Bundle Performance, Finance & Information Governance Committee 22 February 2024

1 13:30 - GOVERNANCE

1.1 13:30 - PF24/1 Apologies
Committee Chair

1.2 13:31 - PF24/2 Declaration of Interest
Committee Chair

1.3 13:32 - PF24/3 Draft minutes of the previous meeting held on 2.11.23 for approval
Committee Chair
PF24.3 Minutes PFIGC 2.11.23 Public session v.03 draft

1.4 13:33 - PF24/4 Matters arising and table of actions
Committee Chair
PF24.4 Table of Actions PFIGC public

2 STRATEGIC items

2.1.0 13:35 - PF24/5 Special Measures report
Carol Shillabeer Chief Executive
Paolo Tardivel Director of Transformation in attendance
PF24.5 PFIG Special Measures v2

2.1.1 13:45 - PF24/6 Integrated Medium Term Plan (2024/27) process and Q3 Annual Plan Monitoring Update (2023/24)
Paolo Tardivel Director of Transformation in attendance
PF24.6 PFIG Feb24 IMTP and Annual Plan Monitor Update V2

2.1.2 13:50 - PF24/7 Annual Financial plan - verbal update
Russ Caldicott Interim Executive Director Finance

2.2 MONITORING existing strategies or plans

2.2.1 14:00 - PF24/8 East Integrated Healthcare Community (IHC) Finance, Performance & Workforce Report
Adele Gittoes Interim Executive Director Operations via Teams,
EAST : Michelle Greene IHC Director and Chief Finance Officers Paul Carter and in attendance joining at 2pm
PF24.8a East Deep Dive Feb 2023 v0.4 12.02.24
PF24.8b East Deep Dive Feb 2023 v0.5 12.02.24 PDF

2.2.2 14:20 - PF24/9 2023-24 Month 10 Finance, Capital and Savings Report
Russ Caldicott Interim Executive Director Finance
PF24.9a Month 10 Finance Report
PF24.9b Finance Report M10 2023-24 v3pdf

2.2.3 14:35 - PF24/10 Special Measures : Financial Improvement action plan update
Russ Caldicott Interim Executive Director Finance
PF24.10a Finance Special Measures Action Plan February 2024
PF24.10b Finance - Special Measures Action Plan - 9 Feb 24

2.2.5 14:40 - Comfort break

2.2.6 14:50 - PF24/11 Focus report : NHS Workforce Data Comparison Management Response Report
Nick Graham Associate Workforce Director in attendance
PF24.11a NHS Workforce Data Comparison with BCU v2
PF24.11b NHS Workforce Data Comparison with BCU v1 - final

2.2.7 15:05 - PF24/12 People performance report
Nick Graham Associate Workforce Director in attendance
PF24.12a Workforce Performance Report Cover Sheet v1 - final
PF24.12b PFIG Workforce Performance Report v1.0 - finalPDF

2.2.8 15:15 - PF24/13 Integrated Performance report
Russ Caldicott Interim Executive Director Finance
PF24.13a IPR for PFIG
PF24.13b IPR 22022024 v2.0

2.2.9 15:35 - PF24/14 Shared Service Partnership performance assurance report
Russ Caldicott Interim Executive Director Finance
PF24.14a NWSSP Quarterly report to PFIGC

PF24.14b NWSSP_ BCU Performance Report Dec 23

3 GOVERNANCE and RISK

3.1.0 15:40 - PF24/15 Information Governance Quarter 2 KPI report
Andrea Williams Head of Informatics Programme Assurance and Improvement in attendance
PF24.15a Information Governance Q2 KPI Report v2a
PF24.15b Information Governance - Q2 KPI 2023-24 v2b

3.1.2 15:50 - PF24/16 External Review of Information Governance and Corporate Records Management
Andrea Williams Head of Informatics Programme Assurance and Improvement in attendance
PF24.16a IG Rapid Review Report 2023-24-Final v3
PF24.16b Appendix 1 - BCU NHS Wales IG Review Final Report - Veritau
PF24.16c Appendix 2 - BCUHB Response to Recommendations and Action Plan-Nov23

3.2 16:00 - PF24/17 Board Assurance Framework (aligned to Committee)
Phil Meakin Acting Board Secretary
PF24.17 PFIG Board Assurance Framework Report Feb 24

3.3 16:05 - PF24/18 Corporate Risk Register (aligned to Committee)
Phil Meakin Acting Board Secretary
PF24.18 Corporate Risk Register Report Feb 24 v 00

4.0 16:10 - FOR INFORMATION

4.1.0 PPF24/19 Chair Assurance reports: Transformation & Strategic Planning EDG 15.2.24 & 5.12.23 - for information
Paolo Tardivel Transformation Director in attendance
PF24.19a Transformation & Strategic Planning EDG 15.2.24
PF24.19b Transformation & Strategic Planning EDG 5.12.23

4.1.2 PF24/20 Committee Terms of Reference and Cycle of Business 2024/25
Committee Chair
PF24.20a Committee ToR and COB
PF24.20b Appendix 1 PFIG Committee ToR v3.0 approved January 2024
PF24.20c Appendix 2 PFIG Committee CoB 2024-25 v0.02 draft January 2024

4.1.3 PF24/21 Summary of private business to be reported in public - for information
PF24.21 Summary of items discussed in previous private PFIGC session

5 16:10 - CLOSING BUSINESS

5.0.1 PF24/22 Review of risks highlighted in the meeting for referral to Risk Management Group
Phil Meakin Acting Board Secretary

5.0.2 PF24/23 Agree items for Chair's Assurance report to Board
Committee Chair

5.0.4 16:15 - PF24/24 Date of next meetings
21.3.24 PFIG Committee 9.30-10.30
23.4.23 PFIG Committee 9.30-12.30

6 16:15 - Exclusion of the Press and Public
It is resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960

DRAFT Minutes of the meeting of the Performance, Finance and Information Governance Committee (PFIGC) held in public on 2.11.23 in the Boardroom, Carlton Court and via Teams

Present:	
Gareth Williams	Independent Member / Committee Chair
Clare Budden	Independent Member (IM)
Prof Mike Larvin	Independent Member
In Attendance:	
Russell Caldicott	Interim Executive Director Finance
Adele Gittoes	Interim Executive Director Operations (part meeting)
Nick Graham	Associate Director Workforce Planning and Performance
Paula Jones	Chief Finance Officer Centre Integrated Health Community (IHC) (item PF23/147 only)
Dr Nick Lyons	Executive Medical Director (part meeting)
Phil Meakin	Acting Board Secretary
Justine Parry	Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT)
Libby Ryan Davies	IHC Director Centre (item PF23/147 only)
Carol Shillabeer	Interim Chief Executive (CEO) (part meeting)
Paolo Tardivel	Assistant Director Transformation and Improvement
Angela Woods	Executive Director Nursing and Midwifery
Philippa Peake Jones	Head of Corporate Affairs – for note taking
Observing	
Dave Harries	Head of Internal Audit
Nesta Collingridge	Head of Risk Management
Fflur Jones	Audit Wales – Performance Lead
Elin Gwynedd	Chief of Staff, CEO office (via Teams)
Remote access	
Diane Davies	Corporate Governance Manager (post meeting minute taking)

Agenda item discussed	Action by
The minutes are recorded in the order items were considered due to operational need.	
PF23/135 Apologies Apologies were received from the Executive Director Transformation and Strategic Planning, Executive Director Nursing and Midwifery, Deputy Director People Services and Chief Digital and Information Officer for whom deputies attended.	

PF23/136 Declarations of Interest Independent Member Prof Mike Larvin declared an interest in item PF23/146 as he is substantively employed by Bangor University which nominated him to the role of BCU Independent Member (University).	
PF23/137 Draft minutes of the previous meetings held on 1.9.23 for approval The Committee received the draft minutes of its meetings held on 1.9.23 and these were approved as a correct record subject to the amendment of PF23/119.1 to read: "... in order to train *doctors* in North Wales to meet the future needs of the local population."	
PF23/138 Matters arising and table of actions **PF23/138.1** In regard to matters arising, it was noted that the Committee Chair highlighted his wish to ensure the Board did not lose sight of the importance of considering potential waste should unaffordable future schemes continue to be developed and resourced with personnel. **PF23/138.2** The table of actions was accepted and verbal updates noted. **PF23/138.3** The Committee requested that realistic target dates for completion of actions be agreed in future to avoid unnecessary deferments.	Committee Chair/ Secretariat
PF23/139 Notification of matters referred from other Board Committees on this or future agendas There were no matters referred.	
SPECIAL MEASURES and ANNUAL PLAN **PF23/140 Special Measures report** The Assistant Director of Transformation and Improvement presented the item. He advised that the Independent Reviews were scheduled to be presented at Board Development sessions in the near future and that actions and plans were already in hand to address the upcoming third 90 day cycle. He confirmed that there would be transparency and accuracy in also transposing outstanding cycle 2 actions for progress monitoring. A discussion ensued on RAG rating assessments. The Committee was keen to ensure they were accurate reflections to ensure the Board was appropriately clear on BCU's progress on delivery. It was noted that the Interim Executive Director of Operations provided a summary of actions being undertaken to address waiting list backlogs whilst longer term sustainable solutions were being developed within specialties. **It was resolved that** the Committee	

noted the progress to date, acknowledging areas of challenge, the process for independently assessing evidence within the PMO and the processes for how changes were managed.	
PF23/141 Annual Plan / IMTP process **PF23/141.1** The Assistant Director of Transformation and Improvement presented the item. He advised that the 2024/25 Planning Framework had not yet been provided by Welsh Government (WG), however planning development was progressing based on the assumption of being broadly similar to the previous year. It was noted that the draft annual plan would be presented to the PFIG Committee at the January meeting prior to Board submission. The Interim CEO emphasised the Executive Team's involvement with the development, which would also take account of executive portfolio alignments, the need to focus on prioritisation and to ensure the Board's full involvement in creating the Plan at development sessions. **PF23/141.2** The Committee sought assurance that the organisation was developing a 3 year plan as opposed to only a 1 year plan. A discussion ensued which encompassed the circumstances associated with Special Measures, WG guidance, threshold and expectations. Board members endorsed the importance of placing the annual plan in a broader three year context to ensure. **It was resolved that** the Committee **noted** the progress to date and acknowledged areas of challenge.	
FINANCE	
PF23/142 Finance report month 6 **PF23/142.1** The Interim Executive Director of Finance presented this report highlighting the financial position at end of September 2023 to be £90.8m deficit which was £23.7m greater than planned. The in month September adverse position was £3.3m greater than planned however it was slightly improved on the previous in month position delivery. He drew attention to the actions being undertaken to address the overspending which were gaining traction. He stated that the temporary workforce (nursing) controls data was awaited. The Interim Executive Director of Finance advised that the year end forecast of £134.1m deficit position remained achievable. He advised that since the report had been prepared, Welsh Government had increased funding to the NHS with an additional £101million being added to the Board's allocation: this would reduce the planned deficit to £33million. However, the WG had amended the target position by requesting a further 10% reduction in the out turn deficit position along with other Health Boards in Wales ie requiring the Board to achieve a £20m deficit end of year position. It was essential for BCU to close the run rate and only spend what it earned. Further actions to achieve the revised targets would be shared at the next meeting.	RC

PF23/142.2 In regard to Savings, whilst £25m had been targeted it was forecast that £20m would be delivered and a further £3m at red RAG rated would need to be progressed and achieved. It was understood that work was being progressed through Executive Delivery Groups to address this in order to meet the additional challenges set by WG. Clarification was also set out regarding ring fenced Covid funding parameters. **PF23/141.3** In response to the Committee, the Interim Executive Director of Finance advised the new target did remain achievable, outlining various actions that were available to be deployed, however this remained extremely challenging. The Committee questioned whether some of the transformational work viewed at recent site visits improved performance without delivering financial savings and noted the financial impact of Board agreed actions regarding nursing recruitment and external commissioning. Assurance was provided that constant evaluation of external commissioning versus internal provision was undertaken. In addition, the immense strain that Medically Fit for Discharge patients placed on the acute system was emphasised. The Interim Chief Executive outlined a plethora of previous decisions and actions which would require further assessment as examples which might aid meeting the adjusted target. **PF23/142.4** The Committee was clear on the criticality of delivering the required out turn given the potential non-availability of additional funding into the future outlined by the Interim Chief Executive and Interim Executive Director of Finance should delivery not be met. **PF23/142.5** The Interim Executive Director of Finance undertook to share with the Committee a written report on the actions being developed by executive colleagues to address the revised financial year end target. **PF23/142.6** The Committee Chair was concerned with the level of savings engagement between the Integrated Health Communities (IHC) and the centre. A discussion ensued in which it was noted that the Performance Framework introduced part year was anticipated to make improvements moving forward, along with a need to support teams. The Head of Internal Audit (IA) concurred with the Committee's concern given that the IA Savings Review undertaken the previous year had reported 'no assurance' on IHC savings plans or corporate functions and he had not observed any progress in the current period across the Health Board. **PF23/142.7** In regard to the proposed adjustments to the capital programme, the Interim Executive Director of Finance outlined the difficult discussions undertaken within the Executive Team to better utilise the slippage which had taken place in some schemes and the planned £600k over commitment. It was agreed that schemes addressing Health and Safety issues should be prioritised over other schemes including IT equipment, though it was hoped that any additional funding that became available could be secured to enable the IT scheme to progress. It was noted that the existing schemes being moved forward also involved partnership working. The Committee acknowledged the challenging decisions undertaken and supported the recommendation.	RC

It was resolved that the Committee **noted** and scrutinised the report and **supported** the proposed adjustments to the capital programme **PF23/143 Finance report - month 5** **It was resolved that** the Committee **noted** the Month 5 papers	
PF23/144 Special Measures Financial Improvement action plan update The Interim Executive Director of Finance presented the report and in response to the Committee's question regarding the current efficacy of the Finance Team structure, he advised that work was ongoing to develop a supportive and long term team structure that would align with organisational requirements and draw on multiple skills such as those linked in with the NHS Finance Academy. In the meantime, an effective interim structure was currently over 90% in situ which included a number of key secondments. Work to move forward the Scheme of Reservation and Delegation (SORD) was being actively progressed with the Audit Committee. **It was resolved that** the Committee **noted** the Action Plan as at 23 October 2023	
PF23/145 Item deferred	
PF23/146 NHS Capital & Revenue Investment for the North Wales Medical School The Executive Medical Director presented the item clarifying that the paper did not contain detail on training monies but rather the physical capacity costs to deliver high quality training. The scoping document would lead to further Board discussion later in the year and also referenced a potential Pharmacy Academy as part of a longer term development. The Committee was very supportive of the scheme. **It was resolved that** the Committee approved the submission of the paper to Welsh Government *The Interim CEO left the meeting*	
PERFORMANCE	
PF23/148 People Performance report **PF23/148.1** The Associate Director Workforce Optimisation presented this report drawing the Committee's attention to the key indicators provided. The Committee was pleased to acknowledge the good progress made in regard to the utilisation of agency staff. Also acknowledged, in comparison to other Health Boards in Wales, was the lower sickness absence rates and staff turnover.	

PF23/148.2 A discussion ensued on the 3000 increase in staff which had been highlighted in a recent development session. The Interim Executive Director of Finance undertook to share with members a further analysis of the increases by staff groups, bandings, location and across divisions/IHCs/corporate departments in order that the Committee could be provided with a greater understanding of how the whole organisation was structured and where additional staff had been employed compared to previous years. **PF23/148.3** In response to the Committee the Executive Director of Nursing and Midwifery shared the methods of nursing recruitment currently deployed locally, nationally and internationally along with Healthcare Support Worker upskilling programmes. The Committee was pleased to note that an incremental plan was in place to increase successful recruitment into these areas. **It was resolved that** the Committee **noted** the current people performance position provided	RC
PF23/147 Integrated Health Community (Central) Finance, Performance and Workforce report **PF23/147.1** The Central IHC Director and IHC Chief Finance Officer (CFO) joined the meeting to present this item. The Central IHC Director highlighted various areas of the report including recent stabilisation of leadership team, financial challenges and associated green shoots being developed, cost pressures, orthopaedic developments, out of area CAMHS improvements, actions and governance processes enabled to address accountability and provide support to budget holders, significant challenges within planned care, waiting list reductions, focussed areas eg validation, Abergele, daily huddles, emergency care improvements, progression with previous HIW reporting. **PF23/147.2** In response to the Committee, it was noted that late stroke thrombectomies were due to patients not presenting early enough. The Interim Executive Director Operations advised that this had been raised with the Communications team to work on raising the public's awareness of the benefits of early presentation. **PF23/147.3** In relation to the improvements to Vascular service provision at the Ysbyty Glan Clwyd (YGC) site, the Committee questioned whether patient groups remained dissatisfied with the centralised service. A discussion ensued on the positive developments that had taken place in respect of orthopaedics due to the cohesion and engagement of consultants from across the 3 District General Hospitals (DGHs) which was an approach also being taken forward with other specialties. **PF23/147.4** In regard to financial challenges, the IHC Central Director described the leadership approaches to particular developments being taken across the 3 IHCs to utilise their various skillsets, share learning and avoidance of duplication.	

PF23/147.5 The Sexual Assault Referral Centre issues described in the paper were explained. In regard to PMO support request it was agreed that the T&I Director would liaise with the Interim Executive Director Operations to confirm the most appropriate level of support that could be provided to address development of schemes to address the IHC's financial challenges. **PF23/147.6** The Interim Director Operations addressed questions relating to the efficacy of Minor Injury Units (MIU) and the potential improved utilisation with wider public awareness. The IHC Central Director also informed that a Communication and Engagement plan was being developed to improve both messaging and 'how' communications were disseminated. **PF23/147.7** In response to the Committee, the IHC Central Director advised that Primary Care should be an area of greater focus, especially in regard to the opportunities arising from existing community hospitals. **PF23/147.8** The IHC CFO provided a brief verbal update on actions being undertaken to address the IHC's overspends and reduce run-rates but acknowledged that the current projection was that there would nevertheless be an overspend on the budget at the end of the year. The IHC Central Director also advised of various actions that been undertaken to reduce spend including business cases awaiting decisions. In response to a question from the Chair, the Interim Executive Director of Finance confirmed that the position outlined by the IHC was not consistent with the targets set by the Executive and stated that a meeting would take place with both the CFO and IHC Director to develop the necessary improvements. **PF23/147.9** In response to the Committee, the IHC Central Director requested assistance to increase the IHC's Finance Team capacity and also project management support. **It was resolved that** the Committee **noted** the report	PT RC
PF23/149 Integrated Performance report (IPR) **PF23/149.1** The Interim Executive Director of Finance presented the report, advising that further content would be agreed by the Performance Executive Delivery Group and provided within the next iteration along with a completed escalation section. He invited comments on the new format of the IPR provided. **PF23/149.2** The Committee provided a plethora of feedback which included concern with the complexity of the SPC data presented and sought simplification of its presentation; the need for effective summary analyses; comparative data with other Health Boards to identify trends and outlier performances; deeper analyses of areas of concern eg Urgent care and highlighting of risk areas eg Dermatology. The Committee also questioned, due to the volume of reports provided, whether the report could be developed to encompass detailed Finance and Workforce performance data in order to provide a fully integrated performance report geared towards Board member	

organisational oversight needs whilst ensuring that WG monitoring reporting was also shared through an appropriate process. It was noted that there would be a need to monitor areas of significant concern in the report until the actions agreed had been normalised within the service. The Interim Executive Director of Operations emphasised the need to ensure that reports always provided clarity against data which was awaiting validation. The Interim Executive Director of Finance took on board the Committee's comments in developing the report format, he also outlined his aspirations in sharpening and streamlining the content. **PF23/149.3** In regard to the content of the data presented, the Committee was concerned with various urgent care performance indicators and requested that a detailed narrative summary on Dermatology services be provided by the Interim Executive Director of Operations. The strain that Medically Fit for Discharge patients unable to be released from acute beds on the system was grave and having an effect on many services as well as A&E patients. The Committee was pleased to note the great improvement to Children's services performance. **It was resolved that** the Committee • provided extensive feedback to be incorporated into the developing revised format of BCU's Integrated Performance report • noted the content of the performance data provided	AG
INFORMATION GOVERNANCE and additional items	
PF23/150 Information Governance Quarterly KPI report The Assistant Director Compliance and Business Management DDaT presented the report. She highlighted the decreasing volume of Freedom of Information (FOI) requests and improvements to processes, including Access to Health Records (A2HR), to improve quality and efficiencies within Information Governance systems. In the discussion which followed, it was agreed that the Assistant Director Compliance and Business Management would provide assurance to the Executive Director Nursing and Midwifery on the efficacy of the executive process amendments introduced. Maintenance of the organisation's positive Mandatory Training performance was acknowledged. It was noted that a Rapid review of Records Management report would be submitted to the next meeting. In response to the Committee, the penalties on non-compliance with A2HR was explained. **It was resolved that** the Committee **noted** the report which provided assurance on compliance with the Data Protection and Freedom of Information Legislation.	JP JP
PF23/151 Transformation and Improvement report The Director of Transformation and Improvement presented the report. The Committee was concerned that a third of T&I resource was taken up in servicing	

Special Measures needs. A discussion ensued in which the importance of embedding project management skills within the organisation was emphasised as opposed to supporting projects with specialist personnel. It was acknowledged that this was BCU's vision however, cultural issues needed to be addressed through leadership and management training support to enable this necessary shift. It was agreed that this would be explored further during the March meeting. **It was resolved that** the Committee **noted** the report providing an update on the work re-allocation for the Transformation and Improvement team	PT
RISK and ASSURANCE	
PF23/152 Proposed Revised Board Assurance Framework **PF23/152.1** The Head of Risk Management presented the report highlighting the developing proposals and increased score of the Digital risk. **PF23/152.2** The Head of Internal Audit pointed out that he had concerns that the organisation had not developed Strategic *Objectives* (*not priorities*) by which it could monitor and demonstrate progress in attaining these goals. He advised that this concern had also been raised previously by Audit Wales and Welsh Government colleagues with previous Health Board members. A discussion ensued in which the Committee acknowledged the need to consider this important point and seek further advice through appropriate colleagues on this. The Head of Internal Audit emphasised it would be the role of the BCU Board to develop its own objectives. **PF23/152.3** The Committee accepted that the current proposal provided a 'work in progress' whilst further discussion took place at the Board Development session scheduled for 21.12.23 which would align with the developing Annual Operating Plan. **It was resolved that** the Committee **noted** • progress in developing the BAF • the Digital risk had increased and would be highlighted at the next Board meeting	
PF23/153 Corporate Risk Register **PF23/153.1** The Head of Risk Management highlighted progress undertaken which also included consolidation of some of the 123 risks included on the corporate register. *The Executive Director Operations left the meeting*	

PF23/153.2 It was suggested that considering further intelligence on the existing frequency of potential occurrences, utilising Datix or other appropriate tools, would also assist in reducing the volume at corporate level. **It was resolved that** the Committee **noted** the report and assurance provided on progress being undertaken to refine the risks identified.	
PF23/154 Review of risks highlighted in the meeting for referral to Risk Management Group The Acting Board Secretary identified the following risks highlighted within the meeting: • Dermatology services • Performance reporting transitioning • The financial position and corporate financial recovery • Potential non delivery of savings • Timely turnaround of FOI requests • Need to identify and agree strategic objectives • Risks associated with the agreed capital changes	
PF23/155 Agree items for Chair's Assurance report The Committee Chair advised the following would be highlighted within his report to the next Board meeting: • Special Measures reports required greater clarification in regard to RAG ratings so that it is clear whether the progress reported is in terms of process or outcomes. • Annual Plan development – there was strong endorsement for the Interim CEO's view that the Annual Plan needed to be rooted in a coherent three year plan (even if this is not approvable as an IMTP) with clear strategic objectives. • Financial Position – whilst progress has been made the position was extremely challenging in delivering the revised target provided by WG (additionally reducing deficit forecast by 10%). Proposed capital programme amendments agreed although risks in terms of ICT were recognised. • The Committee received a thorough and useful update from Integrated Healthcare Community (IHC) Centre but identified a gap in understanding between the IHC and the corporate centre about meeting outturn targets: the efficacy of corporate communication may need to be considered in this area. • Budget issues regarding current and non-recurrent savings were identified which may require improved communication to improve clarification for staff. It was not acceptable that many parts of the organisation had failed to meet repeated deadlines to put forward viable savings plans and the lack of responsiveness to financial targets within the organisation was of deep concern. Leadership across all levels was required to win BCU staff's hearts and minds to actively engage in the collective responsibility necessary to conquer BCU's financial challenges together. It would also be important to articulate rewards for good financial management.	

• Workforce performance – the Committee noted the positive improvement in reducing BCU's utilisation of interim staff engagements. • Performance report – the revised format was an improvement on previous versions however further refinement was needed to enhance understanding of the data provided, enable comparisons with other organisations and provide local data to improve Board members understanding of BCU's local operational oversight and issues of concern. Coherence of escalation between Executive and Board needed to be articulated. • Delayed Transfers of Care (DTOC) challenges were discussed, and while some of these were not within BCU's ability to unblock, it was noted that management needed to continue efforts to reduce those which arose from systems and practices within the Health Board. • It was agreed that a focus on those KPIs where the Board's performance was weak by comparison with other Welsh health boards was helpful: in this context, 12 hour ambulance wait performance and Planned Care very long waits were of concern despite some progress being made. • Board Assurance Framework (BAF) and Corporate Risk Register (CRR) – it was clarified that the BAF should focus on risks to the Health Board attaining its objectives whereas the CRR covered all major risks. This highlighted the underlying problem for the BAF that the Board did not currently have a coherently articulated set of medium-term objectives. • A paper on investment required to make the North Wales Medical School a success was approved for submission to WG. The following would be escalated to the Board: • The importance of the agreed Plan for 2024/5 – 2026/7 setting clear medium term objectives for the Board, not least in terms of enabling a realistic BAF to be put in place • The need to improve responsiveness of the organisation to corporate financial priorities, given the importance of meeting Welsh Government's targets in terms of out-turn. • The need to increase the effectiveness of the Board's approach to DTOC in those cases where the delays are due to matters within the Board's control.	
PF23/156 Agree items for referral to Board / other Committees No items were referred.	
PF23/157 Summary of private business to be reported in public **It was resolved that** the Committee **noted** the report.	
PF23/158 Date of next meeting 18.1.24 Ysbyty Gwynedd Boardroom	
Exclusion of the Press and Public	

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

PEFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE
TABLE OF ACTIONS LOG – ARISING FROM MEETINGS HELD IN PUBLIC – updated 13.2.24

	Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Revised timescale/ Action status (O/C)	RAG status
Actions from 30.6.23 PFIGC						
6	Phil Meakin	**PF23/88 Shared Service Partnership performance assurance report** Contact SSP Managing Director to arrange • Board briefing session to also address the points raised in the meeting • Nominated representative to support reports provided to the Committee twice annually.	August 2023	• A Board briefing is scheduled to be held on 21.12.23, subject matter is being drafted • Workplan updated. 25.8.23 Nomination being progressed. 2.11.30 Nominee advised but unavailable to attend the January meeting as the NWSSP Board is on the same day. When 2024 Calendar is agreed of PFIGC dates then arrangements will be confirmed for attendance at PFIGC going forward. 7.2.24 – Invitation extended with 2024/25 dates - awaiting response to add to COB.	April 2024	
8	Phil Meakin	**PF23/92 Information Governance (IG) Quarter4 KPI report** Arrange to provide Independent Members with IG training at a future workshop session	August 2023	The Board Briefing, Workshop and Development Programme is being developed and this has been included in information submitted in the initial plans for a Briefing on 26 October	Suggest kept open until date agreed and confirmed.	

				27.10.23 Board Development content modified for 26.10.23 due to prioritisation. Remains on workplan – date TBA		
2	NG	**PF23/114 Finance report month 3 and 4** It was agreed that a Staffing deep dive be presented to the next meeting to address the issues raised, along with narrative to detail what successful processes might be shared between Integrated Healthcare Communities to enable improvements across BCU.	23.10.23	Agreed at agenda setting to defer deep dive to January meeting January agenda setting amended the ask to : Management response to NHS Workforce data briefing September 2023 Report of the Auditor General for Wales **Update 12.02.24**: NHS workforce data comparison report on the agenda for 22.02.24	9.1.24 meeting postponed 12.2.24 Suggest action to close	
4	NG	**PF23/116 People performance report** Verify the vacancy rate data in regard to Clinical Psychologists provided and address the concerns raised within the next iteration of the report.	23.10.23	27.10.23 To be advised 2.11.23 To be provided in January report **Update 12.02.24**: included in the Workforce Performance Report for 22.02.24	9.1.24 meeting postponed 12.2.24 Suggest action to close	
5	NG	**PF23/116 People performance report** Explore recruitment processing targets further and report within the January iteration of the People performance report.	9.1.24	**Update 12.02.24**: Included in the Workforce Performance Report for 22.02.24	9.1.24 meeting postponed 12.2.24 Suggest action to close	
Actions agreed 2.11.23 meeting						

1	Secretariat	**PF23/138 Matters arising and table of actions** **PF23/138.3** The Committee requested that realistic target dates for completion of actions be agreed in future to avoid unnecessary deferments.	1.12.23	Call for responses to action log email addresses this concern going forward.	Suggest completed	
2	Russ Caldicott	**PF23/142 Finance report month 6** • **PF23/142.1** Further actions to achieve the revised targets would be shared at the next meeting. • **PF23/142.5** The Interim Executive Director of Finance undertook to share with the Committee a written report on the actions being developed by executive colleagues to address the revised financial year end target.	9.1.24 meeting postponed 12.2.24	12.2.24 RC advises: Actions shared with Health Board (Private session and Board workshop).	Suggest action to be closed	
3	Russ Caldicott	**PF23/148 People Performance report** **PF23/148.2** The Interim Executive Director of Finance undertook to share with members a further analysis of the increases by staff groups, bandings, location and across divisions/IHCs/corporate departments.	9.1.24 meeting postponed 12.2.24	12.2.24 RC advises: Please see Finance report for detailed movements in staffing over the previous financial years	Suggest action to be closed	
4	Paolo Tardivel / Adele Gittoes	**PF23/147 Integrated Health Community (Central) Finance, Performance and Workforce report** **PF23/147.5**	9.1.24	21.12.23 AG advises The resource has been allocated to the 3 IHCs, Womens Services and MH&LD	Suggest action to be closed	

		In regard to PMO support request it was agreed that the T&I Director would liaise with the Interim Executive Director Operations to confirm the most appropriate level of support that could be provided to address development of schemes to address the IHC's financial challenges.				
5	Russ Caldicott	**PF23/147.8** The Interim Executive Director of Finance stated that a meeting would take place with both the CFO and IHC Director to develop necessary improvements.	31.12.23	12.2.24 RC advises: Additional meetings have been held, targeted improvements identified.	Suggest action to be closed	
6	Adele Gittoes	**PF23/149 Integrated Performance report (IPR**) **PF23/149.3** In regard to the content of the data presented, the Committee was concerned with various urgent care performance indicators and requested that a detailed narrative summary on Dermatology services be provided by the Interim Executive Director of Operations.	31.12.23	21.12.23 As agreed with Interim Executive Director of Finance and Acting Performance Director, the IPR will be provided to her at an early stage in order that narrative re plans/action are provided for UEC and dermatology along with all other areas within her portfolio.	Suggest action to be closed	
7	Justine Parry	**PF23/150 Information Governance Quarterly KPI report** • In the discussion which followed, it was agreed that the Assistant Director Compliance and Business Management would provide assurance to the Executive Director Nursing and Midwifery on the efficacy of the	9.1.24 meeting postponed 12.2.24	28.12.24 JP advises I can confirm that all Executives have been set up and are receiving the automated emails to approve FOI responses. Angela has approved a response via this route in December.	Suggest action to close	

		executive process amendments introduced. • It was noted that a Rapid review of Records Management report would be submitted to the next meeting.		This is on the agenda for the next meeting		
8	Paolo Tardivel for Chris Stockport	**PF23/151 Transformation and Improvement report** The Committee was concerned that a third of T&I resource was taken up in servicing Special Measures needs. A discussion ensued in which the importance of embedding project management skills within the organisation was emphasised as opposed to supporting projects with specialist personnel. It was acknowledged that this was BCU's vision however, cultural issues needed to be addressed through leadership and management training support to enable this necessary shift. It was agreed that this would be explored further during the March meeting.	26.2.23	8.2.24 : Prior to Special Measures, the Portfolio Management Office (PMO) was focused upon developing the infrastructure to enable project management skills to be embedded within the organisation and some good early progress was made eg. Programme Workbooks. Special Measures necessitated a switch in direction to provide urgent support and this work was paused. However, Special Measures in itself has provided significant learning and opportunities and as processes begin to align with the annual plan this provides an opportunity to revisit this initial work and add the learning from Special Measures. The intent is for a Centre of Excellence approach to emerge within the PMO, equipping the organisation with standardised tools and knowledge, based on industry best practice. This will enable the organisation to deliver change at scale through	23.4.24 PFIG meeting (submission 11.4.24)	

				embedding the right skills into the service and a report will come to the March meeting as requested which will expand upon this in more detail.		

