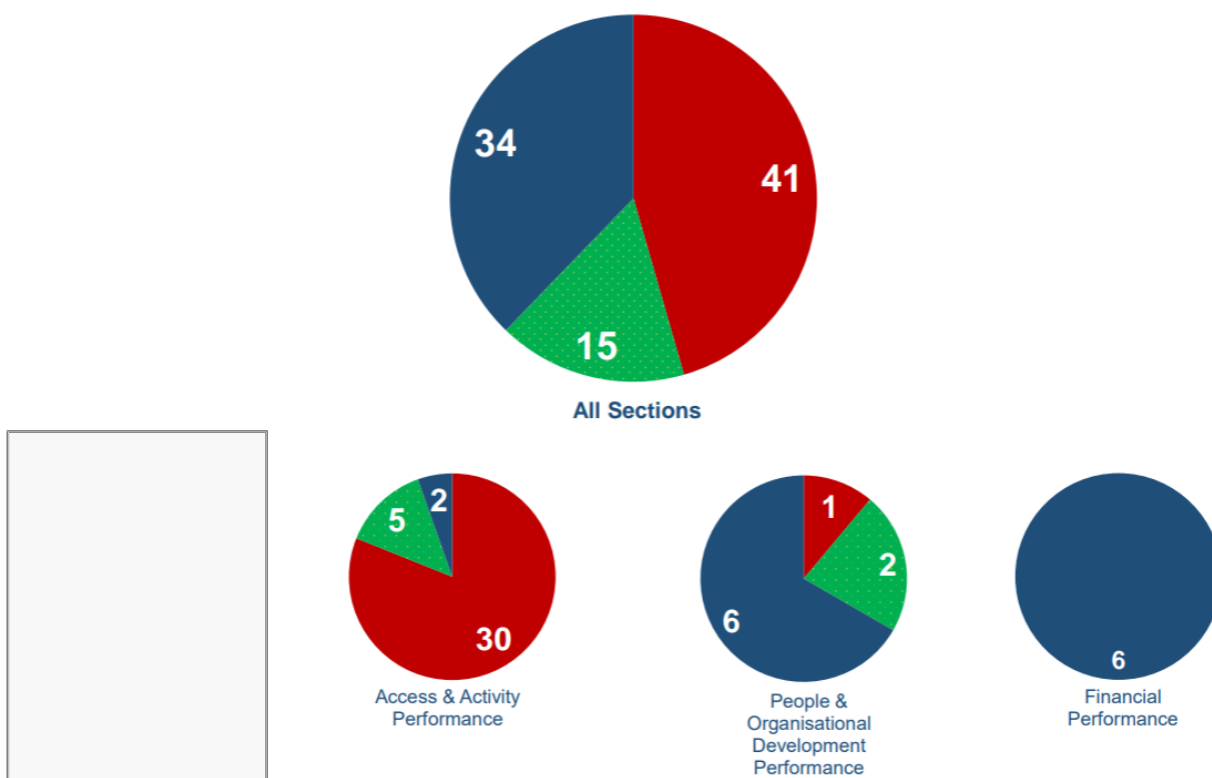
Executive Lead:				
Awdur yr Adroddiad: Report Author:	Ed Williams, Deputy Director of Performance			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.			
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 EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA 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			

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	There remain 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 <i>Financial implications as a result of implementing the recommendations</i>	The delivery of the performance indicators within our IQPR will directly/indirectly impact upon the financial recovery plan of the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	The delivery of the performance indicators within our IQPR will directly/indirectly impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	The report is reviewed by Executives and the Integrated Performance Executive Delivery Group (IPEDG). The full report has been reviewed by the Executive Director of Finance and Deputy Director of Performance.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	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) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations:</i> Focus on areas for assurance on performance improvement. Further work is being undertaken to strengthen integration between Performance, Planning and Risk Management as outlined in the three Integrated Frameworks. All members of the Performance & Commissioning Directorate have received Level 2 or Level 3 training in Risk Management (January 2025) and will be progressing to including the outcomes of risk based analysis via 'Assurance Confidence Level Indicators' with each measure within the IQPR. These elements will be tested at IPEDG in March 2025, with a view to roll out into formal Committee and Health Board versions of the IQPR in May 2025 (Reporting on April 2025 position).	
Rhestr o Atodiadau: <i>List of Appendices: 1</i> <i>The Integrated Performance Report in PowerPoint/ PDF</i>	

Committee; Performance, Finance & Information Governance Committee
Report title; Summary of Integrated Performance Report (Month 3 of 2024/25)
Report Author; Director of Performance

1. Overall Summary

Of the 90 measures included in the report, 15 are on target, 41 are off target with the remaining 34 either measured on a cumulative basis or not having a target. For the remit of the Performance, Finance & Information Governance Committee, Quality, Safety, Effectiveness & Experience Performance, is not included in this Report as it 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 three quadrants, as articulated within the above graphic. Prioritisation of the metrics off plan is used to populate the escalation section of the IPR (see appendix 1) 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 IQPR are not included as these are in the remit of the Quality, Safety & Experience Committee and are included for information only.

2. Key outputs from oversight of Access & Activity Performance

2.1 Introduction

This quadrant contains the greatest number of measures within the report, with the 37 measures within this section requiring oversight through PFIG. It is noted that based on latest information BCUHB is not achieving the target for 30 (81%) of these measures.

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

- Maintaining CAMHS and AMH performance
- Achievement of cancer standards and waiting times
- Planned Care waiting times and performance
- Ambulance handover times and performance
- Patient flow (emergency departments and delays to discharge)

2.2.1 Planned Care

[\(Corporate Risk 24-11 Planned Care\)](#)

[\(Corporate Risk 24-13 Timely Diagnostics\)](#)

Within planned care, whilst the SPC charts reflect improved performance over historic periods, we see a flattening of the improvement in recent months, and for outpatients and procedures an increase in the numbers waiting.

Weekly planned care escalation meetings are taking place with focus on delivery against the challenges, with a specific focus on;

- Enhanced utilisation of in-house capacity
- Validation of patients waiting for procedures
- Implementation of Treat-In-Turn Methodology
- Targeting patients seen in clinic at Get It Right First Time (GIRFT) standards
- Greater oversight and the setting of booking rules
- Engagement with the commercial sector to offer short-term solutions to capacity shortfalls.

Whilst progress hasn't had the desired pace, the Health Board is targeting use of Planned Care funds with to eradicate over 156 week waits by 31.03.2025 and to significantly reduce the number of patients waiting over 104 weeks for treatment.

As previously referenced in PFIG meeting, local metrics are now incorporated within the report, an example of the latest theatre utilisation performance is articulated below.

Ref	Measure	Latest Performance	Target
1	Theatre Utilisation (Capped)	71.0%	85%
2	Cases to be seen per theatre list	2.2	2.5
3	Cancellations at short notice or on the day	12.2%	<5%
4	Theatres starting greater than 15 minutes late	49.8%	<10%
5	Theatres finishing earlier than 60 minutes	26.1%	<10%

The Health Board has an Elective Optimisation Group emphasising the focus for improved utilisation of theatres and supported via Planned Care escalations with performance oversight through the Integrated Performance – Executive Delivery Group (IPEGD). The clinical variation work-stream within the Value and Sustainability Programme will include focus on increasing our elective capacity throughput.

It is vitally important for the Health Board to utilise the planned care theatre and clinic capacity productively and efficiently in order to service the needs of the local population, with significant focus to be placed within this area of improvement opportunity within ‘Clinical Variation’ in the Value & Sustainability Programme.

2.2.2 Activity

It is important to note that 2024-25 year to date the Health Board has seen 8,832 (3%) more new outpatients and 13,280 (3%) more follow-up patients than in the same period for 2023-24. The number of Elective Inpatient and Day-case procedures remain more or less the same as last year.

In addition, unprecedented demand on diagnostic services, including radiology and histopathology bring a further challenge along the referral to treatment pathways.

2.2.3 Patients experiencing waits over 52 weeks for a first outpatient appointment.

52 weeks (Stage 1) – Position stabilised and beginning to decrease. However, focus continues on reducing the extreme waits at all stages (104 and 156 weeks).



The Health Board submitted a revision to initial plans on Planned Care Performance (contained within the main report) with the current performance against patients awaiting treatment for in excess of 104 weeks further highlighted below;



The Health Board submitted a trajectory for having only 5,000 patients waiting in excess of 104 weeks for treatment by 31st March 2025, the improvements in utilisation of theatre capacity, validation, use of waiting list initiatives and recent commissioning with partner organisations key to attainment of this targeted performance (current performance shows a decrease to 9,839 patients compared to the 10,441 previously reported).

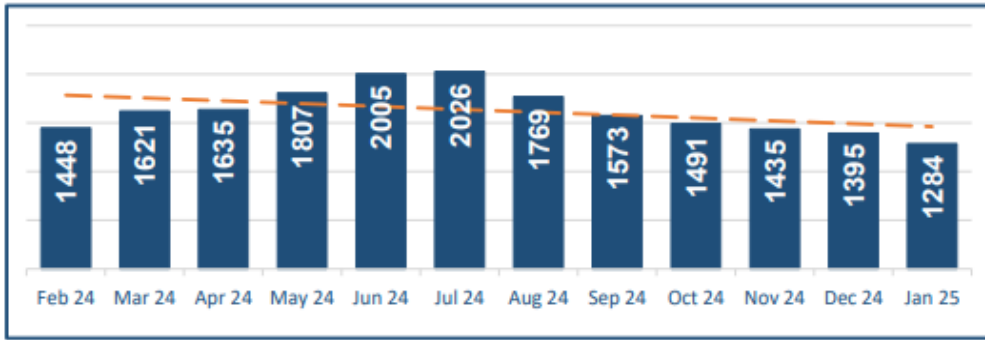
The leadership of the Health Board have concluded meetings with the Integrated Health Communities leadership, with revised trajectories produced for all patients waiting in excess of 104 weeks for all stages. The forecast excluding additional investment totalling 7,800 patients waiting beyond 104 weeks and with additional investment this reducing to 4,990 patients.

The work on revised trajectories was received by Welsh Government, with the result being to secure additional investment for the remainder of 2024/25. However, it is still of note that the All-Wales target of attaining a zero number of patients waiting more than 104 weeks for a procedure remains for 31st March 2025.

The Health Board will not attain zero patients waiting 104 weeks, although Welsh Government supported further investment to improve to 4,990 patients waiting. Risks centre upon securing additional capacity through staff and the private sector and managing winter demand potential impacts to deliver forecast performance.

2.2.4 Patients experiencing waits exceeding 156 weeks (3 years)

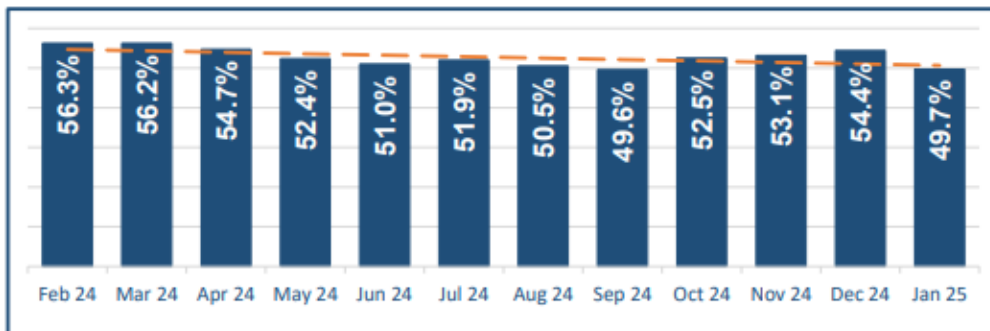
The number of patients waiting over 156 weeks for treatment has almost halved since July 2024 and currently stands at 1,284. The eradication of all 156 Week breaches by the end of March 2025 remains a focus of substantial and targeted intervention by the executive team and is being led by the Chief Executive Officer via weekly review meetings.



Insourcing for Dermatology (waiting list initiatives targeting urgent suspected cancer) Outsourcing for Ophthalmology and Gastroenterology additional locum appointments with a focus on General Surgery has commenced and should reduce the numbers of patients waiting by close of March 2025.

2.2.5 Ophthalmology and Follow-up Backlog

Performance against the Eye Care Measure (Ophthalmology R1 – % seen within 25% of clinical target date) shows a deteriorating trend over the previous 12 months. Due to the risk of irreversible harm to patients waiting in excess of their clinical due date, performance against this measure, together with follow up backlog in Ophthalmology has now been escalated internally and is being given executive focus via the Integrated Performance Executive Delivery Group.



The overall Follow-up Backlog position shows a deteriorating trend over the previous 12 months. Due to the risk of harm to patients waiting in excess of their clinical due date, performance against this measure, has now been escalated internally and is being given executive focus via the Integrated Performance Executive Delivery Group.



2.2.6 Planned Care Conclusion

The additional focus placed upon Planned Care, with improvements sought through the Clinical Variation element of the Value & Sustainability programme, is set to improve reported performance and reduce patients waiting beyond 156 weeks for their treatment. The Health Board seeking to implement in full Welsh Government guidance on Treat in Turn (patients booked for procedures determined to be routine elective care based on date of referral for the treatment).

In addition, a focus on enhanced utilisation of theatre and clinic capacity is set to increase capacity in house (along with validation and use of premium working as supported by the Health Board) which enables our seeing greater patient numbers, resulting in improved reported performance by reducing patients waiting over 52 weeks for stage 1 (a new outpatient appointment) and patients waiting over 104 weeks for stage 4 (a procedure).

The Executive is reviewing performance in elective care attainment, with internal meetings daily, and support from Welsh Government in attendance at several internal meetings continuing until the end of March 2025. Assurance regarding delivery of the plan, and in addition if opportunity exists to service more patients from this cohort and reduce the numbers waiting for in excess of 104 weeks for a procedure.

Planned Care Performance will continue to be presented to members of PFIG, to assure delivery of the improvements to patients waiting beyond 104 weeks.

2.3.1 Urgent and Emergency Care (UEC)

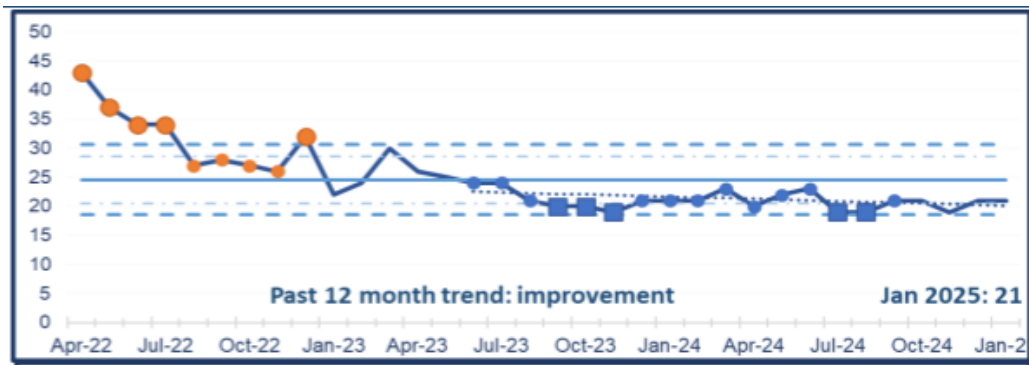
[\(Corporate Risk 24-10 Urgent and Emergency Care\)](#)

The performance for this element is focused from Welsh Government on two key metrics;

- Patients waiting greater than 1 hour for ambulance handover
- Patients waiting greater than 12 hours in the Emergency Department

Performance against both metrics remains below plan, and performance across nearly all the Urgent & Emergency Care metrics evidences a deterioration month on month. However, within the Emergency Departments, where teams have the ability to improve elements within their sphere of influence, performance has improved, e.g., median time to clinical decision maker has been halved on the last 12 months.

Median time from arrival to triage by a clinician



Median time from arrival to assessment by clinical decision maker



The work within the Six Goals Programme, the Fifty Day Challenge set by Welsh Government, and reset and refocus work within Urgent and Emergency Care commenced in November 2024, have not, to date, demonstrated the expected improvements, and, despite an almost 25% reduction in the number of ambulance conveyances, the position for January 2025 remains challenging and adverse to plan.

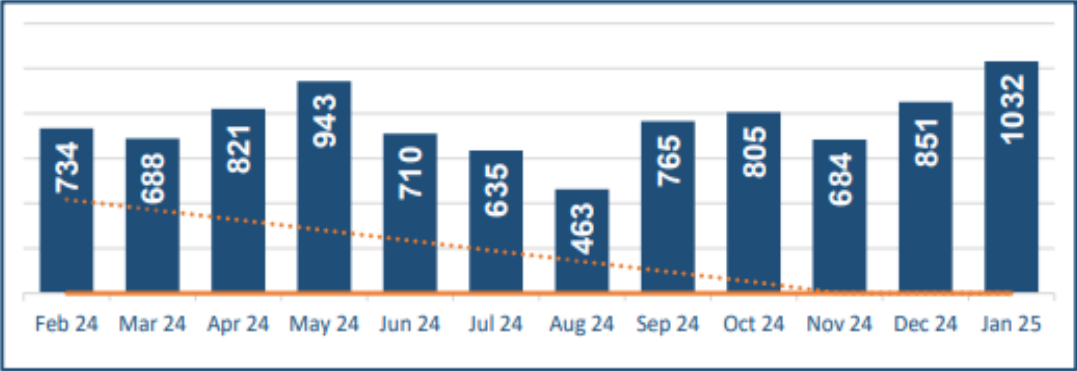
Flow of patients through the system is needed within the sites to improve handover delays or ED occupation times. With a monthly average of 325 patients in delayed pathways of care occupying beds across the Health Board, compounded by the seasonal outbreaks of flu and other respiratory conditions increasing demand on both UEC and direct emergency admissions.

Until the issues with flow and in particular delayed pathways of care have been resolved it is unlikely that we will see any significant improvement in this area.

Number of 1+ Hour Ambulance Handover Breaches



Number of 4+ Hour Ambulance Handover Breaches



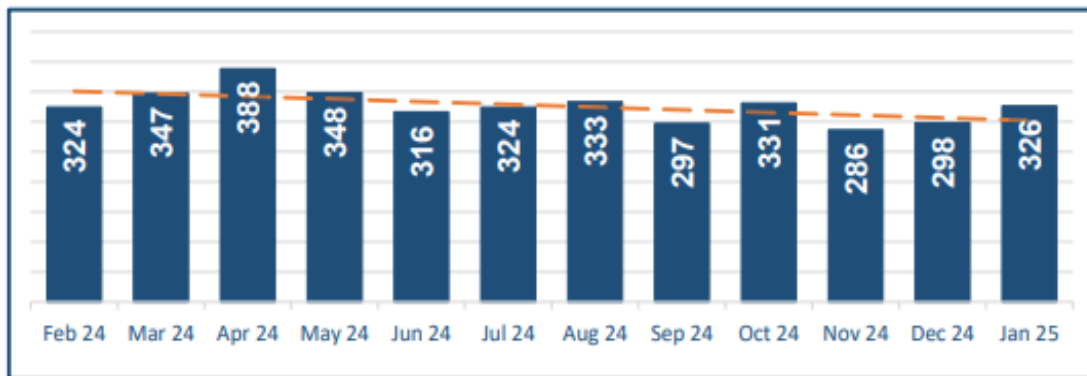
Number of 12 Hour Emergency Department Waits



Number of 24+ Hour Emergency Department Waits



Number of Delayed Pathways of Care



3. People & Organisational Development

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

(Corporate Risk 24-1 Leadership/Special Measures)

Focus continues on:-

- Work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.
- Ongoing culture work which will be reported as part of the new culture dashboard being developed for the organisation
- Ongoing staff wellbeing work to ensure officers are available to support patients and colleagues
- Plan for the new dedicated retention lead who is coming on-board for the organisation funded by HEIW.

4. Financial Performance (Month 10 – January 2025)

(Corporate Risk 24-05 Financial Sustainability)

The forecast outturn position has reduced to a planned deficit of £8.6m to reflect the correspondence of the 2nd of December from WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a recurrent basis for 2024/25, having complied with the condition of moving towards attainment of the control total for 2023/2024. However, as the Health Board didn't attain control total this funding remains conditionally current for 2024/25.

The January position is reporting an in-month surplus of £2.6m, an improvement of £0.4 from the previous month. The year to date position is a deficit of £12.9m, which represents a £5.7m adverse variance compared to the 10/12th of the revised £8.6m full year planned deficit. This is driven by pressures associated with additional capacity areas remaining open, Out of area Mental Health placements, an increase in CHC activity and Primary & Secondary care drug costs.

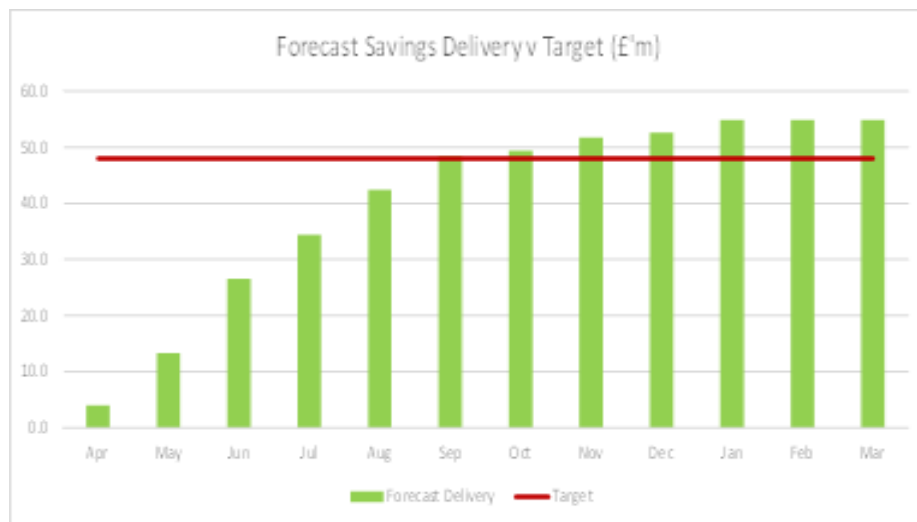
Financial Position to Date and Forecast Position	Actual Position												Forecast		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total YTD	Feb	Mar	Forecast year-end position	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	(12.9)	2.0	2.3	(8.6)	
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(7.1)	(0.7)	(0.7)	(8.6)	
Surplus/ (deficit) over plan	(2.7)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	(5.7)	2.7	3.0	0.0	

Savings

The Health Board's financial plan set a savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in January totalled £6.1m, of which £2.5m is recurring. Accountancy Gains of £2.3m were also identified in month which is an increase of £1.4 from the previous month.

The full year forecast value of the saving schemes is £43.8m and Accountancy Gains of £11.1m, giving a combined total of £54.9m, an increase of £2.3m from Month 9. Of these, £28.5m have been identified as recurring, with a full year effect of £41.9m, and £26.4m identified as non-recurring savings. Therefore, the recurrent shortfall is identified as £6.1m.



There will be a savings ask as we plan for 2025/26, and the Health Board through the Value & Sustainability work will need to develop pipeline schemes for implementation from 1st April 2025 to remove the risk of financial delivery from commencement of the new financial year.

5. Appendix

Appendix 1 – Integrated Performance Report



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University Health Board

Integrated Performance Report

Reporting Period: to 31.01.2025

Presented to

Performance, Finance & Information

Governance Committee

Tuesday, 25th February 2025

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Performance Escalations Report

A Summary of Escalated Performance Measures

Quality, Safety & Experience Performance

Newly Escalated Learning from Events Reports: Significant level of penalties levied on organisation in November 2024 for 58 overdue LFERs (financial risk of c £193k). December, there were **64 outstanding LFERs** indicating a further and higher financial risk.

- No **New Never Events** reported since 31.07.2024.
- **Complaints:** Consistent compliance over 75% of complaints resolved within 30 days. Measure formally **de-escalated** at Integrated Performance Executive Delivery Group (IPEDG) 22.01.2025. (**Corporate Risk 24-04 Failure to Embed Learning**)
- **Clinical Coding Compliance** will remain a significant risk through 2024-25 and will recover towards the end of 2025-26. Position stabilised and showing signs of improvement. Measure will be kept in escalation for assurance.
- **National Reportable Incidents** open for 90 days or more position has significantly and consistently improved. Recommendation for formal **de-escalation** will be made at IPEDG on 26.02.2025.

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

People & Organisational Development Performance

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

(Corporate Risk 24-1 Leadership/Special Measures)

- At **78.9%**, **PADR** rate continues to improve but remains below the 85% target.
- At **6.8%**, **Sickness absence rate** has seen an overall increasing trend over recent months, in line with seasonal change.
- At **0.6%**, **Turnover rate** for nursing staff leaving BCUHB, aligned with the national and local retention work put in place
- At **4%**, **agency spend** has been creeping back up over the last 3 months. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

Our Access and Activity Planned Care: (Corporate Risk 24-11 Planned Care)

- **Referral to Treatment (RTT):** Planned Care remains in heightened escalation and executive oversight and support. Additional WG funding is being utilised to reduce 156-week breaches and to halve the number of 104-week breaches by 31.03.2025. (Currently, **1,284** and **9,839** respectively).
- **Cancer:** Performance improved in December at **58.9%**, Continued use of Planned Care funds is expected to attain the Welsh Government ask of a 70% delivery by March 2025.
- **Diagnostics waits over 8 weeks:** The number of patients continues to increase at **10,999** and has increased by over 3,000 since October 2024. (**Corporate Risk 24-13 Timely Diagnostics**)
- **Percentage of Ophthalmology R1 patients seen within 25% of their clinical due date** is deteriorating at 49.7% and due to the potential irreversible nature of conditions that some patients in this cohort have, is of significant concern. Urgent harm reviews for assurance is recommended.
- **The number of patients that are 100% overdue their clinical review date** is of concern at just over 92,000. Focus has been on extreme waits but attention now needs to be placed on follow-ups.

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

- **Pathways of Care Delays:** Whilst there was some improvement, before Christmas, the number of POCD has increased in January. However, the length of the delays has reduced.
- **Ambulance handover waits over 4 Hours:** The number of handover breaches remains a concern with **1,032** reported in January 2024.
- **The number of patients spending 12+ or 24+ hours in our Emergency Departments** continues to increase and at **3,696** and **1,950** respectively are at re highest levels in 3 years.

Our Finance (Corporate Risk 24-05 Financial Sustainability)

The Health Board is currently reporting year to date deficit of £12.9m which is an adverse year to date position of **£5.7m over** the year to date plan, whilst still forecasting attainment of the £8.6m deficit control total as at 31st March 2025. Key next actions to attain plan being;

Implementation of additional controls

- **Implementation of expenditure targets for Areas and Directorate (November 2024)**
- **Oversight through the Integrated Performance Executive Delivery Group**

Further controls implemented to control levels of expenditure

- **Temporary Workforce** - cease use of non-clinical agency, additional oversight on bank and overtime
- **Temporary Workforce** – additional oversight on clinical use of agency
- **Non-Pay** – discretionary non-clinical expenditure overseen by Executive Director of Finance

The securing of £82m received non-recurrently in 2024/25 into 2025/26 is dependant upon achieving the 2024/25 control total of a deficit of £8.6m.

Presented on 25.02.2025

Access & Activity: Escalated Performance Measures Urgent & Emergency Care

The reset and refocus work within Urgent and Emergency Care commenced in November 2024 has not demonstrated the expected improvements and the position for January 2025 is significantly worse than the same period in 2024. Until the issues with flow and in particular delayed pathways of care have been resolved it is unlikely that we will see any significant improvement in this area. Where improvements are within the gift of the Emergency Departments themselves, there has been improvements, such as Median time to triage, median time to clinical decision maker. It therefore reaffirms that the issues are outside the control of the ED itself.

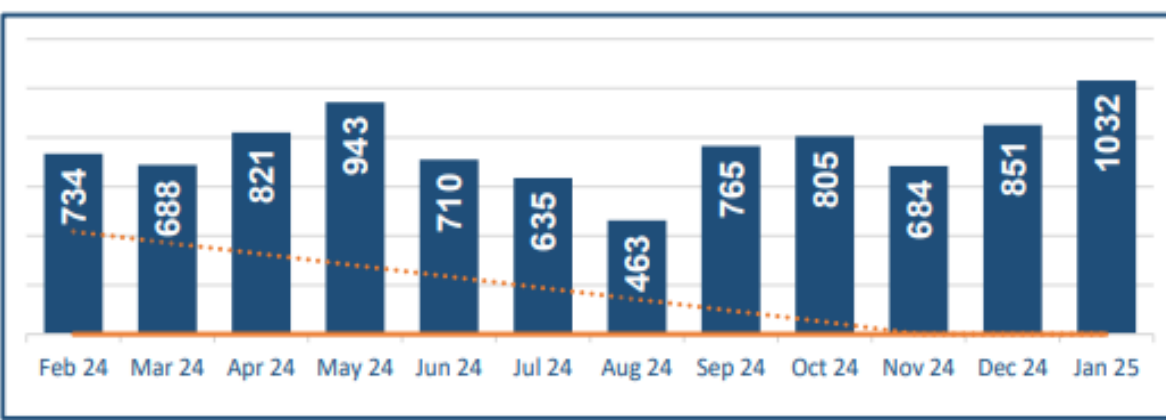
Number of 12 Hour Emergency Department Waits



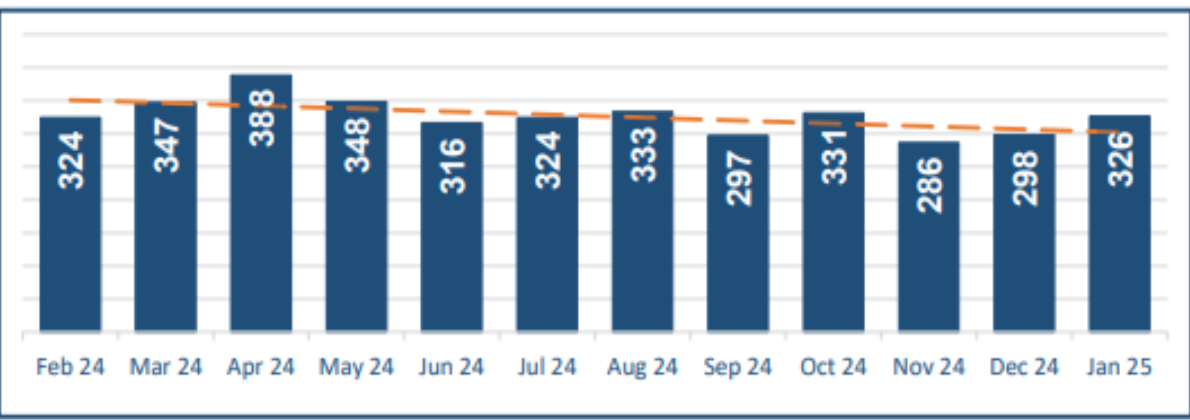
Number of 24+ Hour Emergency Department Waits



Number of 4+ Hour Ambulance Handover Breaches

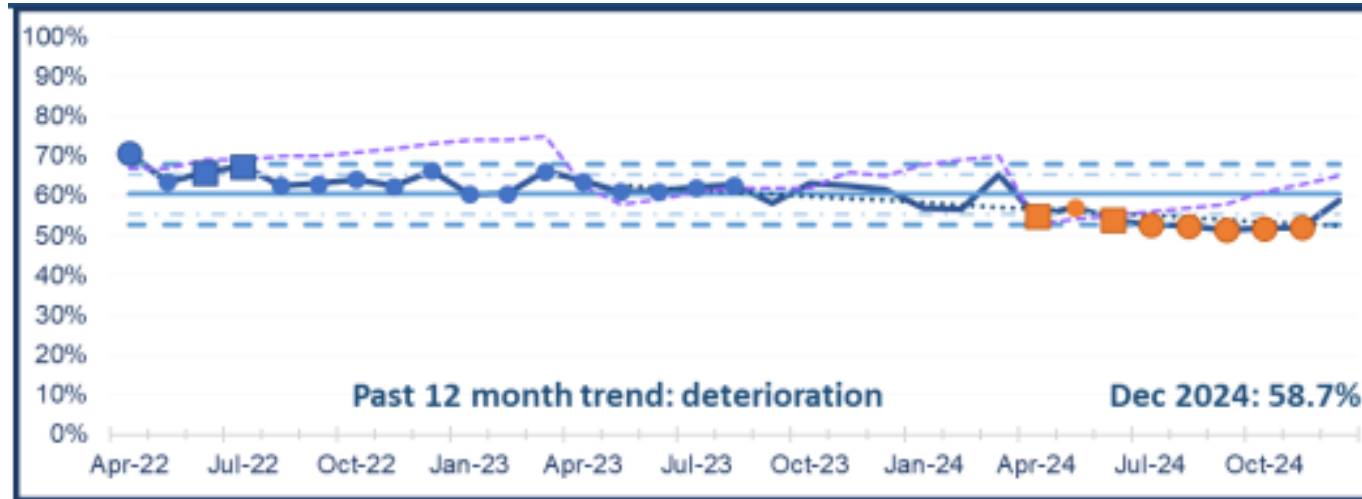
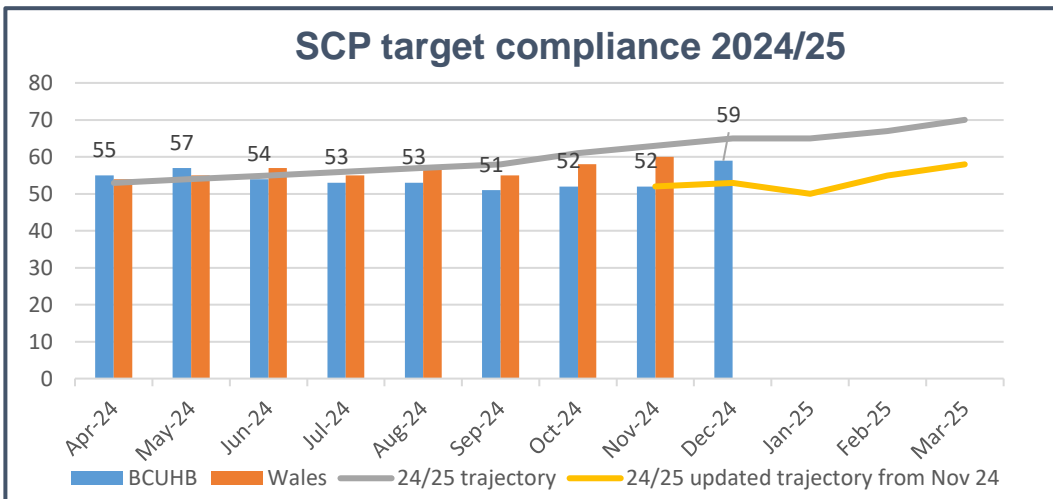


Number of Delayed Pathways of Care



Access & Activity: Escalated Performance Measures: Cancer

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



Performance in December **improved** to **58.7%**; notably in upper GI, urology and gynaecology; performance above revised trajectory. Increased validation has resulted in a **reduction of Over 62 day backlog**, in all tumour sites with the exception of skin where numbers continue to rise.

Breast: Improved performance in November and December compared with summer period as a result of reduced waits to first appointment; most breaches now relate to delays within the screening service.

Colorectal: and upper GI: Endoscopy insourcing contract recommenced September with waits for USC patients reducing; positive impact on upper GI performance now seen; colorectal performance remains poor as patients work their way through pathway following wait to endoscopy.

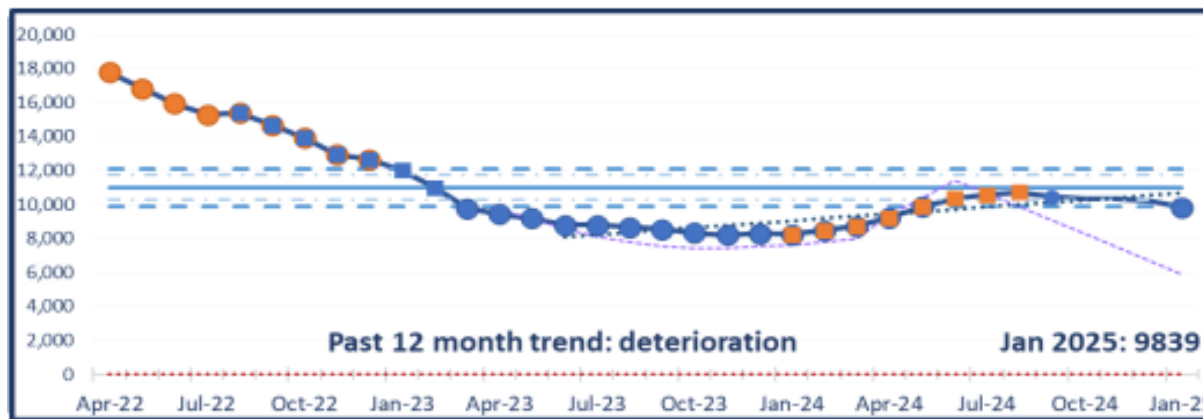
Gynaecology: Improved performance in November and December. Unscheduled bleeding on HRT pathway implemented August – 6% reduction in USC referrals noted September to December. BCUHB wide 2 stop PMB model agreed; work continues on implementation for 2025/26.

Skin: Insourced dermatology service in West now focussing on long waiting routine patients; transfers of care for USC patients from West to East reinstated but waits continue to increase on all sites. Alternative solutions being sought urgently. Achievement of revised trajectory now at risk. Health Board skin network manager appointed.

Urology: Prostate biopsy capacity increased through review of job plans – work continues to identify further opportunities to increase capacity. Majority of major surgery continues to be outsourced – prostatectomies and nephrectomies to London and cystectomies to Arrowe Park as temporary measure in January; discussions ongoing re longer term plan.

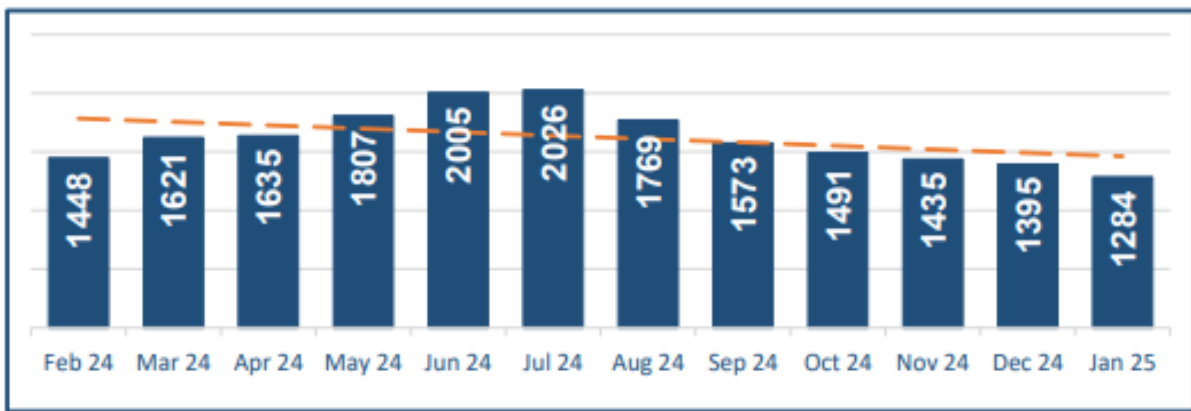
Access & Activity: Escalated Performance Measures

Number 104+ Weeks RTT



- Performance has seen a stabilisation of patients waiting 104 weeks across all stages, forecast to move back on trajectory following commencement of insourcing and outsourcing,
- In addition, the additional resource allocations notified for the Health Board from Welsh Government (Plans shared previously) will result in further improvement in speciality performance and delivery of the plans submitted in May 2024
- This includes focus being placed upon on a further 4 specialties within this cohort (T&O, Ophthalmology, Urology, ENT)
- Decisions on use of the Planned Care Fund (PCF) endorsed through Planned Care Board, Executive and the Health Board
- The Plan submission in May 2024 targets improvement in stage 4 performance of 5,000. Whilst a significant improvement over current numbers of patients waiting at all stages over 104 weeks, it is noted this doesn't achieve the WG target for zero patients waiting by 31st March 2025.

Number 156+ Weeks RTT



Number waiting over 52 weeks for a new appointment



Access & Activity: Escalated Performance Measures

Diagnostics and Therapy Waits

Number Diagnostic Waits over 8 Weeks



Continued increase in the number of patients waiting over 8 weeks for a diagnostic test due in part to record levels of activity in radiology, demand outstripping capacity. Main modalities are Endoscopy, Radiology and Cardiology. However, solutions for endoscopy have commenced and this should improve later into quarter four of 2024-25 and into 2025-26.

Number Therapy Waits over 14 Weeks



Continued decrease in the number of patients waiting over 14 weeks for therapy. Nearly all delays are within Physiotherapy, due to staffing and estates. There is also a growing number of breaches within the Dietetics specialty in East.

Dietetics - East

Pilot funding for Gastro led to successful change of pathway for GPs to refer to dietetics not gastroenterology (correct pathway, reduced prescription and diagnostics) A bid has been submitted to recurrently fund the service across the Health Board and will be considered as part of the gastro service plan. The service proposal is on the priority list following the executive committee

Physiotherapy - East

The service is working with two thirds less accommodation, with a plan to move to Plas Gororau. Space remains a significant challenge and requires a lot of management/leadership time to optimise capacity. Continued use of 2.0WTE locums from within budget to mitigate vacancy/turnover.

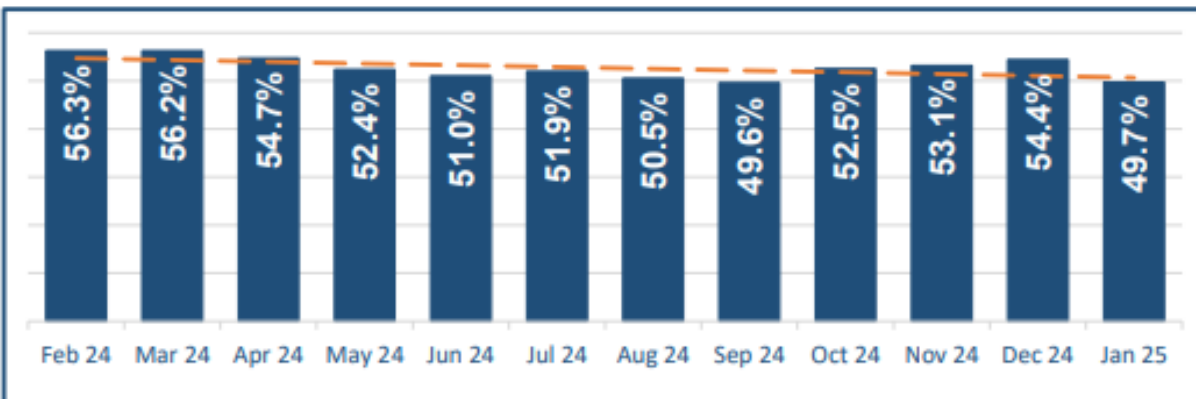
Physiotherapy – Centre

3.4wte locums have started at various dates in January. The service aims to secure another 2 locums. More work is needed on the actual trajectories. The only caveats will be existing sickness in the team (negative impact) and potential for additional locum activity (positive impact)

Access & Activity: Escalated Performance Measures

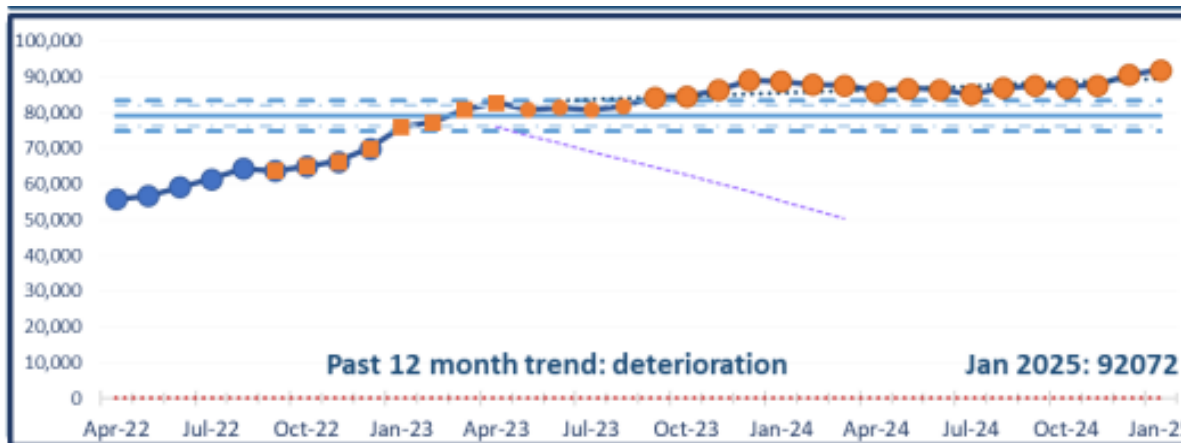
Ophthalmology R1 and Follow-up Backlog

Ophthalmology R1 – % seen within 25% of clinical target date



Performance against the Eye Care Measure shows a deteriorating trend over the previous 12 months. Due to the risk of harm to patients waiting in excess of their clinical due date, performance against this measure, together with follow up backlog in Ophthalmology has now been escalated internally and is being given executive focus via the Integrated Performance Executive Delivery Group.

Follow-Up Backlog – Number over 100% of clinical due date

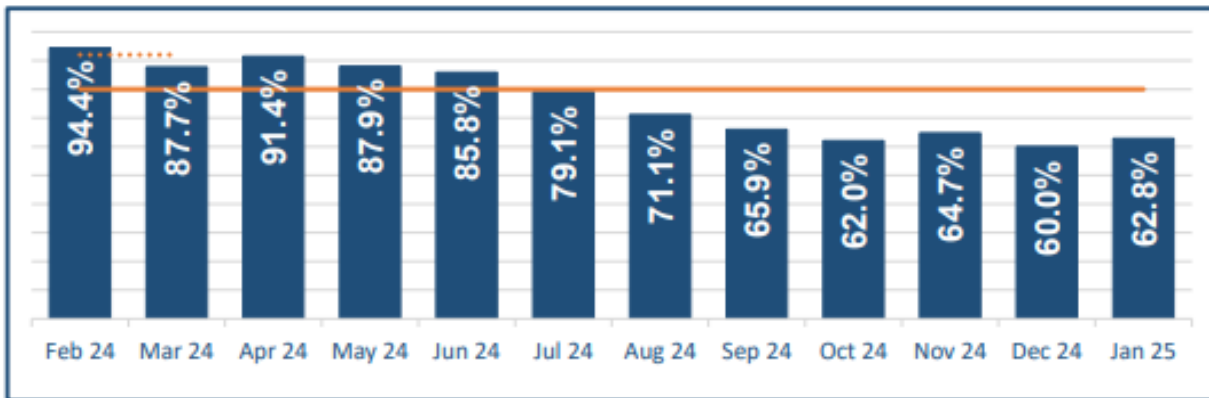


The Follow-up Backlog position shows a deteriorating trend over the previous 12 months. Due to the risk of harm to patients waiting in excess of their clinical due date, performance against this measure, has now been escalated internally and is being given executive focus via the Integrated Performance Executive Delivery Group.