Teitl adroddiad: ***Report title:***	Special Measures Update			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	22nd February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide an update on Special Measures, outlining the progress to date on the deliverables associated to this Committee.			
Argymhellion: ***Recommendations:***	The Committee is asked to **RECEIVE ASSURANCE** on the progress to date, acknowledging the challenges highlighted and risks to delivery.			
Arweinydd Gweithredol: ***Executive Lead:***	Carol Shillabeer, Chief Executive (Accountable Officer) Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: ***Report Author:***	Geraint Parry, Special Measures Programme			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	To support Special Measures			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not applicable			

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

PFIG Committee; 22nd February 2024

Special Measures Update

1) Introduction

This report presents an update on Cycle 3 (December 2023 to February 2024) as at the end of January.

The report provides an assurance rating against individual milestones supported by narrative update of progress to date and a proactive forward look to the end of the cycle in terms of delivery.

At the point of writing we are – on a calendar basis – approximately two thirds through Cycle 3.

2) Progress to date

Overall, for those milestones within the PFIG remit progress has been made by the end of the 2nd month of this cycle. 4 milestones are already complete, and a further 11 are assessed as being on track with high confidence for completion by the end of the cycle.

There are 15 milestones where delivery is marked as amber because mitigations are in place, or required, to address delays within the cycle. An amber rating indicates that at present those mitigations have a reasonable prospect of course-correcting without significant over-run.

14 milestones are currently rated by the PMO as red; based upon updates received they are not likely to complete as planned by the end of the cycle. Some of the delays are due to factors entirely outside of Health Board control, such as the delays in receiving the Planning Review, whilst others reflect the highly pressured environment over the winter period such as the risk to delivery in a number within Planned Care areas.

3) Independent Reviews

With regards to the Independent Reviews pertaining to PFIG,

Contract Procurement Review
The final Contract Procurement report was received at the end of January 2024.

Planning Review
The Planning Review report has been subject to significant delays having been initially scheduled for final receipt in October 2023. A draft version for factual accuracy checking has now been received by the Health Board and a response submitted in early February 2024.

Plans are being enacted to bring both of those reviews to a PFIG development session during March (subject to the final version of the Planning Review having been received), leading to formal management responses. The findings from these reviews will be added to the thematic review already undertaken for existing reviews received.

4) Recommendations

The Committee is asked to **RECEIVE ASSURANCE** on the progress to date, acknowledging the challenges highlighted and risks to delivery.

Appendix 1 – Summary of Cycle 3 Milestones

Key	Completed	On Track to deliver by end of Cycle	There are risks to delivery by end of Cycle	Will not deliver by end of Cycle

2. A clear, deliverable plan for 2023/24

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-2.1: Annual Plan	2.1.4 Draft 3 year / annual plan developed	Chris Stockport		29/02/24
	PMO Assurance Comments: Draft plan remains on track with a number of activities underway, including population of the ministerial templates and the Minimum Data Set (MDS). A review took place at the Executive Team on 7th February and a PFIG workshop arranged for 7th March, before taking to Board on the 28th March and submitting to Welsh Government.			
C1-2.2: Implement escalated financial savings approach for 23/24	2.2.8 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1.	Russell Caldicott		29/02/24
	2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government completed	Russell Caldicott		29/02/24
	PMO Assurance Comments: There is a requirement for Divisions to review outcomes from RIGA Phase 1 and develop exit strategies to cease expenditure within unsupported areas, along with developing a monitoring process. With regards to the enhanced financial control total, a number of actions have been agreed at the January Board and are being enacted including further restrictions on recruitment.			
C1-2.3: Financial & value opportunities for 24/25 & 25/26	2.3.3 Identified savings and efficiency opportunities during the first round of FY24/25 planning	Russell Caldicott		29/02/24
	2.3.4 Proposed Financial strategic approach based on Value Based Healthcare principles, to support the delivery of the 24/25 Annual Plan, presented to Execs	Russell Caldicott		29/02/24
	PMO Assurance Comments: There is evidence that good work is underway as part of the Value and Sustainability Programmes, and that work is underway to ensure cash releasing efficiencies are being captured as part of 2024/25 savings programme. However the work agreed for this cycle does not appear likely to conclude before the end of the cycle.			
C1-2.5: Continue supporting and enabling a review of Planning	2.5.3 Receive the first draft report on the outcome of the independent review of integrated planning	Chris Stockport		31/01/24
	2.5.4 Receive the final report on the independent review of integrated planning	Chris Stockport		31/01/24
	2.5.5 Planning independent review report submitted to Executive Team and dates agreed for when will be taken to relevant Board sub-committees	Chris Stockport		25/01/24
	2.5.6 Agreed recommendations have been incorporated into a Planning Review Action Plan	Chris Stockport		08/01/24
	2.5.7 Planning Review and associated action plan have been presented at PFIG	Chris Stockport		18/01/24
	2.5.8 Delivery of the Planning Review Action Plan commenced	Chris Stockport		29/02/24
	PMO Assurance Comments: The draft report was received into the Health Board for factual accuracy checking on the 24th January and comments regarding factual accuracy were fed back in early February. Delays in receiving the			

	report are outside of Health Board control and impact upon all milestones within this deliverable. The Health Board will commence with drafting an action plan based on the draft document however a number of milestones will be unavoidably delayed beyond the end of the cycle.			
C1-2.6: Contract and procurement management review	2.6.5 Receive the final report on the outcome of the independent review of contract procurement management	Russell Caldicott		31/01/24
	2.6.6 Agreed recommendations have been incorporated into the Financial Control Environment Action Plan	Russell Caldicott		29/02/24
	PMO Assurance Comments: The final report has now been received on the 29th January and plans are being made to take the response through PFIG. The Finance Directorate had begun enacting the actions based on recommendations in the draft report and have incorporated them into the Finance Special Measures Action Plan, which the initial Financial Control Action plan has been subsumed into. The agreed milestone is now complete, and progress is being made against the delivery, which is expected to continue beyond the end of the cycle.			
C1-2.7: Stabilise Finance team and develop capacity	2.7.6 First draft of recurrent Finance staffing requirements	Russell Caldicott		29/02/24
	PMO Assurance Comments: A number of temporary staffing changes have been implemented during Cycles 1 and 2, and the benchmarking work has been completed, however the first draft of the permanent revised structure cannot be progressed at this stage (linked to the substantive Executive Director of Finance role) and will need to carry forward into the next financial year.			
C1-2.8: Financial Control Environment Action Plan	2.8.10 Senior Leadership Team in the Finance Department to have completed a self-evaluation checklist in relation to grip and control and to have shared it with WG	Russell Caldicott		31/01/24
	PMO Assurance Comments: First draft of the Grip and Control Assessment has been produced by the Finance Department, although the original deadline of 31st January has been missed. This now requires review and challenge by the Finance Senior Leadership with an expectation of completing by the of February, although some risks remain to concluding this and sharing with Welsh Government by the end of the cycle.			
C3-2.11: Special Measures to be incorporated into IMTP and Annual Planning processes	2.11.1 Special Measures deliverables and milestones beyond Cycle 3 have been incorporated into the IMTP/Annual Plan	Chris Stockport		30/01/24
	2.11.2 Special Measures and IMTP/Annual Plan governance and reporting have been combined into a single process in preparation for the standardisation phase	Chris Stockport		29/02/24
	PMO Assurance Comments: Work is progressing around the development of the 3 year and annual delivery plan. The five Special Measures outcomes have been incorporated and will evolve into the strategic objectives for the organisation. The Special Measures portal has evolved into a wider Portfolio Assurance portal which incorporates the Annual Plan and this will continue to evolve. Further work is underway in terms of developing the milestone details.			

4. Improved access, outcomes and experience for citizens

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-4.2: Planned Care	4.2.5 Progress and further develop the Planned Care Elective Care Recovery and Sustainability Plan	Adele Gittoes		29/02/24
	4.2.6 Detailed Demand & Capacity analysis completed for Top 7 specialities (NHS Executive support requested)	Adele Gittoes		29/02/24
	4.2.7 Review of RTT Guidance compliance and associated training across the Health Board completed (NHS Executive support requested)	Adele Gittoes		29/02/24
	4.2.8 Implement clerical validation of open pathways	Adele Gittoes		31/03/24
	4.2.10 Development of a plan to commission additional orthodontic capacity	Adele Gittoes		29/02/24
	4.2.11 Approach to demand and capacity planning and data developed, working with NHS Executive colleagues. Part of this will be to maximise the use of core clinical capacity.	Adele Gittoes		31/01/24
	4.2.12 Undertake a baseline assessment/review of oral health services across BCUHB to include SC, CDS and GDS to inform the future service model required to meet demand	Adele Gittoes		29/02/24
	4.2.13 Development commenced of a 5-year oral health plan for North Wales, outlining the future service model.	Adele Gittoes		29/02/24
	4.2.14 Continue to deliver the Planned Care Recovery and Sustainability Plan to a) eradicate > 5 and 6 year waits b) significantly reduce > 4 year waits	Adele Gittoes		29/02/24
	4.2.15 Deliver an interim plan of >30 new Orthodontic patients to be seen within existing sessions (displacing follow up activity)	Adele Gittoes		29/02/24
	PMO Assurance Comments: The Planned Care Recovery Plan continues to be enacted and whilst Industrial Action has caused some disruption during this cycle, progress in reducing long waits continues. This is supported by ongoing clerical validation of pathways which is on track and becoming embedded into day-to-day activities. Work around capacity and demand is reliant upon external resource, and will not fully conclude by the end of the cycle, and similarly the RTT training which also requires support from national colleagues will not complete. The delivery of local plans to address long waits in Orthodontics have faced significant challenges including an unplanned absence for a sustained period. The national workforce shortages are impacting on the ability to provide alternative arrangements. As a result additional local work above that anticipated is being required and will not be completed within cycle. The development of a 5 year oral health plan has been delayed commencing requiring further review and remedial action (underway).			
C1-4.3: As part of the Planned care Programme, refine the work programme for Orthopaedic care, to include the finalisation of the Orthopaedic expansion business case	4.3.6 Phase 1 - Orthopaedic Surgical Hub Delivery - Formal award of the contract for the main package of works, following ministerial approval of the business case	Chris Stockport		31/12/23
	4.3.7 Phase 1 - Orthopaedic Surgical Hub Delivery - Construction commenced on site in relation to the main package tender award.	Chris Stockport		29/02/24
	4.3.8 Phase 2 - Further Surgical Hub Design - Scoping document approved by Programme Board to support commencement of Phase 2 Business Case (dependant on outcome of clinical engagement and requires further Capacity & Demand modelling)	Chris Stockport		29/02/24
	PMO Assurance Comments: The contract for the main package of works has now been awarded and the indicative timelines for the			

	work have been confirmed but with a slight delay. This pushes commencement of the construction outside of the cycle by a matter of a few weeks. Decant works commenced in December and the site enablement and set up will take place during February with the demolition now commencing during March. Despite this slight delay the overall package of works remains on-track.			
C1-4.9a: Revised UEC Programme and improvement in: 1) ED triage times, 2) ED assessment waits, 3) 4-hour ambulance handovers	4.9a.6 Urgent Primary Care Review completed to assess effectiveness of Urgent Primary Care Centres (UPCCs) and learning from across BCUHB and Wales	Adele Gittoes		29/02/24
	4.9a.9 Implement Integrated Urgent and Emergency Care Plan	Adele Gittoes		29/02/24
	4.9a.10 Decisions taken relating to the outcome of the Urgent Primary Care Review and implementation plan commenced	Adele Gittoes		29/02/24
	4.9a.11 Evidence received of increasing usage of the new UEC live dashboard, developed for use by operational and clinical staff to inform key risk and harm i.e., ED triage and assessment times, handover waits etc	Adele Gittoes		29/02/24
	4.9a.12 Continued implementation and refinement of the Integrated Urgent and Emergency Care Plan	Adele Gittoes		29/02/24
	PMO Assurance Comments: The UPCC review has commenced and has been completed in the West Area with Central and East planned to complete in February. However decisions based upon the review will now slightly over-run the cycle. The new UEC dashboard is up and running and in daily use and audits have been undertaken on usage with follow up actions agreed as a result. The overall plan continues to be tracked through the national 6 goals Programme for UEC, although winter pressures provide challenges in delivering sustained improvements.			
C1-4.9b: UEC Winter Planning	4.9b.7 Winter plan implemented, taking a dynamic approach to inclusion of new developments	Adele Gittoes		29/02/24
	4.9b.8 Winter plan “lessons learned” review scheduled	Adele Gittoes		29/02/24
	PMO Assurance Comments: The winter pressure plan was signed off by the Board in November and this is being implemented on an ongoing basis. The plan remains under ongoing review alongside the industrial action monitoring. Fortnightly updates are provided and a winter resilience debrief is scheduled with each Health Community from April onwards, which will also incorporate a review of bed modelling. To date, the only dynamic changes required have related to the Hospital Full protocol when Infection Prevention issues have developed.			
C2-4.10: Orthopaedic improvement plan	4.10.2 Overarching Orthopaedics plan developed, including Orthopaedic GIRFT recommendations	Adele Gittoes		29/02/24
	4.10.3 To meet the agreed Planned Care activity levels for Abergele Hospital for December, January, February.	Adele Gittoes		29/02/24
	PMO Assurance Comments: Some incremental improvements were noted in activity levels however Industrial Action during January impacted upon planned activity.			

5. A learning and self-improving organisation

Deliverable	Milestones summary text	SRO	Status	Due Date
C1-5.7: Implement proposal to become an intelligence led organisation	5.7.8 Training and guidance provided in the use of Information products through an established schedule of awareness / drop-in sessions	Dylan Roberts		29/02/24
	5.7.9 IRIS structure and content reviewed – to standardise and make information products more readily available across a wider audience – one report, many purposes	Dylan Roberts		29/02/24
	5.7.12 Review completed of the current use of benchmarking data across the Health Board and proposal presented to Executive Team on how to incorporate into existing governance and reporting.	Dylan Roberts		31/01/24
	5.7.13 Data Quality Forum established covering areas such as: data literacy training, data auditing processes, assigning data stewards, automation, and prioritisation of work plan etc	Dylan Roberts		29/02/24
	5.7.14 Roadmap developed to becoming an intelligence led organisation, including proposals for data governance, literacy for key staff and technological developments, along with how the National Data Resource Platform will be utilised.	Dylan Roberts		29/02/24
	PMO Assurance Comments: A series of training sessions around information products are scheduled throughout February and are on track to complete. A working group has been established to review the IRIS structure and work is progressing however operational pressures are causing time constraints for both Operational and DDaT staff and there are some risks to delivery within the original timescales. The Data Quality Forum has been established with key staff within DDaT and the scope will broaden over time. There are some further constraints relating to DHCW availability in relation to the development of the roadmap which may require executive intervention to unblock. The work around benchmarking has been delayed but with mitigating actions in place, and an interim report around data quality impacts is due by the end of the cycle. Overall some good progress but a number of milestones at risk of not fully completing.			

Teitl adroddiad: ***Report title:***	Integrated Medium Term Plan (2024/27) process and Q3 Annual Plan Monitoring Update (2023/24)			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	22nd February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide an update on the Integrated Medium Term Plan process for 2024/27, and Q3 Annual Plan Monitoring for 2023/24			
Argymhellion: ***Recommendations:***	The Committee is asked to **RECEIVE ASSURANCE** on the progress to date, acknowledging the areas of challenge.			
Arweinydd Gweithredol: ***Executive Lead:***	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive)			
Awdur yr Adroddiad: ***Report Author:***	Dylan Pierce Williams – Interim Assistant Director - Health Strategy & Planning			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	To support IMTP and Special Measures			

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

Performance, Finance and Information Governance Committee 22nd February 2024

Integrated Medium Term Plan (2024/27) Process and Q3 Annual Plan Monitoring Update (2023/24)

1) Introduction

This report provides an update across a number of important areas of focus for the Strategic Planning team and the wider organisation:

- Update on the Special Measures 'Planning Review'
- The 2024/27 NHS Integrated Medium Term Planning Framework
- Q3 Annual Plan Monitoring for 2023/24

2) Background

The Health Strategy and Planning team is responsible for leading the development of health, well-being and healthcare strategies and strategic models of care across the organisation. It has specific areas of responsibility in:

1) Corporate planning functions, leading the development of the Health Board's Integrated Planning Framework
2) The coordination of the planning work relating to the Annual Plan and 3 year Integrated Medium Term Plan across the Health Board
3) Contributing to the commissioning of services, working in partnership with other corporate departments such as Finance and partners such as WHSSC

The areas of focus for the team are a combination of 'business as usual' annual cycle items, as well as those influenced by the on-going work related to Special Measures.

3) Update on the Special Measures Planning Review

As part of the Health Board Special Measures requirements, a review of the organisation's approach to Planning was requested by Welsh Government, with the following aims:

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

The report was issued in draft form by Welsh Government for accuracy on the 26th January, with the Health Board to provide comment by the 9th February 2024. Report recommendations are being considered and a detailed action plan will be prepared and followed.

4) The 2024/27 NHS Integrated Medium Term Planning Framework

Developing an intermediate medium term (IMTP) three-year plan is a statutory duty for all Welsh health boards alongside the associated duty to achieve a financial break-even position during the three-year period.

The IMTP is required to align performance, service, workforce and financial planning, and it is important that we align this with the requirements of Special Measures which cut across all of these areas. While it remains the Health Board's ambition to seek to achieve a financially sustainable position over the period of the IMTP, the financial position moving into 2024/2025 continues to present significant challenges, and will require large scale change to deliver savings while maintaining and improving patient care.

The Welsh Government published the NHS Wales Planning Framework in December 2023. The framework sets out ministerial priorities and expectations including a timetable for the IMTP process. The Health Board is required to ensure that its integrated three year plan responds to the objectives included in the framework, with particular focus on the National Programmes and Value and Sustainability workstreams as detailed in tables 1 and 2:

Table 1 - The National Programmes	
1	Enhanced Care in the Community, focused upon reducing delayed pathways of care
2	Primary and Community, focused upon improving access and shifting resources into primary care and community care
3	Urgent and Emergency Care, focused upon delivery of the 6 goals programme
4	Planned Care and Cancer, focused upon reducing longest waits
5	Mental Health and CAMHS, focused upon delivering the national programme

Table 2 – National Value and Sustainability Board workstreams	
1	Workforce
2	Medicines Management
3	Continuing Health Care and Further Nursing Care
4	Procurement and non-pay
5	Clinical variation / services configuration

Additionally, there is also a clear expectation from the minister that the delivery plan enables further improvements in the following 'essential' areas of work as outlined in table 3:

Table 3 - Essential key areas for organisation's plans	
1	Continued progress in reducing the reliance on high-cost agency staff
2	Ensuring strengthened 'Once for Wales' arrangements to key workforce enablers such as recruitment, and digital.
3	Maximising opportunities for regional working
4	Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster
5	Reducing unwarranted variation and low value interventions
6	Increasing administrative efficiency, to enable a reduction in administration and management costs, as a proportion of the spend base

The Health Board will progress with developing a fully integrated three-year plan, with the first of the three years providing more detailed milestones, and with broader objectives and high-level milestones set for the remaining two years of the plan.

In order to align Special Measures delivery with the IMTP the plan will reflect our 5 Key Organisational Objectives against which we structure Special Measures:

1: Building an effective organisation

2: Developing strategy and long-lasting change

3: Creating compassionate culture, leadership and engagement

4: Improving quality, outcomes and experience

5: Establishing an effective environment for Learning

The plan will build upon content submitted by IHCs, Pan North Wales services and Programme Leads, providing an aggregated overview of the organisation, allowing prioritisation of potential development areas against the requirements above. From this, divisional level plans will emerge that will underpin delivery and accountability agreements within the organisation.

Working within the agreed BCU Integrated Planning Framework, the Health Board will work towards submission of our final plan, inclusive of ministerial templates and minimum data sets, to Welsh Government by March 2024.

5) Annual Plan Monitoring for 2023/24

In early 2023-24 the Health Board established that due to the significant current and forecast cost pressures it would not be possible to achieve a financial break-even during the three-year period. Consequently, the Health Board submitted an annual plan rather than a three year plan.

The Performance, Planning and Transformation teams worked collaboratively to streamline our Annual Plan Monitoring processes for Quarter 2, and the monitoring report was issued to Board in November 2023. This required significant work to change reporting and assurance processes but resulted in a much more efficient reporting experience for operational teams, allowing them to focus more upon delivery than repeated reporting. As part of continual improvement of this reporting function further refinement is underway for the Q3 report to facilitate greater integration of risk management assurance. Collation of Annual Plan Monitoring responses for Q3 will be finalised in February 2024 and submitted to Board in March 2024. We will continue to work towards further integration of special measure and annual plan reporting during this period.

7) Recommendations

The Committee is asked to **RECEIVE ASSURANCE** on the progress to date, acknowledging the areas of challenge.

Teitl adroddiad: ***Report title:***	East Integrated Healthcare Community (IHC) Finance, Performance & Workforce 'Deep Dive' Report – Month 9			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	This paper provides Committee members with an update of the East IHC Finance, Performance & Workforce position as at Month 9.			
Argymhellion: ***Recommendations:***	The Committee is asked to: Review the contents of the report and confirm agreement to any actions proposed, or identify any additional assurance work or actions it would recommend IHC colleagues to undertake.			
Arweinydd Gweithredol: ***Executive Lead:***	Adele Gittoes, Interim Executive Director of Operations			
Awdur yr Adroddiad: ***Report Author:***	Michelle Greene, IHC Director (East)			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

		existing mechanisms / objectives	*mechanisms / objectives*	

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	The performance measures included in this report are from the NHS Wales Performance Framework 2023-24.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	The report has not been Equality Impact Assessed as it is reporting on actual performance.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	The report has not been assessed for its Socio-economic Impact as it is reporting on actual performance
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The delivery of the performance targets contained within report will have direct and indirect impact on the financial recovery plan of the IHC/Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The delivery of the performance targets contained within our annual plan will have direct and indirect impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This report has been reviewed by the IHC Senior Leadership Team (incl. Finance and Workforce).

Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations:*** Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.	
Rhestr o Atodiadau: ***List of Appendices: Appendix 1*** • East IHC Performance, Finance & Workforce 'Deep Dive' Report – Month 9	

Performance, Finance and Information Governance Committee
2 NOVEMBER 2023
EAST IHC FINANCE & PERFORMANCE DEEP DIVE – MONTH 6 2023/24

1 Introduction/Background

This paper provides members with a summary of the East IHC Finance, Performance and Workforce position as at Month 9 of 2023/24.

2 Body of Report

Please see attached Appendix 1 - East IHC Finance, Performance and Workforce position as at Month 9 of 2023/24.

2.1 Financial Performance

Detail outlined in Appendix 1.

2.2 Performance & Demand

Detail outlined in Appendix 1.

2.3 Staffing

Detail outlined in Appendix 1.

2.5 Overall narrative (drawing on performance data, risk registers and management knowledge) highlighting:

2.5.1 **Main concerns/issues at present:** *whether the issue is getting worse or improving; how long it has been a problem, what can be done locally (IHC) to address it, what action by Board is/would be needed*

Financial Recovery

The East were allocated a Cash Releasing Efficiency Schemes (CRES) of 8.1 million currently with 5.9 million schemes (a deficit of 2.2 million). The ability to meet the CRES targets for 2023/24 continues to be a risk at present.

Within the East IHC there are regular meetings, finance and performance and CRES meetings chaired by directors. CRES targets were allocated to each Division, the CRES meetings provide updates on progress against targets, and any additional options to close the gap and to challenge overspend and understand actions being taken to control costs.

The IHC Directors meet three times a week to scrutinise Establishment Control requests to ensure appropriateness. Service reviews on areas with recurrent overspend are being conducted.

Substantial actions have been taken to lessen medical agency spend and this has reduced spending from over £900k to £300k from December 2022 to 2023.

One area of success has been the decrease in General Practice (GP) Agency usage, following a Salaried GP recruitment campaign (noting that within the East IHC there are 60% of the managed practices of the Health Board and the GP Out of Hours service, both of which were highly reliant on GP agency doctors).

Additional Actions;

- Addition actions to reduce spend by £2m identified
- Further proposals for high risk options to reduce spend by £3m
- Increased grip and control on nursing agency
- Letter of good housekeeping
- Challenging spend on Oracle
- Share learning from other Directorates
- Additional recurrent changes being developed;
    - Changes to service model at Penley Hospital
    - Proposal to introduce 'In My Place' to reduce long stay patients in Wrexham Maelor Hospital
    - Plans to introduce a Dementia ward in Wrexham Maelor Hospital

Key Risks (incl. Quality & Safety)

- **Staff Health & Wellbeing –** Anecdotally, with the introduction of the enhanced Establishment Control Recruitment (ECR) process there has been an increase in bank and overtime payments. This may have a decrease in the resilience and wellbeing of our staff. It is important to note the sickness profile indicates a longer illness with stress becoming more prominent.

- **Dermatology** – There is a risk of inability to meet Dermatology planned care targets within the East IHC due to high demand of urgent suspected cancer (USC) patients. All clinic capacity, and minor operation lists, is currently being converted to cancer patients and no capacity remains to see either urgent or routine patients. There is an unfunded filled locum position within the East to try to minimise the risk to patients. This is a cost pressure.

- **Urology** – There are significant gaps within the capacity and demand within urology. In many years WLI have been used to 'prop' up this service, however this remains one of the critical services within the East. A consultant has resigned and his post is not within the budget so this position will only deteriorate further. The use of additional staff to create sustainable rotas is not within the budget. Getting It Right First Time (GIRFT) recommendations regarding a one-stop shop will require investment into estate and workforce model.

- **General surgery** – general surgery have a significant disparity within their capacity and demand. The service is also reviewing how to implement the GIRFT recommendations. There is a consultant position within East which is currently unfunded and is a cost pressure. The service is struggling to do any routine cases.

- **Therapies** – There is a waiting list backlog in Physiotherapy; patients are not receiving timely interventions with the subsequent risk of deterioration. The backlog is due to a combination of legacy reduction of services during COVID and vacancies in the service. The current waiting list backlog is approx. 1640+ patients breaching the 14 week target.

- **Extreme Waits** – high numbers of >156 weeks (536) – plans to treat/book any patients at stage 4 >208 weeks (33) un-booked by end March. We have a growing issue with restorative dentistry with 31 patients now waiting and no provision to provide a service.

- **Urgent & Emergency Care / Emergency Department** (ED) – the number of patients presenting and occupying the ED is beyond the capacity for which the ED is designed and resourced to manage at any one time. This results in an inability to provide safe, clean, timely and efficient care to those patients, and any subsequent patients who attend the department with resultant patient harm. The time taken to clinician review has steadily decreased.

- **Ambulatory areas** – (Urgent Treatment Centre (UTC), Urgent Primary Care Centres (UPCC), Minor Injuries Unit (MIU), Same Day Emergency Care (SDEC) and Ambulatory Emergency Centre (AEC)) are a focus under the 6 goals work.

- **Primary care** – there are a large number of managed practices within the East IHC. A number of the General Medical Service (GMS) practices have written to the Health Board due to the cost of living increases making their businesses less sustainable. If more GMS practices hand back their contract this would add additional risk both in terms of financial and quality for patients. In addition, we have some challenges with some of the estates and lease with practices that are currently being worked through.

- **Social care** – there is a lack of appropriate residential/nursing beds within the East footprint. This disproportionately low numbers of appropriate places for discharge from the acute site leads to deterioration for these patients, the need for escalation areas (with additional costs for staffing) and lack flow, which affects the Emergency Department and ability of, Welsh Ambulance Service Trust (WAST) to reduce community risk. This also impacts on the ability to run planned services.

- **Escalation areas –** the additional number of beds badged as escalation areas is over 50 in acute and at least 20 in the community, and although some of these areas have been open for >3 years, this means they are not staffed appropriately relying on temporary or bank staff. There is a lack of dedicated pharmacy support and therapy support which impacts on both medicine safety and timely intervention to prevent deconditioning. These areas are not within our budget so are a cost pressure.

2.5.2 Problems which have either been resolved in the last year or are no longer critical (if any): *what has changed? What action (if any) contributed to resolving or managing the problem? What lessons can be learnt*

- **Stabilisation of IHC Leadership Team** – the East IHC now have an established and substantive Senior Leadership Team**.** The team development from silver maple and locally have enabled a clear vision of purpose and plan.

- **Engagement** – the IHC Directors have set up a quarterly meeting for engaging in the leaders across the East ensuring a forum for discussion of essential topics. The community engagement events in Wrexham have started and there will be an engagement event in Pen y Maes GP practice to relaunch the primary care practice and the new staff.

- **IHC Governance Structure** – the IHC Director has established Delivery Groups and Governance structure across the IHC to mirror the BCU operating model. This ensures that the performance, quality/risk and workforce structures are effective, efficient and robust. It also ensures accountability at all levels of the IHC.

- **Transformation and improvement** – the IHC are aware of the need to do things differently and have support of one person from the transformation team. The support has been invaluable for projects, however, this limited resource is a relative bottleneck for what we wish to achieve. It is obvious that our teams has little lived experience in

improvement methodology. This support is important for the culture we wish to achieve.

- **Annual Plan 2023/24** – the first Annual Plan as an IHC was developed for 2023/24 and signed off that sets out our contribution, as an IHC, to leading and supporting the Health Board to respond to current challenges as well as the opportunities to transform the delivery of care and health outcomes through collaborative system working.

2.5.3 Primary care – *balance between managed and General Medical Services /General Dental Services GMS/GDS practices. What is working well and not working well. Any innovation in services (in practices, community pharmacy, collaboration with third sector which could be replicated more widely (in IHC or wider)*

Primary Care – Independent Contractor Sustainability

We review each practice against 5 domains twice per year. We also review each practice against a local East specific framework monthly, incorporating input from colleagues in Contracts, Clinical Governance, Nursing and Estates. We continue to work with individual GP Practices who have approached us citing sustainability concerns, with financial and premises pressures a particular concern across a number of practices who are seeing significant demand increases on primary care services. Some of this demand increase is driven by waits for secondary care services with primary care seeing patients for symptom and pain management and exacerbations of their conditions who are on waiting lists.

We continue to drive improvements across our 6 managed practices and have over recent months been able to appoint 19 salaried GPs (mix of full and part time) working across a range of practices and including designated clinical lead sessions for each site. There remains a need for a definitive BCU wide approach to managed practices and the strategy for utilising them, supporting our staff and patients and ensuring they work efficiently without causing additional pressures on GMS locations.

We have recently concluded a Medicines Management Hub trial which has proved really positive and allowed the medicines team to target specific delays irrelevant of the site. The next steps are to see how we can take this forward to make it business as usual and potentially use the modelling in other areas including rota management and back office functions like scanning, summarising and triage.

All practices continue to participate in collaborative and cluster work with a current focus on signing off 24/25 proposals, which have for the first time been evaluated by a dedicated BCU wide panel.

Community Initiatives

- **Advanced Nurse Practitioners (ANPs) and Advanced Paramedic Practitioners (APPs) supporting Care Home patients**
  - 3 Advanced Nurse Practitioners (ANP) and 3 Advanced Paramedic Practitioners (APP) provide care for patients in care homes as part of the community response team, improving timeliness of assessment and treatment and freeing up GP capacity. This has demonstrated reduction in conveyance to hospital.

- **Stroke Prevention Nurses**
  - 3 Stroke prevention nurses working across BCU focusing on the primary prevention of stroke, working to reduce the incidence of cardiovascular events, looking at risk factors, promoting the importance of health checks, and reviewing patients to help with secondary prevention of stroke.

- **Smoking Cessation**
  A pan-BCU service hosted in the East working with the aim of;
  - Increasing referrals to the Help Me Quit (HMQ) Service to meet national targets for treated smokers and quit rates
  - Implementing the HMQ in Hospital programme, increasing referrals to HMQ from services
  - Implementing Smoke Free legislation and policy in hospital sites

- **Specialist Prehabilitation**
  - Provides support to all major surgery patients in East, patients are referred to the new specialist prehabilitation unit for an intensive face to face course of 12 sessions with physio/dietetics and psychology to get them fitter and healthier before their major surgery. This halves their complication rate and reduces length of stay. This service was set up in the East as part of the development of a pan BCU service, currently not being rolled out in Centre and West.
  - Our 2023 data against 2019 data, shows that our non-prehab surgical patients have a reduction in length of stay (LOS) by 3 days, reduction in post-op complications by 50% readmissions are reduced by circa 70% and a reduction in mortalities

- **Allied Health Professional (AHP) focusing on diabetes prevention**
  - Investment into the community diabetic team including dietetics, as within our locality up to 30 percent of those requiring acute admission have diabetes.

- **North Wales GP Out of Hours (NW GPOOH) Service**
  - All North Wales service hosted by East IHC, working collaboratively across North Wales.
  - The service has now worked with the 111 service since June 2020. 111 provide the patient facing call handling and nurse clinical assessment. Any caller with presenting problem assessed as needing further clinical intervention is passed to NW GPOOH is a single call back list by clinical priority.
  - The service has had issues highlighted in the Pier Review with being able to manage this list (queue of patient). Performance is now much better with manageable queue lengths at peak times. This has been achieved with better clinical fill rates and improved process in managing workflow.
  - Clinical staffing – post transition to 111, the service did struggle with clinical shift fill. This is now much better with full rota cover the vast majority of the time. The service does experience some shift fill issues over in the West but this has been mitigated with improved cover in the other areas and the All North Wales working rather than divisionally.
  - Data quality – this was highlighted as an issue as the data produced by the 111 National Team was different than what was produced in house. Investigation into the cause has shown that the National Teams has not applied similar filters to their reports, had some errors in data capture, and also exposed a flaw is an Adastra system report they were using which Adastra is currently working on. This is being monitored closely and work is ongoing with the National team.
  - National Computer System – The All Wales SALUS computer system that was due to be rolled out across all Wales has been cancelled. There is a new 3 year contract with Adastra from 1st January 2024. This has secured some stability amongst all GPOOH providers nationally. The WAST 111 front end computer system's contract ends May 2024, a replacement has been found and work is ongoing to implement by the end of April 2024.

- Finance – the service has maintained a positive financial position and has met the savings target for the year.

- **Partnership community working**
  - Working to provide re-enablement beds at Marleyfield with funding for Croes Atti identified and Maes Gwyn for community mental health services (all projects jointly with local authority)
  - Working with Rainbow Foundation for older person individualised and social prescribing in the community.

2.5.4 If IHC management had a free hand what would they re-prioritise?

- Re-prioritising Community Services (integrating Primary and Community Care) ensuring the structure enables collaborative working
- Rebalancing the budgets to include areas that are not able to be cut but count as an overspend and look for solutions with partners to reduce length of stays
- End to end pathway of care across the system – Primary to Secondary Care (Value Based Health Care (VBHC))
- Partnerships, Engagement and Collaboration

2.5.5 How far do targets and trajectories set reflect what IHC management felt (when they were set) and feel now are achievable. What could be improved in terms of drawing on knowledge and experience of IHC in planning?

- Appropriate Demand and Capacity Planning
- Service reviews for vulnerable services
- A better understanding of how pan BCU services integrate with East
- More support from transformation

3 Recommendation

Committe members are asked to note the contents of this report, confirm agreement to any actions proposed, or identify any additional assurance work or actions it would request IHC colleagues to take.

East Integrated Health Community (IHC)

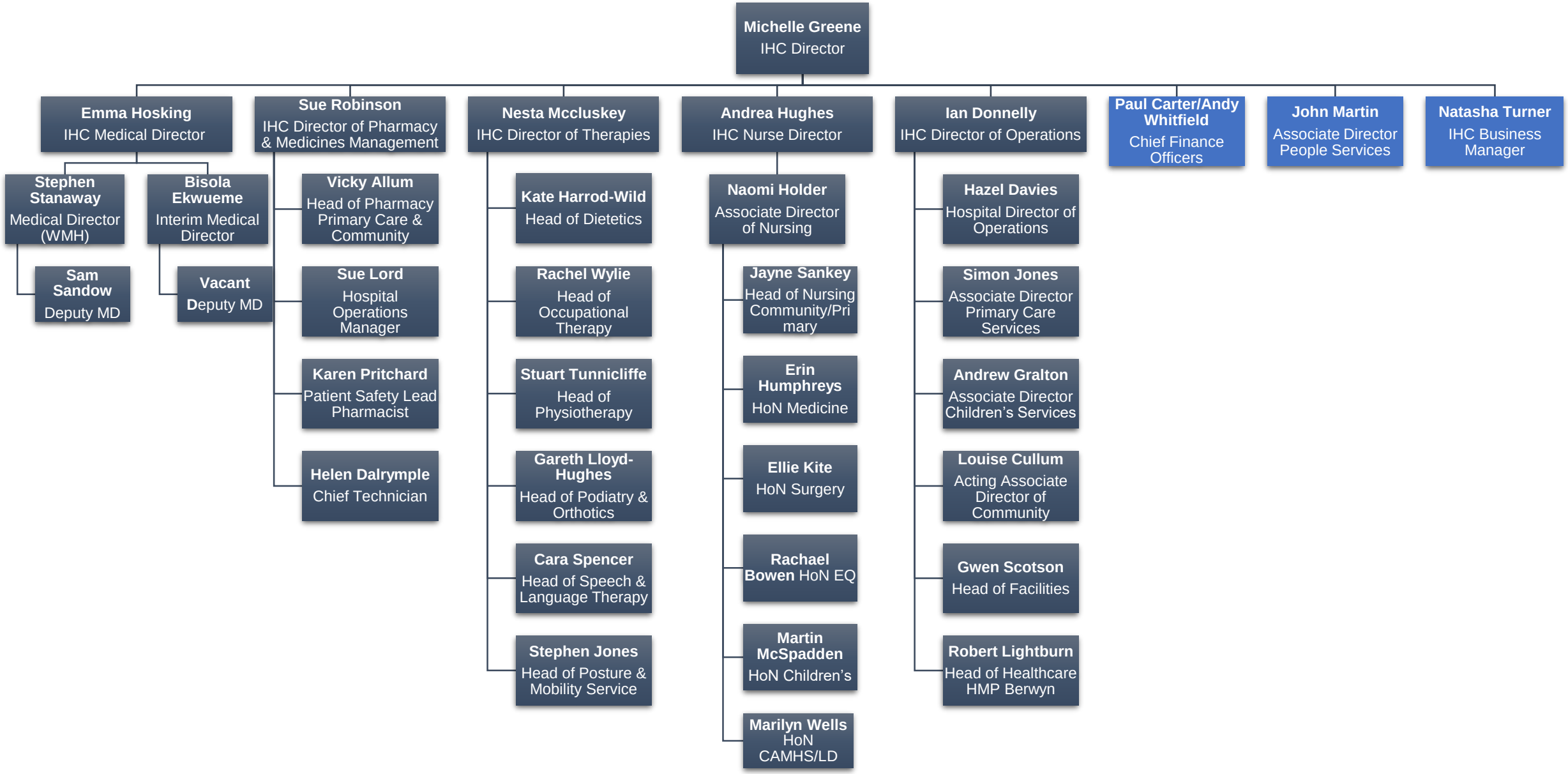
Report to PFIG

22nd February 2024

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

Produced by the Performance Directorate
Betsi Cadwaladr University Health Board

East IHC Structure



East IHC Finance – Month 9

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

Produced by the Performance Directorate
Betsi Cadwaladr University Health Board

Financial Position – Month 9

L4 Code and Description	Annual Budget £'000	WTE Budget	WTE Actual	WTE Variance	Month 9 Budget £'000	Month 9 Actual £'000	Month 9 Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast Variance £'000
AX41-East Area	287,520	2,392	2,308	(83)	23,732	23,767	35	215,318	219,056	3,738	4,500
HCEF-Facilities East	14,491	367	332	(35)	1,180	1,271	91	10,949	11,806	856	1,109
HCEM-Health Community East Management	332	7	6	(1)	27	72	44	250	796	547	720
HX41-Ysbyty Maelor Wrexham	136,216	1,853	1,958	105	11,122	11,627	505	103,110	107,638	4,528	5,977
Grand Total	**438,558**	**4,619**	**4,604**	**(15)**	**36,062**	**36,737**	**676**	**329,627**	**339,297**	**9,669**	**12,306**

Month 9 position is **£0.676m** overspend. The year to date position is showing **£9.669m** overspend.

The IHC has been allocated a Cash Releasing Efficiency Saving (CRES) target of £8.07m for 2023/24. In addition, there is a non-recurrent vacancy slippage target of £3.7m for the financial year. The forecast year-end position for the IHC is £12.3m overspent.

Key pressures in the Area, are Medical Agency, Community Services, Managed Practices and General Practitioner (GP) Prescribing, but the run-rate eased with the Apixaban price reduction

Acute wards £2.9m of which £0.9m is a nursing vacancy target. Use of agency to cover vacancies, and supernumerary Band 4s – these are international nurses working in the role until they achieve Nursing Midwifery Council (NMC) status. Acute medical has seen a significant increase in whole time equivalent (WTE) to cover escalated beds and unscheduled care pressures resulting in £0.9m variance. Emergency Department (ED) is using additional locum doctors to increase overnight and weekend cover. In acute non pay for drugs & prescribing is £0.7m overspent, with Gastro largest single specialty £0.4m

Facilities overspends are within catering for provisions (£0.5m) and for cleaning supplies (£0.1m) and postage equipment (£0.1m)

IHC CRES Position – Month 9

The IHC have been allocated a CRES target of £8.07m for 2023/24.

Green schemes plans identified and approved amount to £5.017m, with a forecast delivery on these schemes amounting to £5.144m

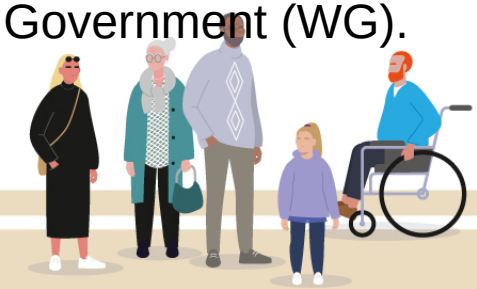
The IHC continue to seek additional opportunities to increase delivery and have identified further opportunities to increase delivery to £6.338m by the year-end. In addition to this, a non-recurrent vacancy slippage target of £3.7m was set for 2023/24.

As at Month 9, the forecast year-end CRES gap is expected to be around £1.732m.

Budget Reducing Savings		Year to Date				Forecast				
MONTH 09	Annual Savings Target	Savings Target M09	Recurring Savings Delivered	Variance in Recurring Savings	Non-Recurring Savings Delivered	Recurring Forecast	Variance	Non-Recurring Forecast	Total Forecast	Forecast FYE
East Integrated Health Community	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Area - East			2,548	2,548	153	3,491	**3,491**	194	3,685	4,581
Ysbyty Wrexham Maelor			699	699	274	1,110	**1,110**	320	1,430	1,718
Facilities			15	15	0	28	**28**	1	30	70
Total East	**8,070**	**6,053**	**3,262**	**(2,790)**	**426**	**4,630**	**(3,440)**	**515**	**5,144**	**6,368**

Key Financial Issues Specific to East IHC

- Unscheduled care demand and flow issues have led to congestion in the Maelor hospital. ED is rostering additional doctors overnight to help and an Urgent Treatment Centre and expanded waiting room area have been opened. Together with the use of agency nursing to cover vacancies this has given rise to a £1.2m overspend in at Month 9. ED performance has improved but is still well below target.
- There are at least 50 escalated unscheduled care beds open in the Maelor at any point in time and 20 in the community. Additional medical, nursing, therapy and pharmacy staffing is required to cover these beds which will give a full year cost pressure in excess of £2m.
- Prescribing costs driven by price (tariff) increases, rather than item growth, have added a significant cost pressure within the East IHC. Monthly costs in 22/23 averaged £4.5m per month, for 23/24, cost are running at £4.8m per month. Some improvement is expected in Quarter 4 following price reductions in Apixaban.
- Continuing Health Care (CHC) cost pressures have been contained within the East for the last 3 years following the implementation of the Home First Service, but during 23/24, we have started to see patient numbers rise and Care Homes taking a firmer line on fee rates and 1:1 charging.
- General Medical Services (GMS) - Managed Practices have been the main cost driver, but following a highly successful GP recruitment exercise, the IHC has started to see a downward trend in Pay costs in Quarter 3.
- HMP Berwyn remains fully funded for 2023/24, but Prisoner numbers are now near full capacity levels and the Ministry of Justice may seek to transfer funding to Welsh Government (WG).



IHC Financial Governance

IHC Financial Control – Directorate CRES Meetings

- Meetings held monthly with Directorates chaired by IHC Director
- CRES targets allocated to each Directorate
- Directorates present progress on delivery of CRES schemes and options to close the gap
- Challenge on overspends and actions being taken to control costs

Enhanced Establishment Control

- IHC Directors meet 3 times (5 hours in total) a week to scrutinise Establishment Control requests
- Substantial actions taken to stop medical agency, reduced from over £900k in Dec 22 to £300k in Dec 23
- Substantial reduction in GP Agency usage, following a successful Salaried GP recruitment campaign

Financial Recovery Plan

- IHC recovery actions to reduce spend by £2m identified
- Further proposals for high risk options to reduce spend by £3m
- Increased grip and control on nursing agency
- Letter of good housekeeping
- Challenging spend on Oracle
- Share learning from other Directorates
- Additional recurrent changes being developed
  - Changes to service model at Penley Hospital
  - Proposal to introduce of In My Place to reduce long stay patients in Wrexham Maelor Hospital
  - Plans to introduce a Dementia ward in Wrexham Maelor Hospital

East IHC – Performance

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

Produced by the Performance Directorate
Betsi Cadwaladr University Health Board

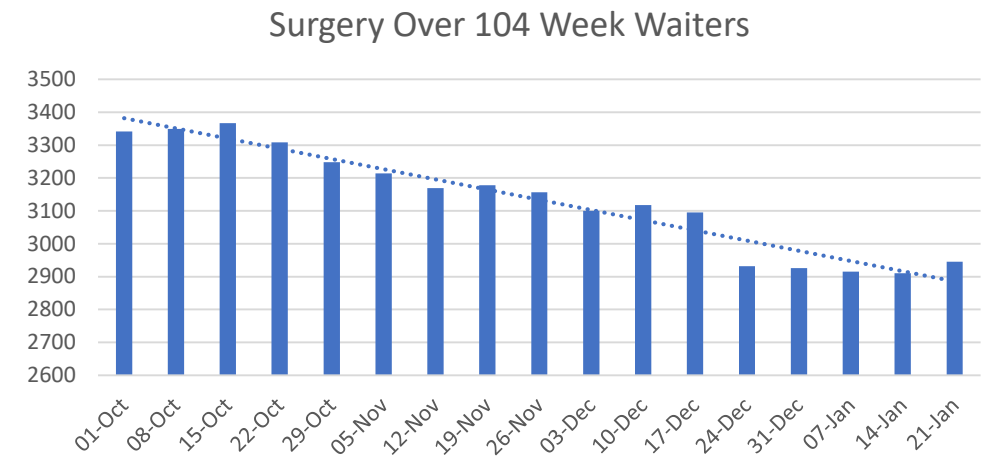
Planned Care Performance

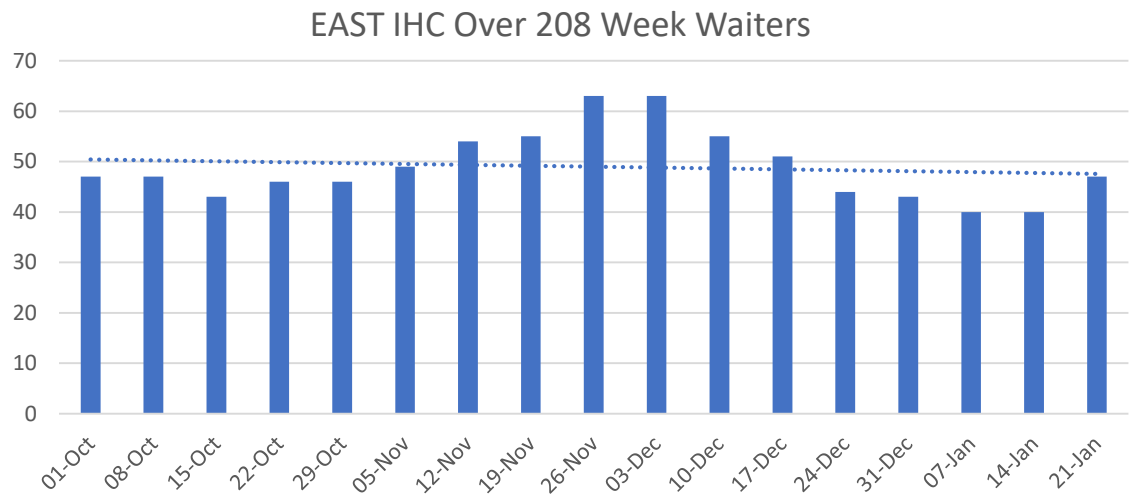
Performance Report - East IHC

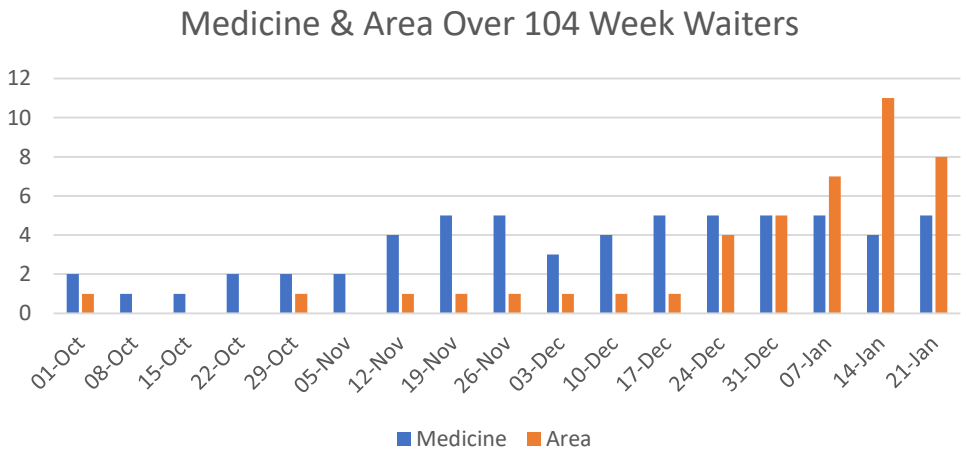
Betsi Cadwaladr University Health Board

Referral to Treatment and Diagnostics	Position Shown	Level		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Waiting list size (all RTT)	Monthly	East IHC (Local)	Target													
			Performance	61,437	61,608	62,471	63,787	63,947	64,495	64,472	64,507	63,519	64,099			
Over 156 weeks all stages	Monthly	East IHC (Local)	Target													
			Performance	1,534	1,261	1,083	921	827	787	726	705	698	665			
Over 104 weeks all stages	Monthly	East IHC (National)	Trajectory		3787	3605	3309	3088	2986	2911	2835	2741	2678	2672	2664	2658
			Performance	4,287	3,919	3,861	3,728	3,715	3,689	3,519	3,395	3,277	3,300			
Over 52 weeks all stages	Monthly	East IHC (National)	Trajectory		12559	12170	11527	11072	10538	10116	9693	9165	8743	8488	8203	8040
			Performance	13,299	12,968	13,077	12,998	13,241	13,462	13,374	13,326	13,272	13,683			
Outpatient waits: > 52 weeks for new appointment	Monthly	East IHC (National)	Trajectory		5102	4586	3940	3726	3460	3411	3412	3413	3413	3418	3424	3429
			Performance	5,486	5,032	5,180	5,264	5,454	5,905	6,009	5,945	6,160	6,692			
Over 36 weeks all stages	Monthly	East IHC (Local)	Target													
			Performance	20,388	20,503	20,683	20,723	21,217	21,376	20,813	20,894	20,777	21,360			
Outpatient waits: > 36 weeks for new appointment	Monthly	East IHC (National)	Trajectory		9026	8475	7556	6999	6558	6300	6043	5867	5905	5976	6065	6135
			Performance	9,645	9,519	9,860	10,108	10,405	10,751	10,524	10,543	10,938	11,689			
Outpatient waits: over 100% delay for follow-up appointment	Monthly	East IHC (National)	Trajectory		18938	18859	18779	18700	18621	18542	18462	18383	18304	18225	18145	18066
			Performance	19,017	19,321	19,980	19,411	18,812	18,726	19,023	17,983	17,731	17,965			
Diagnostics: > 8 weeks	Monthly	East IHC (National)	Trajectory													
			Performance	2564	2463	2353	2194	1914	2050	2116	1824	1958	2124			
Therapies: > 14 weeks wait for a specific therapy (including audiology)	Monthly	East IHC (National)	Trajectory													
			Performance	619	465	570	571	605	903	894	1,098	1,265	1,667			
Therapies: > 14 weeks wait for a specific therapy (excluding audiology)	Monthly	East IHC (Local)	Trajectory		457	375	312	256	211	173	140	111	83	64	37	0
			Performance	593	450	528	493	473	626	577	677	838	1,226			

Planned Care Performance – Long Waits







NB. The above data includes booked patients

Planned Care Performance – 208 week breakdown

- >208w wait position – 33 un-booked

Extreme Waits Summary

Specialty	156	182	208	Total
General Surgery	84	61	4	149
Orthopaedics	86	21	9	116
ENT	15	10	15	40
Ophthalmology	26	5	3	34
Vascular Surgery	18	6	2	26
Maxillo Facial Surgery	4	3		7
Pain Management	1			1
Total	234	106	33	373

- 59 patients completed their surgery in Abergele, 2 were >208wk waiters

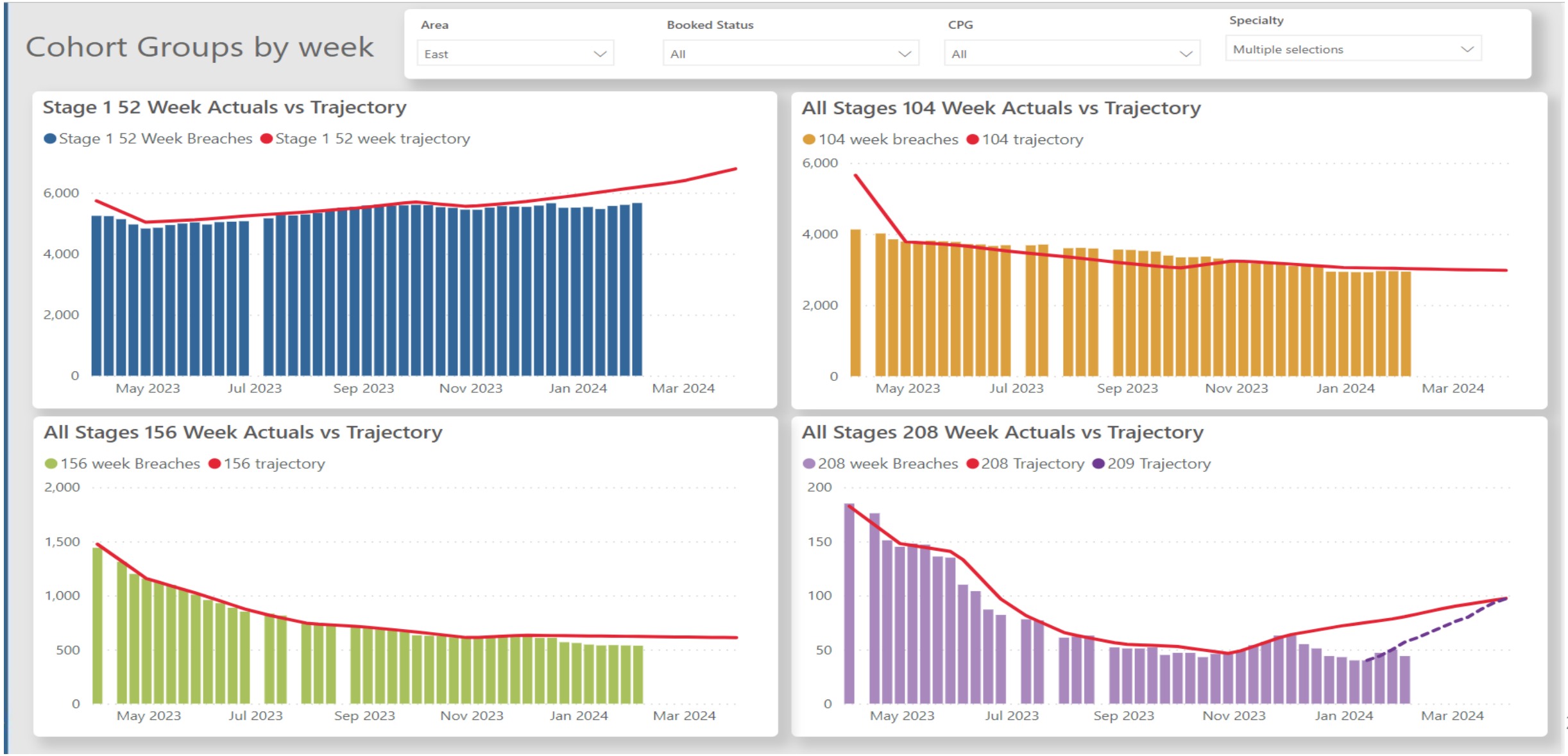
- >208 activity lost due to Business Continuity (BC) / Industrial Action (IA) – total of 14 stage 4 procedures stood down

Business Continuity		
Speciality	**Over 208 stage 1 cancellations**	**Over 208 stage 4 cancellations**
T&O	0	3 (WLI 09.01.24)
ENT	0	1
General Surgery	0	8
Pain	0	0
OMFS/orthodontics	0	0
Urology	0	0
Ophthalmology	0	0

Industrial Action		
Speciality	**Over 208 stage 1 cancellations**	**Over 208 stage 4 cancellations**
T&O	0	1
ENT	0	0
General Surgery	0	1
Pain	0	0
OMFS/orthodontics	0	0
Urology	0	0
Ophthalmology	0	0

NB. These will be re-booked

Performance Metrics – Planned Care Trajectories



Performance Metrics – Planned Care

Focus on Ministerial targets for access to planned care services.