Access & Activity: Escalated Performance Measures

Adult Mental Health

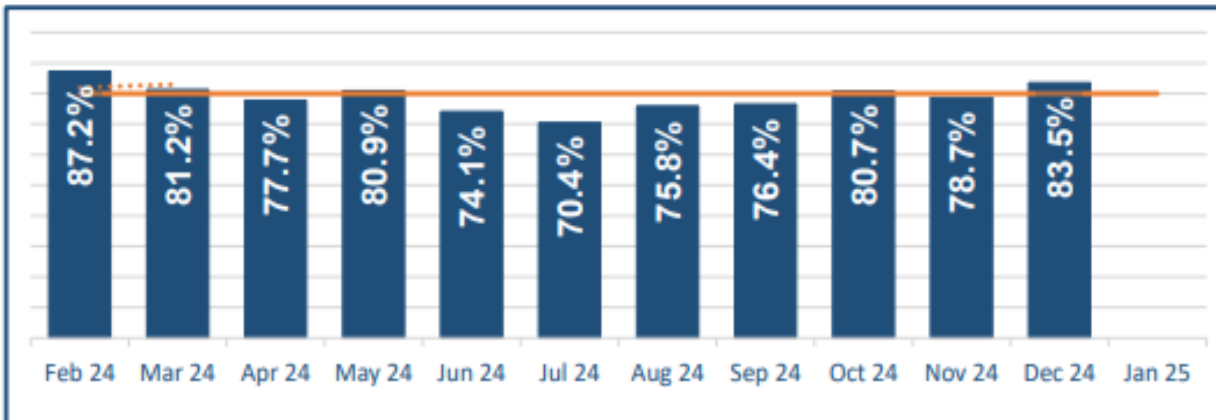
Percentage of patients waiting less than 26 weeks for adult psychological therapy



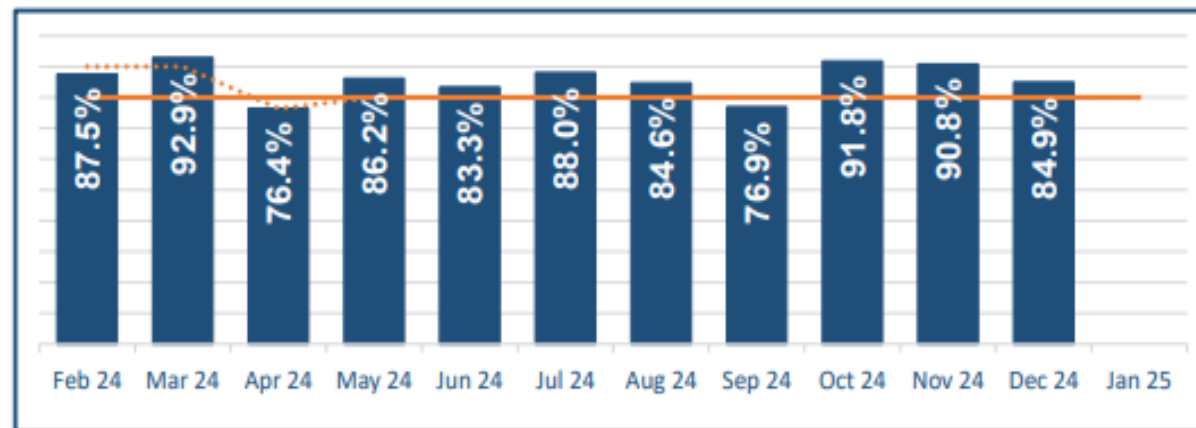
Psychological Therapies - Service has advised that the decrease in compliance is due to a number of workforce vacancies and sickness absences but that there have been some successful recruitments and that there is also a plan to bring the stepped care resource more into specialist secondary care to address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

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

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



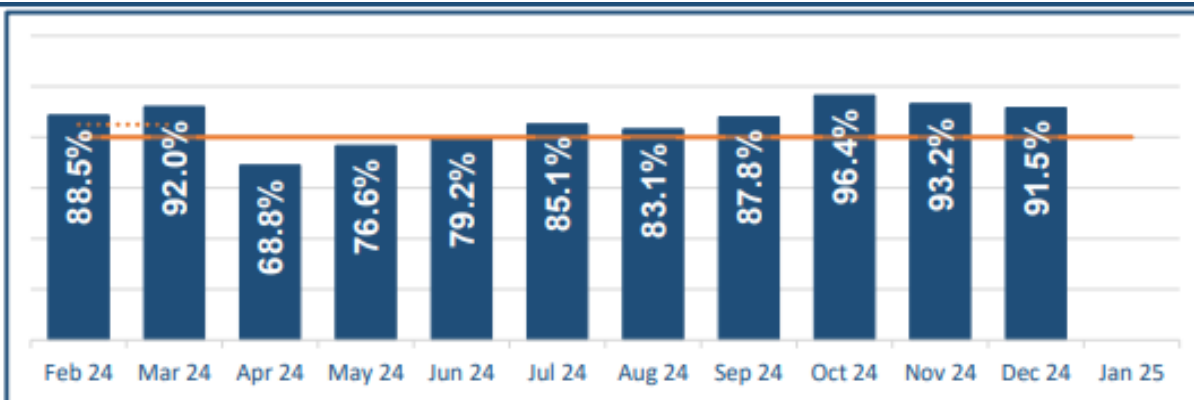
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)



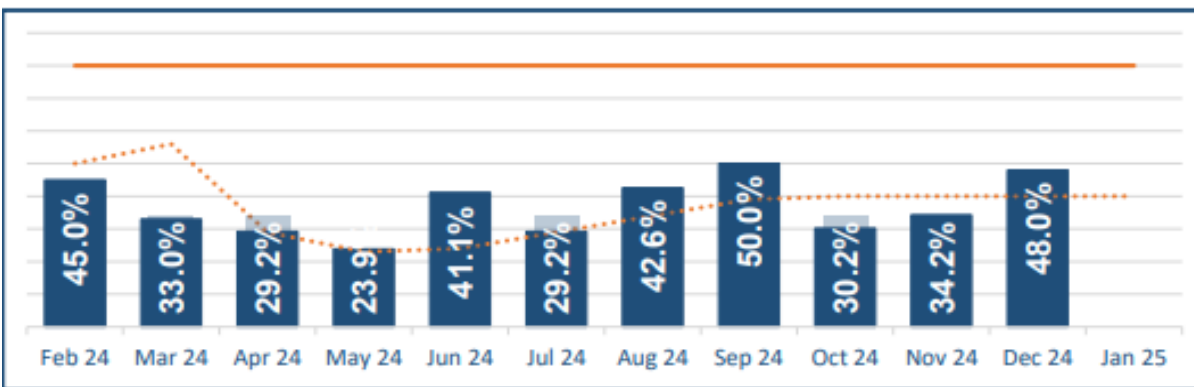
Access & Activity: Escalated Performance Measures

CAMHS and Neurodevelopment

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



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

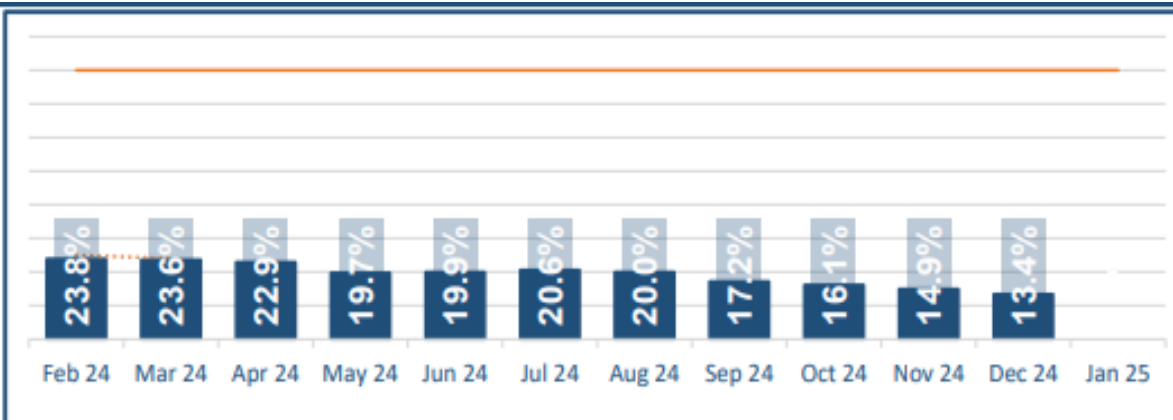


Performance against the measures remains variable. The forecast trajectory for the interventions metric is to increase performance to 60% by end of March 2025. Performance has been ahead of trajectory since April, but has taken a dip in October 2024.

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

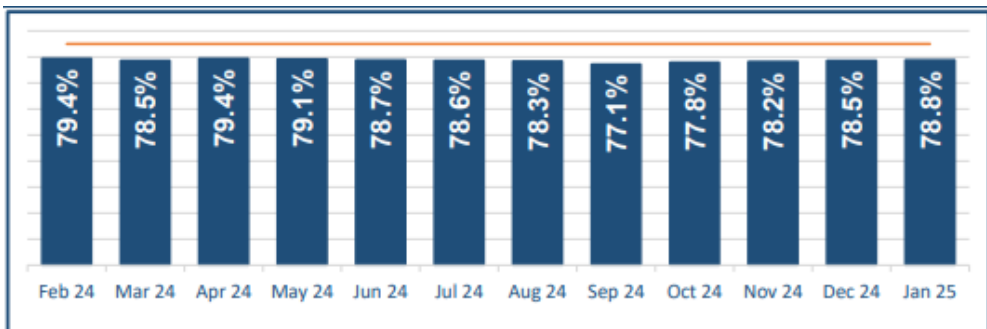
Neurodevelopment waiting times continue to deteriorate and remain a concern, with the Health board currently ranked as 6th of 7 in Wales. None of the Health boards are achieving the target at last review with best performing organisation having a rate of approximately 45% against the 80% target.

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



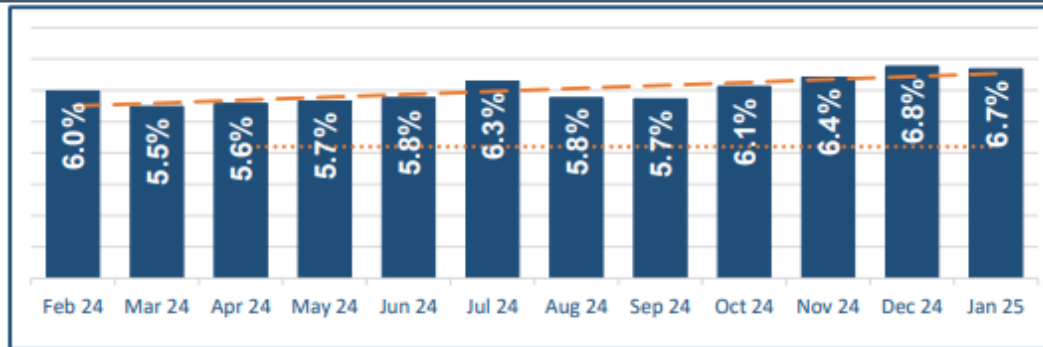
People & OD: Escalated Performance Measures

% of headcount who have had PADR in previous 12 months



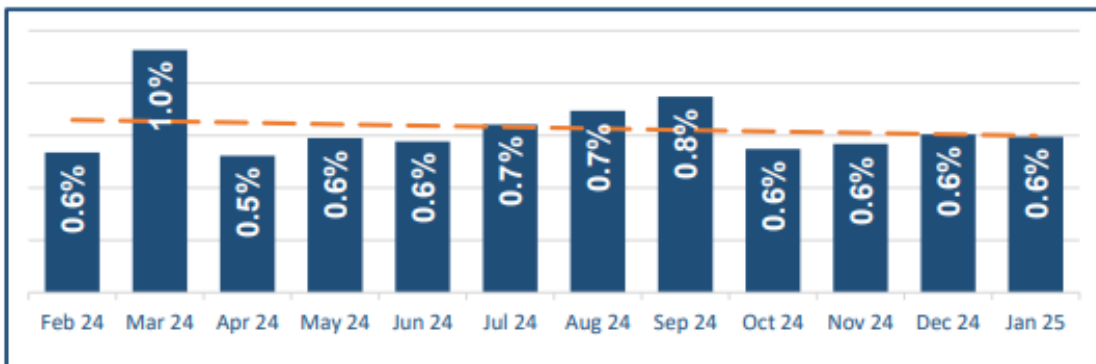
Although incrementally improving, performance remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

% of sickness absence rate of staff



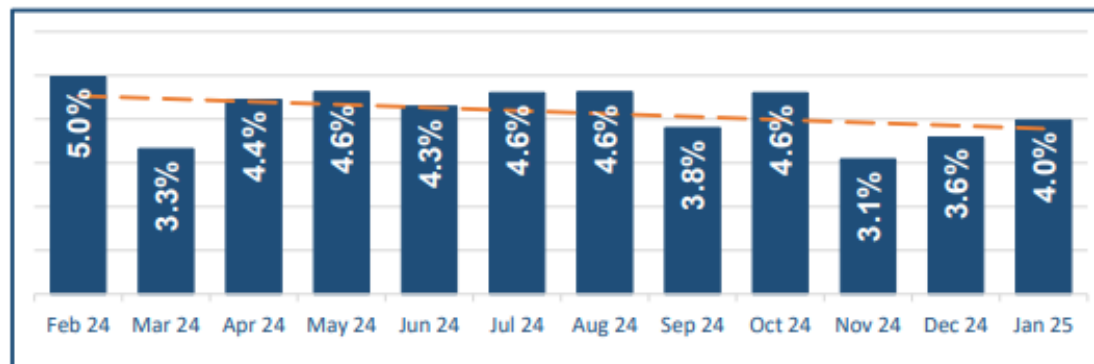
Sickness absence rate peaked at 6.8% in December in line with seasonal increase and replicating last year's rates. A small drop in January may indicate that we've passed the peak sickness rate and we may now see continued improvement into the spring.

Turnover rate for nurse and midwifery register staff leaving BCU HB



2nd best performing in Wales at latest benchmarking aligned with the national and local retention work put in place with a dedicated retention lead working for the organisation and funded by Health Education & Improvement Wales (HEIW).

Agency Spend as % of pay bill



Trendline has been increasing month on month since November. 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 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect the correspondence of the 2nd of December from WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a recurrent basis for 2024/25, having complied with the condition of moving towards attainment of the control total for 2023/2024. This funding remains conditionally current.

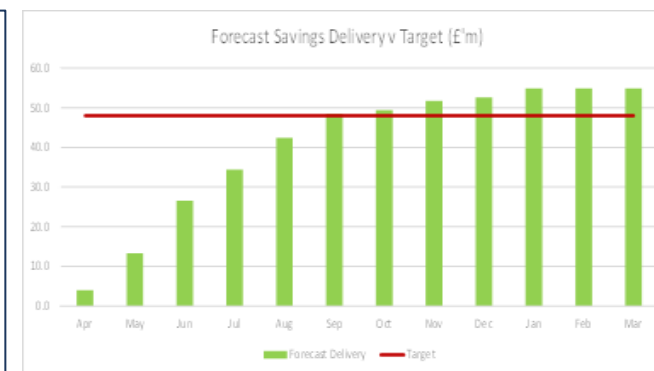
The January position is reporting an in-month surplus of £2.6m, an improvement of £0.4 from the previous month. The year to date position is a deficit of £12.9m, which represents a £5.7m adverse variance compared to the 10/12th of the revised £8.6m full year planned deficit. This is driven by pressures associated with additional capacity areas remaining open, Out of area Mental Health placements, an increase in CHC activity and Primary & Secondary care drug costs.

Financial Position to Date and Forecast Position	Actual Position											Forecast		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total YTD	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	(12.9)	2.0	2.3	(8.6)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(7.1)	(0.7)	(0.7)	(8.6)
Surplus/ (deficit) over plan	(2.7)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	(5.7)	2.7	3.0	0.0

The Health Board's financial plan set a savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in January totalled £6.1m, of which £2.5m is recurring. Accountancy Gains of £2.3m were also identified in month which is an increase of £1.4 from the previous month.

The full year forecast value of the saving schemes is £43.8m and Accountancy Gains of £11.1m, giving a combined total of £54.9m, an increase of £2.3m from Month 9. Of these, £28.5m have been identified as recurring, with a full year effect of £41.9m, and £26.4m identified as non-recurring savings. Therefore, the recurrent shortfall is identified as £6.1m.



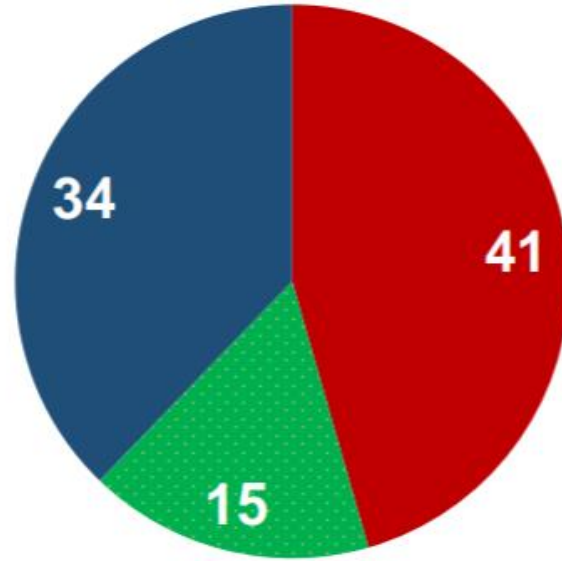


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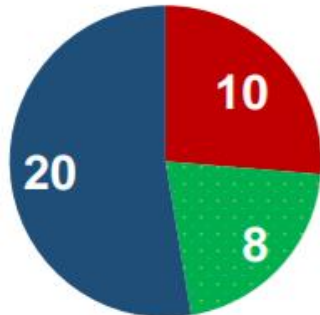
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Integrated Quality & Performance Report

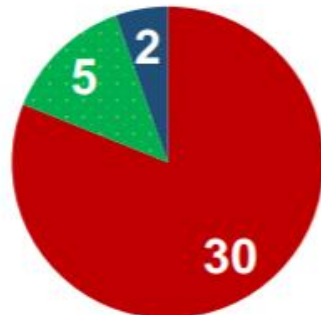
Summary of Performance



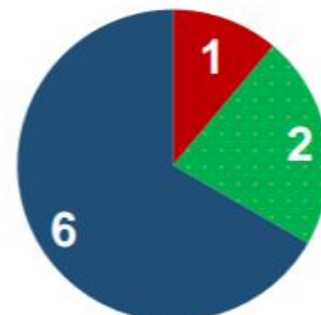
All Sections



Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



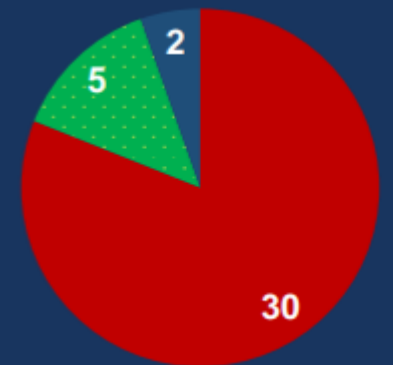
People & Organisational Development Performance



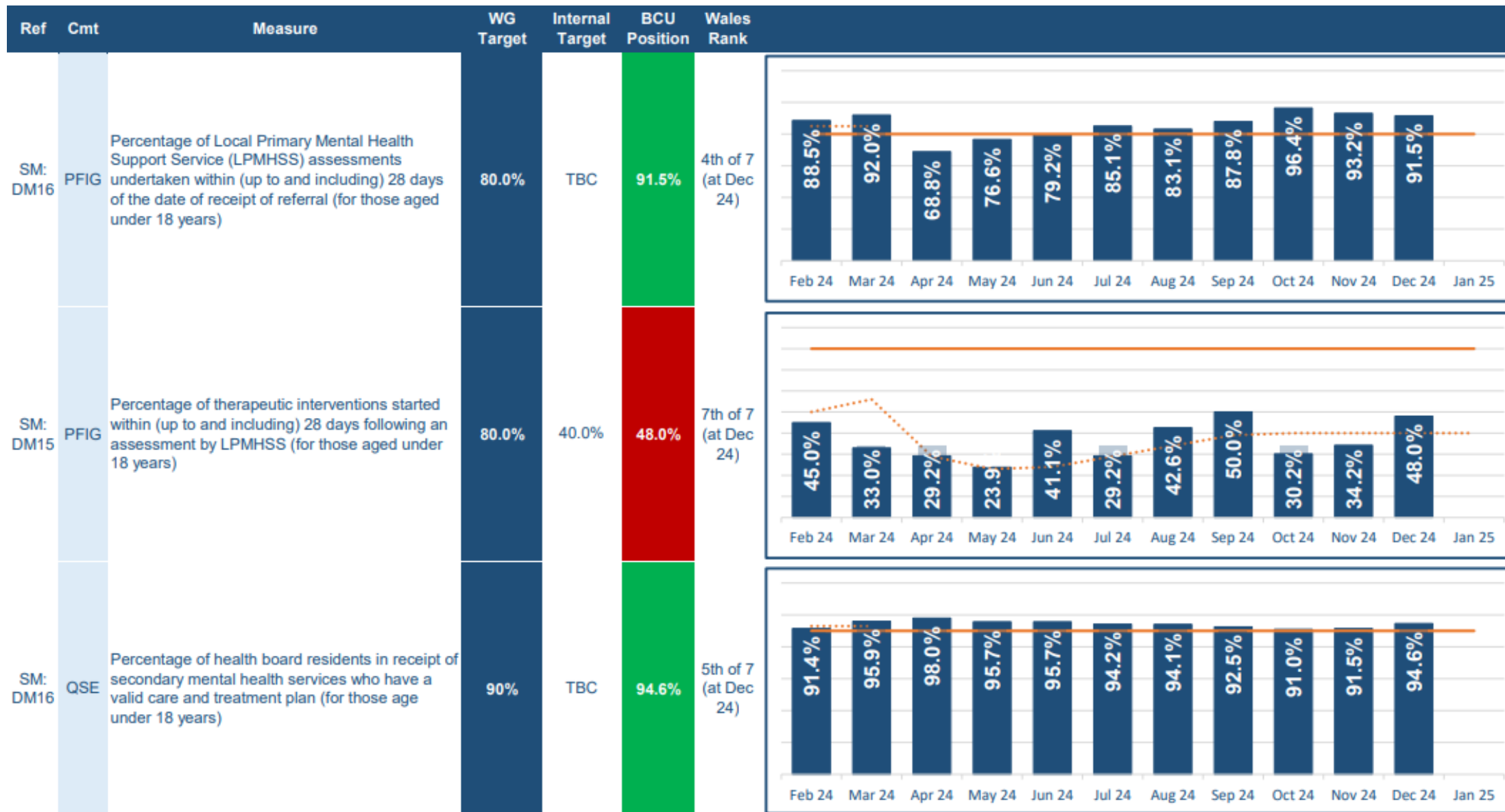
Financial Performance

Section 1

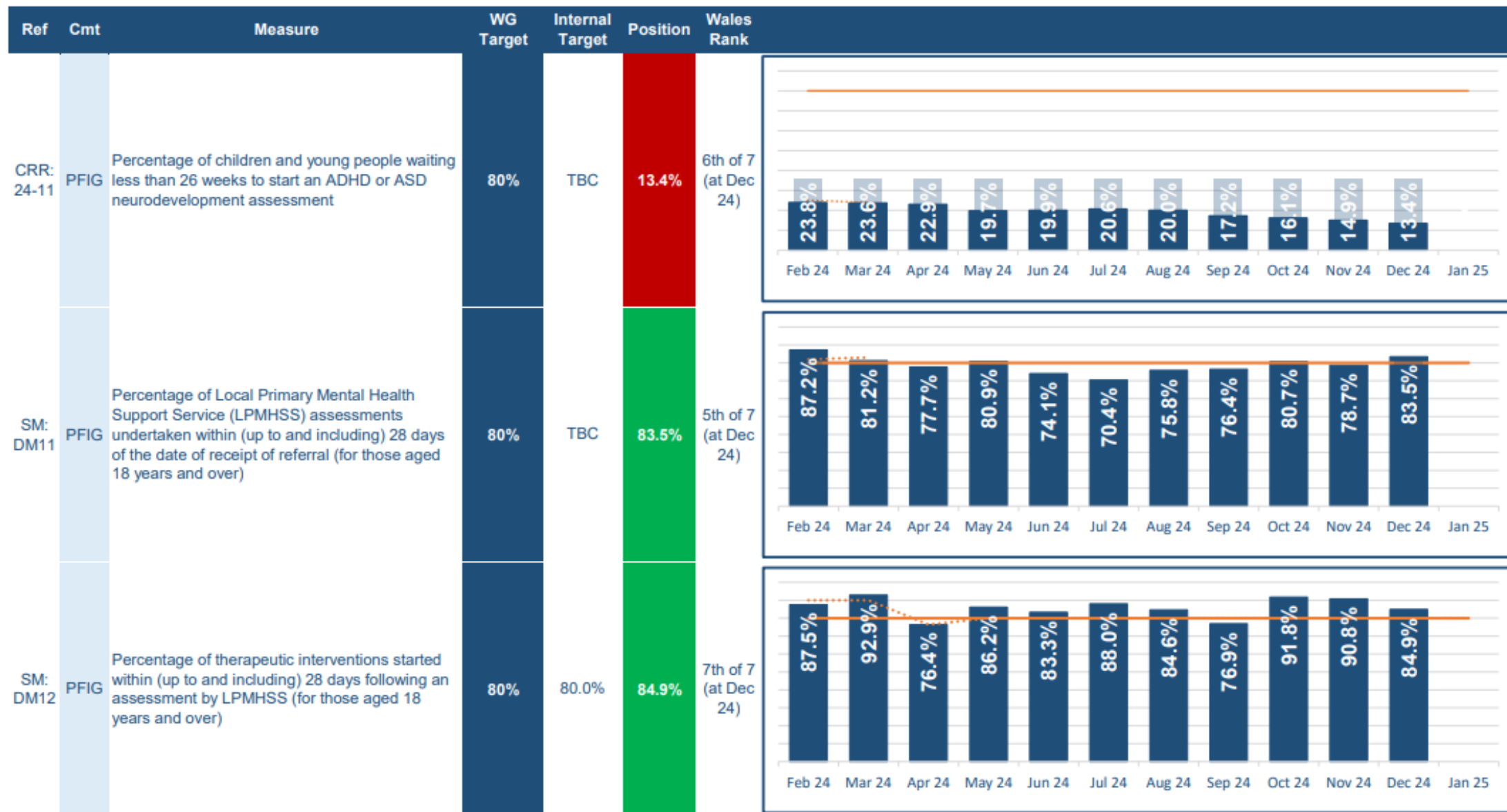
Access & Activity Performance



Access & Activity: Performance




Access & Activity: Performance




Access & Activity: Performance

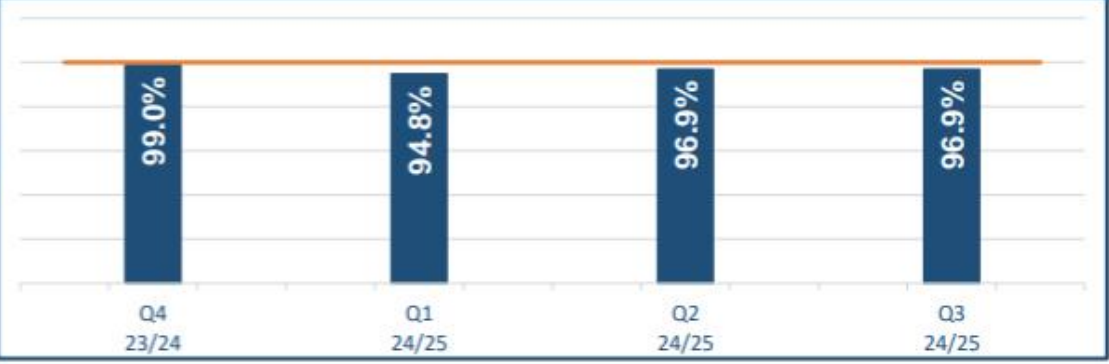
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	86.0%	4th of 7 (at Dec 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	62.8%	4th of 7 (at Dec 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.88%	6th of 7 (at Mar 23)



Month	Percentage
Feb 24	87.2%
Mar 24	86.1%
Apr 24	87.1%
May 24	86.6%
Jun 24	86.2%
Jul 24	86.7%
Aug 24	86.0%
Sep 24	86.8%
Oct 24	86.5%
Nov 24	86.3%
Dec 24	86.0%
Jan 25	-