Revised trajectories have been completed and uploaded to the dashboard with Demand and Capacity (D&C) model being developed for 24/25

- **Extreme Waits** – 208 week current position
  - Current position – 33 un-booked over 208 weeks across multiple specialties
  - Weekly monitoring and scrutiny of all patients in this cohort
  - Waiting List Initiatives (WLIs) where possible
  - Impact of Industrial Action and Winter Pressures
  - North Wales Solution paper submitted, worked up collaboratively by all IHCs

- **156 weeks** – March end projected position 705 patients waiting >156 weeks
  - General Surgery and Urology – urgent suspected cancer (USC)/Urgent demand outstrips capacity for routine waits
  - Insourcing programme ended on 30/09/23. Some long waiters in this cohort (decision still required from Executive Team)

- **104 weeks**– Current position 93.7%
  - Continue to treat in turn and utilise all available capacity
  - Staff vacancies in the Pain service impacted on the complex patients that require a multidisciplinary approach
  - Shows Medicine are on plan to achieve zero breaches by the end of March 2024
  - Community can deliver zero breaches by the end of March 2024, this has risk

Performance Metrics – Planned Care

- **52 weeks** all stages
  - Medicine shows a static position
  - Capacity is prioritised for Cancer and clinically urgent patients
  - Endocrinology challenged, Dermatology numbers increasing, supporting West

- **52 weeks** stage 1
  - Medicine shows a reduction of 206 compared to January 2023.
  - Endocrinology, continues to be a challenge

- **36 weeks** all stages
  - Medicine 509 increase compared to January 2023 (251 x Gastroenterology, 189 x Cardiology and 75 x Respiratory)
  - Increased waiting times for diagnostics has impacted Referral to Treatment (RTT) waiting times and clinical decision making regarding next steps for patients.
  - 52+ Endocrinology and Dermatology position continues to deteriorate

- **Follow up waiting list**
  - (Medicine) remains a challenge with 5527 patients >100% overdue. Work is ongoing to clerically validate the backlog of patients prior to clinical review. Further work to be done to ensure all teams are maximising the opportunity to utilise See on Symptoms (SOS) / Patient Initiated Follow Up (PIFU).
  - Remains a challenge with no Patient Pathway in post although Rheumatology has had a reduction of 1500 from the list following cleansing and validation of the waiting list with a reduction of 800 from the >100% position.
  - 2324 patients >100% overdue with Dermatology causing the most detriment to the waiting list (1861). Work will start on the Dermatology follow up waiting list (FUWL).

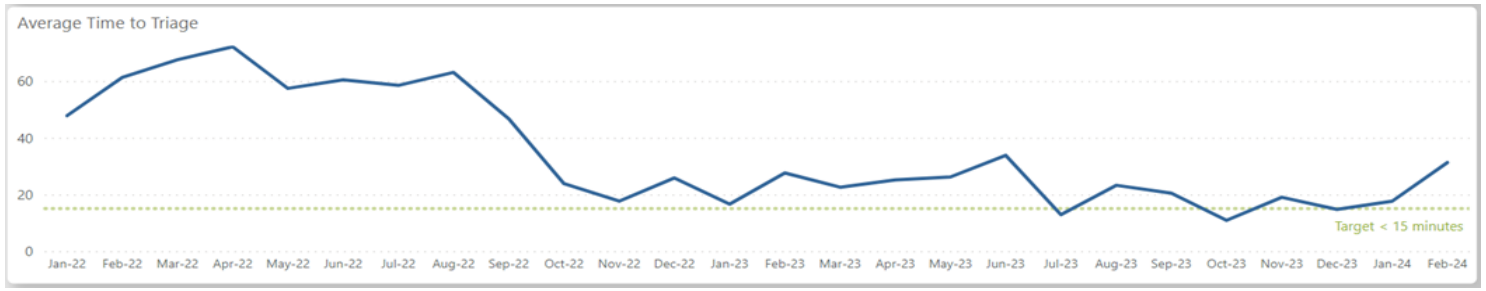
- **Diagnostics**
  - Performance metric shows an increase of 227 >8wks compared to January 2023 (404 x Cardiology, reduction of 177 x Endoscopy). Management of diagnostics remains a challenge with core activity being prioritised for Clinically urgent demand. Loss of Imaging Cardiology Consultant in July 2023 has resulted in reduced capacity for specialist echocardiograms.
  - Increase in demand for clinically urgent and inpatient echocardiograms has impacted capacity available for routine echocardiograms.
  - Trajectory in place to achieve 8wk diagnostic target for endoscopy by the end of March 2024. This data does not include patients on a surveillance pathway within endoscopy.

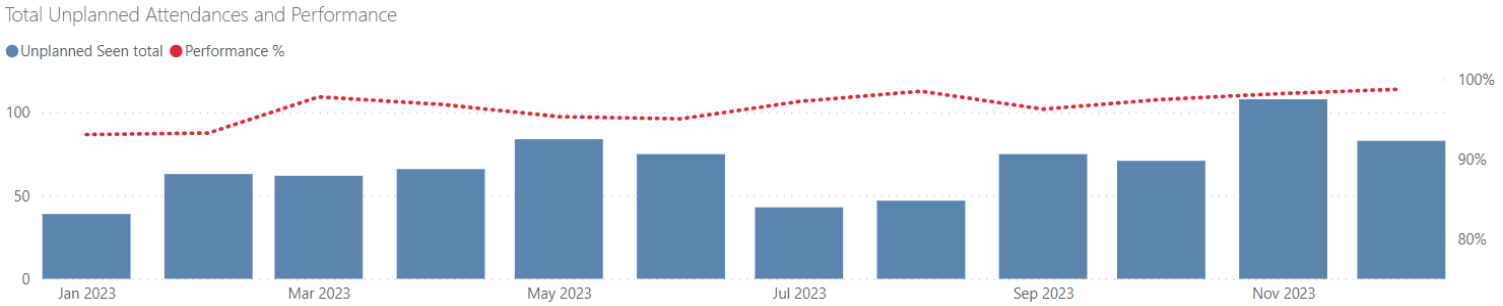
Performance Metrics – Planned Care

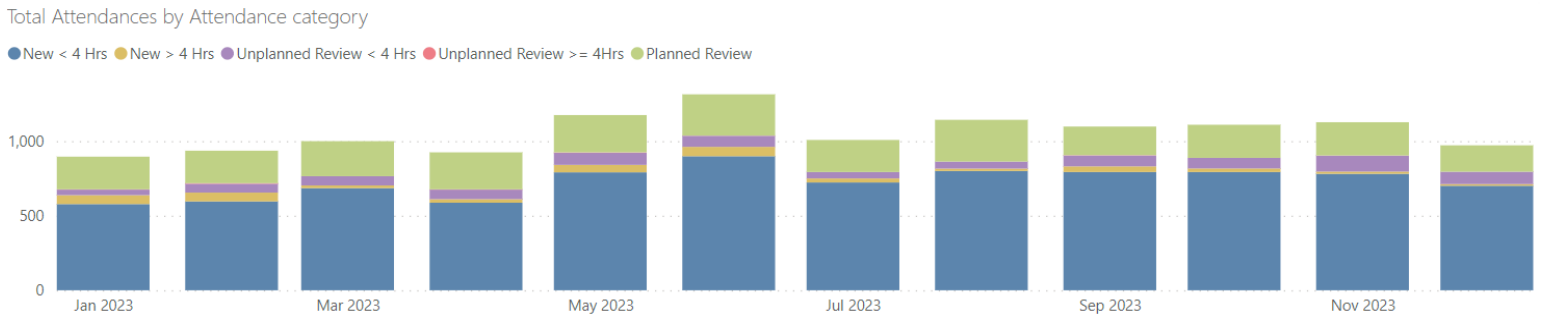
Areas of focus:

- Validation – Continue with internal validation of open RTT pathways and External validation programme for Stage 1 and 4
- Prioritise capacity to support clinical urgency and Single Cancer Pathway (SCP) demand including 1st Operating Department Practitioner appointment (OPD) (95th percentile)
- Utilise pan BCU model to monitor all trajectories, once developed/validated and share expected 'landing'
- Await an update in relation to management of patients on insourced pathway (once confirmed include in modelling as appropriate)
- Actively monitor all ministerial targets, focusing on recent requirements including extreme waits (208 week waits) – Governance in place
- Clinically led opportunities to support appropriate protocols for areas such as SOS/PIFU
- Progress Getting It Right First Time (GIRFT) recommendations via IHC Planned Care Improvement Group including via relaunch of Theatre Users Group (5 x Clinical specialties, Theatre Utilisation and Pre-operative Assessment Clinic (POAC Groups)), looking at High Volume Low Complexity (HVLC) lists
- Implement plans for additionality pending approval of extension of Planned Additional Activity rates (PAAR) rates to end of March 2024 for RTT and Diagnostic waits (if approved).
- Ensure timely clinical (workforce) recruitment
- Exit strategy awaited for outsourcing contract (Endoscopy) ending 31/03/2024
- Continuation of endoscopy planning cell focusing on efficiencies and patient benefits including pre-procedure clinical phone calls
- Ensure timely clinical (workforce) recruitment
- Ongoing review of consultant job plans
- Stakeholder feedback on performance e.g. patient experience
- Analysis of Did not Attend (DNA)/Could not Attend (CAN)/clinic utilisation data and clinic templates to maximise efficiencies within each service
- Engaging with demand and capacity commissioning

Mold Minor Injuries Unit (MIU) - Performance







- NB. No radiology support for the full opening hours, or Saturdays
- November MIU re-opened on Saturdays (6 days per week) plans for 7 day working for Q1 2024

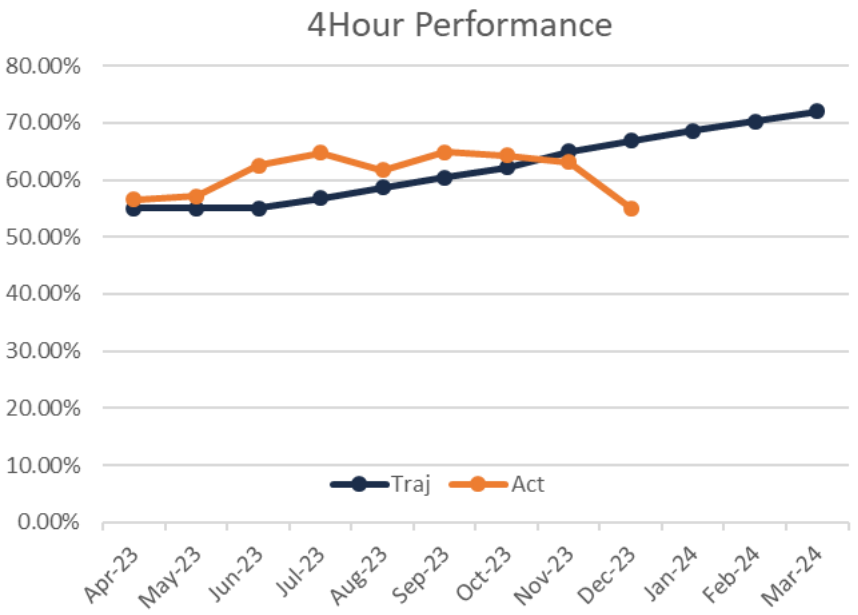
Urgent & Emergency Care Performance

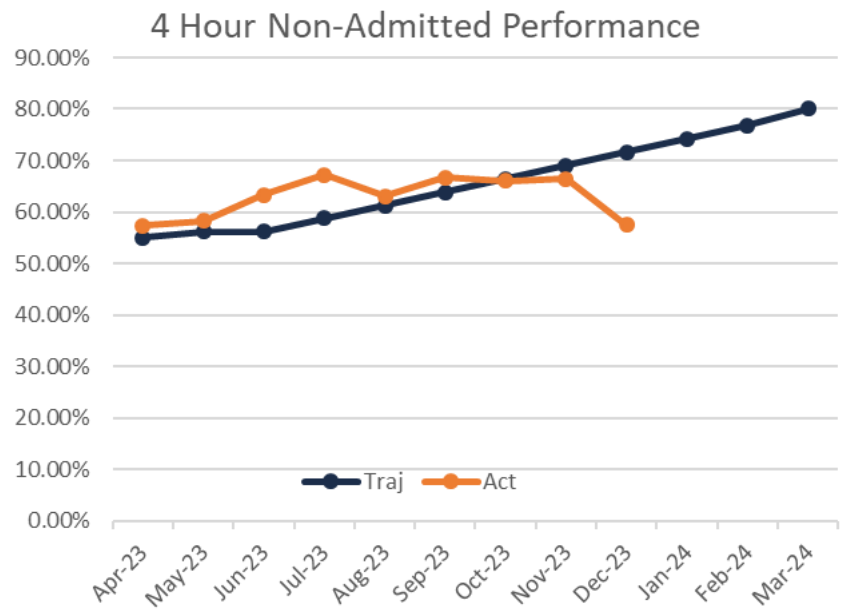
Performance Report - East IHC

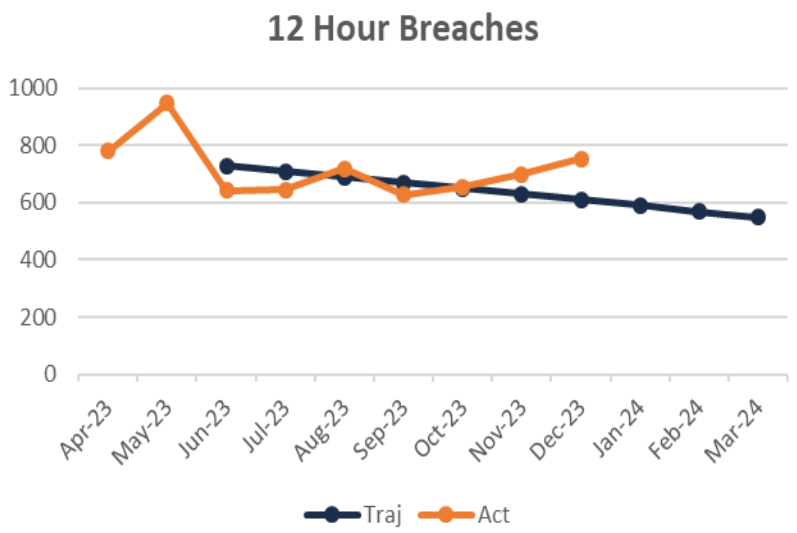
Betsi Cadwaladr University Health Board

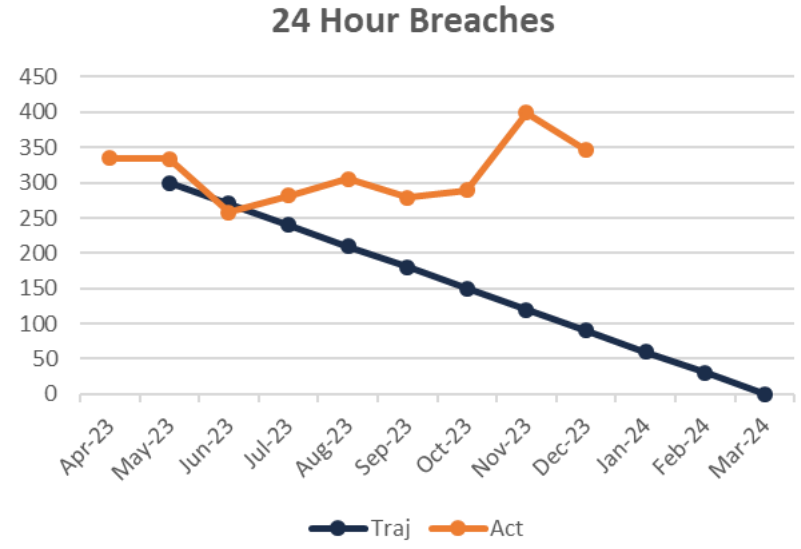
				Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
ED&MIU performance 4 hrs (all)	Monthly	East IHC (National)	*Trajectory*	95%			55.0%	56.8%	58.6%	60.4%	62.2%	65.0%	66.8%	68.6%	70.2%	72.0%
			Performance	62.2%	61.8%	63.0%	67.9%	69.1%	67.4%	69.8%	69.7%	68.7%	62.7%			
ED&MIU performance 4 hours (non-admitted)	Monthly	East IHC (Local)	*Trajectory*	95%			56.2%	58.8%	61.2%	63.8%	66.4%	69.0%	71.6%	74.2%	76.8%	80.0%
			Performance	64.3%	64.3%	65.8%	70.1%	72.5%	70.4%	72.7%	73.0%	73.1%	67.3%			
ED&MIU performance 24 hour waits	Monthly	East IHC (Local)	*Target*	100%												
			Performance	94.2%	93.5%	94.3%	95.6%	95.0%	94.5%	95.0%	95.0%	94.0%	93.7%			
ED&MIU number of 24 hour waits	Monthly	BCU (Local)	*Trajectory*	0		300	270	240	210	180	150	120	90	60	30	0
			Performance	318	335	334	269	291	311	286	295	345	348			
ED&MIU performance 12 hour waits	Monthly	East IHC (Local)	*Target*	100%												
			Performance	84.0%	84.8%	83.8%	89.2%	88.8%	87.0%	88.8%	88.9%	87.6%	86.5%			
ED&MIU number of 12 hour waits	Monthly	East IHC (National)	*Trajectory*	0			730	710	690	670	650	630	610	590	570	550
			Performance	887	782	948	657	658	735	637	657	710	751			
Ambulance handovers over 1 hour	Monthly	East IHC (National)	*Trajectory*	0												
			Performance	652	612	668	613	586	643	639	735	705	693			
Ambulance handovers over 4 hours	Monthly	BCU (Local)	*Trajectory*	0		231	198	165	132	99	66	33	0			
			Performance	306	266	273	241	239	254	256	347	319	299			
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Monthly	East IHC (National)	*Target*	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
			Performance	46.7%	57.2%	58.5%	54.7%	56.6%	57.1%	51.6%	49.2%	52.2%	52.2%			
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Monthly	East IHC (National)	*Target*													
			Performance	176.0	160.0	175.5	137.0	137.0	144.0	122.0	150.0	139.0	121.0			
Median time from arrival at an emergency department to triage by a clinician	Monthly	East IHC (National)	*Target*													
			Performance	34.0	26.0	32.0	25.0	24.0	22.0	21.0	21.0	21.0	19.5			

Urgent & Emergency Care – WMH ED 4, 12 & 24 hour waits

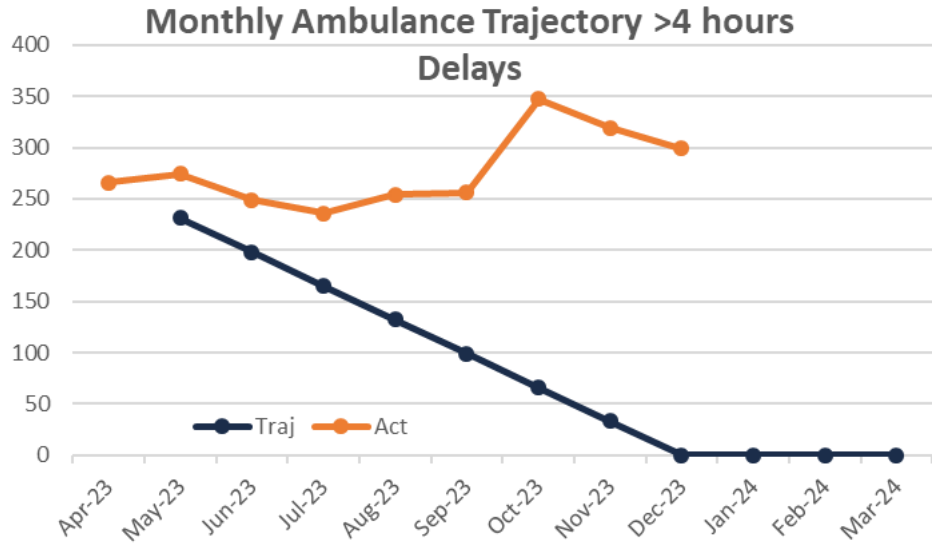




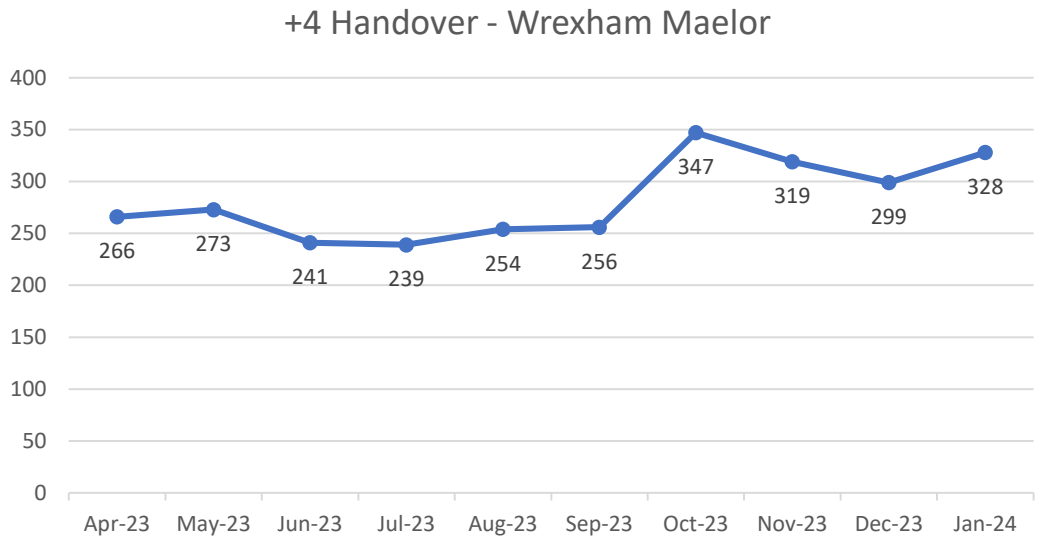




- Off plan for all trajectories in December. Slight improvement on the previous monthly for the 24 hour breaches and >4 hour ambulance delays.



Urgent & Emergency Care – Ambulance +4 Handover



% of Handovers that are 4Hrs+

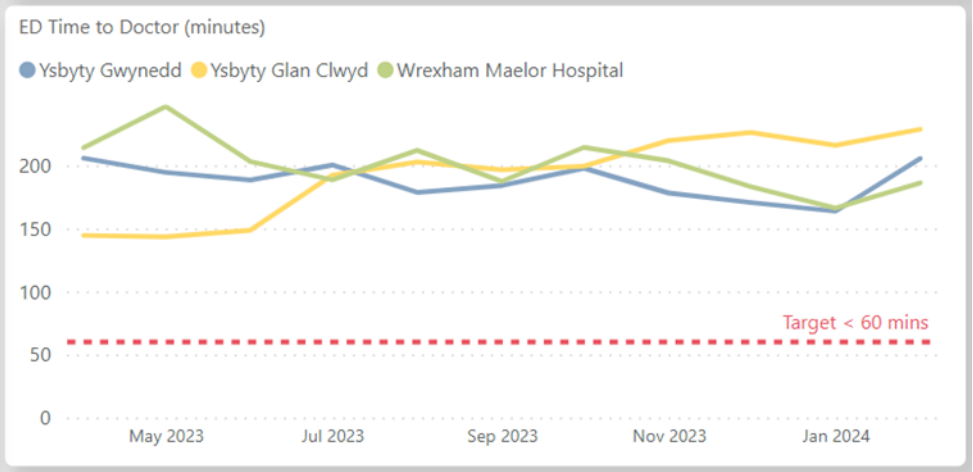
% of handovers over 4 Hr +	
MONTH	WXM
Apr-23	24%
May-23	23%
Jun-23	21%
Jul-23	20%
Aug-23	22%
Sep-23	24%
Oct-23	28%
Nov-23	28%
Dec-23	25%
Jan-24	27%

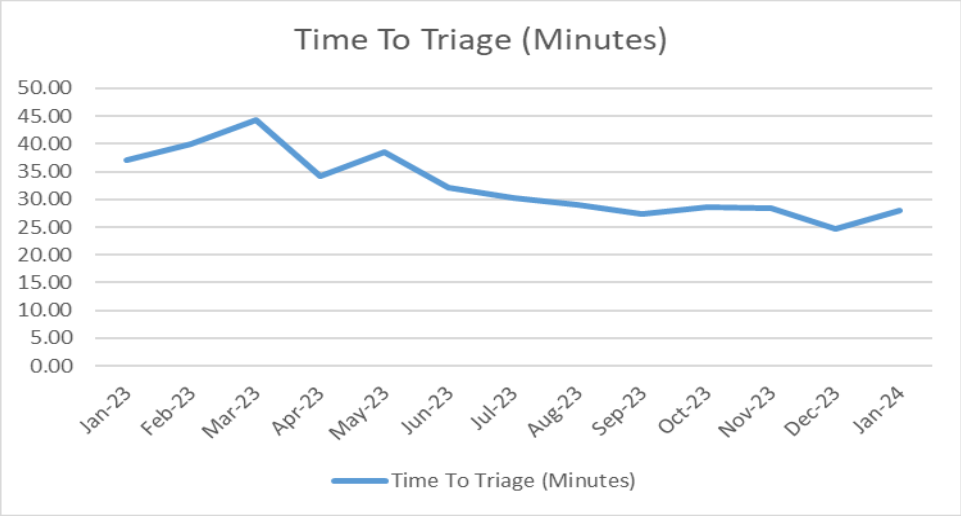
Analysis:

WMH experienced 2 days in December, 2 days in January and 0 days so far in February with Zero +4hour Handovers

Trends	Wrexham Maelor Hospital
Peak time	0700hrs and 2000hrs
Day of the week	Mon

Urgent & Emergency Care – Performance, Triage & Clinician waits

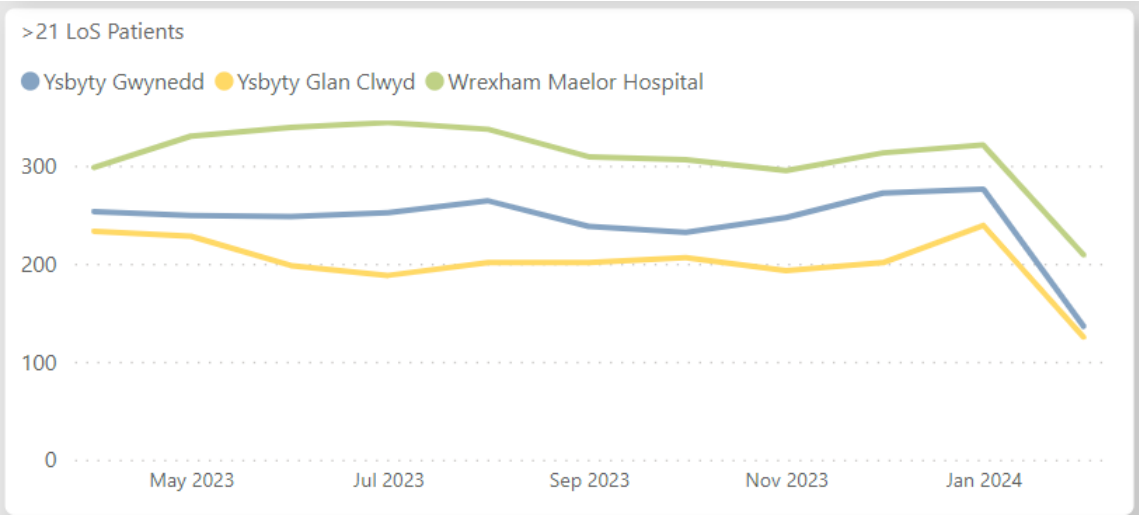




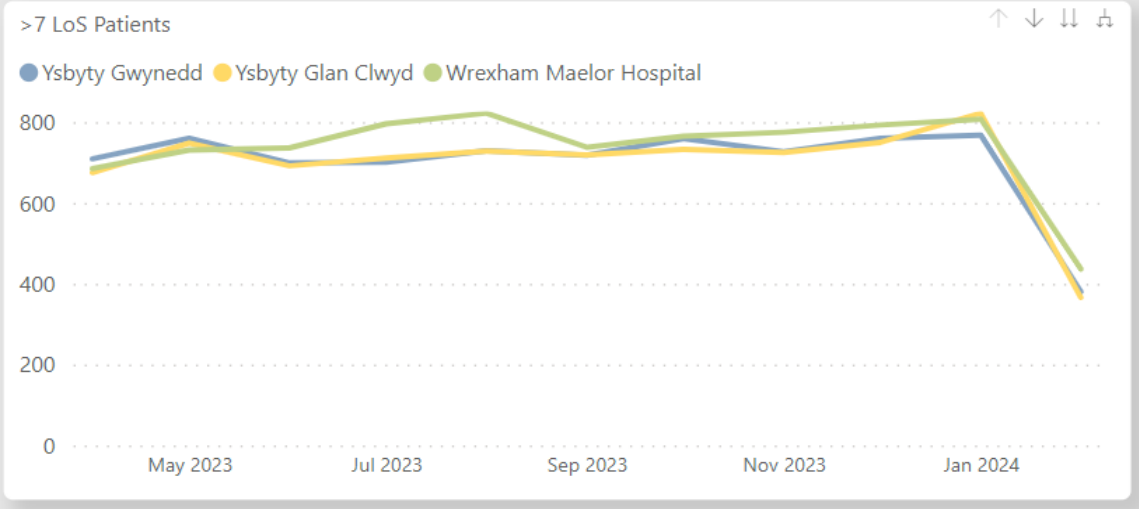
Average Heat Map by day

Date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
01/02/2024 | Thu	35	34	30	24	25	25	24	22	20	27	31	31	33	29	28	29	29	27	25	34	37	38	35	25
02/02/2024 | Fri	22	20	19	18	15	16	16	15	14	18	19	20	22	21	24	23	26	24	26	33	31	29	30	27
03/02/2024 | Sat	25	25	24	25	23	21	21	18	21	21	25	29	32	29	33	29	32	32	28	24	24	29	31	29
04/02/2024 | Sun	26	24	24	21	21	19	13	13	11	16	19	25	27	26	29	28	29	30	30	30	28	30	30	30
05/02/2024 | Mon	28	23	23	21	19	16	16	16	19	20	29	36	36	42	47	50	51	55	58	51	48	49	39	36
06/02/2024 | Tue	34	33	34	34	33	32	31	29	31	34	38	41	43	48	46	44	46	48	44	47	47	41	40	38
07/02/2024 | Wed	36	30	27	26	23	23	23	23	23	27	30	29	33	38	44	41	37	38	41	39	38	40	44	45

Urgent & Emergency Care – Length of Stay (LOS)



- Average LOS over 21 days remains concern, links to days delayed, waiting for external provision



- Average LOS over 7 days consistent with other sites, indicating this is not a significant concern

Performance Metrics – Urgent & Emergency Care (UEC)

Ambulance Handovers

- Remain off plan for 4 hour ambulance handover, although these are improved from last month.