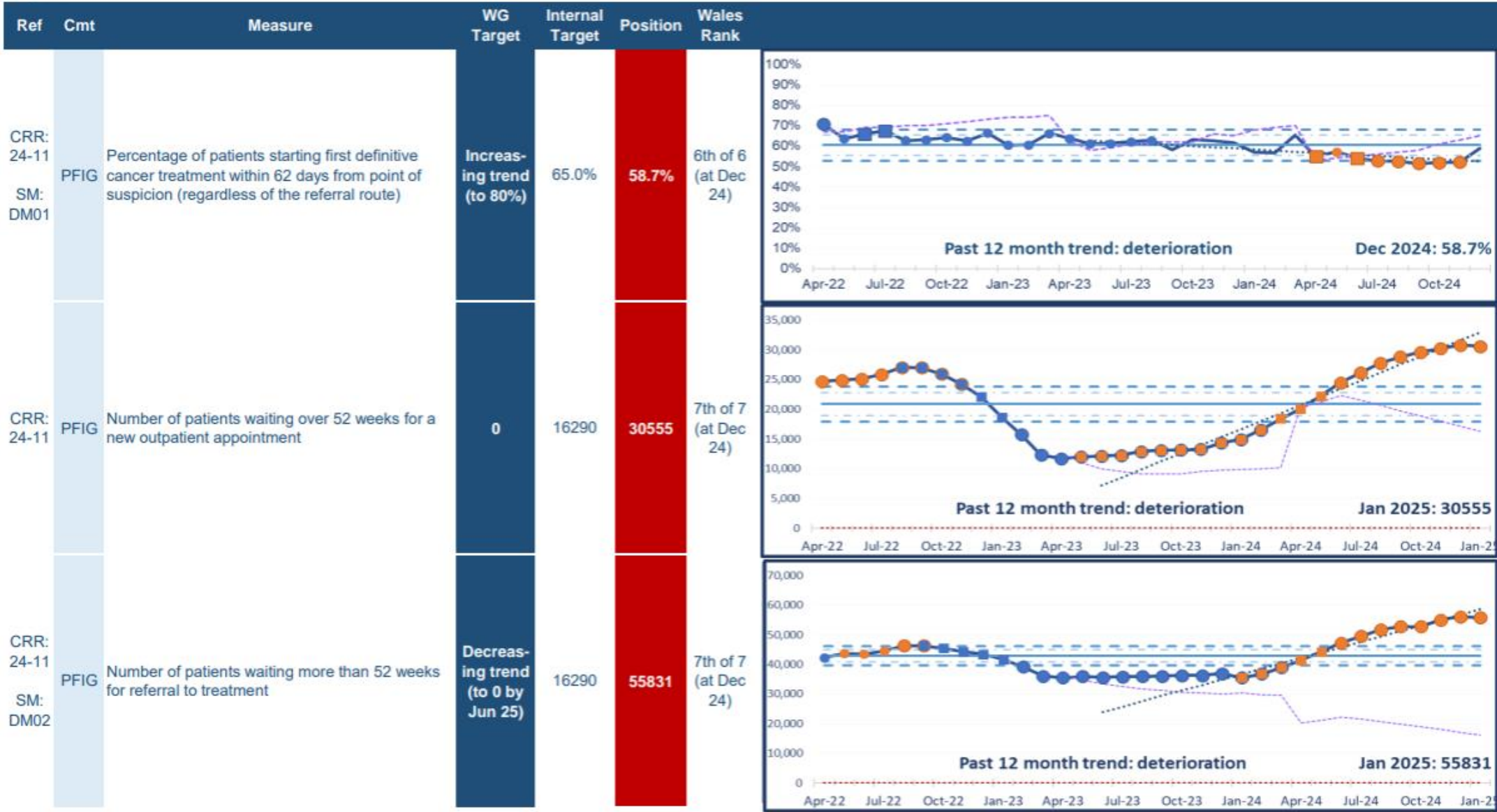


Month	Percentage
Feb 24	94.4%
Mar 24	87.7%
Apr 24	91.4%
May 24	87.9%
Jun 24	85.8%
Jul 24	79.1%
Aug 24	71.1%
Sep 24	65.9%
Oct 24	62.0%
Nov 24	64.7%
Dec 24	60.0%
Jan 25	62.8%


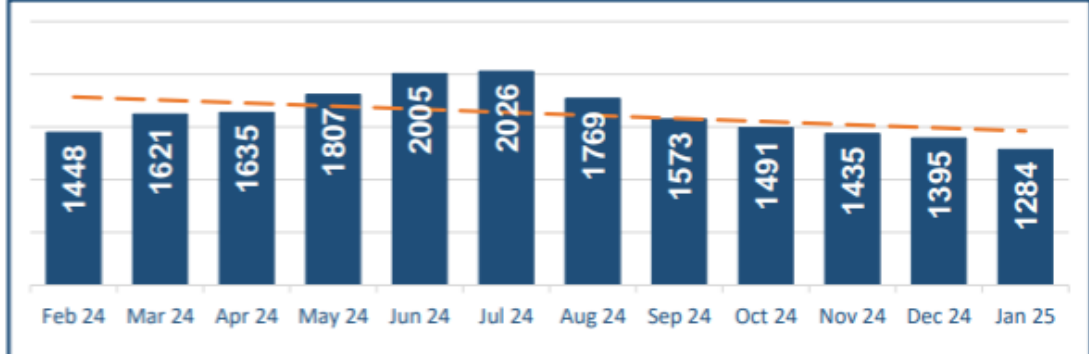
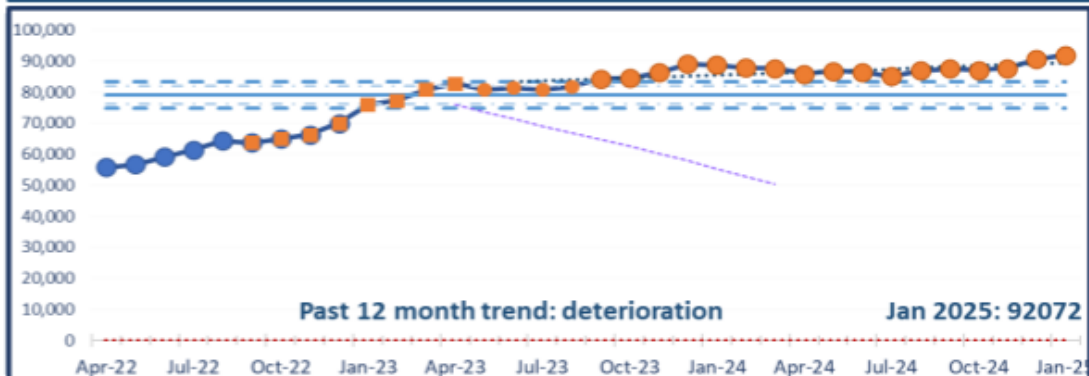


Quarter	Percentage
Q4 23/24	99.0%
Q1 24/25	94.8%
Q2 24/25	96.9%
Q3 24/25	96.9%

Access & Activity: Performance



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	5901	9839	7th of 7 (at Dec 24)	 <p>Past 12 month trend: deterioration Jan 2025: 9839</p>
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	1284		
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	92072	7th of 7 (at Dec 24)	 <p>Past 12 month trend: deterioration Jan 2025: 92072</p>

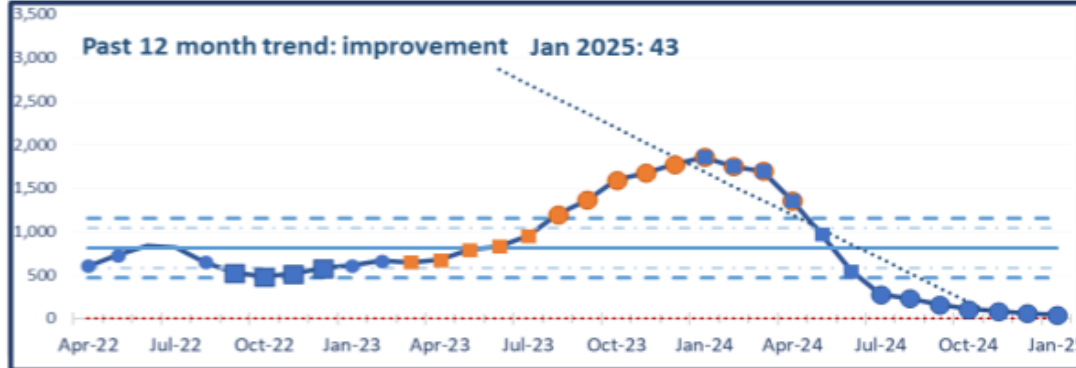
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	3968	10999	6th of 7 (at Dec 24)
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	49.7%	7th of 7 (at Dec 24)
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	97.1%	3rd of 7 (at Dec 24)

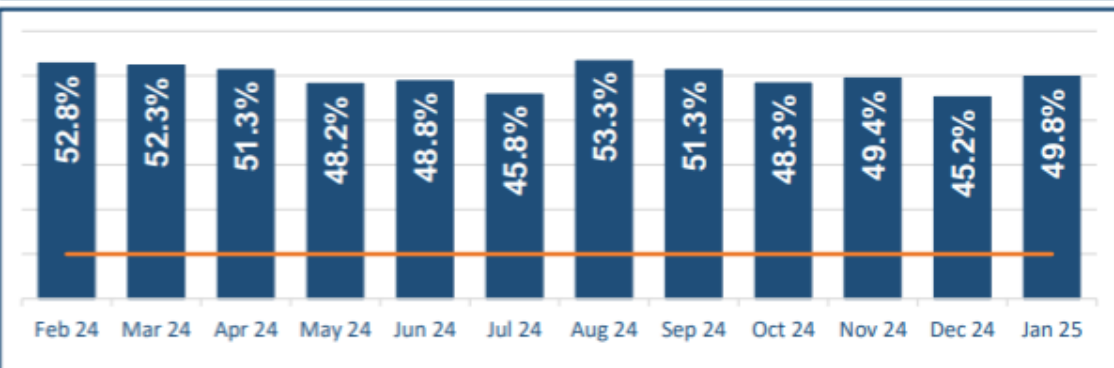
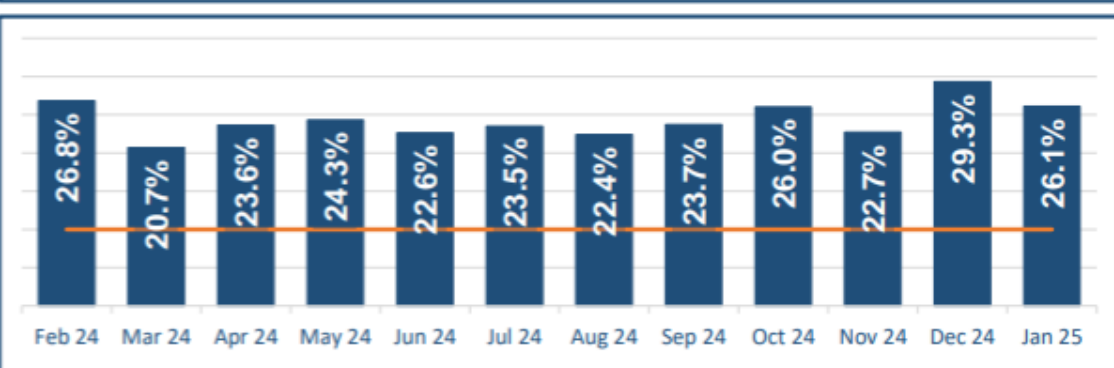


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	1879	6th of 7 (at Dec 24)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	43	
-	PFIG	Number of cases per theatre session	2.5	TBC	2.2	

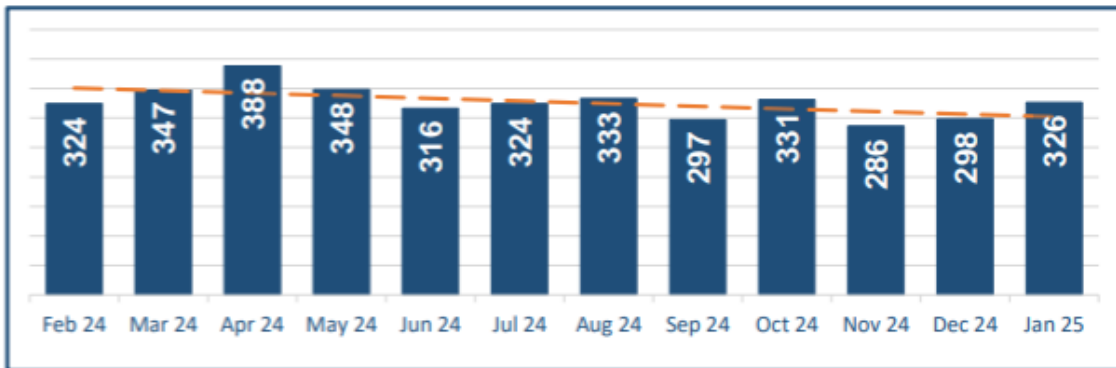
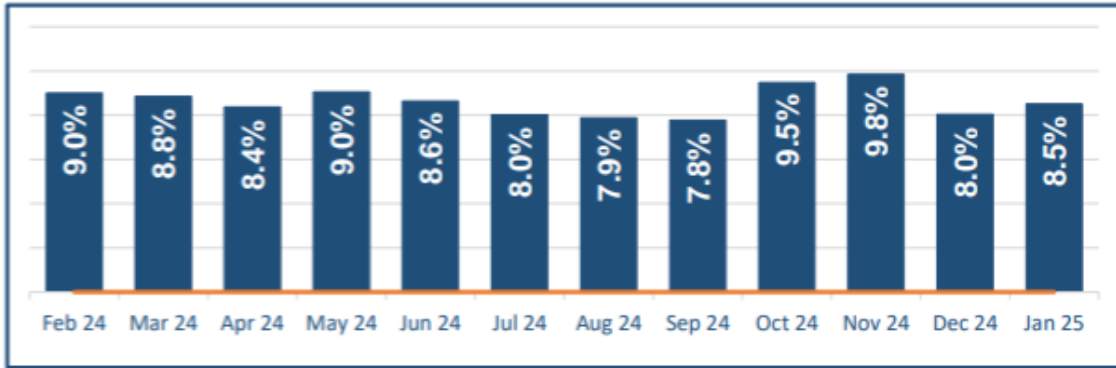
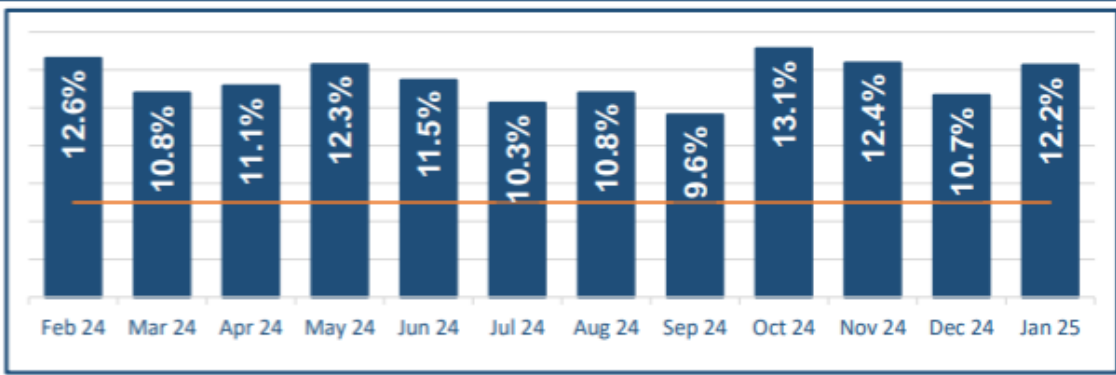


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	PFIG	Theatre utilisation (Capped)	85.0%	TBC	71.0%	 <table border="1"> <caption>Theatre utilisation (Capped)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Feb 24</td><td>69.4%</td></tr> <tr><td>Mar 24</td><td>72.7%</td></tr> <tr><td>Apr 24</td><td>72.1%</td></tr> <tr><td>May 24</td><td>73.0%</td></tr> <tr><td>Jun 24</td><td>74.2%</td></tr> <tr><td>Jul 24</td><td>73.2%</td></tr> <tr><td>Aug 24</td><td>71.8%</td></tr> <tr><td>Sep 24</td><td>72.5%</td></tr> <tr><td>Oct 24</td><td>71.4%</td></tr> <tr><td>Nov 24</td><td>72.6%</td></tr> <tr><td>Dec 24</td><td>71.3%</td></tr> <tr><td>Jan 25</td><td>71.0%</td></tr> </tbody> </table>	Month	Value	Feb 24	69.4%	Mar 24	72.7%	Apr 24	72.1%	May 24	73.0%	Jun 24	74.2%	Jul 24	73.2%	Aug 24	71.8%	Sep 24	72.5%	Oct 24	71.4%	Nov 24	72.6%	Dec 24	71.3%	Jan 25	71.0%
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-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	49.8%	 <table border="1"> <caption>Percentage of lists with a start time 15 minutes or more past the scheduled start time</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Feb 24</td><td>52.8%</td></tr> <tr><td>Mar 24</td><td>52.3%</td></tr> <tr><td>Apr 24</td><td>51.3%</td></tr> <tr><td>May 24</td><td>48.2%</td></tr> <tr><td>Jun 24</td><td>48.8%</td></tr> <tr><td>Jul 24</td><td>45.8%</td></tr> <tr><td>Aug 24</td><td>53.3%</td></tr> <tr><td>Sep 24</td><td>51.3%</td></tr> <tr><td>Oct 24</td><td>48.3%</td></tr> <tr><td>Nov 24</td><td>49.4%</td></tr> <tr><td>Dec 24</td><td>45.2%</td></tr> <tr><td>Jan 25</td><td>49.8%</td></tr> </tbody> </table>	Month	Value	Feb 24	52.8%	Mar 24	52.3%	Apr 24	51.3%	May 24	48.2%	Jun 24	48.8%	Jul 24	45.8%	Aug 24	53.3%	Sep 24	51.3%	Oct 24	48.3%	Nov 24	49.4%	Dec 24	45.2%	Jan 25	49.8%
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-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	26.1%	 <table border="1"> <caption>Percentage of lists with an end time of over 60 minutes before the scheduled finish time</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Feb 24</td><td>26.8%</td></tr> <tr><td>Mar 24</td><td>20.7%</td></tr> <tr><td>Apr 24</td><td>23.6%</td></tr> <tr><td>May 24</td><td>24.3%</td></tr> <tr><td>Jun 24</td><td>22.6%</td></tr> <tr><td>Jul 24</td><td>23.5%</td></tr> <tr><td>Aug 24</td><td>22.4%</td></tr> <tr><td>Sep 24</td><td>23.7%</td></tr> <tr><td>Oct 24</td><td>26.0%</td></tr> <tr><td>Nov 24</td><td>22.7%</td></tr> <tr><td>Dec 24</td><td>29.3%</td></tr> <tr><td>Jan 25</td><td>26.1%</td></tr> </tbody> </table>	Month	Value	Feb 24	26.8%	Mar 24	20.7%	Apr 24	23.6%	May 24	24.3%	Jun 24	22.6%	Jul 24	23.5%	Aug 24	22.4%	Sep 24	23.7%	Oct 24	26.0%	Nov 24	22.7%	Dec 24	29.3%	Jan 25	26.1%
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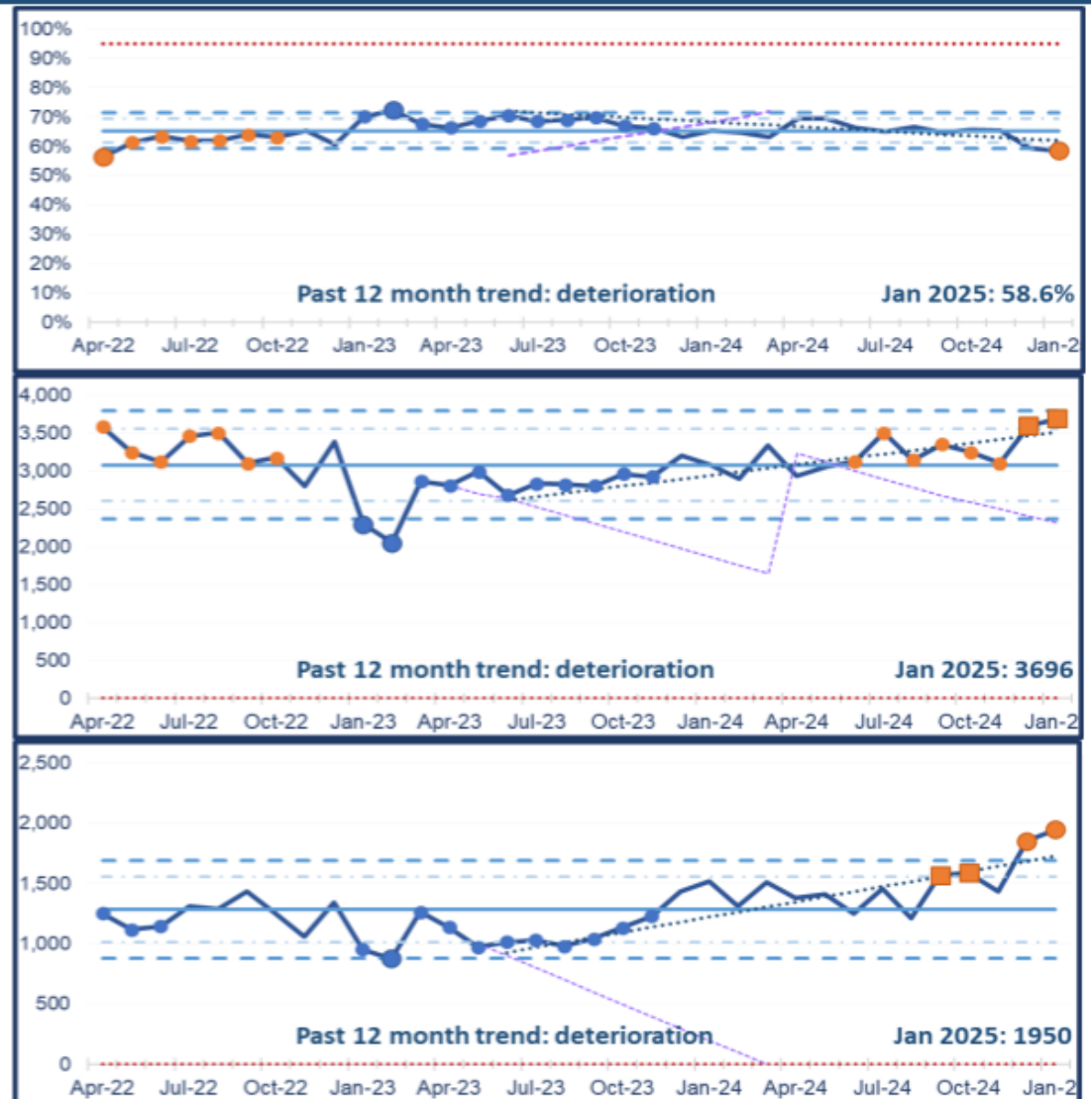
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	12.2%	
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	8.5%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	326	8st of 8 (at Jan 25)



Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	58.6%	7th of 7 (at Dec 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2320	3696	7th of 7 (at Dec 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1950	



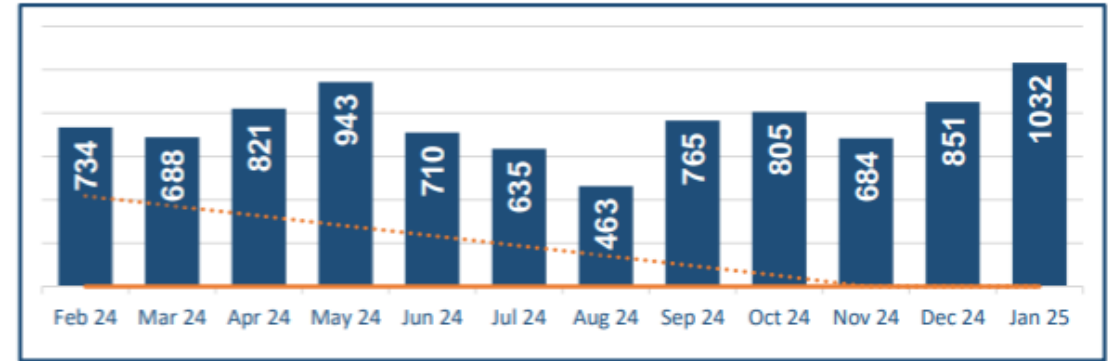
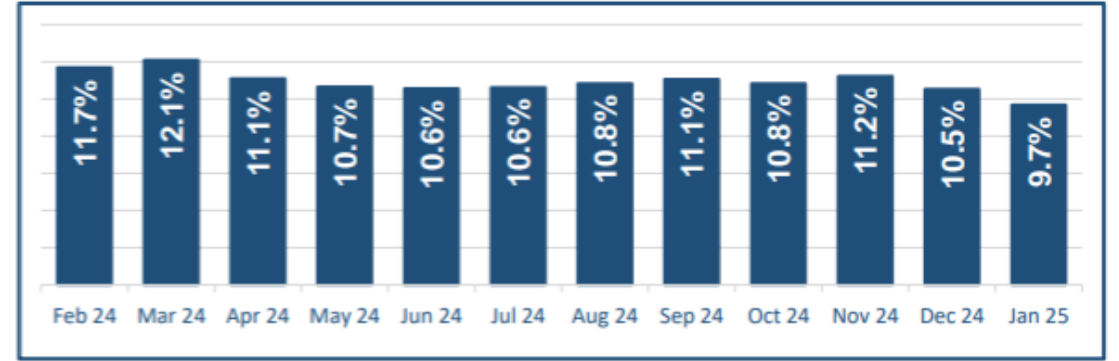
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	21.0	3rd of 6 (at Dec 24)
CRR: 24-10 SM: DM07	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	110.0	5th of 6 (at Dec 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	159.9	5th of 7 (at Jan 25)

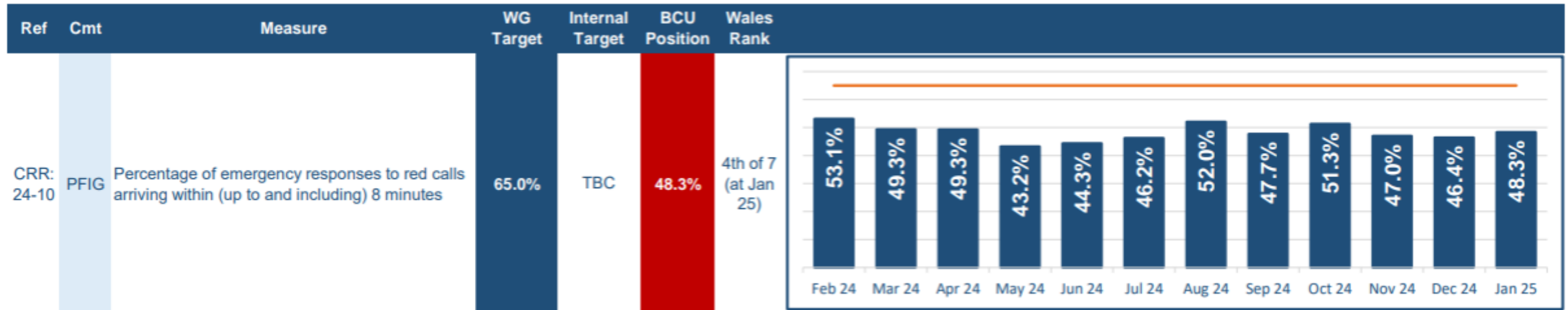


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	9.7%	
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	1251	2296	6th of 6 (at Jan 25)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	0	1032	



Access & Activity: Performance



Access & Activity: Activity versus Plan

Patient Type	Area	Values				Central Plan	Actual	Diff	% Diff	East Plan	Actual	Diff	% Diff	Total Plan	Total Actual	Total Diff	Total % Diff
	West Plan	Actual	Diff	% Diff													
Emergency Inpatients	25,301	25,671	370	1%	27,138	26,642	-496	-2%	29,899	30,453	554	2%	82,338	82,766	428	1%	
Elective Daycases	14,772	14,047	-725	-5%	7,772	6,866	-906	-12%	11,605	13,082	1,477	13%	34,149	33,995	-154	0%	
Elective Inpatients	3,312	3,043	-269	-8%	3,745	3,860	115	3%	3,061	3,068	7	0%	10,118	9,971	-147	-1%	
Endoscopies	9,981	8,723	-1,258	-13%	5,936	4,454	-1,482	-25%	3,942	2,875	-1,067	-27%	19,859	16,052	-3,807	-19%	
MOPS (Cleansed DC)	1,504	333	-1,171	-78%	99	83	-16	-16%	332	237	-95	-29%	1,935	653	-1,282	-66%	
Regular Day Attenders	4,627	1,993	-2,634	-57%	2,775	3,349	574	21%	17,148	16,450	-698	-4%	24,550	21,792	-2,758	-11%	
Well Baby	1,114	1,076	-38	-3%	1,264	1,231	-33	-3%	1,405	1,374	-31	-2%	3,783	3,681	-102	-3%	
New Outpatients	69,601	73,159	3,558	5%	101,717	103,779	2,062	2%	82,554	85,766	3,212	4%	253,872	262,704	8,832	3%	
Review Outpatients	103,487	111,691	8,204	8%	163,983	166,270	2,287	1%	172,886	175,675	2,789	2%	440,356	453,636	13,280	3%	
Pre-Op Assessment	7,651	8,145	494	6%	9,071	8,263	-808	-9%	8,263	8,413	150	2%	24,985	24,821	-164	-1%	
New ED Attendances	60,825	60,688	-137	0%	73,846	74,439	593	1%	54,552	59,607	5,055	9%	189,223	194,734	5,511	3%	
Review ED Attendances	1,610	1,845	235	15%	5,291	4,960	-331	-6%	2,570	2,790	220	9%	9,471	9,595	124	1%	
Grand Total	303,785	310,414	6,629	2%	402,637	404,196	1,559	0%	388,217	399,790	11,573	3%	1,094,639	1,114,400	19,761	2%	

Please note : East's, Nephrology Regular Day Attenders figures are obtained from a manual source and are a month in arrears - January 2025 activity is missing from the above figures.

Year-to-date Position at **31.01.2025**

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

In summary

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

Under

Endoscopies undertaken is down by 19% against plan. This has improved since November (24% deficit) as capacity has now recommenced.

Regular Day Attendances shows an 11% decrease compared to the same period of 2023-24.

Minor Operation Procedures (MOPs) undertaken is 66% below the number planned to date. This has improved compared to the 81% deficit reported at November 2024.

Over

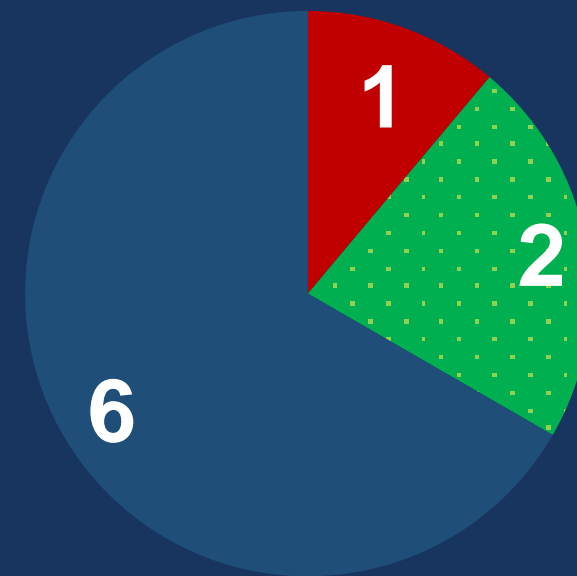
Emergency Department attendances up 5,511 (3%) compared to the same period of 2023-24

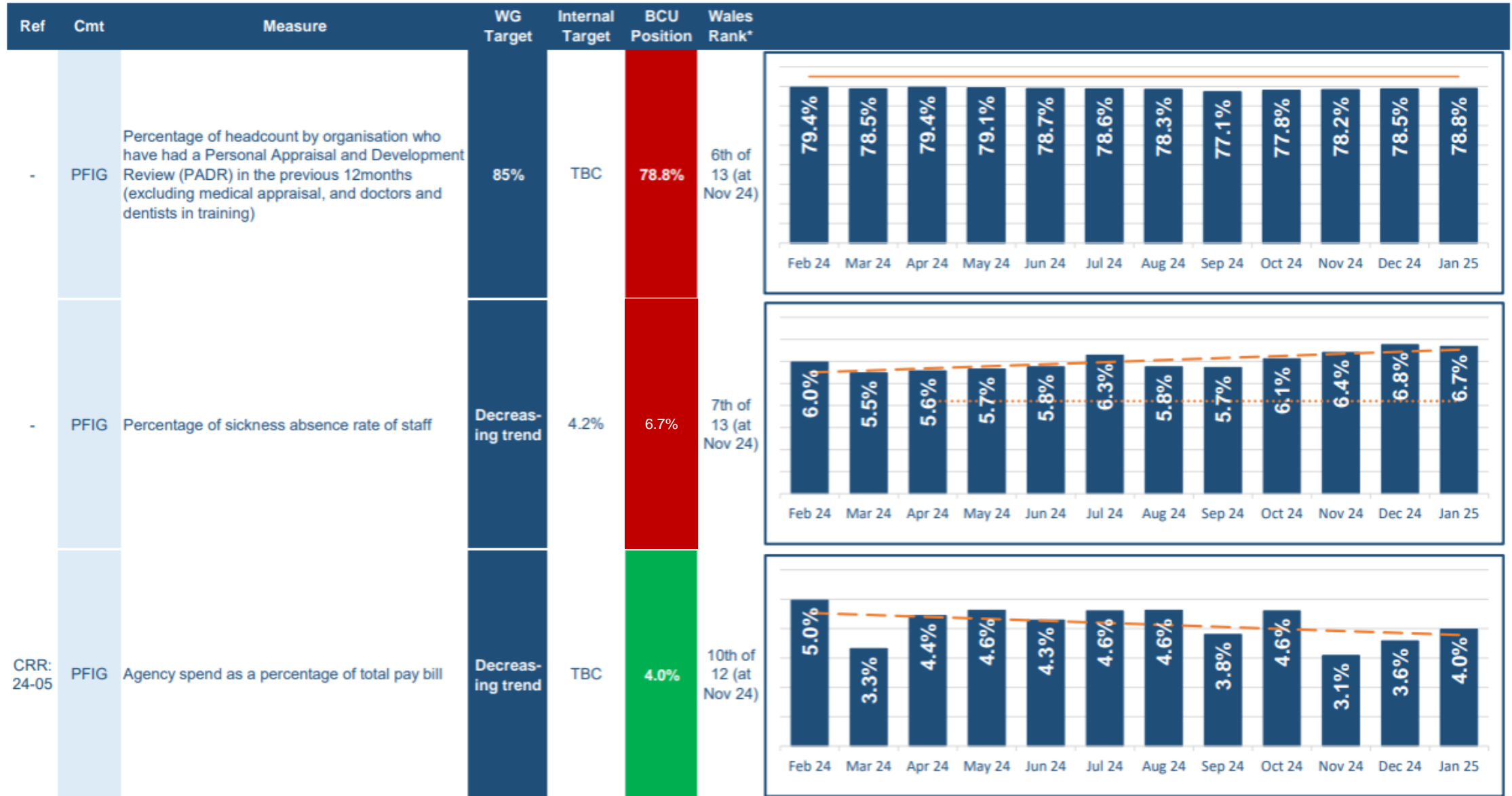
Outpatient Follow-up appointments up 13,280 (3%) on the same period of 2023-24

New Outpatient Attendances up 8,832 (3%) compared to the same period of 2023-24

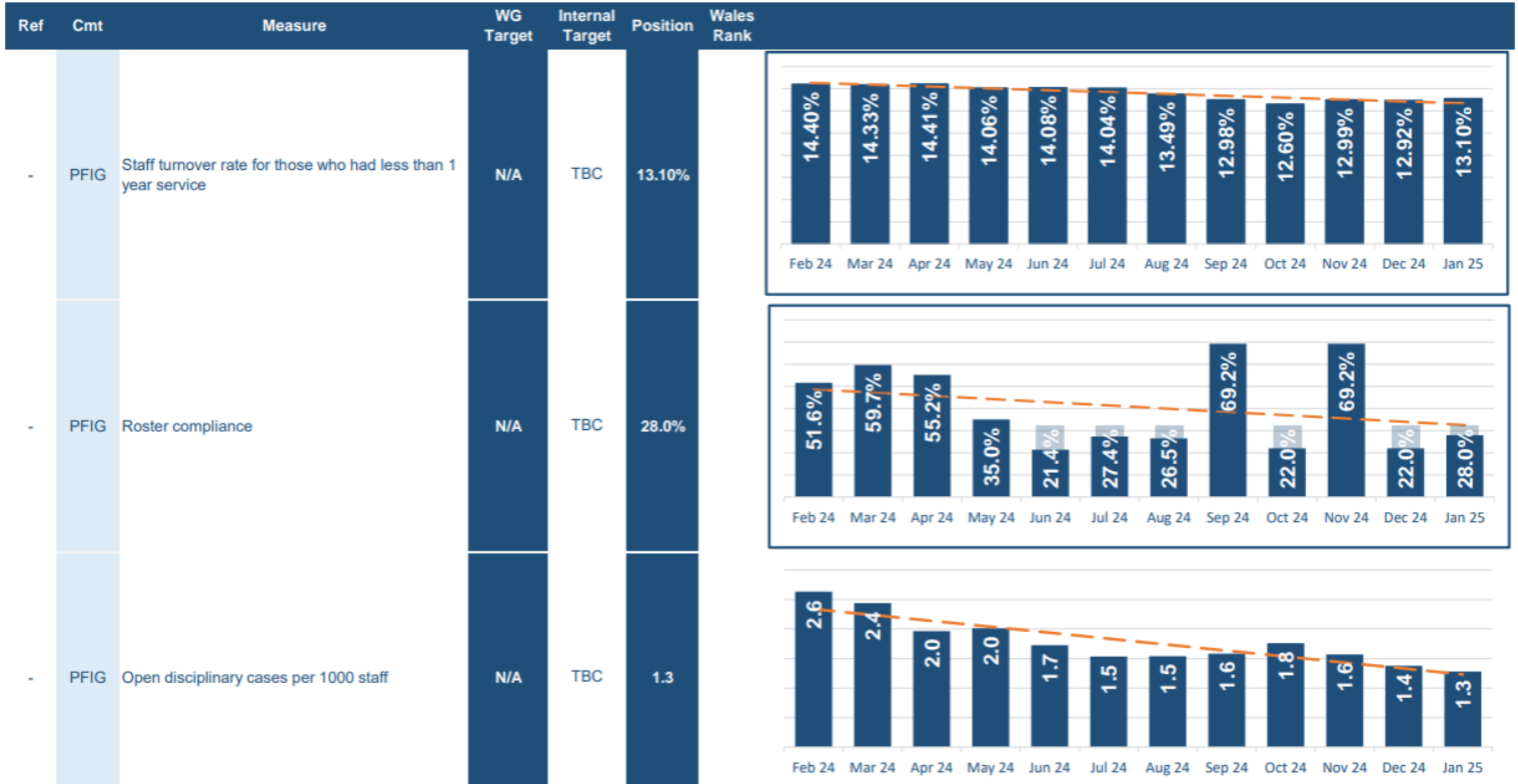
Section 2

People & Organisational Development Performance











GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Section 3

Financial Performance

6

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-3.5	
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	5.8	



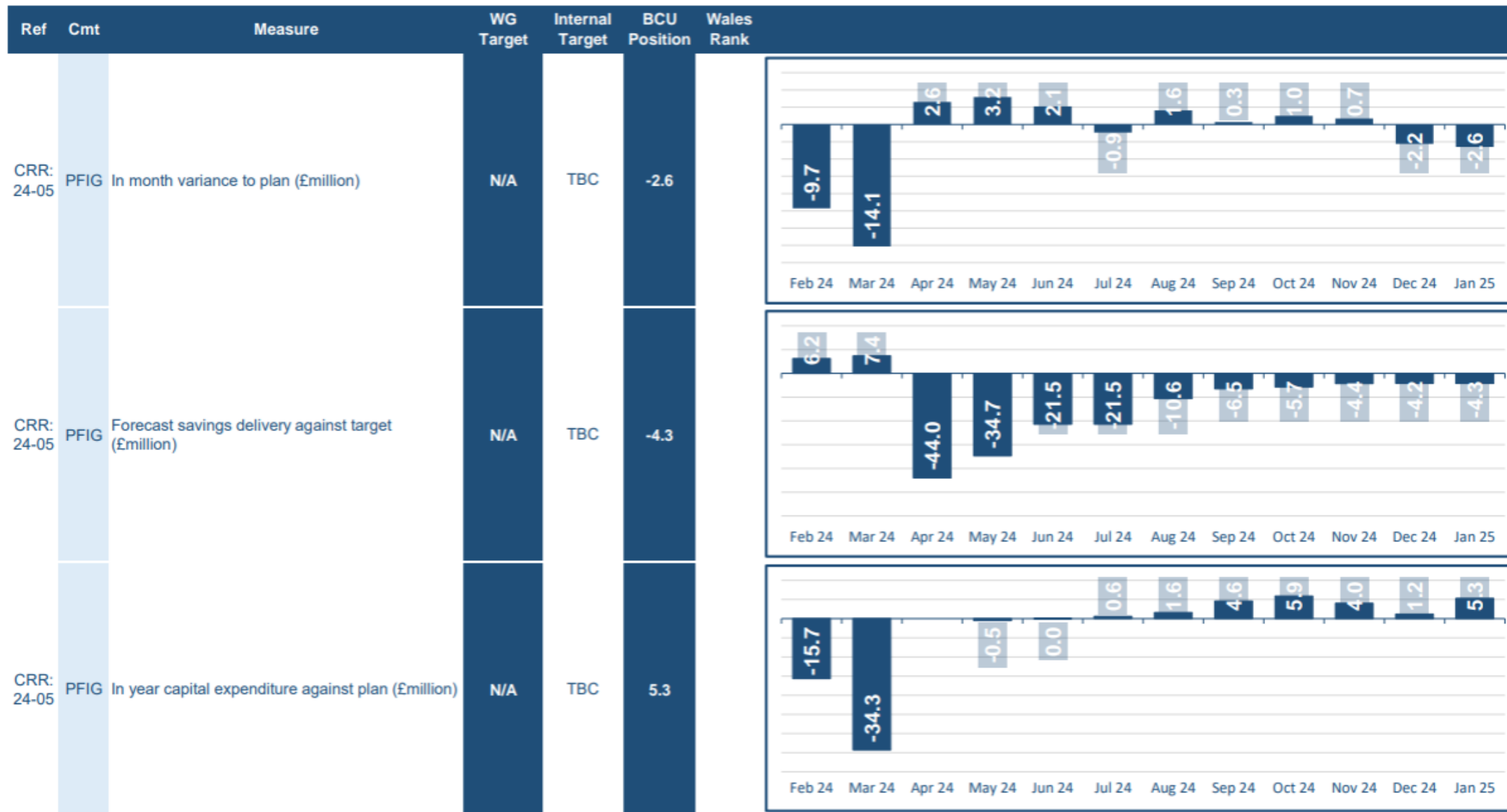
Month	Value
Feb 24	0.0
Mar 24	0.0
Apr 24	0.0
May 24	0.0
Jun 24	0.0
Jul 24	0.0
Aug 24	0.0
Sep 24	0.0
Oct 24	0.0
Nov 24	0.0
Dec 24	0.0
Jan 25	0.0



Month	Value
Feb 24	5.9
Mar 24	7.4
Apr 24	-3.5
May 24	-5.3
Jun 24	-5.9
Jul 24	-6.7
Aug 24	-5.3
Sep 24	-3.8
Oct 24	-3.9
Nov 24	-3.8
Dec 24	-3.4
Jan 25	-3.5



Month	Value
Feb 24	5.4
Mar 24	8.7
Apr 24	2.6
May 24	5.8
Jun 24	7.9
Jul 24	7.0
Aug 24	8.6
Sep 24	8.9
Oct 24	9.9
Nov 24	10.6
Dec 24	8.3
Jan 25	5.8



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

November variance adjusted for anticipated pay award

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

Finance: Agency / Locum Spend Performance

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

Finance: Current Financial Position and Forecast

The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year; with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding. In Month 8 the forecast outturn position was reduced to a planned deficit of £8.6m to reflect the correspondence of the 2nd of December from WG confirming an additional allocation of £11.15m. The opening recurrent underlying position is £178.2m. Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis, and £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed on a recurrent basis for 2024/25, having complied with the condition of moving towards attainment of the control total for 2023/2024. This funding remains conditionally current.

The January position is reporting an in-month surplus of £2.6m, an improvement of £0.4 from the previous month. The year to date position is a deficit of £12.9m, which represents a £5.7m adverse variance compared to the 10/12th of the revised £8.6m full year planned deficit. This is driven by pressures associated with additional capacity areas remaining open, Out of area Mental Health placements, an increase in CHC activity and Primary & Secondary care drug costs.

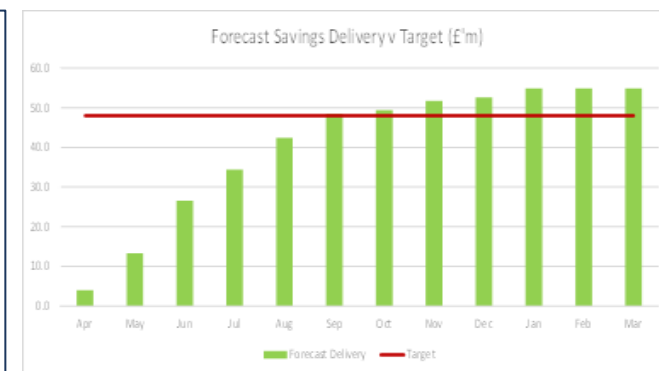
Financial Position to Date and Forecast Position	Actual Position										
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(2.7)	5.1	1.5	1.9	(12.9)
Planned position	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	5.8	(0.7)	(0.7)	(7.1)
Surplus/ (deficit) over plan	(2.7)	(3.2)	(2.1)	0.9	(1.6)	(0.3)	(1.0)	(0.7)	2.2	2.6	(5.7)

Feb	Mar	Forecast year-end position
£m	£m	£m
2.0	2.3	(8.6)
(0.7)	(0.7)	(8.6)
2.7	3.0	0.0

The Health Board's financial plan set a savings target of £48.0m to be delivered in 2024/25, which is profiled on an equal twelfth's basis.

The savings delivered in January totalled £6.1m, of which £2.5m is recurring. Accountancy Gains of £2.3m were also identified in month which is an increase of £1.4 from the previous month.

The full year forecast value of the saving schemes is £43.8m and Accountancy Gains of £11.1m, giving a combined total of **£54.9m**, an increase of £2.3m from Month 9. Of these, £28.5m have been identified as recurring, with a full year effect of £41.9m, and £26.4m identified as non-recurring savings. Therefore the recurrent shortfall is identified as £6.1m.





GIG
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Betsi Cadwaladr
University Health Board

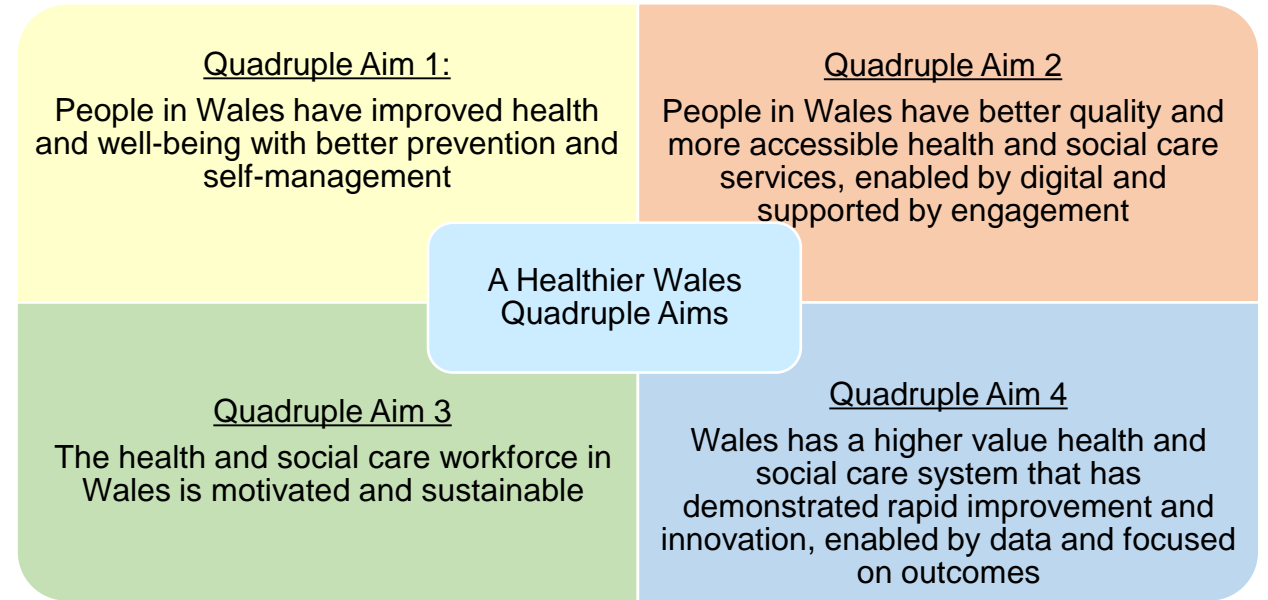
About the Integrated Performance Report

NHS Wales Performance Framework 2024-25

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

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

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



Integrated Quality & Performance Report

Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

Financial Performance

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

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

About this report: Rating System

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

Green

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

Red

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

Blue

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

Grey

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

Exception

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

Criteria of an exception

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

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

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

Escalation

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

Criteria for escalation

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








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

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

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

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

Variance





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

Orange icons indicate negative occurrence

Blue icons indicate a positive occurrence

Grey icons indicate no significant data occurrence

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

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

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

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

-  BCU Position
-  Internal Profile
-  Trend (Rolling 12 Month)
-  WG Target

What is an Integrated Performance Report (IPR)?