Triage & Wait Times

- Continue with real time validation of patient pathways where possible
- Urgent Treatment Centre (UTC) is staffed with an Emergency Nurse Practitioner (ENP), ED clinician and a physio and improvement is noticeable
- ED attendances were 4772 in December, slightly less than in November
- Time to triage and time to clinician improved on November
- Off trajectory for our 4 hour performance in December. Non admitted 4 hour was also off trajectory as were the 12 hour breaches. Remain off plan for 24 hour breaches.
- Challenge to reduce significantly the number of patients awaiting admission to medicine in the ED as well as the length of stay for these patients. When the volume of patients exceeds 25, it significantly compromises the ability to maintain the timely handover of patients between Welsh Ambulance Service Trust (WAST) and the ED. The number of patients awaiting a bed for medicine in the ED is regularly above 30

NB: There are 26 trolley spaces plus 4 resus spaces in the ED.

Urgent & Emergency Care Improvement Programme – Short / Medium Term Projects

Work is ongoing on the delivery of our improvement work related to UEC.

The UEC Improvement Group consolidates several programmes of work, including:

- Acute Assessment Unit, Children and Young People in ED, Board Rounds
- Acute Medical Model, Board Rounds, Waiting room oversight, corridor medicine
- 6 Goals – Same Day Emergency care (SDEC) LOS, Discharge
- Relevant Health Improvement Wales (HIW) actions

Medical Job Planning Work is underway to re-review all job plans and implement daily ward rounds so every patients has a Consultant review on a daily basis. Operational teams are developing the Model, job plans and working patterns to support this. The objectives of the new model are to: • Deliver timely patient care • Provide Consultant decision-making support for all patient on a daily basis • Increase flow in order to relieve pressures within the Emergency Department	**Outcome Measures** • Speciality review time • Speciality outcome time • Average journey time in ED • 12 hour performance • Ambulance handovers
STREAM and Action Orientated Board Rounds Work continues to develop and embed efficient and action orientated board rounds that will expedite patients home in a timely manner, improving patient flow and relieving pressures within the Emergency Department.	• LOS • Time of day of discharge to home or Discharge Unit
Urgent Treatment Centre The UTC is part of the ED footprint, patients in ED can be streamed to the UTC if it is thought they are not likely to need an admission	• LOS • Average journey time in ED
Front Door Streaming Work started earlier this year and involves a senior ED clinician at the 'front door' of ED every day streaming patients to enable us to send them to the most appropriate places. This ensures they and not stuck in the department and can be seen quickly and more efficiently by the most appropriate clinician.	• LOS • Average journey time in ED
Deflection Work has been ongoing with this policy and it is is now agreed to ensure that people in ED inappropriately or who should be on a different pathway are sent away from ED. This is working during out of hours also.	• LOS • Average journey time in ED

UEC Programme – Winter Plans

Our focus for this Winter is on supporting and bolstering our ability to deliver business as usual services, by reviewing how we deliver those services, and by moving existing resource to either support or work in a different way, linked to the 6 Goals UEC Improvement Programme.

The following pieces of work are underway to ensure we have a robust solution put in place to manage the “front door” at Wrexham Maelor Hospital over the Winter Period:

Protection of Planned Care Activity	**Impact**
• Protection of in-patient activity will be achieved by removing Samaritan and U5 ward from escalation and not allowing these areas to be used for Medical Patients and utilising Arrivals as surge. This will reduce the overall allocated space to Surgery by handing over a ward to Medicine to consolidate Medical Escalation to one area. Samaritan and U5 will become the surgical quadrant for delivery of inpatient activity, ensuring we deliver against the ministerial ask.	• Reduction of inpatient activity will impact on the Patient Tracking List (PTL) • Reduces risk and impact on ED • Protects elective and surgical trauma
SDEC	
• Extend opening hours for medical SDEC to 10pm on weekdays and open on weekends from 8am to 8pm.	• Improve flow and ED waits • Ability to refer to SDEC fro admission avoidance
Pharmacy Provision	
• Continue additional focused pharmacy/prescriber support in ED • Pharmacy to ensure ED have the support of 1 pharmacist, 2 pharmacy techs and 1 assistant – invest to save scheme • Maximise use of Acute medical Unit (AMU) satellite dispensary to facilitate prescription turnaround times and support discharge and flow • Re allocate resources to surgical admission to maximise pharmacy interventions at admission (earlier in patient journey) reducing medicines risk and supporting flow • Re allocate resources to discharge to maximise discharge process. Pilot has demonstrated benefit in pharmacy input to discharge process	• Improved care planning with patients and families • Improved patient education and self-care • Improved quality of care and outcomes • Ability to divert and promptly discharge patients • LOS reduction • Supportive measure for primary care • Cost improvement
Therapies	
• Community resource team (CRT) & WAST (piloted over the summer) • Right Sizing Care (Package of Care (POC) prescription) • In-patient rehab • Senior Leadership Team (SLT) in ED	• Reduced volume of conveyances • LOS reduction

Physiotherapy Waiting Times

Physiotherapy East - Activity and Referrals - Updated January 2024

**December 2023 data awaited - estimates used based on average difference between Nov/Dec*

Referrals

* Full year for 2023-24 is predicted based on previous 9 months

	Apr	May	Jun	Q1 total	Jul	Aug	Sep	Q2 total	Oct	Nov	Dec	Q3 total	Jan	Feb	Mar	Q4 total	TOTAL Full Year	TOTAL Apr to Dec
2021-22	1898	1854	2054	5806	2010	1800	1897	5707	1914	2043	1655	5612	1575	1740	1941	5256	22381	17125
2022-23	1675	1823	1795	5293	2110	2799	2458	7367	2596	2753	2034	7383	2534	2589	2793	7916	27959	20043
2023-24	2472	2732	3058	8262	2691	2745	2637	8073	2828	2468	1900	7196				0	31374	23531

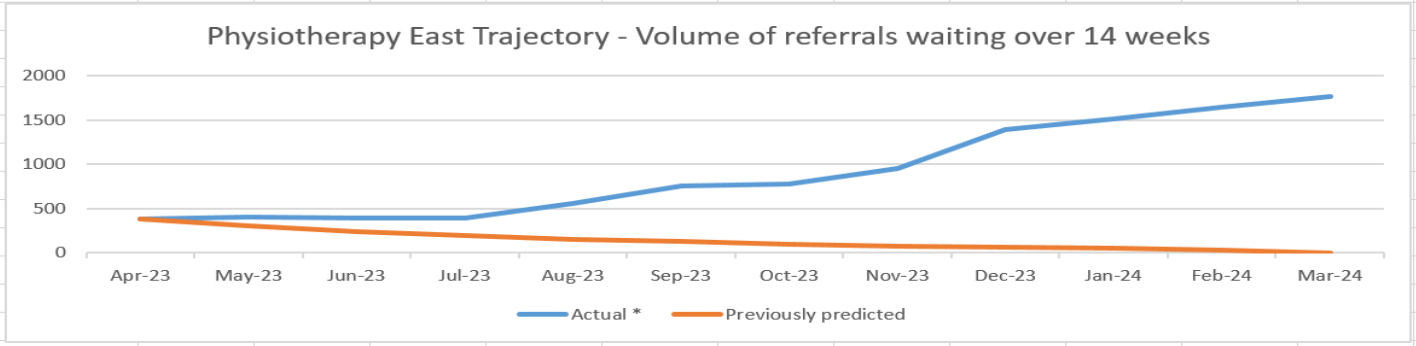
New Patients Attended

	Apr	May	Jun	Q1 total	Jul	Aug	Sep	Q2 total	Oct	Nov	Dec	Q3 total	Jan	Feb	Mar	Q4 total	Full Year	Apr to Dec
2021-22	915	1168	1181	3264	1302	1169	1410	3881	1179	1759	1190	4128	1500	1446	1401	4347	15620	11273
2022-23	1220	1339	1296	3855	1233	1406	1433	4072	1322	1474	1199	3995	1549	1396	1457	4402	16324	11922
2023-24	1368	1777	1928	5073	1731	1799	1522	5052	1703	1410	1075	4188				0	19084	14313

Physiotherapy East Trajectories - Volume of referrals waiting over 14 weeks

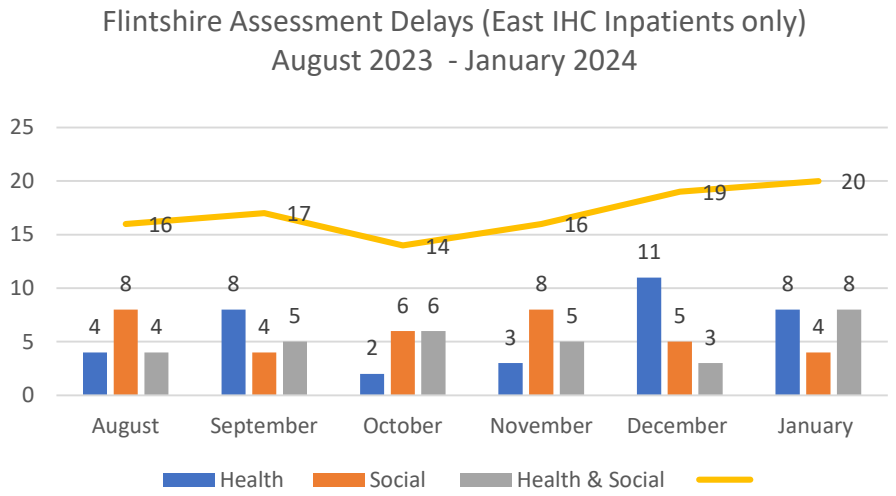
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual *	383	410	397	394	558	755	779	959	1389	1514	1641	1766
Previously predicted	383	306	245	196	157	126	100	80	64	51	31	0

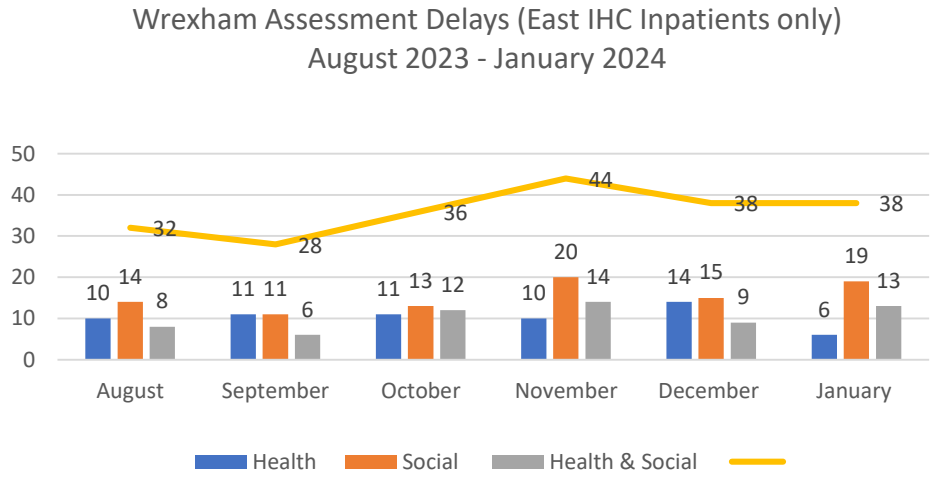
* Actual = available data until December 2023 with continued trajectory predicted thereafter.
This does not take into account any change to staffing and is based on activity vs demand being representative of the previous 9 months.

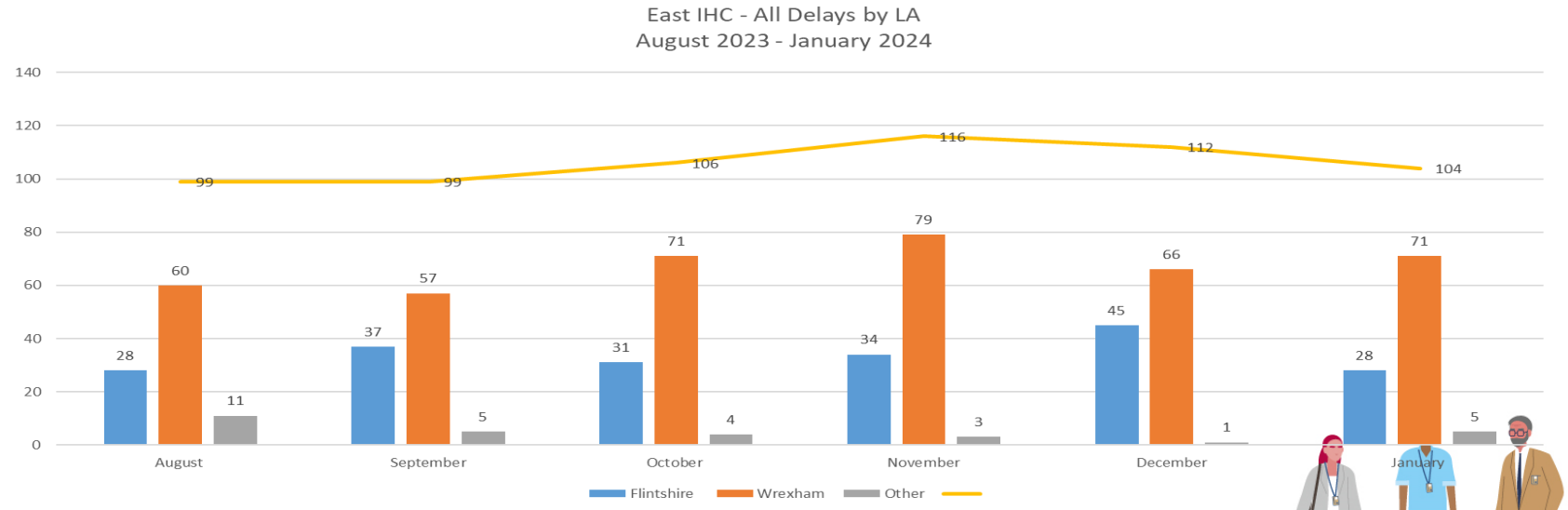


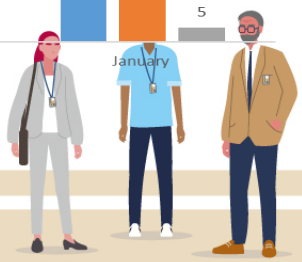
- Therapy services have an RTT target of 14 weeks.
- Since COVID this has not been achieved in physio
- Physio has lost a significant amount of capacity due to lack of estates that will be regained with phase 2 of Plas Gororau
- Despite an increase in non-patient activity and different ways of working, agency staff and hiring space the waiting list continues to exceed 14 weeks
- The demand for physiotherapy has also increased as shown
- Plan – Blitz day, Plas Gororau, recruit to all gaps, investigate referrals

Pathways of Care (DTOC) Performance

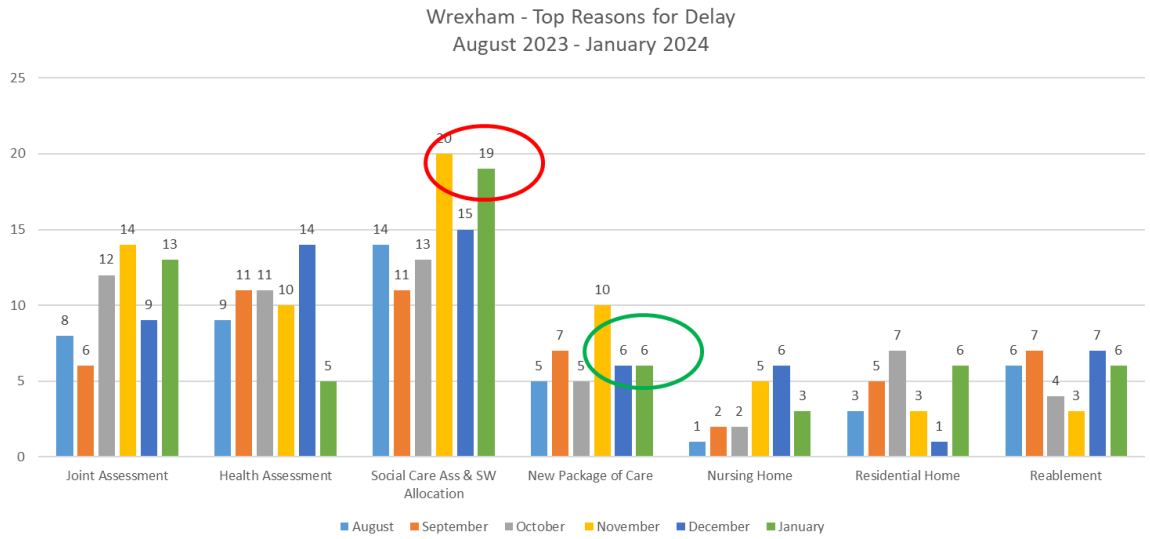




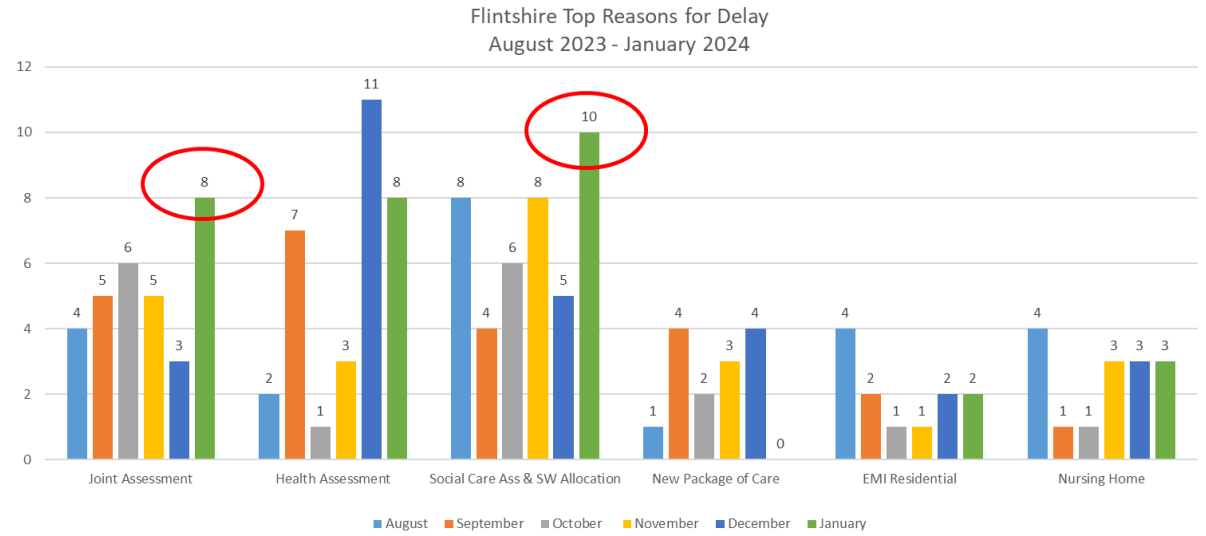




Pathways of Care (DTOC) Performance



NB Care Allocation and Joint assessment delays, with new POC remain largest delays



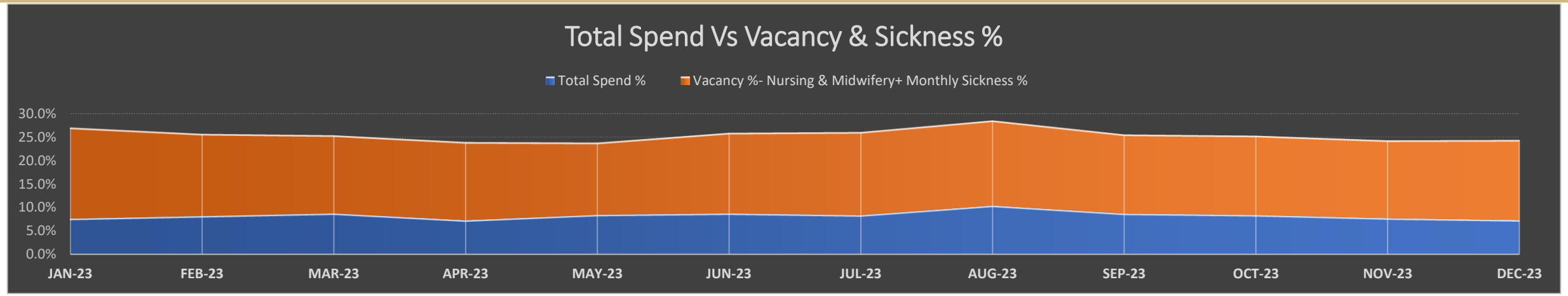
NB Social Care Allocation and Joint assessment delays remain largest delays

East IHC – People & OD Resource

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

Produced by the Performance Directorate
Betsi Cadwaladr University Health Board

People & OD – Vacancies & Sickness Month 9



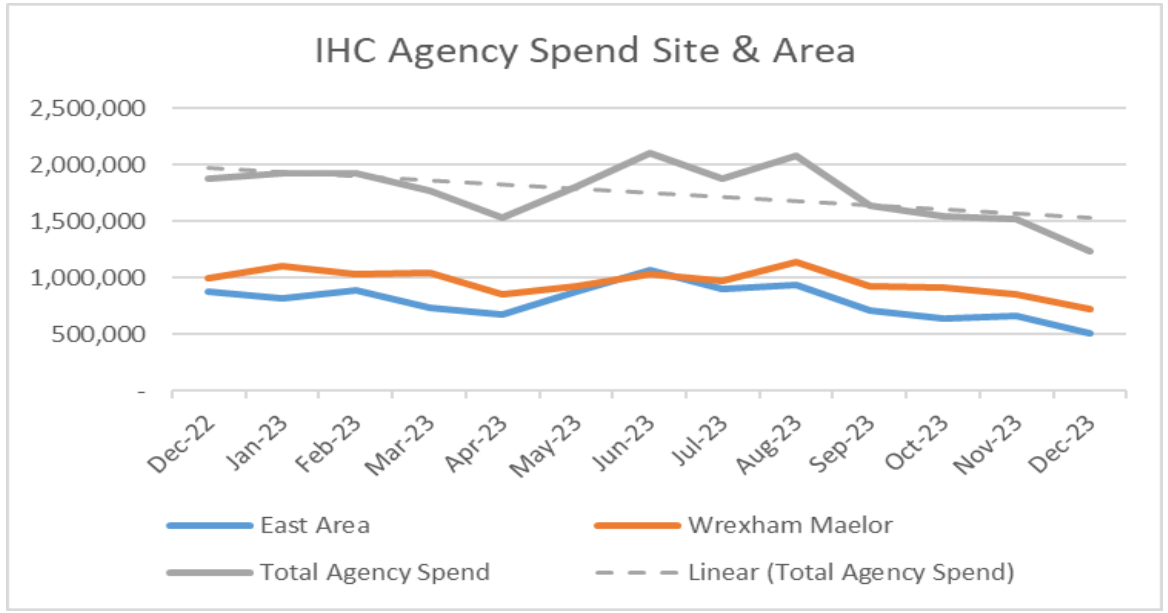
Vacancies

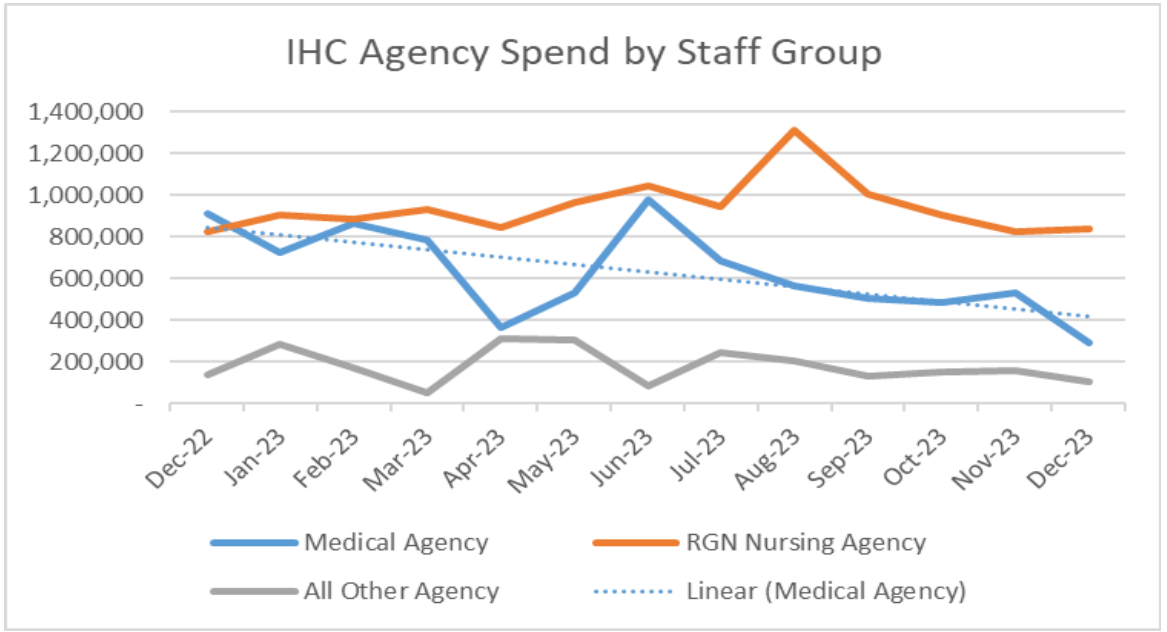
- The overall vacancy factor for the EIHC has reduced from 7.5% Jan 23 to 5.7% in Jan 24.
- Registered Nursing vacancies have reduced from 13.5% to 9.7% in that period, with the main recruitment at band 5 level. Via the EIHC Finance & Performance group a deeper dive has been carried out into our rise in non core spend in nursing despite the improvement in WTE resourcing. Despite the increase in Registered Nurses (RN) WTE the turnover has also increased from 7.7% in 2020 to 8.3% in 2023. The work has concluded that total spend is relative to vacancy and sickness levels. Total spend rises when vacancies and sickness rates rise, and vice versa. The increase in substantive staffing is not providing the reduction in cost due to absence and this needs to be addressed. We need to retain the core staffing. Further exploration and development of actions to support recruitment, retention and wellbeing of staff is required.
- Allied Health Professionals (AHP) continue to control their resourcing to be overall over established against budget to support the trainees
- Medical resourcing shows an improvement in Middle Grade capacity, vacancy levels down; Junior tiers remain over the budget noting the escalation. Consultant WTE gap remains largely unchanged at 12wte. The EIHC notes improvement in the recruitment of salaried GPs.
- HMP Berwyn and Facilities remain hard to recruit areas for the East.
- Overall head count has increased from 4689 to 4971

Sickness

- Staff health and wellbeing remains a concern both in terms of our duty as an employer to keep our people well and as noted above, is driving up costs. The overall % of workforce lost to all sickness reasons has increased from 5.81% in Jan 23 to 6.63% in Jan 24.
- All grades of nursing have increased in the last 12m to circa 7% however, AHPs have remained largely unchanged at circa 4%. A factor here is likely to be the fuller4 workforce capacity (lower vacancy) for AHP staffing. The largely sedentary Admin & Clerical (A&C) roles have also increased in absence to circa 6%.
- The average length of staff absence is 24 days.
- Stress, Anxiety and Depression is the main reported reason for absence, followed by muscoskeletal (MSK).