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

The Integrated Performance Framework (IPF)

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

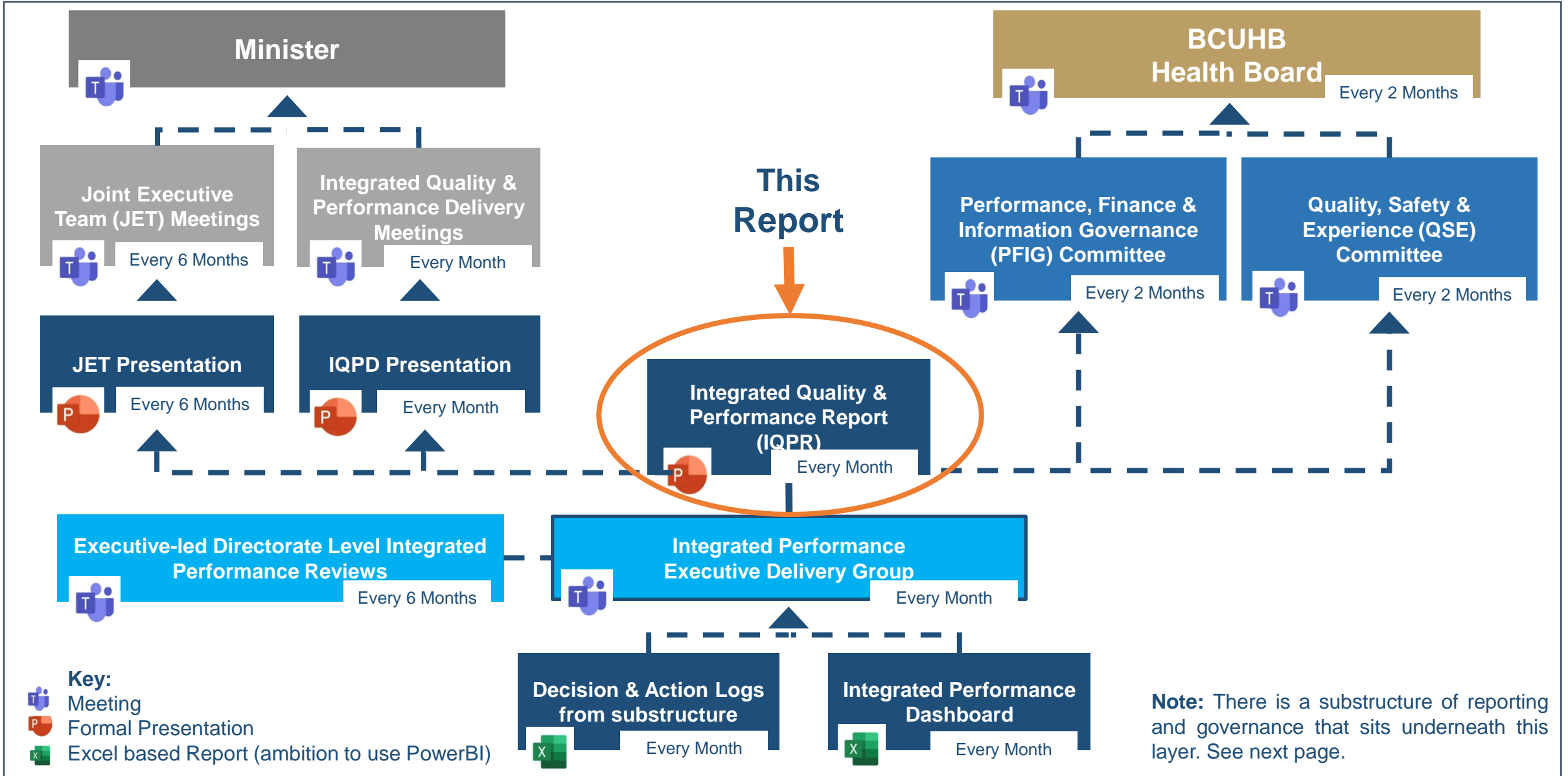
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the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

Where does the IPR feature within the Performance Governance Structure

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

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

The Integrated Performance Reporting & Governance Superstructure

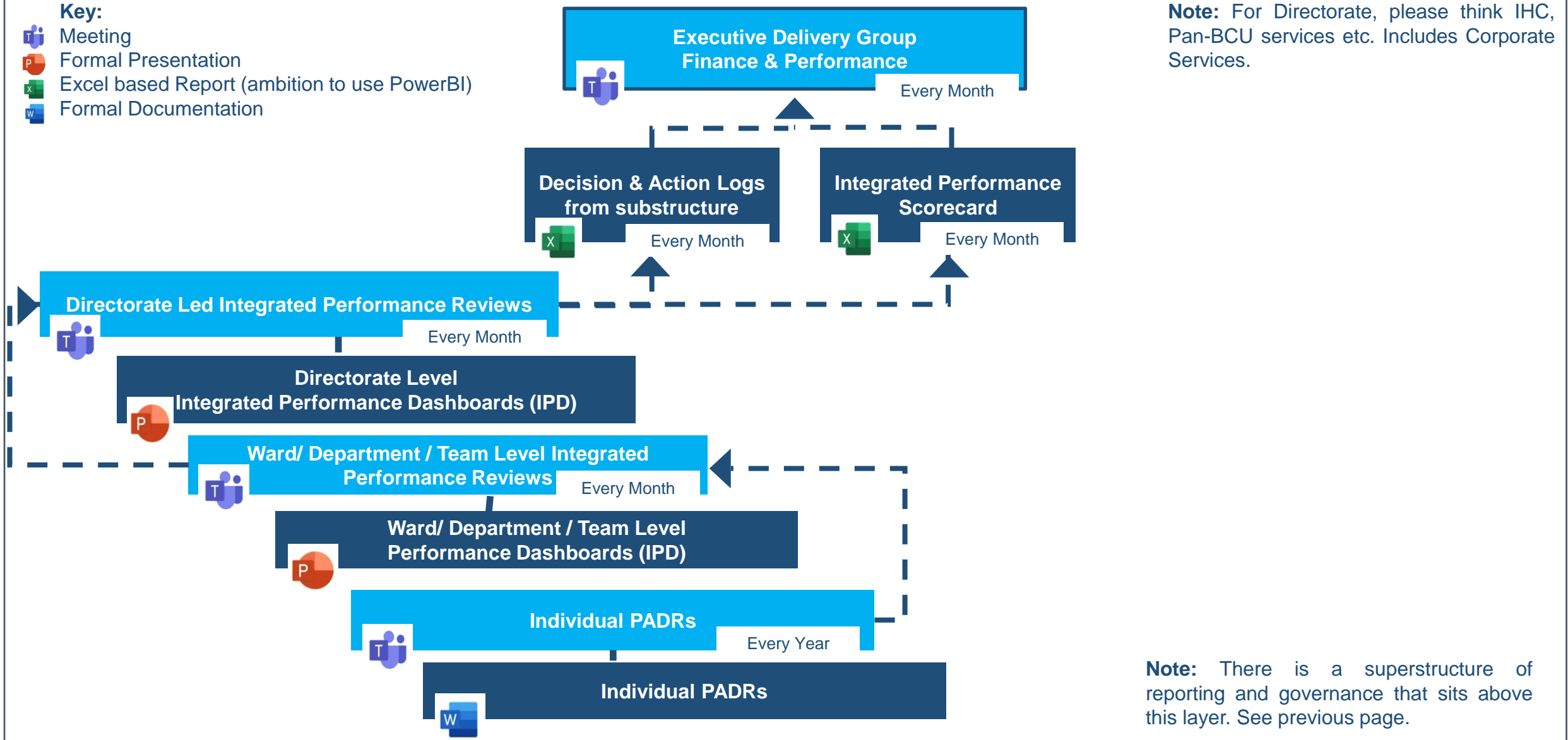


The Integrated Performance Reporting & Governance Substructure

Key:

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

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



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

Integrated Performance Reports



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

Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

Integrated Performance Dashboards



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

Deep Dive Reports



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

Ad-hoc Reports



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

Additional Information

Our Integrated Performance Report Betsi Cadwaladr University Health Board

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

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>



Appendix

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

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

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

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

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

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

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

Teitl adroddiad: <i>Report title:</i>	Corporate Risk Register Report			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIG)			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 25 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register (Jan 25) to which the Committee has oversight.</p> <ul style="list-style-type: none"> All 4 risks for which the Committee has overall accountability, currently have their risk score being above the tolerance set within the risk appetite. All risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to receive assurance for the progression of the corporate risks to which the Committee has overall accountability.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Links to the BAF detailed in respective CRR reports			

<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>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.</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>Not applicable for this report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</p>	<p>Not applicable for this report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable for this report</p>
<p>Camau Nesaf:</p>	

Next Steps:

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

Rhestr o Atodiadau:

List of Appendices:

Appendix 1 – Corporate Risk Dashboard – Performance, Finance and Information Governance Committee (PFIGC)

Appendix 2 – Corporate Risk Register Report (Jan 25) – Performance, Finance and Information Governance Committee (PFIGC)



Corporate Risk Register





Corporate Risk Register Report

1.0 Purpose

1.1 The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

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

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

2.0 Key Highlights

All risks have been reviewed and updated by the relevant services, no risks are proposed for a change in score in this paper.

The group is asked to **note** the updates and developments:

- **CRR24-05** 'Financial Sustainability' – Risk Description has been updated to align with the Risk Management Strategy and Processes.

2.1 Changes in Score

None

2.2 New Risks

None

2.3 Overdue/Delayed Actions

The corporate risk register report was produced at the beginning of Jan 25 for review and approval by the Executive Team. At the time of producing no actions were 'overdue' however some actions are noted for being completed end of Jan 25.

As per the normal cycle of reporting, the March 25 updates are being sought for current updates on all of these actions. The status of these actions will be included in the next update/iteration of the risk register.

2.4 Risks above Health Board 24/25 appetite

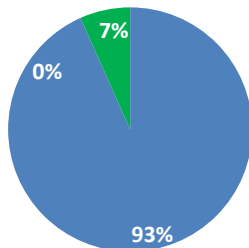
Four risks reported to committee score above the tolerance range set in the appetite.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-05	Financial Sustainability	Executive Director of Finance	20	Financial 15-19
CRR24-06	Suitability and Safety of Sites	Executive Director of Finance	20	Quality 15-19
CRR24-10	Urgent and Emergency Care	Chief Operating Officer	20	Quality 15-19
CRR24-11	Planned Care	Chief Operating Officer	20	Quality 15-19

2.5 Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ Overdue ■ Completed



- Executive Team as per normal reporting cycle.
- Submission of Corporate Risks to Board

Out of the 4 corporate risks, 15 actions have been developed to mitigate the risks. 1 action has been completed, 12 actions are progressing and on track.

Next steps

- Further scrutiny of all corporate risks by

Appendix 1 - Corporate Risk Register Dashboard Jan 25 – Performance, Finance and Information Governance Committee (PFIGC)

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoF	CRR24-05	Financial Sustainability	4 x 5 = 20 ↔	12	Financial Open 15-19	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, updated to reflect current financial year. 1 progressing action ongoing. Risk Score above tolerance set in risk appetite.
EDoF	CRR24-06	Suitability and Safety of Sites	4 x 5 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened March 24, 4 actions identified, 3 progressing with 1 action end of Jan 25. Risk Score above tolerance set in risk appetite.
COO	CRR24-10	Urgent and Emergency Care	5 x 4 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened Feb 24, 5 actions progressing, with 2 revised dates. Risk Score above tolerance set in risk appetite. Inherent impact score of 5 revised from 4 to 5 and likelihood of 5 to 4. Overall score remains the same.
COO	CRR24-11	Planned Care	5 x 4 = 20 ↔	8	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened Feb 24, 5 actions identified, 3 progressing, with 1 action completed and with 1 action end of Jan 25. Risk Score above tolerance set in risk appetite.

Key:

Executive	
Executive Director of Finance	EDoF
Chief Operating Officer	COO

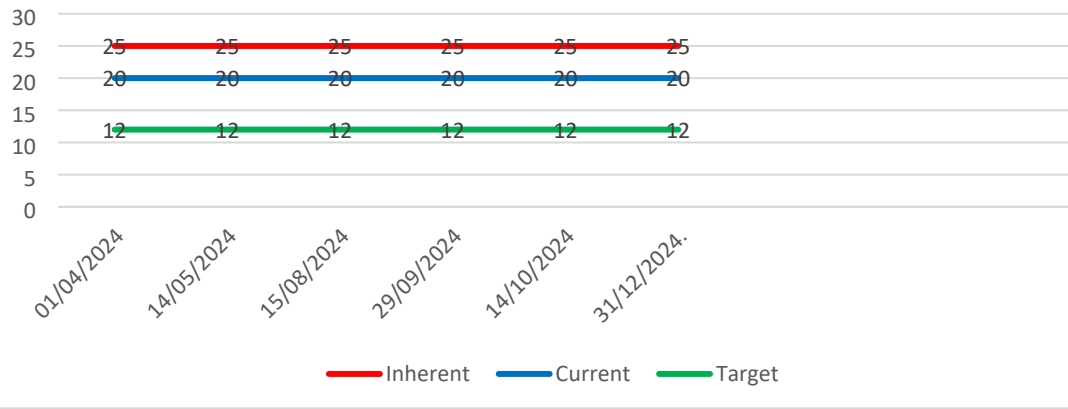
Appendix 2 – Corporate Risk Register Report Jan 25 – Performance, Finance and Information Governance Committee (PFIGC)

CRR 24-05	Risk Title: Delivery of the Annual Financial Plan		Date Opened: 01/04/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 23/12/2024
Date Last Reviewed: 31/12/24	Director Lead: Executive Director of Finance	Link to BAF:	Target Risk Date: 31/03/2025
<p>There is a risk that the Health Board does not achieve the in year Financial Plan and Welsh Government control total (noting the key duty being to deliver break-even). Failure to achieve the financial plan could result in conditionally recurrent investment being withdrawn from the Health Board and central intervention to support attainment of the key financial duty in this or future financial years.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive. Accountability Agreements issued to the budget managers for sign off in support of funding and deliverables required for each financial year. The signing off for these agreements monitored for review by Internal Audit and performance reported through Committees of the Health Board Value and Sustainability programme approach to 2024/25 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery. Continuation of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&C posts and all Band 7+ posts , moratorium on requests for Permanent recruitment to Band 8D and above (non clinical posts) and minimising interim staff appointments. Internal scrutiny by Central Finance Team, of the Divisional financial assumptions, overspends and forecasts. Financial reporting to Welsh Government on a monthly basis, with the Monthly Monitoring Return (MMR). 		<ol style="list-style-type: none"> Welsh Government (WG) expectation to achieve financial balance, due to the financial settlement/allocations to Health Boards and to enter into financial stability. The 24/25 Annual Plan and forecast financial outturn based on a level of expenditure controls and savings delivery that the Health Board considers to be sufficiently challenging and deliverable, whilst maintaining quality and patient care. The Month 6 position showed a material deficit to date and therefore additional actions are required to control the run rate and recover the deficit above plan. These were endorsed for implementation through the Integrated Performance – Executive Delivery Group Performance is reported and scrutinised through the IP – EDG monthly meetings where officers are held to account for delivery and bi-monthly within the Performance, Finance and Information Governance Committee and Health Board. Escalation meetings where improvements are not realised are held with leadership teams by the Chief Executive. In these forums support is offered to improve performance and trajectories supported for improvement. 	



7. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent.
8. Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements.
9. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and regulations, and timely remediation of deficiencies.

Actions	Due Date	Progression Analysis
Cease the run rate deterioration above plan and recover the year to deficit, to attain the forecast control total deficit for the financial year as agreed with Welsh Government. Via : Enhanced 'Check and Challenge' discussions with Chief Finance Officers, on a monthly basis, to ensure the forecast expenditure is robust. Escalation of Out of Area Mental Health Placements, through the Chief Executive Officer. Review of Corporate Controls and consider enhancing further. Continued oversight and holding to account via the Integrated Performance Executive Delivery Group, with expenditure control totals issued for the remainder of the financial year.	31/03/2025	Progressing



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

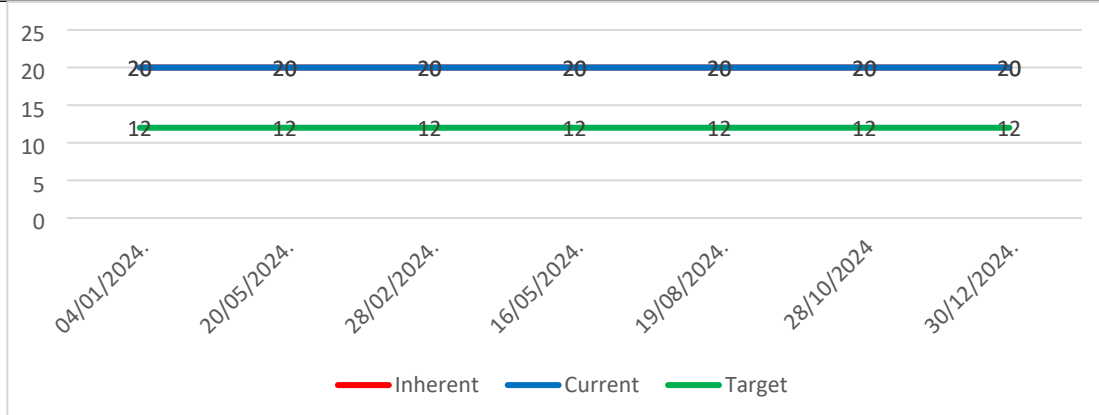
Rationale for Corporate Risk

M8 - Year to date position is reporting a deficit of £16.2m. This represents an £10.5m adverse variance compared to 6/12ths of the full year £19.7m planned deficit. The year to date deficit above plan is driven by Primary Prescribing, Continuing Health Care, Out of Area Mental Health placements and contracting pressures.

CRR 24-06	Risk Title: Suitability and Safety of Sites		Date Opened: 04/01/2024
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 23/12/2024
Date Last Reviewed: 30/12/2024	Director Lead: Executive Director of Finance	Link to BAF:	Target Risk Date: 31/03/2026 (10 year capital investment requests aligns with the capital prioritisation form that will be submitted to Welsh Government – completion target date 2035).
<p>There is a risk that the suitability and safety of the estates and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and unsuitable buildings, backlog maintenance issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Estates Strategy developed and approved by the Health Board in January 2023. 2. Internal Governance for capital allocation in place within the Health Board. 3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy 4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability. 5. Discretionary Capital Allocation of £12.448m for 24/25 approved by Welsh Government with an allocation of approximately £3.208m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register 6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff. 7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below and oversee risks relevant to the groups: <ol style="list-style-type: none"> a) Fire Management b) Asbestos Management c) Water Safety, d) Ventilation Safety e) Electrical Safety 8. Welsh Government Capital Resource Meetings in place to provide route for escalation. 		<ol style="list-style-type: none"> 1. 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate' this will inform the risk status by site, which will be assessed against the controls currently in place. Additional mitigation or strengthening of controls will also be considered. 2. Assurance around the development control plan that it is aligned with both the Estates strategy and the Clinical strategy. 3. Business Case Review Group to be set up to review all business cases to provide scrutiny prior to submission to Executive team. 4. Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community (IHC's) and other services and the Estates/Capital teams – linked to the changes to the Operating Model. 5. Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance. 6. Internal Audit review of Fire Safety – Agreed Management Action Plan being implemented. 7. Timely progression of major Capital Schemes which address Estates Safety such as Wrexham Maelor Continuity Plan – Phase 1. 8. Completion of applications for the Welsh Government (Capital, Estates & Facilities) Targeted Estates Fund for NHS Wales 2025-2027 	



<p>9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance</p> <p>10. Capital Allocation from Welsh Government – additional capital funding of £4.16M allocated to the Health Board to focus on Backlog Maintenance</p> <p>11. The Health Board submitted the Major Capital prioritisation plan to Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.</p> <p>12. Updated agreed protocol for use of Annual Discretionary Slippage in place for developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.</p> <p>13. Capital Funding from Welsh Government – additional capital funding of £2M allocated to the Health Board in year for slippage bids.</p>				
Actions	Due Date	Progression Analysis		
Undertake action to deliver a Health Board Estates Rationalisation Programme Estates Rationalisation Programme being developed and in draft format. This will be finalised in conjunction with the new Director of Environment, once in post. The Draft will be submitted to a multi-disciplinary group for initial comment, with a final version to be ratified by Capital Investment Group. Health Board Rationalisation Programme to be presented to CIG on 12 th September 2024	31/01/2025	Progressing		
Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years. The 6 Facet survey contract is currently being procured through the SBS framework via mini-competition, the contract is due to be awarded by January 2025. A Phase 1 approach for the Acute Hospitals, is expected to be completed by 31/3/25. The completion of the full survey has been brought forward from the original 5 year time frame to a 2 year programme.	31/03/2026	Progressing		
Review and update Development Control Plans	30/04/2025	Progressing		
Develop a standardised Terms of Reference to be considered and endorsed by Capital Investment Group	31/3/2025	Progressing		
		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	5	20
	Target Risk Score	2	4	12
	Risk Appetite	Quality		15-19
Rationale for Corporate Risk				



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

Current Risk score of 20 aims to be reduced to a 12 by April 2025. Backlog maintenance is the cost to bring estate assets that are below acceptable standards (either physical condition or compliance with mandatory fire safety requirements and statutory safety legislation) up to an acceptable condition. Total 2021/22 backlog costs for all BCUHB properties was £348.4m. Cost to achieve physical condition B is c. £213m. Cost to achieve condition B for fire and safety statutory compliance is c. £136m. Total risk adjusted backlog is c. £240m. The majority (73%) of backlog relates to the 3 acute hospitals. Backlog for MH&LD, Community and Local Hospitals, and Community Facilities each comprise c.10% of total backlog.

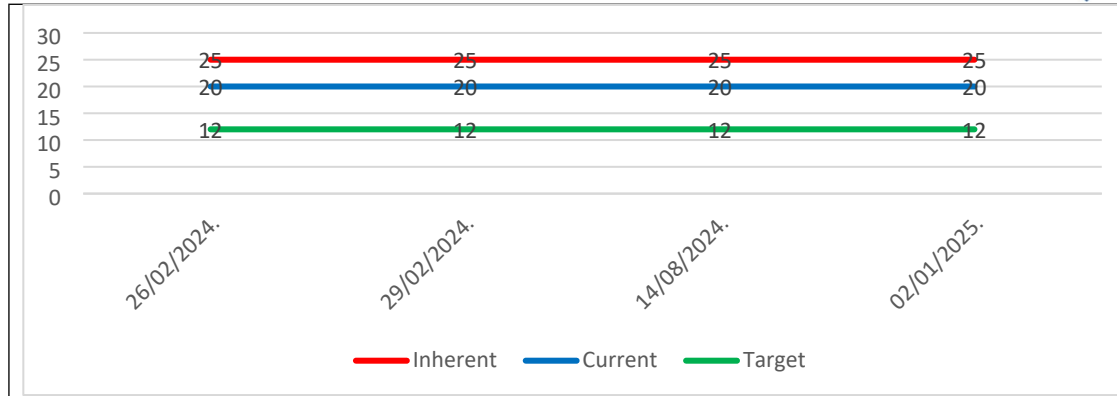
The estate is facing significant risks and challenges and severe limitations on expected future funding. The current estate is not sustainable or viable in the long term and will not support the implementation of key BCUHB strategies and is a significant risk to the Board.

To aid with supporting a Capital Programme the Health Board will commence with a programme to deliver a 6 facet survey for the Estates, these surveys will commence in 2024 focussing on Acute sites and then community hospitals with a target to complete within 2 years. This will be a significant part of the estates portfolio and backlog maintenance cost. As sites are completed the cost associated with backlog maintenance will be identified and capital funding requested. The end date is dependant of how much capital investment is provided to the Health Board from Welsh Government. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government. In addition, significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx £2M being invested and works completed by March 2025. Wrexham Resilience Programme has undertaken a risk-based approach to address key findings of the original Business Case. The Health Board has disposed of 2 sites (Ala Road and Cilan) this financial year which were vacated as 'not being fit for purpose', approval has also been received to dispose of Rossett HC and Ruthin HC which have been vacated due to condition of the Estate and these are expected to progress to auction in early 2025.