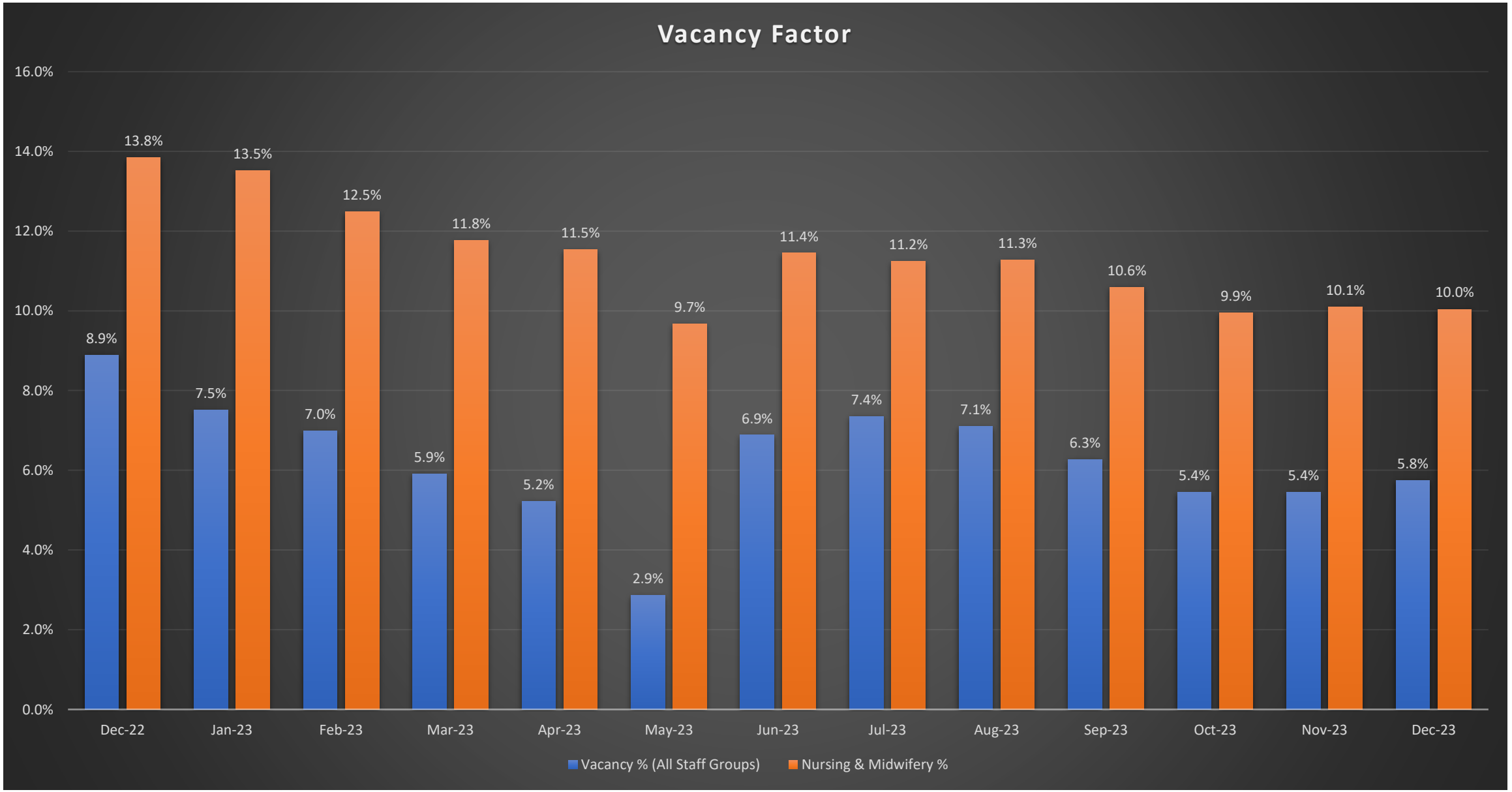
People & OD – Pay Spend Month 9





- Improvement continues in agency spend, the downward trend from £2m in month 9 last year to £1.2m
- All staff groups have contributed to this trend
- Core spend has increase as our substantive headcount has increased

People & OD – Vacancy



People & OD (POD) – Developments & Challenges

Successes

- Second EIHC Engagement Event set for April 24
- Reverse Recruitment Event in Deeside in February 24
- Project SEARCH cohort support
- People and Culture Group and F&P alignment underway
- Transformation Group established
- Quality Group established
- POD service training to managers
- Improving performance in roster lockdown in East

Developments

- EIHC Governance leadership teams established
- EIHC Governance documents distributed
- Support and Promotion of Wagestream

Actions going forward

- Develop apprenticeship numbers
- Explore EIHC Recruitment & Retention Plan

Areas of challenge

- Developing apprenticeship numbers with the expert advice of Diane Gurney via People and Culture group
- Staff Survey data awaited for analysis
- Self-billing queries for temp staffing. This is a time-consuming task and the team are struggling with capacity. There remains considerable risk with this action
- On call rotas – silver and bronze rotas, clarity and number of people on both rotas

Teitl adroddiad: ***Report title:***	2023-24 Month 10 Finance, Capital and Savings Report
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee (PFIG)
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report provides a briefing on the financial performance of the Health Board as at the end of January 2024. The update including reference to the forecast outturn for the financial year to 31st March 2024, to include risk to delivery, mitigations in place and progress on savings. In addition, the report includes an update on delivery of the approved capital programme. Finance Report The Health Board's original financial plan has been revised down from £134.1m to £33.0m as a result of additional funding totalling £101.1m following the Welsh Government Budgetary Review. However, the Health Board also received notification from Welsh Government it is to improve the deficit plan from the original £134.1m by 10%, the result being an outturn control total of a £20m deficit for the financial year (£134m, add back the allocation of £101m and the £13m improvement ask of Welsh Government) articulated within the below table;

DESCRIPTION	£m's	£m's
Deficit Plan		**134.10**
Health Board 10% improvement		(13.41)
Deficit Plan		120.69
Conditionally Recurrent Underlying deficit contribution Inflationary uplift	 (33.30) (41.30)	(74.60)
Non-Recurrent Inflationary uplift Energy Other	 (16.70) (9.80) 0.41	(26.09)
REVISED CONTROL TOTAL		**20.00**

The Health Board forecast outturn for 2023/24 has been adjusted down to £33.0m (the £134.1m add back the additional income of £101.1m). This does not achieve the £20m control total as a consequence of the risks evident in attainment of the additional 10% improvement on plan ask.

The Health Board has received substantial resources non-recurrently, funding conditionally recurrent on moving towards the control total. As the

forecast does not at this time achieve the control total, additional allocations are reflected non-recurrently within Health Board's position and reflect the following allocations;

- Three-year allocation to support deficit, transformation and performance (£82m).
- Additional allocations in year as articulated within the previous table (£101.1m)

The Health Board are in active dialogue in seeking to secure the allocations recurrently, with the delivery of financial control target supporting retention of elements of these funds and significantly improving the allocation received by Health Board.

In relation to in year financial performance, the year to date overspend compared to plan has decreased incrementally from c£5m adverse per month to a surplus in the December and January, as demonstrated within the below table;

Description	Apr £m	May £m	June £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	YTD Total £m
Deficit (YTD & month)	1	2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	(4.3)	15.1

The year-to-date position is a deficit of £15.1m (an improvement of £4.3m from the previous month's being a £19.4m deficit) with key drivers of the deficit being temporary workforce costs (continued use of additional emergency capacity beds), drug costs (prescribing & secondary) and continuing healthcare.

As highlighted within the table above, the January 2024 in month position is a £4.3m positive variance on plan in month, generated largely through a number of material one-off gains relating to prior year accountancy gains and energy provisions.

The continuation of the additional controls, and oversight placed within the Health Board, examples being enhanced oversight of temporary workforce and formation of an Establishment Control Group, are still critical to achievement of the financial plan.

The Executive has initiated further oversight within recent weeks in relation to non-pay and the recruitment of permanent senior posts which are non-patient facing in the effort to further reduce expenditure. It is of note that these initiatives continue to have clinical backing and continue to be assessed to ensure they do not impact upon patient safety.

The delivery of the control totals set at a £20m deficit would require the expenditure to fall further or income to be enhanced to offset the following risks;

- £15.1m year to date deficit
- £13.4m Welsh Government additional ask

	In addition, emergency care during the winter and industrial action costs will need to be resourced from within existing baseline funding in order for the control total set by Welsh Government to be achieved. Key risks centre on the Health Board not attaining the £20m deficit control total and as a consequence not securing recurrently allocations made non-recurrently in 2023/24 (impacting on the 2024/25 available baseline funding adversely) and further the cash availability risk to servicing debts with suppliers of goods and services, leading to reputational impact. A request for Strategic Cash Support has been agreed by Welsh Government to ensure that essential payments can continue through to March 2024. <u>Capital Programme</u> The finance report articulates performance within the capital programme to enable appropriate monitoring and scrutiny. The dashboard provides an update on the status and progress of the major capital projects and the agreed capital programmes and highlights the key issues and mitigations, together with areas which need further escalation. The capital allocations have further increased in month 10 by £1.7m, predominately relating to additional allocations received from Welsh Government. Capital expenditure is expected to deliver a balanced outturn through active oversight during the final months of the financial year. <u>Savings Report</u> In the Health Board's Financial Plan for 2023/24, recurring savings of £25.2m were required to be delivered. The total full year savings target is £30.9m, which includes an additional stretch target of £5.7m. To date savings plans of £25.7m have been identified as green schemes, up £0.1m from last month, and these are forecast to over achieve by £4.8m. Additional Accountancy Gains of £2.8m have been identified in-month bringing the total up to £8.2m at Month 10. A number of red schemes have been converted to green schemes, with a remaining balance of £0.8m plus potential pipeline savings of £0.2m both of which need work prior to delivery and conversion to Green Schemes. The year-to-date savings target is £21.0m with delivery being £25.9m, therefore at Month 9 there is a positive over performance of £2.6m.
Argymhellion: ***Recommendations:***	The Committee is asked to • **receive** and scrutinise this report • **to note** the additional capital allocations received to date
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott, Interim Executive Director of Finance.
Awdur yr Adroddiad: ***Report Author:***	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒		I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
The programme has been reviewed to ensure that we meet our CRL and deliver the prioritised projects				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?***	Naddo N Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. The Health Board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	There is a risk that the Health Board does not meet its statutory financial duty for 2023-24. BAF 2.3. Current risks and mitigations are shown in the Appendix.			

	From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	**Appendix A & B** **BAF risks** BAF 2.3 Risk of the Health Board's failure to meet the break-even duty. **Corporate Risk Register:** CRR23-49, Risk of the cost of planned care recovery exceeding the £27.1m funded from WG which is included in the budget CRR23-51, Risk of failure to achieve the initial financial plan for 2023/24 This risk has being updated to reflect the revised financial plan. CRR23-52, WG cash funding for 2023/24 **Appendix C** **BAF risks** BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control BAF 21-12, Security services BAF 21-13, Health and safety BAF 21-03, Primary Care BAF 21-04, Timely access to planned care BAF 21-01, Safe and effective management of unscheduled care BAF 21-06, Safe and effective mental

	health service delivery BAF 21-16, Digital estate and assets BAF 21-17, Estates and assets development BAF 21-20, Development of IMTP BAF 21-21, Estates and assets **Corporate Risk Register:** 20-01, Asbestos management and control 20-03, Legionella management and control 20-04, Noncompliance of fire safety systems 20-06, Informatics – patient records pan BCU 20-07, Informatics – capacity, resource and demand 20-11, Informatics – cyber security
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: ***List of Appendices:*** A - 2023/24 Finance Report (Revenue, Capital and Savings) - Month 10	

Finance Report
January 2024 – M10

Russell Caldicott
Interim Executive Finance Director

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

Summary of Year to Date Key Numbers

Month 10 Position

In Month £172.7m against plan of £176.9m.

£4.3m favourable position

YTD: £1763.7m against plan of £1748.6m

£15.1m adverse position
(An improvement over month 8 being £24.8m adverse to plan)

Forecast

Projection held at planned deficit but this is subject to significant risk around savings and cost reductions

£33.0m deficit

This reflects the original £134m deficit plan less the £101m additional income allocation. It does not achieve the £20m deficit control target issued by Welsh Government

Divisional Performance Month 10

West IHC	£12.2m adverse
Central IHC	£17m adverse
East IHC	£10.8m adverse
Womens	£0.3m favourable
MH & LD	£6.4m adverse
Commissioning Contracts	£2.7m favourable
ICD Primary Care	£2.4m favourable
ICD Regional Services	£1.7m adverse
Support Functions	£3.7m favourable
Other Budgets	£23.9m favourable

Savings

In-month: £4.2m against target of £2.1m
£2.1m favourable

YTD: £25.9m against target of £21.0m
£4.9m favourable

Savings Forecast

£30.5m (excluding non budget reducing schemes) against target of £25.2m

£5.3m favourable.

COVID-19 Impact

£10.8.m cost YTD

£14.5m forecast cost.
Fully funded by Welsh Government
£NIL impact

Year to Date Income

£127.6m against budget of £122.3m

£5.3m favourable

Year to Date Pay

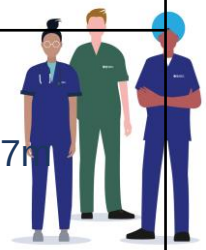
£893.8m against budget of £874.3m

£19.5m adverse

Year to Date Non-Pay

£997.5m against budget of £996.7m

£0.8m adverse



Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Key Assurances

- January in-month position is reporting a surplus of £1.5m, which is £4.3m less than the in-month planned deficit of £2.8m (1/12th of the planned £33.0m forecast outturn position).
- A continuation of the improved run rate is reported at Month 10, with £2.8m being fortuitous Accountancy Gains released in Month 10.
- Following the Welsh Government NHS Budget review, the Health Board received an additional in year allocation of £101.1m and the 2023/24 forecast outturn was revised down to £33.0m at Month 7.
- Welsh Government have confirmed a maximum of £27.0m strategic cash support to maintain existing payment terms to staff and suppliers, with funds available to draw in March 2024.

Issues & Actions

- Total Year to date position is a deficit of £42.7m, which is £15.1m over the year to date planned deficit of £27.5m. The £15.1m deficit over plan will need to be recovered over the remainder of the financial year to achieve the forecast £33m deficit at 31st March 2024.
- The Health Board remains committed to taking action to mitigate risks to delivery of the plan
- The Divisions have been allocated a control total and are requested to identify opportunities to reduce the expenditure and thus reduce current run rate in each of the remaining months. The mitigating actions to be finalised are predominantly c£5.0m from the expenditure control totals assigned to divisions plus c£10.0m Balance Sheet releases (Annual Leave accrual an example)
- At Month 10 the Approved Capital Resource Limit (CRL) for 2023/24 is £29.135m, including IFRS 16, and is forecast to be spent in full. Year to date expenditure is £13.7m against a year to date plan of £14.6m (excluding Donated Assets).

Key Messages

- The Health Board's 2023/24 forecast outturn position remains at £33.0m as at Month 10 . This does not currently achieve the £20m control total.
- The £15.1m year-to-date deficit position over the revised year to date planned deficit of £27.5m (10/12th's of the full year £33.0m deficit) will need to be recovered over the remainder of the financial year.
- The in-month position has benefited from accountancy gains of £2.8m released in January. The underlying position is still challenging with pressures in a number of areas including the impact of the strike action.
- The Health Board is forecast to deliver £33.2m savings, £8.1m accountancy gains and generate additional income of £0.6m, totalling £41.9m and therefore exceeding the stretch target. Of these forecast savings £20.8m is identified as recurring, with a full year effect of £27.7m.
- In addition to this, red rated schemes of £0.8m and pipeline schemes of £0.2m are under development, all of which are potentially recurring.

Revenue Position

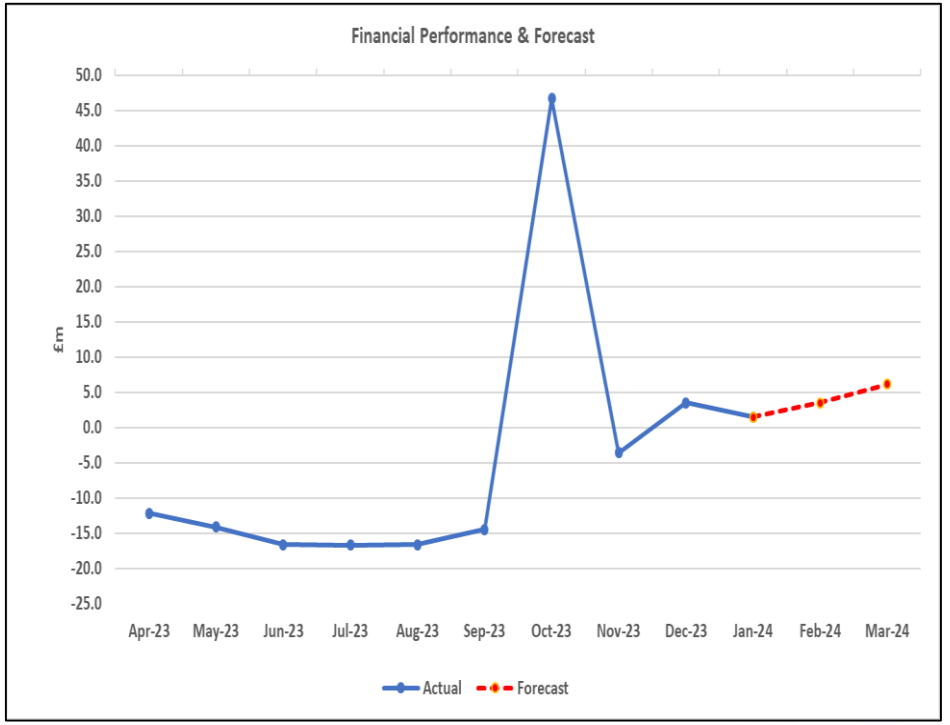
	Actual 2023-24										2023/24 Cumulative against Plan				Forecast Actual Expenditure
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(148.7)	(159.8)	(169.9)	(170.9)	(163.0)	(160.6)	(225.6)	(176.9)	(171.4)	(174.2)	(1,721.0)	(1,721.0)	**0.0**	0.0%	(2,074.5)
Miscellaneous Income	(12.2)	(11.9)	(13.2)	(12.3)	(12.2)	(12.3)	(13.3)	(13.4)	(13.0)	(13.6)	(122.3)	(127.6)	**-5.3**	4.3%	(153.1)
Health Board Pay Expenditure	81.1	85.3	102.7	96.2	88.0	86.8	91.3	86.9	86.2	89.3	874.3	893.8	**19.5**	2.2%	1,064.5
Non-Pay Expenditure	92.0	100.5	97.0	103.8	103.9	100.6	101.0	107.0	94.7	97.0	969.0	997.5	**28.5**	2.9%	1,196.2
Total Deficit / (Surplus)	**12.2**	**14.1**	**16.6**	**16.7**	**16.7**	**14.5**	**(46.6)**	**3.6**	**(3.5)**	**(1.5)**	**(0.0)**	**42.7**	**42.7**		**33.0**
Planned Deficit	**11.2**	**11.2**	**11.2**	**11.2**	**11.2**	**11.2**	**(47.8)**	**2.8**	**2.8**	**2.8**	**27.7**	**0.0**	**27.7**	**100%**	**0.0**
Total Deficit / (Surplus) above Plan	**1.0**	**2.9**	**5.4**	**5.6**	**5.5**	**3.3**	**1.2**	**0.8**	**(6.3)**	**(4.3)**	**27.7**	**42.7**	**15.1**		**33.0**

- The 2023/24 financial plan allocated substantial investments for cost pressures (c£97m), included resourcing non-delivered savings from prior years and made further recurrent investments within establishment. The delivery of the plan is reliant upon full attainment of savings plans, expenditure remaining within budgets in year, and further underspends historically accruing within the Health Board will remain.

- As at Month 10 the in-month position is reporting a £1.5m surplus, with the year to date position reporting a deficit of £42.7m, which is £15.1m over the year to date plan of £27.5m (10/12ths of the full year £33.0m deficit).

- An Establishment Control Group (ECG), Revenue Investments Group for Assurance (RIGA) and Medical & Nursing enhanced temporary workforce controls / escalations, additional non pay controls and additional freeze on non-clinical Band 8d and above posts has resulted in the adverse variance reducing.

- The risks to delivery are highlighted on Slide 14. Welsh Government have confirmed a maximum of £27.0m strategic cash support to maintain existing payment terms to staff and suppliers, with funds available to draw in March 2024.



Revenue Position

- Following the Welsh Government NHS Budget review and the Health Board receiving an additional funding allocation of £101.1m in Month 7, the 2023/24 forecast outturn was revised down to a deficit of £33.0m (original deficit plan of £134.1m less the £101.1m additional allocation), which also remains the forecast outturn position as at Month 10. This does not achieve the £20m control total.

- The Health Board received substantial resources non-recurrently, funding conditionally recurrent on moving towards the control total. As the forecast does not at this time achieve the control total, additional allocations are reflected non-recurrently within the Health Board's position. These allocations are required to be secured on a recurrent basis to support sustainability of current services moving into the 2024/25 financial year as per below:

➢ Three-year basis for deficit resourcing, transformation and performance (£82m)
➢ Additional allocations notified in month 7 (£101.1m)

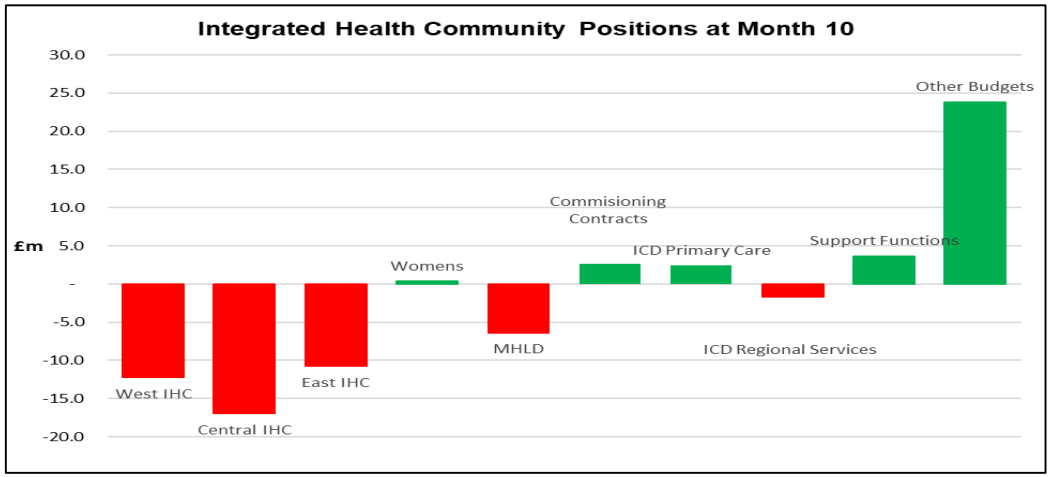
Ref	DESCRIPTION	£m's	£m's
1	**Deficit Plan**		**134.10**
2	Health Board 10% improvement		(13.41)
	Deficit Plan		120.69
3	Conditionally Recurrent		(74.60)
	Underlying deficit contribution	(33.30)	
	Inflationary uplift	(41.30)	
4	Non-Recurrent		(26.09)
	Inflationary uplift	(16.70)	
	Energy	(9.80)	
	Other	0.41	
5	**REVISED CONTROL TOTAL**		**20.00**

To deliver the £33.0m planned deficit a number of actions are being progressed:

➢ The Recurrent Investment Group Assurance (RIGA) work commenced in early October. Phase 1 was the review of the 23/24 funded investments to assess if they are essential (i.e. unavoidable costs and patient safety) and where possible removing or reducing the investment (three sessions 2/10, 17/10 and 1/11). The outcome of Phase 1 has been presented to and endorsed by the Executive Team and has been communicated to divisions. Actions are now required as part of the opening planning process for 2024/25. Any in year reductions in expenditure will form part of the Executive endorsed control totals delivered by divisions. The Health Board is now moving into Phase 2, which is to review and re-prioritise the developments from the £42m Performance and Transformation Fund.
➢ Establishment Control Group (ECG) – The EC Group meets weekly and the decisions up until end of December are now reflected in the Savings Tables and forecast for future months. Prior months EC savings already from part of the year-to-date position and these total £150k.
➢ Auto-cascade parameters have now been adjusted with no off-contract from 1/10/23, and shifts offered to on-contract agency a maximum of 7 days prior to the start of the shift. Additional controls have been put in place for Medical, Nursing & Therapies Temporary Workforce Controls.
➢ The Board has recently endorsed control measures c.70 non pay subjective and additional freeze on permanent recruitment of Band 8d and above for non clinical posts.
➢ Expenditure Control Totals have been issues to Divisions since October requiring reductions in expenditure forecast for the remaining months of c.2%.
➢ Develop active use of benchmarking, outputs and value from sustainability workstreams to support improvement in conjunction with FP and D.
➢ Balance sheet and reserves continue to be reviewed to assure all non-recurrent mitigations are known and deployed as required.
➢ The Executives are currently considering additional expenditure control measures.

Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	
WG RESOURCE ALLOCATION	(174,170)	(174,170)	0	0%	(1,721,046)	(1,721,046)	0	0%	0
WEST INTEGRATED HEALTH COMMUNITY									
Management	36	94	(58)	159%	(72)	909	(981)	-1357%	(1,096)
West Area	16,239	16,105	134	1%	162,352	165,970	(3,619)	-2%	(4,546)
Ysbyty Gwynedd	10,614	11,592	(978)	-9%	108,356	115,338	(6,983)	-6%	(8,322)
Facilities	1,119	1,182	(64)	-6%	11,545	12,204	(659)	-6%	(798)
Total West	28,007	28,973	(966)	-3%	282,180	294,421	(12,241)	-4%	(14,763)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	99	64	35	-35%	988	928	60	-6%	36
Central Area	21,575	21,379	196	1%	214,345	218,769	(4,424)	-2%	(6,469)
Ysbyty Glan Clwyd	13,230	14,412	(1,183)	-9%	134,138	146,417	(12,280)	-9%	(13,597)
Facilities	1,331	1,343	(12)	-1%	13,700	14,021	(321)	-2%	(339)
Total Central	36,234	37,197	(964)	-3%	363,170	380,135	(16,965)	-5%	(20,368)
EAST INTEGRATED HEALTH COMMUNITY									
Management	27	85	(58)	212%	277	881	(604)	218%	(720)
East Area	24,143	24,262	(120)	0%	239,461	243,319	(3,858)	-2%	(4,500)
Ysbyty Wrexham Maelor	11,393	12,223	(830)	-7%	114,503	119,861	(5,358)	-5%	(6,525)
Facilities	1,179	1,286	(107)	-9%	12,129	13,092	(963)	-8%	(1,152)
Total East	36,742	37,856	(1,114)	-3%	366,370	377,153	(10,783)	-3%	(12,896)
Total Midwifery and Women's Services	3,939	3,987	(49)	-1%	39,436	39,104	333	1%	284
Total Mental Health and LDS	14,183	15,061	(878)	-6%	142,055	148,458	(6,403)	-5%	(8,551)
Total Commisioning Contracts	21,880	21,515	365	2%	225,910	223,247	2,663	1%	2,999
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Covid Programmes	747	744	3	0%	8,668	7,918	750	9%	700
Dental North Wales	2,793	2,169	624	22%	27,932	25,824	2,109	8%	2,150
Community Dental Services	456	503	(46)	-10%	4,681	5,306	(625)	-13%	(770)
Other Primary Care	113	(557)	670	592%	1,147	935	212	18%	103
Total Integrated Clinical Delivery Primary care	4,110	2,859	1,251	30%	42,429	39,983	2,446	6%	2,183
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1,852)	(1,835)	(17)	1%	(18,520)	(19,352)	831	-4%	849
Diagnostic and Specialist Clinical Support	6,389	6,673	(284)	-4%	66,135	68,824	(2,689)	-4%	(3,195)
Cancer Services	5,527	5,249	278	5%	53,049	52,896	153	0%	289
Total Integrated Clinical Delivery	10,064	10,088	(23)	0%	100,663	102,368	(1,705)	-2%	(2,057)
Total Service Support Functions	13,313	12,110	1,203	9%	136,084	132,420	3,664	3%	3,095
Total Other Budgets	8,452	3,025	5,427	64%	50,277	26,423	23,854	47%	50,075
Total Service Support Functions and Other Bud	21,765	15,135	6,630		186,361	158,843	27,518		53,170
Total	2,753	(1,499)	4,252	154%	27,527	42,665	(15,138)	-55%	0



- Key reasons for the £15.1m year to date adverse variance above plan compared to 10/12ths of the £33.0m planned deficit is due to the following year to date cost pressures:

	In-month Cost Pressure £m	Year to Date Cost Pressures at M10 £m
Pay Pressures above planned assumptions	**2.0**	13.0
Commissioning Services incl NHS & Private Providers	**2.0**	8.9
CHC	**0.0**	6.5
Primary Care & Secondary Care Drugs	**0.9**	7.5
Other Non-Pay (incorporating Control Totals) / Energy / GDS / GMS	**(3.2)**	(5.2)
Savings incl Run Rate	**(3.2)**	(7.4)
Accountancy Gains	**(2.8)**	(8.2)
Total	**(4.3)**	**15.1**

Expenditure – Pay & Non-Pay

Pay Costs as per Monitoring Return Table	Actual 2023-24										Cumulative			Full Year Forecast Expenditure
	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	£m
Administrative & Clerical	11.7	12.2	16.1	13.9	12.5	12.4	12.3	12.4	12.1	12.2	135.0	128.0	7.0	153.8
Medical & Dental	18.8	19.5	19.8	19.7	19.5	19.3	24.1	19.9	19.5	20.9	188.4	201.1	(12.6)	237.3
Nursing & Midwifery Registered	24.6	26.3	32.0	30.3	27.7	27.2	27.0	26.7	26.8	27.6	268.0	276.3	(8.3)	328.9
Additional Clinical Services	12.0	12.9	16.7	15.2	13.3	13.3	13.1	13.0	13.0	13.6	129.3	136.3	(7.0)	162.8
Add Prof Scientific & Technical	3.2	3.3	4.1	4.0	3.4	3.4	3.4	3.4	3.5	3.4	39.0	35.0	4.0	41.6
Allied Health Professionals	5.6	5.6	6.9	6.7	5.8	5.7	5.6	5.8	5.7	5.8	56.7	59.1	(2.4)	70.6
Healthcare Scientists	1.3	1.4	1.7	1.7	1.5	1.5	1.5	1.5	1.5	1.5	14.9	15.0	(0.1)	17.6
Estates & Ancillary	3.8	4.0	5.3	4.6	4.2	4.1	4.1	4.0	4.0	4.1	42.3	42.3	(0.1)	50.8
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.8	0.8	(0.0)	1.0
Health Board Total	**81.1**	**85.3**	**102.7**	**96.2**	**88.0**	**87.0**	**91.1**	**86.9**	**86.2**	**89.3**	**874.3**	**893.8**	**(19.5)**	**1,064.5**
Other Services (Incl. Primary Care)	2.1	2.8	3.2	3.0	2.5	2.5	2.8	2.9	2.7	2.7	21.6	27.3	(5.7)	32.7
Total Pay	**83.2**	**88.1**	**105.9**	**99.2**	**90.5**	**89.5**	**94.0**	**89.8**	**88.9**	**92.0**	**895.9**	**921.1**	**(25.2)**	**1,097.1**

Non-Pay Costs as per Monitoring Return Table	Actual 2023-24										Cumulative			Full Year Forecast Expenditure
	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	£m
Primary Care Contractor	18.7	18.3	18.9	19.1	18.2	19.0	18.4	19.0	20.3	19.3	190.8	189.1	1.7	227.6
Primary Care - Drugs & Appliances	9.3	10.4	11.4	11.0	12.2	10.8	10.4	10.9	9.8	10.9	104.1	107.0	(2.9)	128.1
Provider Services - Non Pay	16.0	18.4	18.4	17.1	18.8	18.7	18.9	19.8	17.2	16.7	190.9	180.2	10.7	217.9
Secondary Care - Drugs	6.5	7.6	7.9	8.1	8.4	7.7	8.1	8.3	7.4	7.6	73.8	77.6	(3.8)	94.0
Healthcare Services Provided by Other NHS Bodies	26.2	28.1	27.6	29.1	28.9	27.1	27.8	31.3	26.5	28.5	277.0	281.1	(4.1)	338.7
Continuing Care and Funded Nursing Care	10.1	10.2	10.0	12.3	11.3	10.8	10.9	11.6	10.9	8.2	100.5	106.4	(5.9)	125.2
Other Private & Voluntary Sector	2.1	2.1	2.2	2.4	1.6	2.1	1.5	1.6	1.4	1.4	18.4	18.4	0.0	21.0
Joint Financing and Other	0.2	0.1	0.3	0.3	0.3	0.2	0.2	0.3	0.3	0.2	2.2	2.6	(0.4)	3.2
Losses, Special Payments and Irrecoverable Debts	0.3	0.8	(3.6)	0.6	0.5	0.5	0.8	0.6	(2.9)	0.4	1.7	(2.1)	3.8	(1.6)
Non-pay costs	**89.5**	**96.0**	**93.1**	**100.1**	**100.3**	**97.0**	**96.9**	**103.3**	**91.0**	**93.3**	**959.6**	**960.5**	**(0.9)**	**1,154.0**
AME/DEL Depreciation	2.5	4.5	3.9	3.6	3.6	3.6	4.1	3.7	3.7	3.7	37.0	37.0	(0.0)	42.1
Total non-pay	**92.0**	**100.5**	**97.0**	**103.8**	**103.9**	**100.6**	**101.0**	**107.0**	**94.7**	**97.0**	**996.5**	**997.6**	**(0.9)**	**1,196.1**

- **Provided Services Pay:** Expenditure is £3.1m (3.6%) higher than previous month. Medical Pay Arrears were paid in Month 10 for Intensity supplements, other pay arrears paid against local payscales and the impact of the Industrial Action being a combined value of £1.2m. Core Registered and HCA Nursing Pay (excluding Bank) also increased by £0.5m.

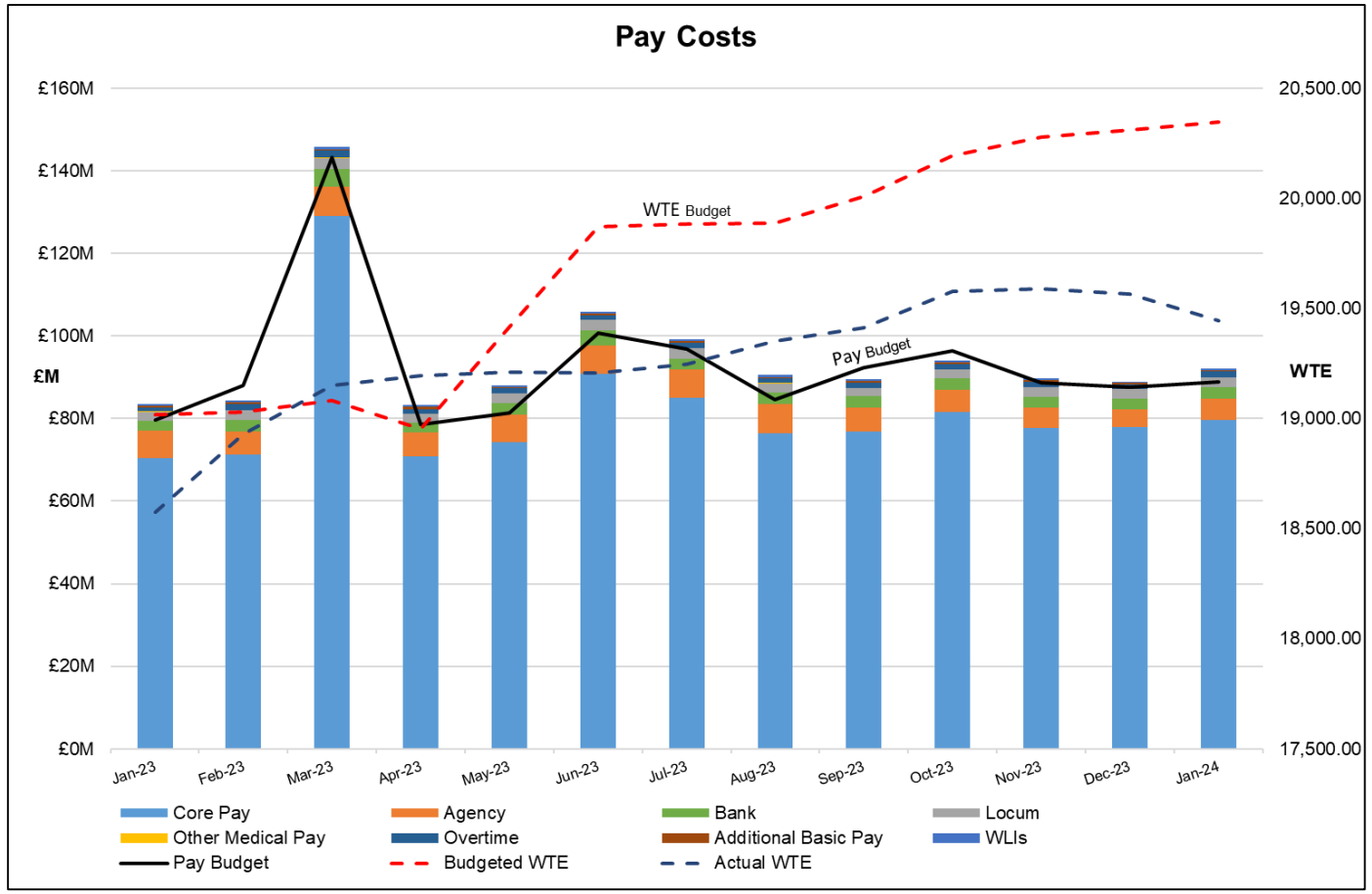
- Variable Pay also increased by £1.4m, with increases reported against Agency (£0.8m), Bank (£0.2m), Overtime (£0.3m) and NHS Medical Locum Pay (£0.1m). Sites were also under extreme unscheduled care pressures during January leading to more escalated beds being used, thus resulting in an increase in Agency, Bank and overtime expenditure.

- **Non-Pay Expenditure (excluding Depreciation)**: January total non-pay expenditure is £93.3m, an increase of £2.3m from December.

- Further detail on Non-Pay expenditure movements is included on Slide 11.

Expenditure – Pay

	2023-24									
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Budgeted WTE	18,952	19,415	19,869	19,883	19,887	20,009	20,194	20,277	20,309	20,345
Actual WTE	19,193	19,211	19,206	19,248	19,350	19,413	19,575	19,589	19,563	19,442

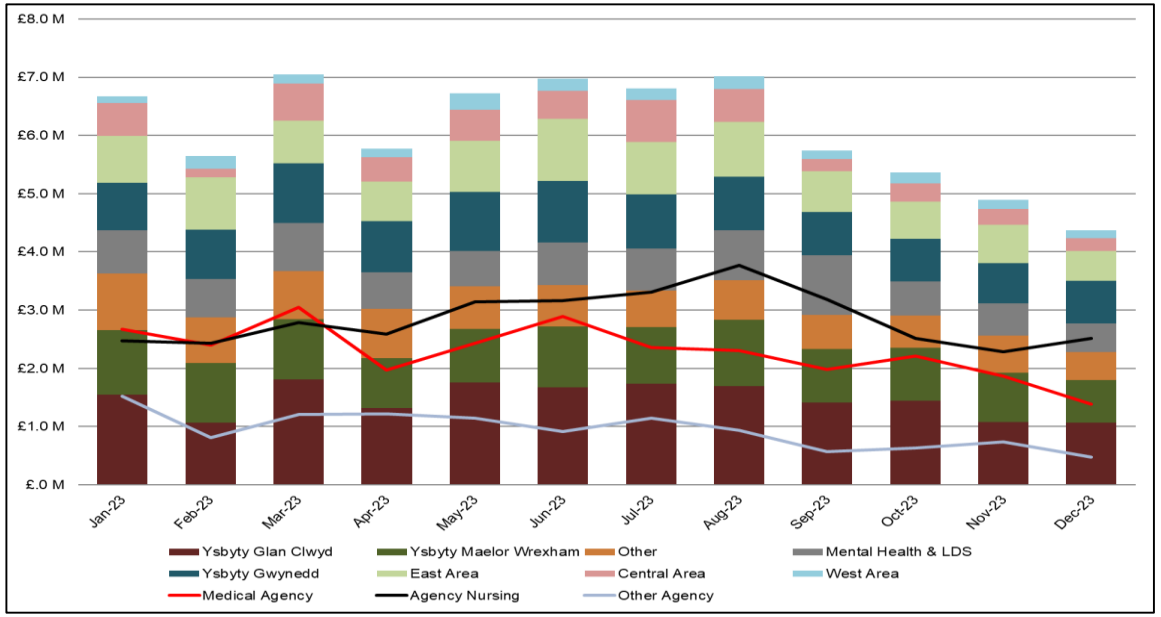


- Actual worked in January is 19,442 WTE, a decrease of 121 WTE from previous month. Total Pay expenditure has increased by £3.1m from previous month.
- Variable Pay has increased by £1.4m in Month 10, of which increase in Agency is £0.8m, Locum £0.1m, Bank £0.2m and overtime £0.3m.

Variable Pay	Actual 2023-24									
	M01	M02	M03	M04	M05	M06	M07	M08	M9	M10
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	5.8	6.7	7.0	6.8	7.0	5.7	5.4	4.9	4.4	5.2
Overtime	1.1	1.2	1.1	1.3	1.1	1.2	1.3	1.3	1.1	1.4
Locum	2.2	2.4	2.6	2.6	2.3	2.0	2.0	2.4	2.3	2.4
WLIs	0.4	0.4	0.5	0.6	0.5	0.5	0.4	0.4	0.4	0.4
Bank	2.3	2.7	3.6	2.6	2.8	2.8	2.9	2.6	2.6	2.8
Other Non Core	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0
Additional Hours	0.4	0.4	0.3	0.4	0.3	0.3	0.3	0.4	0.4	0.3
Total	**12.4**	**13.8**	**15.2**	**14.2**	**14.1**	**12.6**	**12.5**	**12.1**	**11.1**	**12.5**

Pay Costs – Agency

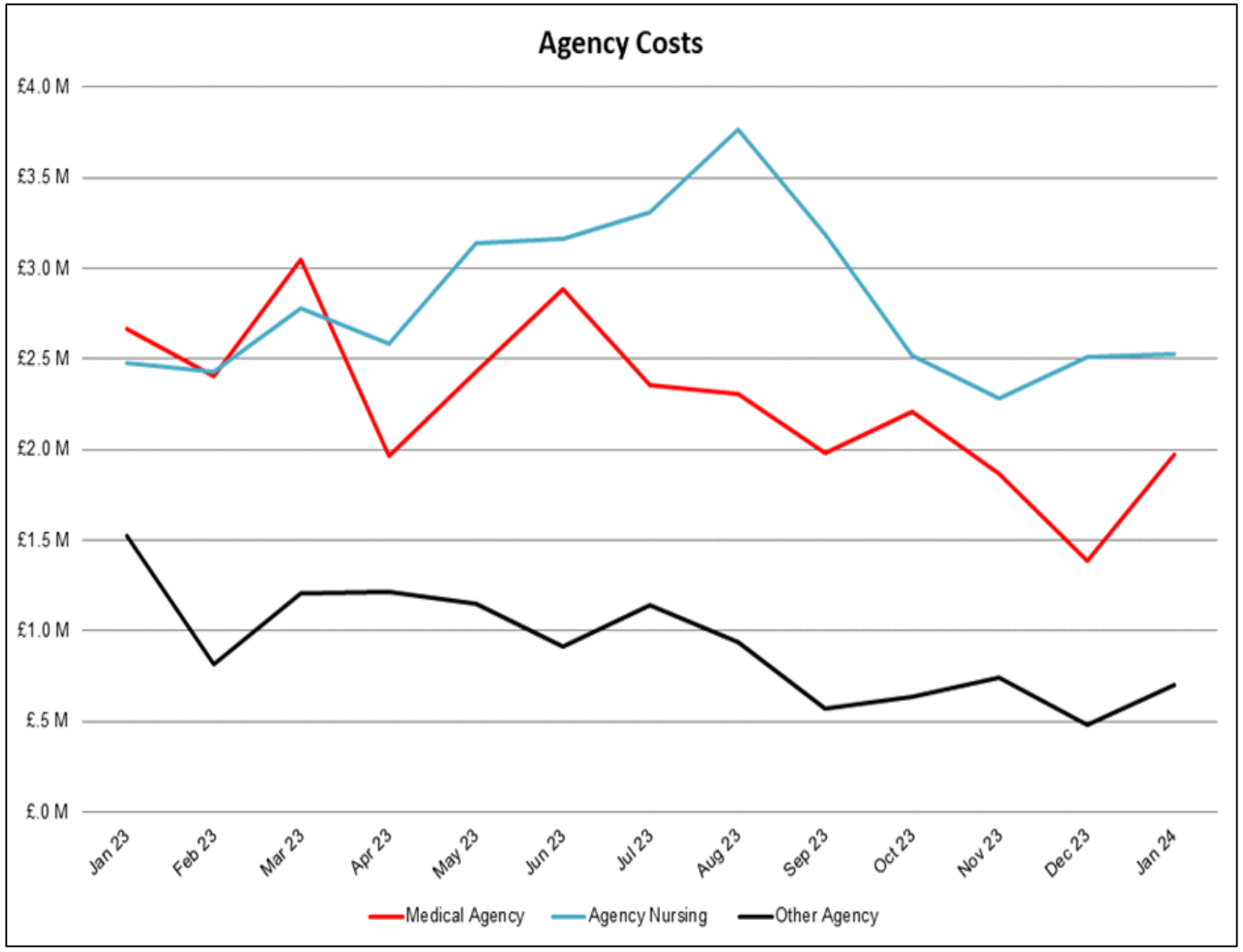
	23-24 Actual										Total Year to Date	Total Forecast
	M01 £000	M02 £000	M03 £000	M04 £000	M05 £000	M06 £000	M07 £000	M08 £000	M09 £000	M10 £000		
West Area	148	281	202	206	217	139	190	155	138	92	**1,767**	**1,767**
Central Area	416	527	483	718	568	208	314	270	225	318	**4,047**	**4,805**
East Area	676	879	1069	899	939	709	637	665	506	569	**7,549**	**8,723**
Ysbyty Gwynedd	884	1024	1057	934	921	742	734	692	735	770	**8,493**	**9,819**
Ysbyty Glan Clwyd	1323	1757	1677	1736	1,697	1,408	1,441	1,073	1,068	1,372	**14,551**	**17,413**
Ysbyty Maelor Wrexham	851	922	1038	973	1,140	926	909	849	729	851	**9,187**	**10,793**
Mental Health & LDS	629	602	729	722	851	1,026	583	549	489	492	**6,672**	**7,594**
Womens	226	130	126	111	133	127	126	112	128	165	**1,383**	**1,693**
Other incl pan BCU Cancer Servcies and Corporate	619	600	592	512	549	452	430	528	359	572	**5,212**	**6,053**
Total Agency	**5,771**	**6,721**	**6,972**	**6,811**	**7,015**	**5,737**	**5,365**	**4,893**	**4,376**	**5,201**	**58,862**	**68,659**

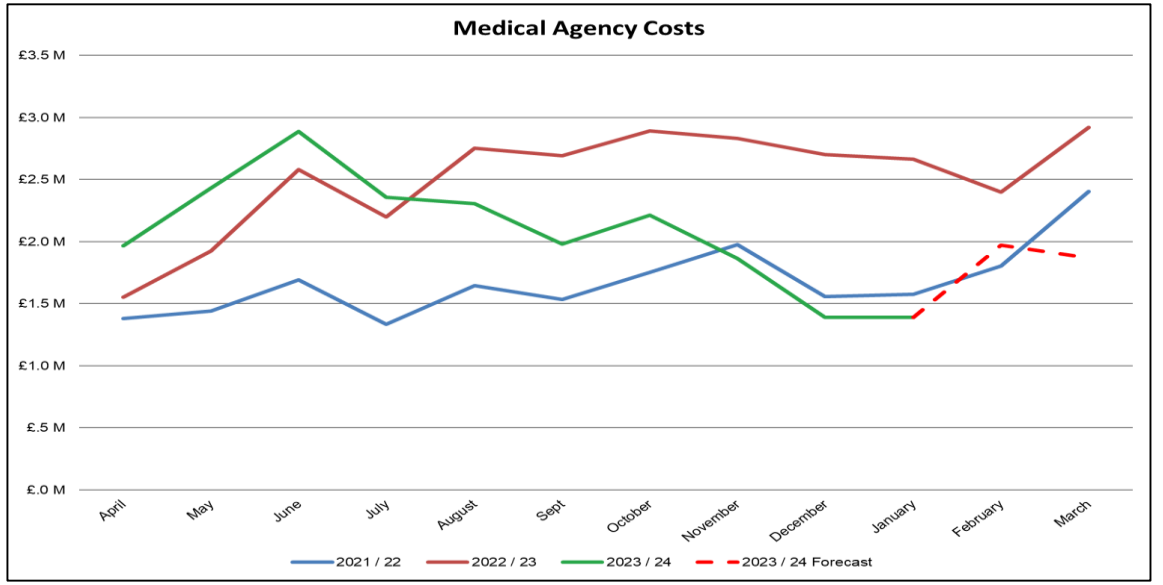


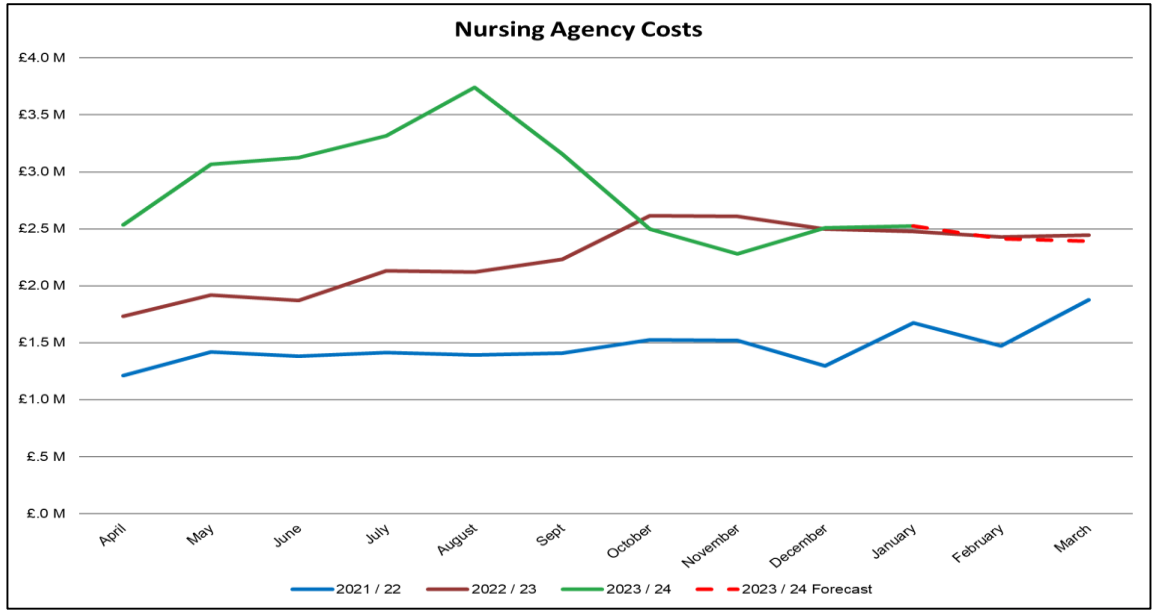
- Agency expenditure for Month 10 is £5.2m, representing 5.7% of total pay, an increase of £0.8m from previous month. Total Year to Date Agency expenditure is £58.9m. The 2022-23 monthly average Agency expenditure was £6.1m. Agency year end forecast outturn has increased by £0.8m, from £67.6m in Month 9 to £68.4m in Month 10. An element of the increase is related to the impact of patients presenting in North Wales Hospitals due to the strikes in England.
- Month 10 Medical Agency expenditure is £2.0m, an increase of £0.6m from previous month. The increase is mainly reported against YGC (£0.2m), Cancer Services (£0.1m), MHLD (£0.1m), East Area (£0.1m) and Ysbyty Maelor Wrexham (£0.1m). Medical Agency is primarily used to cover vacancies. The main areas of Month 9 Medical Agency spend are East Area (£0.3m), Ysbyty Glan Clwyd (£0.4m), Ysbyty Gwynedd (£0.3m), Ysbyty Maelor Wrexham (£0.1m), Cancer Services (£0.2m) and Mental Health (£0.3m).
- Nurse agency costs totalled £2.5m for the month which is in line with previous month. Month 9 expenditure is £0.3m higher than the 2022/23 monthly average costs of £2.2m. Agency Nursing continue to support the sustained pressures arising from unscheduled care and provide cover for the large number of vacancies in Secondary Care to ensure the Nurse Staffing Act Ward staffing levels are maintained. The use of agency nurses is particularly an issue for Ysbyty Glan Clwyd (£0.9m in month), Ysbyty Maelor Wrexham (£0.7m), Ysbyty Gwynedd (£0.5m), East Area (£0.2m) and Mental Health (£0.2m), which together account for 94% of January expenditure.
- Other agency costs totalled £0.7m in Month 10, an increase of £0.2m from Month 9. Other Agency costs mainly consists of Allied Health Professionals (£0.5m) and Admin and Clerical (£0.2m).

Pay Costs – Agency

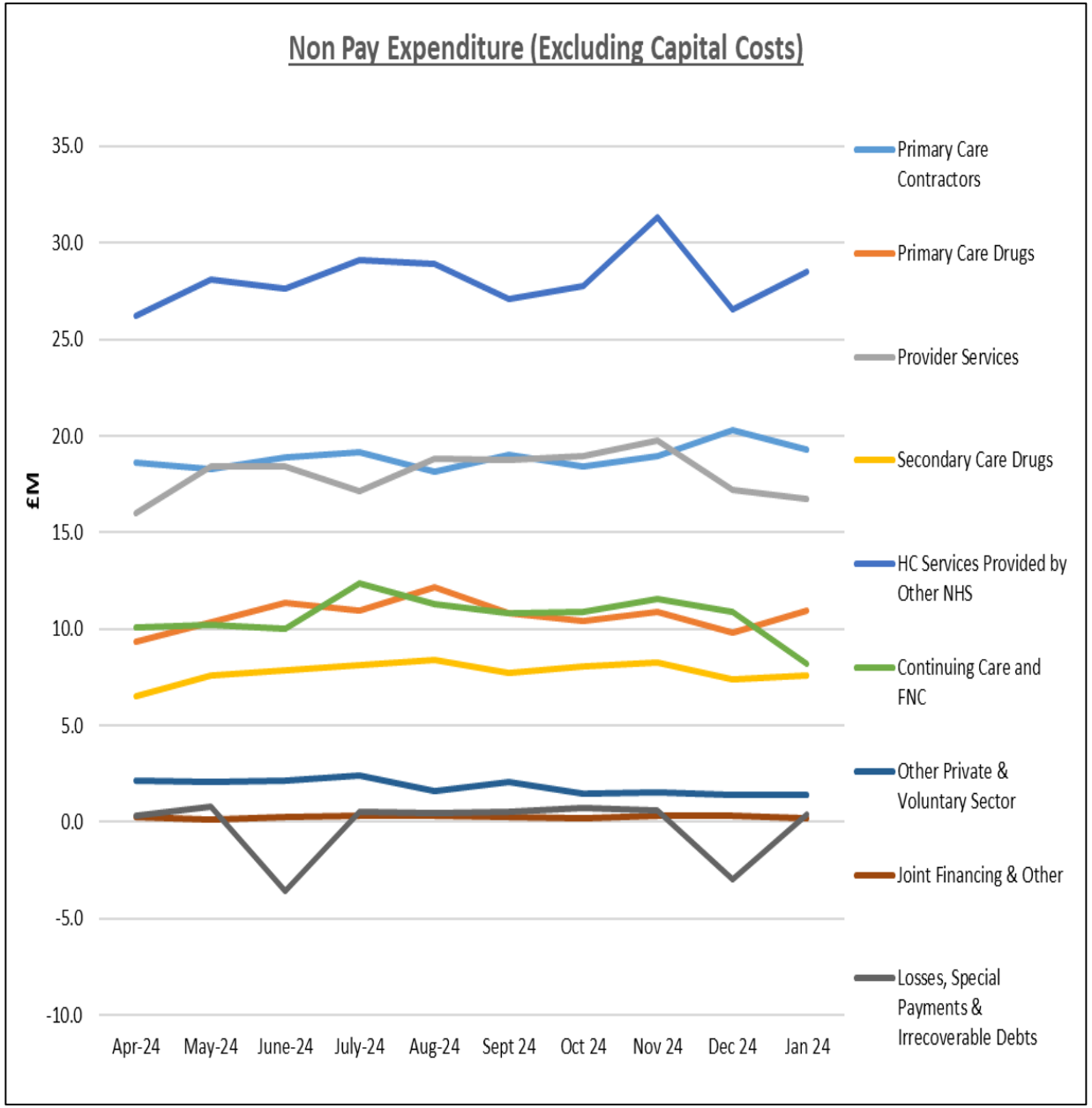
- The below graphs shows movements in both Medical & Agency Nursing costs.







Expenditure - Non Pay



- **Primary Care Contractor:** In-month expenditure is £1.0m (5.1%) less than previous month. The in-month reduction is within GDS due to Month 9 GDS including the impact of the 5% DDRB pay uplift backdated to 1st April.

- **Primary Care Drugs:** Expenditure is £1.2m (11.8%) higher than previous month. January estimate is based on 23 prescribing days (compared to 21 days in December). The 3-month Average Cost per Prescribing Day has increased by +0.2% and the 3-month Average Items Prescribed per Prescribing Day has increased from 71,211 to 71,620 (+0.6%). Savings delivery of £0.3m has again been included for the drug Apixaban within the Month 11 position.

- **Secondary Care Drugs:** Expenditure is £0.1m higher than previous month. The increase is mainly against Dermatology and Rheumatology Homecare Drugs. In addition, AMD drugs also reported an increased due to unscheduled care site pressures.

- **Healthcare Services provided by Other NHS Bodies**: Expenditure is £2.0m (7.5%) higher than previous month, of which £1.1m predominantly relates to WHSCC additional allocations for CAMHS Strategy & Traumatic Stress and an increase in English contracts provider expenditure in particular Alder Hey and LH&CH. In addition, Mental Health Out of Area placements expenditure has increased by £0.6m in month due to an increase of 30 patients and 398 bed days.

- **Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £2.7m (24.5%) less than previous month. The in-month reduction relates to the £2.8m CHC creditor release Accountancy Gain reported in Month 10 following review and resolution of individual care package costs.

- **Losses, Special Payments and Irrecoverable Debts:** Expenditure is £3.3m higher than previous month. The in-month increase predominantly relates to Month 9 including the release of the HSE provision and release of provisions for ex-gratia payments of losses.

Allocations

Description	£m
Allocations Received	2,002.3
Total Allocations Received	**2,002.3**

Description	£m
Allocations anticipated	
Capital Depreciation - Impairment	1.0
COVID-19	4.8
Removal of IFRS-16 Leases (Revenue)	- 5.0
Real Living Wage (Care Homes)	3.0
IM&T Refresh Programme	1.9
Six Goals - Urgent Primary Care Centres	0.6
Six Goals - SDEC	0.9
Service Improvement Fund	1.1
22/23 payawards not in 23/24 Alloc Paper (to be made recurrent)	12.1
23/24 5% A4C Pay Award	38.0
Repayment of the AME Provision Funding	- 4.1
TGS Cohort Doctors	0.9
5 percent M&D Pay award	8.5
Energy	6.5
Other	2.0
Total Allocations Anticipated	**72.2**

	£m
Total Allocations Received	2,002.3
Total Allocations Anticipated	72.2
Total Welsh Government Income	**2,074.5**

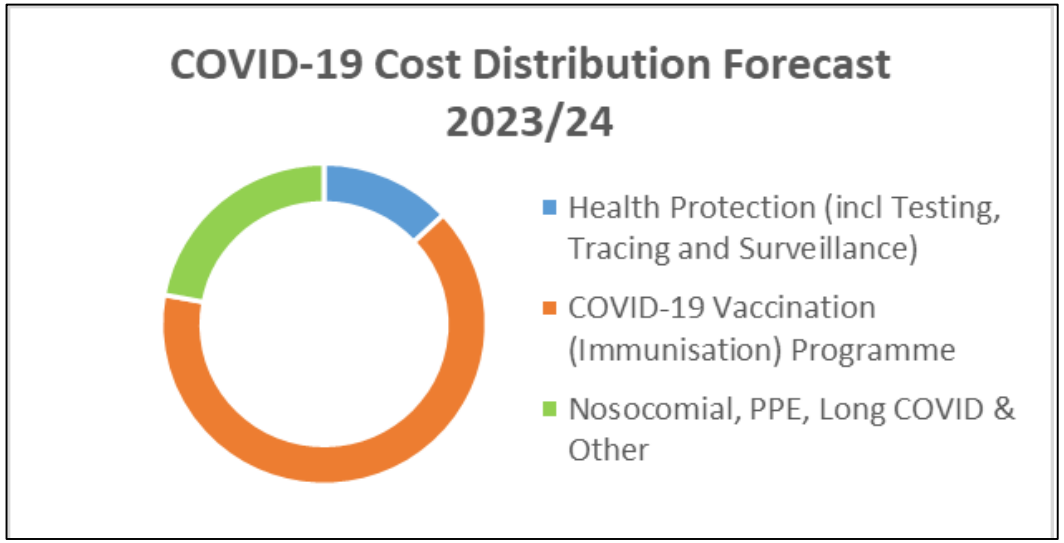
- Total Revenue Resource Limit (RRL) for the year is £2,074.5m. £1,721.0m of the RRL has been phased within the year to date position, which is £7.8m less than 10/12^{ths} of the RRL (£1,728.8m).
- Confirmed allocations to date is £2,002.3m, with further anticipated allocations in year of £72.2m.
- Total COVID-19 funding allocation has reduced by £0.8m down to £14.5m. £0.3m has been returned for Long COVID, however clarification is required if the £0.3m funding already received for Long COVID can remain as slippage. Health Protection COVID funding requested based on annual forecast outturn has also reduced by £0.5m.
- Total COVID-19 income profiled into the cumulative position to date is £10.8m. £9.7m funding is received and £4.8m is reported as anticipated income.
- Anticipated income includes £38.0m for the 5% 2023/24 A4C pay award impact and £8.5m for 5% M&D Pay Award.