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: 23/12/2024
Date Last Reviewed: 02/01/2025	Director Lead: Chief Operating Officer	Link to BAF:	Target Risk Date: 30/03/2025
<p>There is a risk of mortality in relation to critically ill patients being seen in a timely manner through unscheduled care routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and EDs and UTCs being at capacity. This could impact on pressures for other services, reputation and litigation implications.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. System resilience hub introduced in December to ensure consistent approach to daily resilience calls BCUHB wide focused on prevention of and mitigating actions in response to reducing delays already in the system. Hospital full protocols reviewed and updated to support rapid de-escalation during peak periods of demand. Winter resilience plan, and festive period plans, developed to manage whole system pressures. 2. Ambulance handover guidance shared and utilised as part of the system resilience calls. Ambulance escalation process to support peak periods of demand. 3. UEC programme governance and reporting structure realigned into 4 workstreams (brings together all relevant improvement projects into a single improvement programme). 4. Workstream 1 focused on the community wrap around care ensuring that care, wherever safe to do so, is delivered closer or at home to avoid unnecessary conveyance and admission. 5. Single Integrated Clinical Advice Triage (SICAT) and GPOOHs services working together to provide 24/7 model across North Wales. Health Care Professional line available alongside review of the ambulance stack to avoid long waits. 6. 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 7. Workstream 2 focused on providing direct access to services as a safe alternatives to Emergency Departments (EDs) 8. EDs working to the All-Wales ED quality statement; Same Day Emergency Care (SDEC) services at all acute sites for those emergency admissions that would have had an overnight stay to be managed and discharged home the same day. Direct access to SDEC is available to health care professionals including Primary Care, 111 and WAST. 9. Red Cross ED Wellbeing and Home Safe service provided across all EDs to support patients during their time within EDs and provide a safe discharge solution and settlement safe avoiding reattendance /readmission. 10. Workstream 3 in place improving patient flow and therefore reducing overcrowding in EDs and subsequent ambulance handover delays at the front door 11. Optimal Hospital Flow framework supported by daily board rounds to ensure every day is a green or value added day for the individual thereby avoiding delays in the patient pathway and reducing the time spent in hospital and deconditioning. 12. Regular reviews of long stay patients in acute & community hospitals to reduce average length of stay. 13. Workstream 4 in place (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). 14. Review of Complex Care arrangements in place to improve system improvements and to reduce delays, managed each IHC's Clinically optimised weekly meetings. 		<ol style="list-style-type: none"> a) A number of key roles within the UEC Improvement Programme remain as temporary / secondments and this will impact on the inability to drive the required system change. b) 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. c) Funding spot purchasing of beds to assist with stepping up of patient care rather than hospital admissions and step down for assessment of individuals needs in a community setting. Implementation plans being agreed through additional 50 day challenge funding provided December 2024. d) Trusted assessors development, ongoing work for the last 18 months, support required to progress at pace. e) Continuous flow modelling – National presentation on a model to decompress the Emergency department and create movement to reduce delays. f) Get it Right First Time (GIRFT)/SEDIT reports to support demand management across North Wales need to be implemented through 	



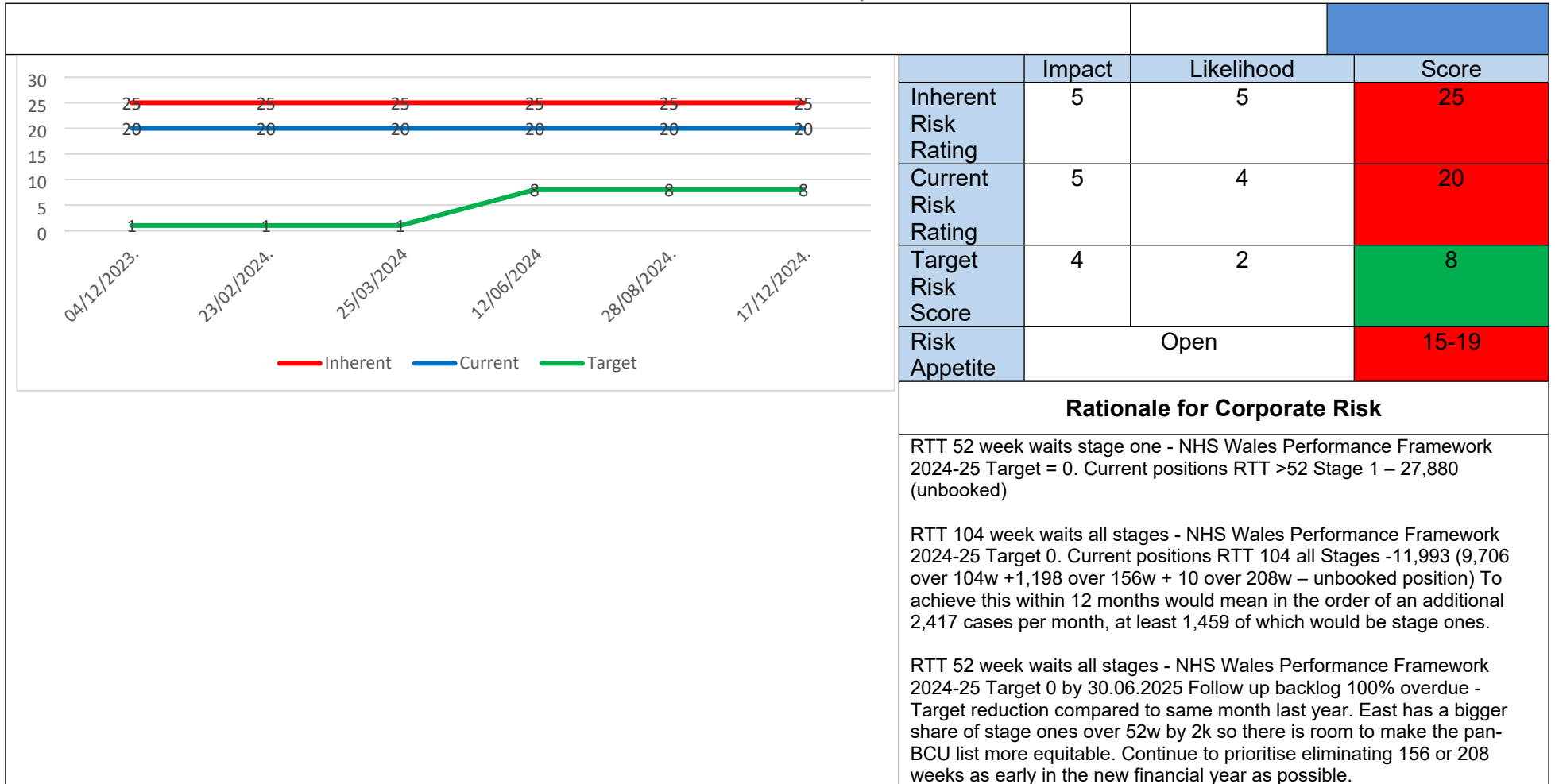
<p>15. Adverse discharge meetings in place as real time feedback, ensure lessons learnt and build trust across organisations. 16. Trusted Assessors (in 4 areas) reducing time for assessment.</p>	<p>workstream 1 delivered by IHC operational teams</p>			
<p>Actions</p>	<p>Due Date</p>	<p>Progression Analysis</p>		
<p>Health board to support development of a pan North Wales UEC (SICAT remodelling) hub prior to Winter 2024 to ensure 24/7 service support, in conjunction with national support and forthcoming escalation triggers. <i>The process of review is in place and will be led by workstream 1 of UEC programme.</i></p>	<p>31/03/2025</p>	<p>In progress (date revised from 15/01/2025)</p>		
<p>BCUHB agreement on IHC to trial the Continuous flow model and implement prior to August 2024- WXH IHC have been the site supported by Executives as initial trial site. Ongoing assurance discussions with East IHC and Swansea Bay continue in light of concerns raised. Final meeting planned for end of June 2024. <i>This action has now been re-instated by the Interim COO and agreement of time scales for implementation.</i></p>	<p>31/03/2025</p>	<p>In progress (was delayed, date revised from 30/06/2024)</p>		
<p>Workstream plans being developed (some controls in place) and agreed with each lead, plans are pan North Wales with operational delivery through each of the IHCs. Workstream plans are aligned to the annual plan and the 3 ministerial priorities for 2024/25. Workstreams focused on key areas within the patient pathway will work with partners across the UEC whole system to deliver the necessary improvement;</p> <ol style="list-style-type: none"> 1. Support at the individual's front door 2. Hospital front door 3. Hospital flow 4. Discharge from hospital 	<p>31/3/2025</p>	<p>In progress</p>		
<p>Review of all outstanding audit, GIRFT and HIW reports to ensure that actions plans are captured and any outstanding actions delivered within the relevant workstreams and lessons learnt used to inform sustained improvement</p>	<p>31/3/2025</p>	<p>In progress</p>		
<p>Annual plan narrative for 25/26 delivery drafted, awaiting planning guidance for 25/26, dues 23rd December 2024, to ensure that annual plan for UEC and subsequent workstream plans are aligned to the ministerial priorities for 25/26 and the de-escalation framework.</p>	<p>31/3/2025</p>	<p>In progress</p>		
	<p>Impact</p>	<p>Likelihood</p>	<p>Score</p>	
	<p>Inherent Risk Rating</p>	<p>5</p>	<p>5</p>	<p>25</p>
	<p>Current Risk Rating</p>	<p>5</p>	<p>4</p>	<p>20</p>
	<p>Target Risk Score</p>	<p>4</p>	<p>3</p>	<p>12</p>
	<p>Risk Appetite</p>	<p>Open</p>		<p>15-19</p>
	<p>Rationale for Corporate Risk</p>			



The number of Prevention of Future Death (PFD) / Regulation 28 Notices issued to BCUHB since February 2023 currently stands at 32. The Health Board saw a large number issued in 2023/24 (23) which was a significant outlier compared to previous years and other NHS Wales bodies. However 5 were received in 2024/25 (to date), a significant reduction compared to the number issued in same period of the prior year and more in-line with the average of previous years and other NHS Wales bodies. 9 cases directly related to the impact of delays in the health and social care system on the timeliness of responses by the Welsh Ambulance Service. Goal to be in line with WG targets.



CRR 24-11	Risk Title: Planned Care		Date Opened: 04/12/2023
	Assuring Committee: Performance, Finance and Information Governance Committee		Date Last Committee Review: 23/12/2024
Date Last Reviewed: 17/12/2024	Director Lead: Chief Operating Officer	Link to BAF:	Target Risk Date: 31/12/2025 (interim review)
<p>There is a risk of further deterioration in patients' health, harm, mortality or need for more complex treatment in relation to planned care services with a, resulting in failure to meet national access targets. This could be caused by long waits and delays for planned care, insufficient capacity, staffing shortages, increasing demand, and backlogs exacerbated by COVID. The impact would be worsening patient outcomes and experiences including avoidable harm, increased complaints, financial penalties for target breaches, and reputational damage.</p>			
Mitigations/Controls in place		Additional Controls required	
<ol style="list-style-type: none"> 1. Routine prioritisation of patients by clinical risk according to national Referral to Treatment Time (RTT) guidance (Cancer > Urgent > Routine) 2. Performance monitored via weekly corporate access meeting and locally via IHC weekly access meetings including long waits and clinical prioritisation. 3. Clinical prioritisation and review of waiting lists ongoing. 4. Validating waiting list cohorts. 5. Joint Patient Admin and Booking Centre. 6. Leadership, Chief Operating Officer now recruited for both interim and substantive. 		<ol style="list-style-type: none"> 1. Need a substantial in sourcing/outsourcing commissioning piece of work over a longer timeframe 2-3 years 2. Capacity and demand modelling and trajectory tracking 3. Clinically led development of sustainable service models to secure long term safe quality provision 4. Implementation of GiRFT and wider recommendations from service review processes (including from Clinical Implementation networks nationally) 5. Application of GiRFT and other performance improvement approaches (monitor progress of implementation via planned care board and performance outputs via access). 6. The planned care funds require quicker mobilisation in future years 7. Refresh and renew INNU policy to ensure referrals are appropriate. 8. Demand and capacity plan (in progress) completed to inform specialty level position for 2025/26 and targeted support where shortfalls identified 	
Actions			Due Date
Recruiting clinical leads and project management capacity to support clinically led specialty programmes of work in order to secure successful design and delivery of sustainable models of care			31/03/2025
Procurement for insourcing for endoscopy and diagnostics Insourcing endoscopy business case approval at Executive Team			01/11/2024
Ensure completion of demand and capacity analysis to inform forward looking activity and produce mitigations for shortfalls			31/03/2025
Minimise escalation into elective capacity through UEC improvement programme			31/01/2025
Plan substantially increased additional capacity delivery for onboarding early in the new financial year.			31/03/2025
			Progression Analysis
			In progress
			Completed
			Progressing
			Progressing
			Not started – requires approval of scope





Teitl adroddiad: <i>Report title:</i>	NICE Diabetes Care Processes: Performance in BCUHB			
Adrodd i: <i>Report to:</i>	PFIG Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 25 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	To describe the current performance of the NICE Diabetes Care processes in BCUHB and make suggestion on how this could be improved.			
Argymhellion: <i>Recommendations:</i>	<ul style="list-style-type: none"> • PFIG Committee to note the details contained in this report and the suggestions for improvement in the NICE Care Processes • As responsibility for delivery of the NICE Care Processes sits both within Primary Care and Secondary Care (Paediatrics & Adult Diabetes) and noting there are already projects and plans which link across to delivery already underway (such as the BCU Diabetes Transformation Project), PFIG Committee to endorse the review and evaluation of current projects as part of the development of the new diabetes model. This includes work with primary and secondary care colleagues to see what improvements can be made this year, as well as the medium and long-term development of a new model of care. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Jane Moore, Executive Director of Public Health			
Awdur yr Adroddiad: <i>Report Author:</i>	Claire Jones, Public Health Intelligence Specialist; Cllr Dr Rob Atenstaedt, Consultant in Public Health			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>Strategic Objective 2 - Developing Strategy and long lasting change Strategic Objective 4 - Improving quality, outcomes and experience.</p> <p>Health Board Wellbeing Objectives:</p> <ul style="list-style-type: none"> to improve physical, emotional and mental health and well-being for all. to target our resources to those with the greatest needs and reduce inequalities. to support children to have the best start in life. to work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. to listen to people and learn from their experiences. <p>Prevention and Population Health are noted as a Ministerial priority for 25/26. The 24/25 Q3 Delivery Report supports governance and reporting associated with the Health Board's commitment and responsibility to improving the health and wellbeing of the North Wales population.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<ul style="list-style-type: none"> Equality Act 2010 Public Sector Equality Duty Socio-economic Duty Human Rights Act 1998 Quality and Health and Care Quality Standards 2023 Wellbeing of Future Generations Act 2015
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>No, as not required for this type of report</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary been undertaken?</p>	<p>No, as not required for this type of report</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>CRR24-08 There is a risk that the Health Board fails to consider and implement prevention and early intervention models in order to reduce health inequalities and improve long term population health and wellbeing. This may be caused by a lack of prioritisation, planning and delivery in relation to the prevention of ill health and early intervention.</p> <p>BAF draft population health BAF to Board for approval Jan 25'</p>

<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	CRR24-08 BAF draft population health BAF to Board for approval Jan 25'
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: PFIG Committee is asked to review the content of this report for assurance and consider the recommendations</p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: None</p>	



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Betsi Cadwaladr
University Health Board

NICE Diabetes Care Processes: Performance in BCUHB

Author: Cllr Dr Rob Atenstaedt, Consultant, BCUHB Public Health Team. Claire Jones, Public Health Intelligence Specialist, BCUHB Public Health Team.

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Version: 1 (Final)

Publication/ Distribution: (Delete as applicable)

- Performance, Finance and Information Governance (PFIG) Committee

Review Date: n/a

Purpose and Summary of Document: To describe the current performance of the NICE Diabetes Care processes in BCUHB and make suggestion on how this could be improved.

Work Plan reference: N/A

Acknowledgements: Dr Jane Moore, Executive Director of Public Health, BCUHB; Dafydd Gwynne, Principal Public Health Practitioner, BCUHB Public Health Team; Gwyneth Page, Head Of Public Health Assurance & Development, BCUHB Public Health Team; Dr Bisola Ekwueme, Primary Care Medical Director, East IHC; Dr Eilir Hughes, Primary Care Medical Director, West BCUHB; Dr Emily Young, Assistant Primary Care Medical Director, BCUHB; Dr Bethan Jones, GP and Clinical Pathways Editor, Transformation & Improvement, BCUHB; Dr Angharad Powell, GP, BCUHB Out of Hours Service; Dr Louise Lomax, GP Clinical Pathways Editor, BCUHB

1. Introduction

At the PFIG Committee on 29th October 2024, Dr Jane Moore, Executive Director of Public Health, was asked to bring a paper to a subsequent meeting summarising data on the NICE Diabetes Care Processes and making suggestions on how performance can be enhanced going forward.

1.1 Adults

According to NICE Quality Standard (QS209), published on 2nd March 2023, adults with Type 2 diabetes should have nine key processes completed on an annual basis.¹

The vast majority of diabetes care takes place in Primary Care as planned contractual activity in chronic conditions.² The eight care processes which are the responsibility of primary care to deliver include the following:

Figure 1: NICE care processes

1.	HbA1c - blood test for glucose control.
2.	Blood pressure - measurement of cardiovascular risk.
3.	Serum Cholesterol - blood test for cardiovascular risk.
4.	Serum Creatinine - blood test for kidney function.
5.	Urine Albumin/Creatinine Ratio - urine test for kidney function.
6.	Foot risk surveillance - foot examination for foot ulcer risk.
7.	Body mass index - measurement for cardiovascular risk.
8.	Smoking history - question for cardiovascular risk.

The ninth care process is diabetic eye screening which is delivered by Public Health Wales.

NICE states that regular testing and completion of these care processes to monitor and manage Type 2 diabetes can help to reduce the risk of complications and also help to identify any complications earlier.¹ Higher completion of these health checks is associated with better glycaemic management, reduced premature mortality and emergency admissions, and decreased risk of developing diabetes complications and associated care costs^{3,4,5}. Evidence has shown that meeting all nine care processes is associated with significant reductions in all types of emergency admissions by between 22% and 26%.⁶

NICE recommends that service providers, including primary and secondary care, diabetic eye screening providers, community health services and foot protection services work in an integrated way to ensure that:¹

- systems are in place for adults with Type 2 diabetes to have all nine care processes completed on an annual basis and monitor diabetes complications.
- healthcare professionals, such as GPs and practice nurses, are aware of local protocols for key care processes associated with type 2 diabetes and ensure that adults have the key nine care processes completed every 12 months.
- adults are referred to the local eye screening service when they are diagnosed with type 2 diabetes
- adults who are at moderate or high risk of developing a foot problem are referred to the foot protection service, and adults with an active diabetic foot problem are referred to the multidisciplinary foot care service or foot protection service.
- adults with a limb or life-threatening active diabetic foot problem are referred to acute services for assessment by the multidisciplinary foot care service.

NICE also states that it is important to ensure that integrated health systems are available in which adults with Type 2 diabetes have the key care processes completed every 12 months, and to identify and monitor complications.¹ This includes laboratory provision for analysing blood and urine tests, and access to a foot protection service, multidisciplinary foot care services and eye screening service.

NICE notes that the 12-month timeframe for recording of ACR, serum creatine, serum cholesterol, BMI, smoking status and retinal screening is based on expert opinion and not derived from NICE guidance as such.¹ It is, therefore, considered a practical timeframe to enable stakeholders to measure performance.

Lastly, NICE adds that appointments for completion of the key care processes should be offered at times and in locations that meet the needs of adults with Type 2 diabetes.¹ Appointments should be accessible to adults who do not speak or read English, and should be culturally and age appropriate.

1.2 Children & Young People

Children and young people with diabetes should receive a similar set of care processes, especially as Type 1 is a more aggressive condition than older-onset Type 2 diabetes. Health checks (care processes) for children and young people with diabetes are essential for early recognition of complications. There are different health checks depending on which type of diabetes has been diagnosed and the age of the child, as shown in Figure 2.

Figure 2: Recommended care processes for children and young people with diabetes

Type 1 12 years and over	Type 2		
	Under 12 years	12 to 18 years	19 years and over
Six key health checks <ul style="list-style-type: none"> • HbA1c • Blood pressure • Albuminuria • BMI • Thyroid test • Foot check Plus Eye check	<ul style="list-style-type: none"> • HbA1c • Blood pressure • Albuminuria • BMI • Cholesterol 	<ul style="list-style-type: none"> • HbA1c • Blood pressure • Albuminuria • BMI • Cholesterol • Foot check • Eye check 	<ul style="list-style-type: none"> • HbA1c • Blood pressure • Albuminuria • BMI • Cholesterol • Foot check • Eye check • Smoking status • Creatinine

2. Results

2.1 National Diabetes Audit

Quarterly data from the NHS Executive provides a picture of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, the majority of which is undertaken in primary care.⁷ Outcomes from the National Diabetes Audit (NDA) provide useful comparative information at Cluster level. While data is collected at GP Practice level, Digital Health and Care Wales is not able to share data at that level with Health Boards.

Tables 1 to 4 summarise BCUHB performance in achieving the NICE recommended eight care processes for Type 1 and Type 2 diabetes. In September 2024 (Quarter 2), which is the latest data available, only 22.6% of people with Type 1 diabetes received all eight care processes in BCUHB (Table 1). At an individual care process level, the highest percentages are blood pressure (74.1%) and HbA1c (67.0%). The lowest care processes are urine albumin (35.5%) and foot surveillance (44.7%).

Table 2 summarises achievement of the eight care processes for Type 1 diabetes at Primary Care Cluster level; these range from 10.9% in South Flintshire to 38.7% in Meirionnydd.

In Quarter 2, achievement of the eight care processes for Type 2 diabetes was slightly higher than for Type 1. Table 3 shows 37.9% of people with Type 2 diabetes received all eight care processes. At an individual care process level, the highest percentages are serum creatinine (88.9%), HbA1c (88.1%) and blood pressure (86.9%). The lowest care processes are urine albumin (55.0%) and foot surveillance (63.8%).

At Cluster level, achievement of the eight care processes for Type 2 diabetes ranges from 27.7% in Central and South Denbighshire to 45.3% in North and West Wrexham (Table 4).

Table 1: Care process, Type 1 diabetes, Betsi Cadwaladr UHB, September 2024

	%
All 8 Care Processes	22.6
Blood Pressure	74.1
Body Mass Index	64.8
Foot Surveillance	44.7
HbA1c	67.0
Serum Cholesterol	55.9
Serum Creatinine	66.6
Smoking	54.7
Urine Albumin	35.5

Source: NHS Executive

Table 2: Care processes, Type 1 diabetes, Betsi Cadwaladr UHB & Primary Care Clusters, September 2024

	%
Betsi Cadwaladr UHB	22.6
Anglesey	29.9
Arfon	25.1
Dwyfor	27.7
Meirionnydd	38.7
Conwy East	17.1
Conwy West	23.7
North Denbighshire	24.0
Central and South Denbighshire	18.5
North East Flintshire	22.6
North West Flintshire	20.5
South Flintshire	10.9
North and West Wrexham	13.3
Central Wrexham	24.1
South Wrexham	23.3

Source: NHS Executive

Table 3: Care process, Type 2 diabetes, Betsi Cadwaladr UHB, September 2024

	%
All 8 Care Processes	37.9
Blood Pressure	86.9
Body Mass Index	78.0
Foot Surveillance	63.8
HbA1c	88.1
Serum Cholesterol	77.0
Serum Creatinine	88.9
Smoking	72.1
Urine Albumin	55.0

Source: NHS Executive

Table 4: Care processes, Type 2 diabetes, Betsi Cadwaladr UHB & Primary Care Clusters, September 2024

	%
Betsi Cadwaladr UHB	37.9
Anglesey	44.8
Arfon	39.0
Dwyfor	37.8
Meirionnydd	40.1
Conwy East	31.6
Conwy West	34.2
North Denbighshire	44.0
Central and South Denbighshire	27.7
North East Flintshire	43.3
North West Flintshire	37.6
South Flintshire	30.0
North and West Wrexham	45.3
Central Wrexham	30.8
South Wrexham	42.7

Source: NHS Executive

2.2 Children & Young People in Secondary Care

Overall health check completion rate and percentage receiving all six annual key health checks

The following data is taken from the National Paediatric Diabetes Audit 2022/23 for the three acute sites in BCUHB where the checks are performed on children and young people in secondary care.

The health check completion rate is calculated in the following way, and only considers children and young people with Type 1 diabetes who have had a complete year of care:

Total number of health checks received by children and young people of all ages

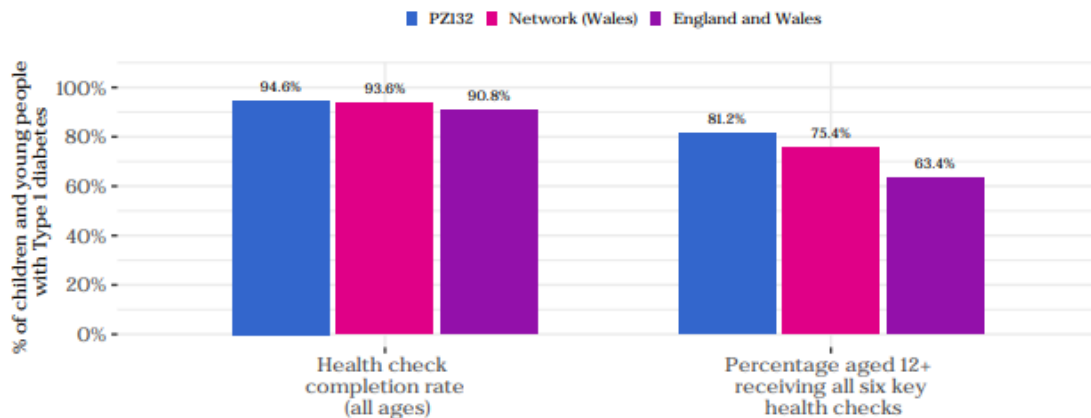
(Number of children aged 11 and below) + (Number of young people aged 12 and above)

Prior to 2020/21, the overall health check rate included retinopathy screening, however this has been removed from the calculation during 2022/23 due to changing guidance on the frequency of screening.

Ysbyty Gwynedd Hospital

In Ysbyty Gwynedd (YG), the overall completion rate at 94.6% is higher than the average of 90.8% for England and Wales. Overall, 81.2% of young people aged 12 years and older received all six key health checks at YG within the audit year, which is again higher than 63.4% across England and Wales (Figure 3).

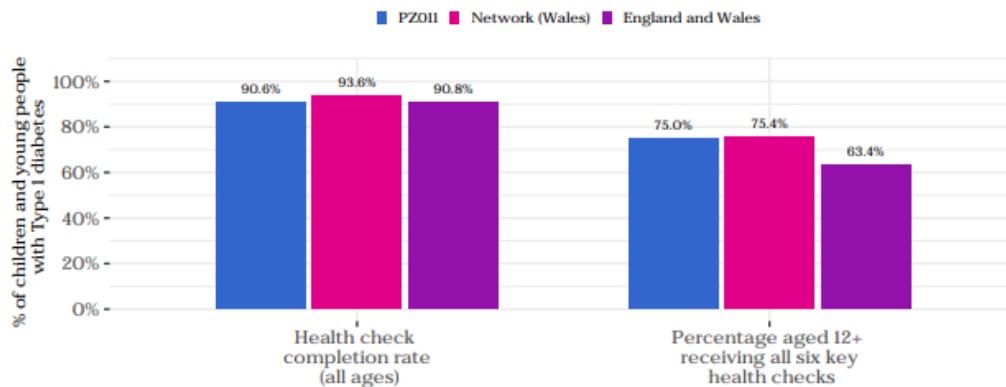
Figure 3: Overall health check completion rate for all ages and percentage receiving all six annual key health checks for those aged 12 and above, Ysbyty Gwynedd Hospital



Ysbyty Glan Clwyd Hospital

Figure 4 shows, the overall health check completion rate in Ysbyty Glan Clwyd (YGC) (90.6%) is similar to England and Wales (90.8%). Overall, 75.0% of young people aged 12 years and over received all six key health checks at YGC, which is higher than an average of 63.4% across England and Wales.

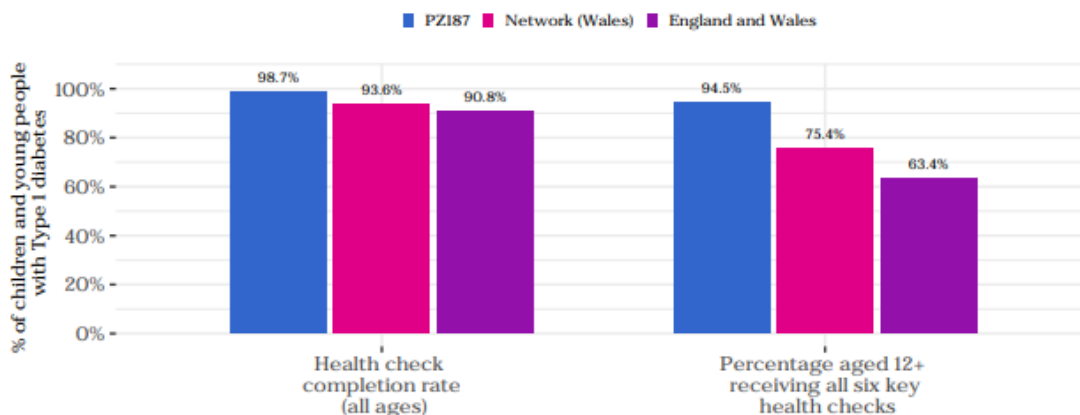
Figure 4: Overall health check completion rate for all ages and percentage receiving all six annual key health checks for those aged 12 and above, Glan Clwyd Hospital



Ysbyty Wrexham Maelor Hospital

The overall health check completion rate in Ysbyty Maelor Wrexham is 98.7%, which is much higher than the average of 90.8% across England and Wales. Overall, 94.5% of young people aged 12 years and over received all six health checks, compared to 63.4% across England and Wales (Figure 5).

Figure 5: Overall health check completion rate for all ages and percentage receiving all six annual key health checks for those aged 12 and above, Wrexham Maelor Hospital



National Paediatric Diabetes Audit 2022/2023 by IHC Area

Table 5 and Figure 6 show the overall health check completion rates and percentage of children and young people receiving all six annual key health checks by IHC area. It can be seen that the highest performing IHC is East which records higher rates than Network Wales and England & Wales combined.

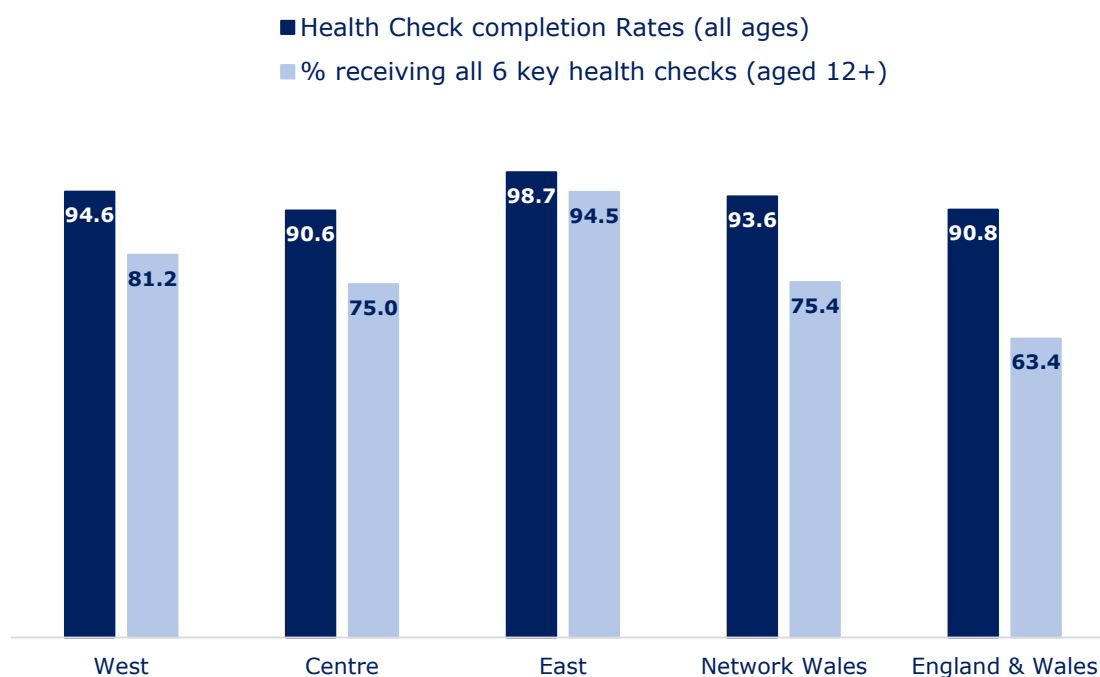
Table 5: Overall health check completion rates and percentage receiving all six annual key health checks, IHC area, 2022/2023

	Health Check completion Rates (all ages) %	Receiving all 6 key health checks (aged 12+) %
West	94.6	81.2
Centre	90.6	75.0
East	98.7	94.5
Network Wales	93.6	75.4
England & Wales	90.8	63.4

Source: NPDA 2022-2023 – provided by each IHC Area PDU (Type 1 Diabetes only)

Figure 6: Overall health check completion rates and percentage receiving all six annual key health checks, IHC area, 2022/2023

Source: NPDA 2022-2023 – provided by each IHC Area PDU (Type 1 Diabetes only)



Resource: NPDA 2022-2023 – provided by each IHC Area PDU (Type 1 Diabetes only)
For further information, please refer to the site NPDA reports.

3. Discussion

Completion of health checks in children and young people 12 years and over with Type 1 diabetes in secondary care in BCUHB appears relatively high compared to the average across England and Wales; this achievement should be celebrated.

However, the main issue seems to be the low completion of the eight care processes in primary care in North Wales, both for Type 1 and Type 2 diabetes. Variation in completion rates exists between each of the individual care processes and within specific geographies, representing an opportunity for improvement.

Factors influencing attainment of NICE Care Processes

Factors associated with reduced likelihood of receiving the NICE care processes in individuals with diabetes largely in primary care are younger age and people living in more deprived areas.⁸ The likelihood of receiving all eight care processes is increased in older people; people of Asian, Black or Mixed Ethnicity; people living in a less deprived area; and diabetes duration of one to four years and five to nine years, when compared with reference group of those with diabetes for 15 years and over.⁸ Reduced likelihood was also associated with females and diabetes duration of less than one year.⁸

The cause of the low completion of the eight adult NICE care processes in North Wales is likely to be multi-factorial. Some of the reasons may include:⁹

- Lack of patient engagement/health literacy
- Use of telephone for consultations which leads to missing elements (e.g. foot checks)
- Inadequate staffing – both clinical, as well as administrative staff to chase up DNAs
- Funding constraints causing overall lack of capacity and prioritisation of more urgent work
- Historically in the QOF, adherence to targets used a 15-month window as a tight 12-month window missed those who are just over this time period.

Other reasons given include increasing diabetes prevalence¹⁰, the loss of experienced practice staff and resulting recruitment difficulties, changes in systems of care delivery, diabetes indicators being removed from QOF and different perceptions of what constitutes 'primary care diabetes'.²

In addition, it has been highlighted that GP practices in North Wales have lost access to the digital modules that were used during the QOF contract which helped to easily identify and monitor adherence to the care processes at an individual patient level - the work is now significantly more arduous and require significant amounts of administrative time and effort.¹¹ There is also a possibility that practices may be doing the work but not coding correctly and that this issue no longer gets highlighted; some practices will now have senior administrative staff and clinicians who have no organisational memory of the QOF rules and datasets, and may be using different codes which the NDA will not pick up.¹¹ There is no specific support available for practices to ensure that the data is collated correctly.

Diabetes Enhanced Services

Enhanced services are defined as primary medical services other than essential services, additional services or out-of-hours services. GP practices are normally paid extra to provide these. Table 6 shows those relevant to diabetes and which GP practice has signed up to which.

The Negotiated Enhanced Services (NES) within the Diabetes Specification (DS) provides an opportunity for GP practices to improve the services they provide for patients with diabetes to include initiation and monitoring of diabetes injectable therapies, as well as encouraging repatriation from specialist outpatient services back to primary care.² It has been argued that the NES in its current state may be potentially increasing variation and inequity of access for people living with diabetes by fixing service delivery within traditional models that are finding it difficult to cope with the increasing demand.²

It is also worth noting that the NES offers a flat rate of only £1.84 per patient/month to support a multitude of additional requirements beyond purely assessing the eight care processes.¹¹ This payment has not received any uplift since its inception, despite significant rises in all costs during that time, making it increasingly less feasible for practices to prioritise diabetes work without withdrawing other aspects of their service.¹¹

Finally, it is important to highlight that from April 2025, the eight NICE diabetes care processes will be included in the medicines management LECES.¹² This means that GP practices will lose points if they do not complete them so numbers should potentially improve for those care processes that are medicines related.

Table 6: Primary Care enhanced services for diabetes, BCUHB Primary Care Clusters

		Diabetes Gateway Module DES	Diabetes - Injectable Incretin Mimetics Monitoring (Module 1) NES	Diabetes - Injectible Incretin Mimetics Initiation	Diabetes - Insulin Monitoring (module 3) NES	Diabetes - Insulin Initiation (Module 4) NES
Anglesey	Amlwch	Y	Y	Y		Y
	Bodorgan	Y	Y	Y		Y
	Beumaris	Y	Y	Y	Y	Y
	Llanfairpwll	Y	Y	Y	Y	Y
	Benllech	Y	Y	Y	Y	
	Hwb Iechyd Cybi	Y				
	Coed Y Glyn	Y	Y	Y	Y	Y
	Victoria	Y	Y	Y	Y	Y
	Gwalchmai	Y				
	Star Surgery					

Source: Betsi Cadwaladr UHB Primary Care

		Diabetes Gateway Module DES	Diabetes - Injectible Incretin Mimetics Monitoring (Module 1) NES	Diabetes - Injectible Incretin Mimetics Initiation	Diabetes - Insulin Monitoring (module 3) NES	Diabetes - Insulin Initiation (Module 4) NES
Arfon	Bodnant	Y				
	Llanberis	Y				
	Felinrheli	Y				
	Bethesda	Y				
	Meddygfa Hafan Iechyd	Y	Y	Y		
	Bron Derw Medical Centre	Y	Y	Y	Y	Y
	Wauanfawr	Y				
	Corwen House	Y				
Dwyfor	Treflan					
	Hwb Iechyd Eifionydd					
	Botwnnog	Y	Y	Y	Y	Y
Meirionnydd	Nefyn					
	Blaenau Ffestiniog					
	Tywyn	Y	Y	Y	Y	Y
	Barmouth					
	Penrhyndeudraeth	Y	Y	Y	Y	Y
Conwy West	Bala					
	Dolgellau	Y	Y	Y	Y	Y

Source: Betsi Cadwaladr UHB Primary Care

		Diabetes Gateway Module DES	Diabetes - Injectible Incretin Mimetics Monitoring (Module 1) NES	Diabetes - Injectible Incretin Mimetics Initiation	Diabetes - Insulin Monitoring (module 3) NES	Diabetes - Insulin Initiation (Module 4) NES
Conwy East	Cadwgan	Y				
	Kinmel Bay	Y				
	Gwrych/Abergele					
	West End Medical Centre	Y				
Conwy West	Uwchaled	Y				
	Mostyn House	Y				
	Plas Menai Surgery	Y	Y	Y	Y	Y
	Betws y Coed					
	Llys Meddyg / Gyffin	Y	Y	Y	Y	Y
	Plas Penrhyn					
	Craig y Don Medical Practice	Y				
	Lonfa	Y				
	Llanvst	Y	Y	Y	Y	Y
	Bo dreinallt	Y				
West Shore						

Source: Betsi Cadwaladr UHB Primary Care

		Diabetes Gateway Module DES	Diabetes - Injectible Incretin Mimetics Monitoring (Module 1) NES	Diabetes - Injectible Incretin Mimetics Initiation	Diabetes - Insulin Monitoring (module 3) NES	Diabetes - Insulin Initiation (Module 4) NES
North Denbighshire	Clarence Medical Centre	Y	Y	Y	Y	Y
	Healthy Prestatyn Iach	Y	Y	Y	Y	Y
	Park House	Y	Y	Y	Y	Y
	Madryn House	Y	Y	Y	Y	Y
	Lakeside Medical Centre					
	Kings House Surgery					
Central & South Denbighshire	Plas Meddyg	Y	Y	Y	Y	Y
	Pen-Y-Bont	Y	Y	Y	Y	Y
	Bronffynnon	Y	Y	Y	Y	Y
	Beech House	Y				
	The Clinic Ruthin	Y	Y	Y	Y	Y
	Cornwen	Y	Y	Y	Y	Y
	Middle lane	Y	Y	Y		
	Berllan	Y				

Source: Betsi Cadwaladr UHB Primary Care

		Diabetes Gateway Module DES	Diabetes - Injectible Incretin Mimetics Monitoring (Module 1) NES	Diabetes - Injectible Incretin Mimetics Initiation	Diabetes - Insulin Monitoring (module 3) NES	Diabetes - Insulin Initiation (Module 4) NES
North East Flintshire	The Stables Medical Practice	Y	Y	Y	Y	Y
	The Marches Medical Practice	Y				
	Shotton Lane Surgery	Y				
	Deeside Medical Centre	Y			Y	Y
	The Quay Surgery	Y	Y	Y	Y	Y
	Queensferry Medical Practice	Y	Y	Y	Y	Y
	St Mark's Dee View Surgery	Y				
North West Flintshire	Pendre Surgery	Y	Y	Y	Y	Y
	Bodowen Surgery	Y	Y	Y	Y	Y
	Alt Goch Medical Centre	Y	Y	Y	Y	Y
	Pennant Surgery	Y	Y	Y	Y	Y
	Eyton Place Surgery					
	The Laurels					
	Panton Surgery	Y	Y	Y	Y	
South Flintshire	The Bradleys Practice	Y	Y	Y		
	Hope Family Medical Centre	Y	Y	Y	Y	Y
	Pendre Surgery	Y	Y	Y		
	Roseneath Medical Practice	Y	Y	Y	Y	Y
	Leeswood Surgery					
	Caergwrle Medical Practice					

Source: Betsi Cadwaladr UHB Primary Care

		Diabetes Gateway Module DES	Diabetes - Injectible Incretin Mimetics Monitoring (Module 1) NES	Diabetes - Injectible Incretin Mimetics Initiation	Diabetes - Insulin Monitoring (module 3) NES	Diabetes - Insulin Initiation (Module 4) NES
South Wrexham	Langollen Health Centre	Y	Y	Y	Y	Y
	Gardden Road	Y	Y	Y		
	Chirk	Y	Y	Y	Y	Y
	Overton Medical Practice	Y	Y	Y	Y	Y
	Ruabon	Y		Y		Y
	Beech Avenue Practice	Y				
	The Surgery Hanmer	Y				
	Crane Medical Centre	Y	Y	Y	Y	Y
West & North Wrexham	Caritas Surgery	Y	Y	Y	Y	Y
	Pen-Y-Maes Surgery	Y	Y	Y		
	Bryn Darland Surgery	Y	Y	Y	Y	Y
	Alyn Family Doctors	Y	Y	Y	Y	Y
	Coedpoeth	Y	Y	Y	Y	Y
Wrexham Town	Strathmore Medical Practice	Y	Y	Y		
	Plas Y Bryn Medical Centre	Y	Y	Y	Y	
	St. George's Crescent	Y	Y	Y	Y	
	Beechley Medical Centre	Y	Y	Y		
	Hillcrest Medical Centre	Y	Y	Y		
	Caia Park Surgery					

Source: Betsi Cadwaladr UHB Primary Care

Locality/Cluster Based MDT Services

Non-medical, locality-based, diabetes MDT posts (Diabetic Specialist Nurse (DSN)/Dietitian and Healthcare technicians) were promoted through Programme Management Office (PMO) initiatives, and subsequently resourced via Primary Care funding and also Cluster funded in some areas.² By working jointly with primary care providers, care establishments and community nursing, it has been stated that it has been possible to create a more resilient diabetes service offer within the area served.² This has facilitated integration, innovation, and timely access to specialist nursing support, weight loss, remission and prevention programmes.²

This service currently exists in eight out of fourteen Clusters but funding is not uniform.² It has been noted that if this type of approach was available across BCUHB, we would be in a stronger position to manage the majority of Type 2 diabetes services out of the hospital outpatient setting.² This would, in turn, allow the hospital-based diabetes teams to focus on delivering 'Super Six' diabetes services.

Table 7 describes current Locality/Cluster based diabetes services.

Table 7: Summary of Locality / Cluster based Diabetes Services

Locality Diabetes Services	P Care Funded	Cluster Funded	WTE
Ynys Mon	Since 2015		0.5 DSN 0.5 Diabetes Dietitian
Arfon	2018		1.0 DSN Diabetes Dietitian HCA
Meirionnydd (& Dwyfor)	Acute DSN team restructure to resource 2 Cluster regions	Short term cluster funded 2016-2018	0.4 DSN No Dietitian in revised model
Conwy West		2016 permanent	1.0 DSN 0.4 Diabetes Dietitian
Conwy East		2022	1.0 DSN No Dietitian currently
North Denbighshire	2016		1.0 DSN Diabetes Dietitian
North West Flintshire		Short term cluster funded 2018. Extended DSN support 2022/23	DSN No Dietitian currently
South Wrexham	2017/8		1. DSN No dietitian currently

Diabetes Hubs

An example of an intervention which has specifically been set up to improve completion of the NICE eight care processes in primary care is the North Denbighshire Long-Term Conditions hub pilot, which offers a one-stop diabetes screening and annual review in two practices.¹⁵ The service allows for planned care reviews to be carried out in one clinic appointment as well as point of care testing, which means that patients do not need to be recalled to discuss test results and further treatment, as well as avoiding the need for tests to be sent to the lab. A local (non-peer-reviewed) evaluation showed that attendance and completed care processes amongst patients with diabetes increased compared to usual care with three separate appointments being offered.^{13,14} Practice 1 provided completion of all eight care processes to 74.9% for individuals who accessed their annual review appointment via the Hub (no comparison with usual care available). Practice 2 provided completion of eight care process among 91% of people attending with Type 2 diabetes and 84% of people with Type 1 diabetes during the time period (no comparison data available). This compares to an average of 40% in usual care across Wales in December 2022. Positive patient experience about the service was also reported, with examples of patients avoiding visits to the emergency department as a result of the new service described.

A variation on the above model that has been proposed during the diabetes transformation project engagement events as part of an extended primary care offer is a "Hub Lite Model".⁹ Additional support for GPs in managing Type 2 Diabetes closer to home could involve a hub and spoke model within clusters; this could mean that GP practices are funded/ supported to deliver the eight NICE care processes but that the additional services such as retinopathy screening/ podiatry / input from the endocrinologist or DSN could be held as a rotating clinic to improve relationships between primary and secondary care, enable GPs / PNs to access timely advice on complex patients and improve uptake of not only the care processes but screening also.

4. Conclusion

It can be seen that the attainment of all of the NICE care processes in North Wales is too low, particularly for Type 1 and Type 2 diabetes in primary care.

However, it is worth noting that this is not the case in all GP practices; some report achieving high attainment of the eight care processes and this good practice should be shared via a case study.¹¹

Some of the ways that these high rates have been achieved by individual practices is by administrative efficiencies, as well as patient and staff education.¹¹ Another suggested improvement is to perform all eight care processes at the same time at annual review, rather than piece-meal.

It has been pointed out that it is likely that not all GP practices access their NDA data, and some may not know that this information exists.¹¹ Individual practices

should therefore be encouraged to review their own performance data and act on it; Primary Care Clusters should support practices with this endeavour. It may also be worth considering whether we should be asking for clusters and Health Boards to have better access to data at the level of GP practices to enable better support and development of delivery at practice level.

It is vital that GP practices in North Wales are supported by the Health Board to improve their completion of the eight NICE diabetes care processes which should have a significant impact on diabetes care, complications and emergency attendances.¹⁶

It is also important that diabetes patients know and understand the implications of those tests on their clinical outcomes. Patient engagement is key to concordance and compliance, and a Health Board communication piece would be useful to emphasise this. Peer support is also crucial; patients involved in the engagement work as part of the diabetes transformation project have flagged that peer support groups support better compliance.

It is clear that the Diabetes Specification (DS) that has existed in Wales to support practices to improve completion of the requirements for planned diabetes care has not had the impact required and should be reviewed²; this should include the monetary incentive given to practices for signing up (though this would likely require all-Wales negotiation with GPC Wales). The medicines management LECES, when introduced in April, should assist in driving an improvement in care process attainment involving medicines.

Finally, a clearer pathway and a model of care to support completion of the NICE care processes should be implemented in North Wales. Development of a new diabetes model of care is part of the ongoing BCUHB diabetes transformation programme of work. It is clear that a more integrated approach is needed, with prevention and primary care at its core. Some of the options that have been suggested to enhance diabetes care include: changes to improve diabetes care at a GP practice level; improving locality/cluster-based diabetes MDT services; developing a "Hub Lite Model" as described; rolling out a long-term conditions hub model similar to that already operating in North Denbighshire.

5. Recommendations

- PFIG Committee to note the details contained in this report and the suggestions for improvement in the NICE Care Processes
- As responsibility for delivery of the NICE Care Processes sits both within Primary Care and Secondary Care (Paediatrics & Adult Diabetes) and noting there are already projects and plans which link across to delivery already underway (such as the BCU Diabetes Transformation Project), PFIG Committee to endorse the review and evaluation of current projects as part of the development of the new diabetes model. This includes work with primary and secondary care colleagues to see what improvements can be made this year, as well as the medium and long-term development of a new model of care.

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Teitl adroddiad: <i>Report title:</i>	Summary of business considered in private session to be reported in public			
Adrodd i: <i>Report to:</i>	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Tuesday, 25 February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 23rd December 2024:</p> <ul style="list-style-type: none"> • Board Assurance Framework • Dental Procurement • Nuclear Medicine Consolidation – Outline Business Case • BCU-OJEU-57084 Wheelchair Service and Maintenance Contract • IMTP - Finances 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the report			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Russell Caldicott, Executive Director Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Philippa Peake-Jones, Head of Corporate Affairs			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau</p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence /</i></p>

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>u / amcanion presennol</i> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol:				
<i>Link to Strategic Objective(s):</i>				
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>		Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.		
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.		
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.		

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

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

(1 April 2024 – 31 March 2025)

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
5.11.24	Audit Committee 5.11.24	Audit Committee 5.11.24	Internal Audit Progress Report	Due to lack of regular oversight of the Llandudno Hospital Orthopaedic Surgical Hub, note this via PFIG Committee and provide an update back to Audit Committee. Potentially invite Chris Stockport to join the January 2025 Audit Committee meeting.		Executive Director of Finance	TBC	
20.10.24	PFIG 30.4.24	Chair	Planning Independent Review	To schedule Planning within the Board Development programme and schedule the Review's action plan update to the August PFIGC meeting.	Director of Corporate Governance	Director of Corporate Governance		Initial session scheduled for July 24 and further sessions to be included in the Board Development Plan. To be included on the forward work plans 25.6.24 Committee requested to leave open until completed 20.10.24 Suggest add to the Forward Plan and consider for the December meeting.
25.7.24	Action from 25.7.24 Public Board meeting	Health Board action	24/154.9 Performance report	Follow up on the lack of contemporaneous performance data within the Performance report given that Financial reporting was made available to the Board in a timely manner. Explore strong variation between East, West and Centre and whether successful progress within one area was sufficiently shared to learn lessons elsewhere.	Director of Performance and Commissioning	Executive Director Finance	December 2024	Director of Performance and Commissioning takes up post in October, and this will be part of his remit to build upon improving performance reports. Suggest the Performance, Finance and Information Governance Committee take oversight of this on behalf of the Board.
11.07.24	Action from Private Board Meeting Action 24/122.4	Pam Wenger via email	Bangor Health & Wellbeing Centre	Pam requested this is on the PFIG forward workplan – Action from Board “Outline the future governance route of Bangor H&WB Centre development, and ensure that the Board is provided with regular progress updates”	Director of Corporate Governance	Director of Corporate Governance	TBC	