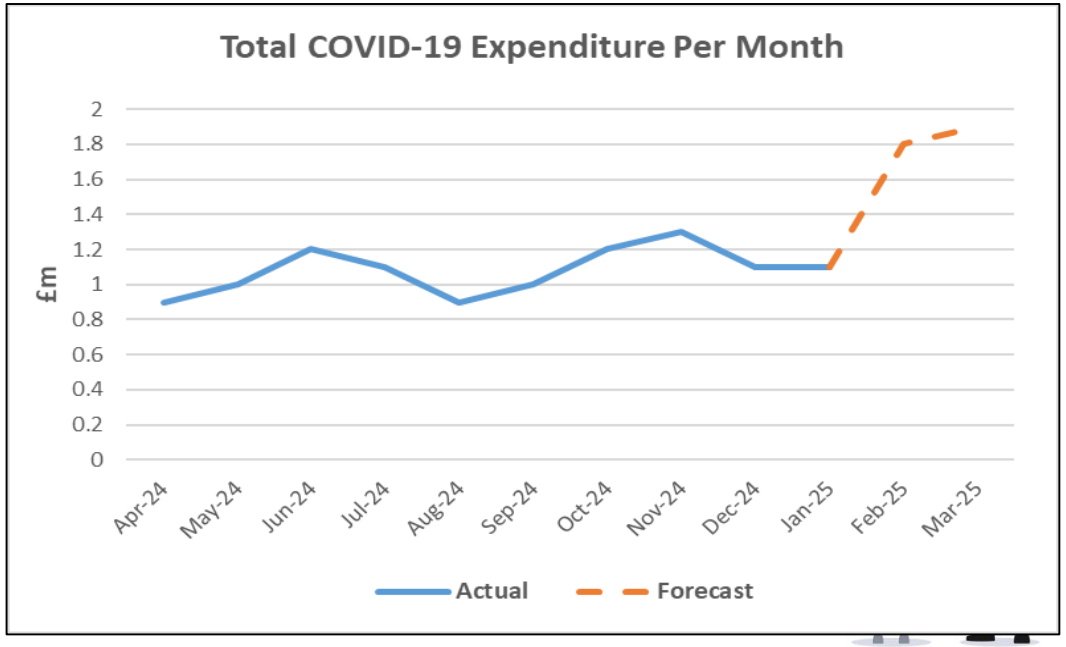
COVID -19 Funding	£m
Total 23/24 COVID-19 Forecast Expenditure	14.5
Received	9.7
Anticipated	4.8

Impact of COVID-19

- Month 10 COVID-19 expenditure for WG funded programmes is £1.1m, which is in line with previous month expenditure. This includes the translation of the Test, Trace and Protect Service to a new Health Protection Service, together with Mass Vaccination, PPE and Long Covid.
- Total year to date COVID expenditure is £10.8m. COVID-19 annual forecast outturn has been reviewed and refined at Month 10, which has reduced by £0.8m from £15.3m reported at Month 9 down to £14.5m reported at Month 10.
- £0.3m is returned for Long COVID, however clarification is required if funding allocation can remain as slippage. Health Protection COVID annual forecast has also reduced by £0.5m.
- Mass Vaccination costs are forecast to remain within the £9.4m funding allocation.
- See below Table for Summary of COVID-19 year to date expenditure and forecast:

	Month 10 £m	Year to Date Expenditure £m	Forecast at Month 10 £m
Health Protection (incl Testing, Tracing and Surveillance)	0.2	1.4	1.9
COVID-19 Vaccination (Immunisation) Programme	0.6	7.3	9.4
Nosocomial, PPE, Long COVID & Other	0.3	2.1	3.2
Total COVID-19 Expenditure	**1.1**	**10.8**	**14.5**
Welsh Gov COVID-19 Income	1.1	10.8	14.5
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**





Risks and Opportunities (not included in position)

- Following further assessment of Risks and Opportunities 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 2023/24 as at Month 10.

	Risks	£m	Level
1	Failure to recover 50% of the YTD run rate above plan £15m	£7.5m	Medium
2	Emergency pressures above plan (including winter)	£1.5m	High
3	Further critical planned care improvement cannot be delivered within the £27m funding	£0.5m	Low
4	Out of Area Placements	£1.0m	High
5	JD Industrial action (February/March) including impact of Strikes in England	£2.0m	High
	Total Quantifiable Risks	**£12.5m**	

	Opportunities / mitigations for the identified risks	£m	Level
1	Potential additional NWSSP All Wales Savings	£0.5m	Medium
2	Potential VAT recovery on the Microsoft Licence (previously on Table A as possible Balance Sheet releases)	£2.9m	Low
	Total Opportunities	**£3.4m**	

Balance Sheet

Non-Current Assets	Opening Balance Beginning of Apr-23 £'m	Closing Balance End of Jan-24 £'m	Forecast Closing Balance End of Mar-24 £'m
Property, plant and equipment	707.9	685.3	716.2
Intangible assets	1.5	1.1	1.6
Trade and other receivables	78.9	78.9	78.9
Non-Current Assets sub total	**788.3**	**765.4**	**796.7**
Current Assets			
Inventories	20.3	20.7	20.3
Trade and other receivables	77.4	102.8	105.5
Cash and cash equivalents	2.9	6.7	2.9
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	**100.6**	**130.2**	**128.7**
TOTAL ASSETS	**888.9**	**895.5**	**925.4**
Current Liabilities			
Trade and other payables	237.8	187.2	191.3
Provisions	34.3	64.2	64.4
Current Liabilities sub total	**272.1**	**251.5**	**255.7**
NET ASSETS LESS CURRENT LIABILITIES	**616.8**	**644.1**	**669.7**
Non-Current Liabilities			
Trade and other payables	28.0	28.0	29.8
Provisions	76.7	76.7	76.7
Non-Current Liabilities sub total	**104.7**	**104.7**	**106.4**
TOTAL ASSETS EMPLOYED	**512.1**	**539.4**	**563.3**
FINANCED BY:			
Taxpayers' Equity			
General Fund	304.4	331.7	333.4
Revaluation Reserve	207.7	207.7	229.9
Total Taxpayers' Equity	**512.1**	**539.4**	**563.3**

Cash Flow Forecast

- The closing cash balance as at 31st January 2024 was £6.699m, which included £3.309m cash held for revenue expenditure and £3.390m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2023-24 of £2.913m made up of £1.513m revenue cash and £1.400m capital cash.
- This forecast balance is after working balances support of £41.472m for revenue payments, £5.052m for capital payments relating to Right of Use Assets and £27.0m strategic cash support.

Worked WTE by staff group (excluding agency)

Staff Group	WTE worked September 2019	WTE worked September 2022	Movement September 2019 to 2022		WTE worked September 2023	Movement Spetember 2022 to 2023		Movement September 2019 to September 2023	
			Increase in staff by WTE	Percentage increase		Increase in staff WTE	Percentage increase	Increase in staff WTE	Percentage increase
ADMINISTRATIVE & CLERICAL	2,961.9	3,547.2	585.4	19.8%	**3,751.1**	203.9	5.7%	**789.3**	**26.6%**
MEDICAL AND DENTAL	1,495.7	1,588.5	92.8	6.2%	**1,619.7**	31.3	2.0%	**124.1**	**8.3%**
NURSING AND MIDWIFERY REGISTERED	5,078.2	5,456.3	378.2	7.4%	**5,743.4**	287.0	5.3%	**665.2**	**13.1%**
ADD PROF SCIENTIFIC AND TECHNICAL	602.6	665.2	62.5	10.4%	**705.5**	40.3	6.1%	**102.8**	**17.1%**
ADDITIONAL CLINICAL SERVICES	3,838.7	4,246.7	408.0	10.6%	**4,630.0**	383.2	9.0%	**791.2**	**20.6%**
ALLIED HEALTH PROFESSIONALS	924.9	1,138.5	213.6	23.1%	**1,206.0**	67.6	5.9%	**281.2**	**30.4%**
HEALTHCARE SCIENTISTS	246.4	263.2	16.7	6.8%	**284.3**	21.2	8.0%	**37.9**	**15.4%**
ESTATES AND ANCILLIARY	1,340.6	1,368.6	27.9	2.1%	**1,447.3**	78.8	5.8%	**106.7**	**8.0%**
STUDENTS	0.0	17.7	17.7		**26.2**	8.5	48.0%	**26.2**	
Total	**16,489.0**	**18,291.8**	**1,802.8**	10.9%	**19,413.5**	**1,121.7**	6.1%	**2,924.5**	**17.7%**

Key elements of note;

- As at September 2019 WTE worked was recorded as 16,489.
- As at September 2022 this increased to 18,291 WTE, with a further increase to 19,413.5 WTE as at September 2023.

This is a staffing increased of 2,924.5 (17.7%).

In the year September 2022 to September 2023, the WTE worked increased by 1,121.7 WTE (6.1%)

Worked WTE by Division (excluding agency)

Division	WTE Worked September 2019	WTE Worked September 2022	Movement September 2019 to September 2022		WTE Worked September 2023	Movement September 2022 to September 2023		Movement September 2019 to September 2023	
			Increase in Staff by WTE	Percentage Increase		Increase in Staff by WTE	Percentage Increase	Increase in Staff by WTE	Percentage Increase
Health Community West Management					7.5	7.5		7.5	
West Area	1337.2	1457.2	120.1	9.0%	1566.3	109.1	7.5%	229.2	17.1%
Ysbyty Gwynedd	1605.9	1690.8	84.9	5.3%	1817.2	126.5	7.5%	211.4	13.2%
Facilities West		365.6	365.6		389.7	24.2	6.6%	389.7	
Health Community Centre Management					9.2	9.2		9.2	
Central Area	1965.3	2014.7	49.4	2.5%	2151.1	136.3	6.8%	185.8	9.5%
Ysbyty Glan Clwyd	1839.7	2034.4	194.7	10.6%	2187.4	153.0	7.5%	347.7	18.9%
Facilities Centre		406.9	406.9		408.4	1.5	0.4%	408.4	
Health Community East Management					7.0	7.0		7.0	
East Area	1913.5	2237.4	323.9	16.9%	2257.5	20.0	0.9%	344.0	18.0%
Ysbyty Maelor Wrexham	1621.2	1781.5	160.3	9.9%	1912.6	131.1	7.4%	291.4	18.0%
Facilities East		290.4	290.4		340.0	49.6	17.1%	340.0	
Midwifery and Women's Services	617.8	597.3	-20.6	-3.3%	629.6	32.3	5.4%	11.8	1.9%
Mental Health & LDS	1925.4	1986.7	61.2	3.2%	2088.0	101.3	5.1%	162.5	8.4%
Other North Wales	50.2		-50.2					-50.2	
North Wales Wide Hospital Services	1160.4		-1160.4					-1160.4	
Other Primary Care		17.4	17.4		17.8	0.5	2.7%	17.8	
COVID Response		288.2	288.2		212.7	-75.5	-26.2%	212.7	
Dental North Wales		15.4	15.4		14.7	-0.7	-4.3%	14.7	
Community Dental Services		137.0	137.0		146.3	9.2	6.7%	146.3	
Diagnostic and Specialist Clinical Support		917.1	917.1		964.8	47.7	5.2%	964.8	
Cancer Services		336.0	336.0		364.6	28.6	8.5%	364.6	
Chief Executive	13.8	12.7	-1.1	-7.9%	11.0	-1.7	-13.5%	-2.8	-20.3%
Director of Integrated Services / Deputy CEO		31.2	31.2		70.1	39.0	125.1%	70.1	
Estates	1309.4	247.7	-1061.7	-81.1%	256.2	8.5	3.4%	-1053.3	-80.4%
Finance Executive	135.4	159.4	24.1	17.8%	152.2	-7.2	-4.5%	16.9	12.5%
Nursing Executive	185.5	285.6	100.0	53.9%	292.3	6.7	2.4%	106.7	57.5%
Medical Executive	417.2	51.1	-366.1	-87.8%	74.9	23.8	46.5%	-342.3	-82.1%
WF&OD Executive	168.4	185.3	16.9	10.0%	245.0	59.8	32.3%	76.6	45.5%
Public Health Executive	13.2	27.4	14.1	106.7%	68.3	41.0	149.8%	55.1	416.3%
Office of the Board Secretary	41.6	20.7	-21.0	-50.4%	16.5	-4.2	-20.3%	-25.2	-60.5%
Director of Therapies	9.6	1.0	-8.6	-89.6%	10.6	9.6	956.0%	1.0	10.0%
Exec Director of Planning and Performance	37.9		-37.9					-37.9	
Exec Director of Transformation, Strategic Planning and Commissioning		87.9	87.9		84.0	-3.9	-4.4%	84.0	
Exec Director of Primary Care and Community Services	9.4		-9.4					-9.4	
Director of Partnership, Engagement and Communications		23.7	23.7		24.8	1.2	4.9%	24.8	
Chief Digital Information Officer		494.4	494.4		518.1	23.6	4.8%	518.1	
Director of Turnaround	20.6		-20.6					-20.6	
Medical Education & R&D	84.8	90.0	5.2	6.1%	96.3	6.3	7.0%	11.5	13.6%
Reserves	5.5		-5.5		1.0	1.0		-4.5	-81.9%
Total	16489.0	18291.8	1802.8	10.9%	19413.5	1121.7	6.1%	2924.5	17.7%

- The table shows the changes to WTE worked by Division.
- Where a % increase is not shown, this is due to changes in the organisational structure between the periods compared. For example the reduction in Estates is due to Facilities staff being re-aligned to the IHCs through the new operating model.
- PHW also appears distorted due to a tranche of staff moving from a hosted organisation.

Capital Expenditure for 2023/24 (Year to date month 10 and forecast to 31st March 2024)

1) Capital Resource Limit 2023/24	£m	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).
WG Discretionary Capital	11.899	
All Wales Scheme	15.504	
Total CRL	**27.403**	

CAPITAL PROGRAMME 23/24	Initial Programme taking into account 25%	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	5.187	5.169	6.868	-1.681	Programme adjusted to support key priorities and ensure delivery with in planned funding and includes expenditure that relates to brokerage
Operational Estates	1.765	0.810	1.709	0.056	Under commitment to be managed within programme
Medical Devices	2.306	1.910	2.125	0.181	Under commitment to be managed within programme
Informatics	2.262	1.101	1.326	0.936	Under commitment to be managed within programme
All wales funding brokerage to be re-provided from discretionary	0.379	0.000	0.000	0.379	Brokerage managed within the programme
WG Discretionary Capital	**11.899**	**8.990**	**12.028**	**-0.129**	**Over commitment**

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Over/Under Commitment (£m)	Comments
AOPMH YGC	1.688	1.640	1.973	-0.285	The scheme is currently in design and fees will be due this financial year. Over commitment is brokerage from prior year.
Efab	4.324	0.799	4.297	0.027	Under commitment to be managed within programme.
Nuclear Medicine	0.373	0.339	0.440	-0.067	The scheme is currently in design and fees will be due this financial year. Over commitment is brokerage from prior year.
Conwy West - Health & Well Being Hub	0.100	0.000	0.050	0.050	The scheme is in its initial stages and will continue into 2024/25.
Orthopaedic Hub at Llandudno	2.466	0.632	2.466	0.000	The works is due to commence in quarter 4. The programme spend profile will be closely monitored.
Ambulance Shoreline	0.071	0.059	0.071	0.000	Works complete.
RISP	0.317	0.000	0.088	0.229	The project has recognised some delays, the risk has been flagged at CRM and will be managed within the overall programme.
Substance Misuse Building, Llandudno	0.154	0.025	0.154	0.000	The scheme is in its initial stages and will continue into 2024/25.
Teledermoscopy Project	0.094	0.000	0.094	0.000	Purchase order has been raised with delivery by 31st March 2024. Underspend will be managed within the overall programme.
5 Glidescopes - Transfer NWSSP	0.056	0.056	0.056	0.000	Transfer completed and invoice paid.
Cyber Security	1.219	0.000	1.219	0.000	Tender exercise commenced, delivery expected by year end.
Emergency Department and Minor Injury Unit Improvements	0.523	0.003	0.448	0.075	The estates works have commenced across different sites.
Diagnostic Equipment	2.348	0.058	2.348	0.000	Purchase order has been raised with delivery by 31st March 2024. Underspend will be managed within the overall programme.
Santuary Provision for Children and Young People	0.035	0.000	0.035	0.000	The project is commencing in 2024/25, current design in progress.
Increased Electrical Infrastructure Capacity Fees, Ysbyty Glan Clwyd	0.321	0.000	0.221	0.100	The initial planning stages to support the business case has commenced.
Year End Slippage - Tranche 1	0.439	0.000	0.439	0.000	Fully committed with purchase orders progressing
Year End Slippage - Tranche 2	0.549	0.000	0.549	0.000	Fully committed with purchase orders progressing
Digital Hardware	0.427	0.000	0.427	0.000	Tender complete and purchase order raised for completion by the 31st March.
All Wales Capital	**15.504**	**3.611**	**15.375**	**0.129**	**Under commitment**
Total Capital Funding Available	**27.403**	**12.601**	**27.403**	**0.000**	**Over commitment**

Savings Executive Summary

Savings Plans compared to Target

	Target £000	Green £000	Red £000	Pipeline £000	Total £000	Variance Green v Target £000
Recurring	25,200	18,564	784	219	19,566	(6,636)
Non Recurring		7,158	-	-	7,158	7,158
Total	**25,200**	**25,722**	**784**	**219**	**26,724**	**522**

Year to date delivery performance against target

	YTD M10				Full Year		
IHC / Service Plans	Target £000	Plan £000	Actual £000	Variance to Plan £000	Target £000	Plan £000	Forecast £000
Recurring	21,000	14,890	16,983	2,093	25,200	18,564	20,248
Non Recurring		5,141	8,964	3,824		7,158	10,279
Budget Reducing Savings	**21,000**	**20,031**	**25,947**	**5,916**	**25,200**	**25,722**	**30,527**

Slide – 'Savings Delivery Against Target' provides additional detail

Forecast delivery performance against target

£'000's	Target	Plan	Actual	Var to Target	Var to Plan
Recurring	25,200	18,564	20,248	(4,952)	1,684
Non Recurring		7,158	10,279	10,279	3,121
Budget Reducing Savings	**25,200**	**25,722**	**30,527**	**5,327**	**4,805**

Slide – 'Savings Delivery Against Target' provides additional detail

Additional run rate savings

£3.2m run rate savings

£33.8m total budget adjusting and run rate savings

Slide – 'Run Rate Savings Summary' provides detail

- The Health Board's Financial Plan for 2023-24, requires delivery of recurring, budget adjusting savings of **£25.2m.** An additional £5.7m 'stretch' is included in the full year cash savings target of £30.9m.
- The full year plan value of Green schemes totals **£25.7m,** up £0.1m on last month. The forecast delivery against Green Savings totals **£30.5m**.
- The full year Savings Plan including both Red and Pipeline schemes totals **£26.7m**, down **£0.2m** on last month.
- The proportion of recurring Green plans now total **£18.6m.** The gap between recurring Green plans and £25.2m target is **£6.6m**. The forecast delivery of recurring Green plans is **£20.2m,** therefore the gap on delivery is **£5.0m.**

Savings Plans against Targets

Savings Scheme Pipeline	Green		Green (Proc)		Green		Variance Green				Variance Total
	R	NR	R	NR	Total	Target	to Target	Pipeline	Red	Total	to Target
Centre	3,424	75	141	45	3,685	**7,950**	46%	189	704	**4,578**	58%
East	4,393	420	154	50	5,017	**8,070**	62%	30	0	**5,047**	63%
West	3,485	1,093	110	31	4,720	**6,046**	78%	0	72	**4,792**	79%
MHLD	3,355	0	5	8	3,368	**3,267**	103%		0	**3,368**	103%
Womens	915	10	5	4	935	**915**	102%			**935**	102%
Cancer	1,537	6	4	7	1,554	**755**	206%		0	**1,554**	206%
Diagnostics	108	37	341	25	511	**1,015**	50%		0	**511**	50%
Corporate	374	2,692	83	2,648	5,798	**2,495**	232%	0	8	**5,805**	233%
Primary Care	114		15	4	133	**154**	86%	0	0	**133**	86%
Provider Income					0	**267**	0%			**0**	0%
Procurement (VAT)					0	**-5,734**		0		**0**	
Budget Reducing Savings	**17,705**	**4,335**	**858**	**2,823**	**25,722**	**25,200**	**102%**	**219**	**784**	**26,724**	**106%**

- At Month 10, the full year Plan value of Green schemes totals £25.7m, which represents an increase of £0.1m in month.
- Following an exercise to review the conversion of current red and pipeline schemes the full year savings plan including these schemes now totals £26.7m representing a decrease of £0.2m from the previous month.
- The recurring green scheme plans are £18.6m, which leaves a material gap of £6.6m on the requirement of recurring plans to total £25.2m.
- The cancer schemes have a £60K investment necessary to enable the savings to be delivered, which is not reflected in the table above.

			£000
FY Plan Value Green schemes previous month			**25,601**
Change in FY Plan value of existing schemes			
Disposal of Ala Road - deferred to 24/25	-39		
Sub-total		-39	
New Green Schemes this month			
Central Area - Therapies Pay Efficiencies	159		
Sub-total		159	
Total increase in FY Plan relating to Green schemes			**120**
Plan Value Green schemes - M10 (Budget Reducing only)			**25,722**

Savings Delivery Against Target

Target

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

	YTD M10				Full Year		
IHC / Service Plans	Target £000	Plan £000	Actual £000	Variance to Plan £000	Target £000	Plan £000	Forecast £000
Recurring	21,000	14,890	16,983	2,093	25,200	18,564	20,248
Non Recurring		5,141	8,964	3,824		7,158	10,279
Budget Reducing Savings	**21,000**	**20,031**	**25,947**	**5,916**	**25,200**	**25,722**	**30,527**

Year To Date

- Year to Date actual savings total £25.9m, of which £17.0m is recurring, against a £20.0m plan and £21.0m Target.
- The favourable variance of actual savings to Plan totals £5.9m. This includes:
  - Procurement £2.86m - mainly relating to non recurring contract savings
  - IHC Central CHC Programme £0.49m
  - Apixaban Off Patent savings in Primary Care Prescribing £0.45m
  - IHC Central Primary Care Reviews (Polypharmacy & switches) £0.39m
  - IHC Central IHC Bio-similar (AMD) £0.36m
  - IHC West CHC Programme £0.34m
  - IHC West Primary Care Reviews (Polypharmacy & switches) £0.24m
  - IHC Central Dressings £0.19m
  - Cancer Patent/Price Drugs £0.14m
  - MHLD Right Care Programme £0.10m
  - IHC West – Pay Grip And Control (£0.16m)
  - MHLD Out of Area Placements (£0.21m)
  - Womens Birth Choices scheme delayed as previously reported (£0.21m)

Figures relate to Green schemes. There are no Amber schemes. A detailed variance analysis is provided in 'Green Scheme Details' slides 1 & 2.

In Month

- Savings delivered in Month totalled **£4.2m**, of which £2.2m recurring, against a £2.6m Plan and £2.1m Target

Summary by Category

Full Year Plan (Green Schemes)

Full Year Plan by MMR Category	West Integrated Health Community £000	Central Integrated Health Community £000	East Integrated Health Community £000	MHLD £000	Womens Services £000	Diagnostic and Specialist Clinical Support £000	Cancer Services £000	Primary Care £000	Corporate £000	Total £000
Agency - Reduced usage of Agency/Locums paid at a premium	630	509	1,618	147	488					3,392
CHC and Funded Nursing Care	1,546	855	880	1,924						5,205
Commissioned Services	79			300	255					634
Medicines Management (Primary & Secondary Care)	1,237	1,678	1,702	322			1,537			6,476
Non Pay - Procurement	141	186	204	13	9	366	11	19	2,732	3,681
Non Pay - Other	282	190	401	20	183	145	6	5	3,020	4,252
Pay	804	267	213	642				109	46	2,081
Grand Total	**4,720**	**3,685**	**5,017**	**3,368**	**935**	**511**	**1,554**	**133**	**5,798**	**25,722**

Full Year Forecast (Green Schemes)

Full Year Forecast by MMR Category	West Integrated Health Community £000	Central Integrated Health Community £000	East Integrated Health Community £000	MHLD £000	Womens Services £000	Diagnostic and Specialist Clinical Support £000	Cancer Services £000	Primary Care £000	Corporate £000	Total £000
Agency - Reduced usage of Agency/Locums paid at a premium	352	509	1,695	147	488					3,190
CHC and Funded Nursing Care	1,837	1,210	975	1,924						5,946
Commissioned Services	84			0	0					84
Medicines Management (Primary & Secondary Care)	1,734	3,104	1,964	322			1,865			8,990
Non Pay - Procurement	63	93	82	9	13	323	4	3	5,604	6,193
Non Pay - Other	247	190	362	0	183	147	6	5	3,020	4,160
Pay	686	267	213	642				109	46	1,963
Grand Total	**5,003**	**5,373**	**5,291**	**3,044**	**684**	**470**	**1,875**	**117**	**8,670**	**30,527**

Run Rate Savings Summary

Run rate expenditure reductions are not budget adjusting. These mitigate the additional in year cost pressures reported above the planned deficit and include actions such as the Enhanced Control Review measures.

At Month 10 the total full year forecast value is £3.2m, and includes a value of £1.5m for the actual (inc December) and forecast impact of Establishment control decisions.

	Run Rate Savings						
	Actual Year to Date			Full Year Forecast			
	Recurring £'000	Non-Recurring £'000	Total £'000	Recurring £'000	Non-Recurring £'000	Total £'000	Planned Savings plus Run Rate £'000
ECR related 'Run Rate' savings	-	1,512	1,512	-	2,632	2,632	
Other local 'Run Rate' savings	427	10	438	541	20	561	
Cost Avoidance (non-cash)	-	-	-	-	43	43	
Total	**427**	**1,523**	**1,950**	**541**	**2,696**	**3,237**	**33,763**

In addition, Accountancy Gains totalling £2.8m were also reported at Month 10, bringing the accountancy gains year to date to **£8.2m.**

The need to submit details of Accountancy Gains on a timely basis has been reiterated to all Divisions to ensure that such gains are reported in the same month that they are posted to the financial ledger in line with WG reporting requirements. Divisions have been asked to check that details of all gains posted in the year to date are submitted in time to confirm at Month 10. The standard monthly savings reporting template provides for this type of reporting.

Green Schemes Details (1/2)

Service	Scheme / Opportunity Title	Recurrent / Non Recurren	Full Year Plan	Full Year Forecast	Full Year Variance Forecast vs Plan	Year to Date Plan	Year to Date Achieved	Year to Date Variance Achieved vs Plan
HC - Centre	Accommodation Rental Increase	R	14,833	14,833	-0	9,889	9,889	0
HC - Centre	Apixaban Off Patent savings in Primary Care Prescribing	R	701,436	951,118	249,682	467,624	625,861	158,237
HC - Centre	B Braun Giving Sets Credit	NR	75,224	75,224	0	75,224	75,224	0
HC - Centre	CHC	R	855,000	1,210,439	355,439	761,667	1,210,439	448,772
HC - Centre	Dressings	R	90,000	334,501	244,501	75,000	260,167	185,167
HC - Centre	Medical Agency	R	508,950	508,950	0	395,850	395,850	0
HC - Centre	NWSSP Drug Contract implementation	R	180,208	195,363	15,155	130,282	129,497	-785
HC - Centre	Polypharmacy Reviews	R	406,850	837,634	430,784	339,350	728,108	388,758
HC - Centre	Primary & Community Non Pay Efficiencies	R	99,743	99,743	0	83,119	83,119	0
HC - Centre	Primary & Community Pay Efficiencies	R	107,907	107,907	0	89,921	89,921	0
HC - Centre	Secondary Care Drugs (AMD Biosimilars)	R	300,000	785,568	485,568	270,000	634,158	364,158
HC - Centre	Therapies Pay Efficiencies	R	158,916	158,916	0	132,430	132,430	0
HC - East	Accommodation Rental Increase	R	18,900	18,900	0	13,700	13,700	0
HC - East	Agency Medical reduction ED	R	480,000	370,324	-109,676	400,000	320,324	-79,676
HC - East	Agency Medical Reduction Medicine YMW	R	150,000	104,160	-45,840	125,000	104,160	-20,840
HC - East	Agency Medical Reduction Surgery	NR	166,000	272,414	106,414	138,333	224,414	86,080
HC - East	Apixaban Off Patent savings in Primary Care Prescribing	R	853,224	1,112,749	259,525	568,816	752,749	183,933
HC - East	B Braun Giving Sets Credit	NR	74,362	74,362	0	74,362	74,362	0
HC - East	CHC Cost containment	R	600,000	600,000	0	540,000	583,307	43,307
HC - East	CHC Management & Trigger Tool	NR	180,000	204,792	24,792	120,000	186,467	66,467
HC - East	Childrens	R	100,000	170,000	70,000	81,250	148,732	67,482
HC - East	Dietetics non pay efficiencies	R	21,553	21,553	0	17,961	17,961	0
HC - East	ENT Disposable Scopes	R	200,000	161,003	-38,997	150,000	111,003	-38,997
HC - East	Medical Agency Reduction - Community Services	R	383,486	376,347	-7,139	299,597	292,919	-6,678
HC - East	Medical Agency Reduction - Primary Care - Managed Practices	R	300,000	382,954	82,954	211,667	294,634	82,967
HC - East	Medical Staffing - Agency reduction Childrens Services	R	138,039	188,486	50,447	115,033	171,009	55,977
HC - East	NWSSP Drug Contract implementation	R	83,434	82,212	-1,222	63,560	74,235	10,675
HC - East	OT Non Pay efficiencies	R	4,013	4,013	0	3,344	3,344	0
HC - East	OT Pay 0.5wte Band 6	R	26,468	26,468	0	22,057	22,057	0
HC - East	Physio non pay efficiencies	R	64,484	64,484	0	53,737	53,737	0
HC - East	Podiatry Pay 1 wte Band 3	R	24,379	24,379	0	20,316	20,316	0
HC - East	Polypharmacy Review (previously GP Prescribing)	R	489,850	546,648	56,798	408,520	486,648	78,128
HC - East	Reduced costs at managed practices	R	162,573	162,573	0	135,478	135,478	0
HC - East	Secondary Care Drugs (AMD Biosimilars)	R	275,000	222,621	-52,379	207,000	177,197	-29,803
HC - East	Speech and Language non pay efficiencies	R	17,391	17,391	0	14,493	14,493	0
HC - West	Accommodation Rental Increase	R	17,418	20,277	2,859	11,612	14,471	2,859
HC - West	Apixaban Off Patent savings in Primary Care Prescribing	R	466,782	635,348	168,566	311,188	416,384	105,196
HC - West	B Braun Giving Sets Credit	NR	71,077	71,077	0	71,077	71,077	0
HC - West	BAU: Grip and control measures - pay	R	607,500	353,500	-254,000	442,500	283,000	-159,500
HC - West	Children Special Cases Review	R	150,000	94,799	-55,201	125,000	94,799	-30,201
HC - West	Continence Products - usage review within community	R	50,000	10,000	-40,000	41,663	0	-41,663
HC - West	Continuing Healthcare	R	996,320	1,226,721	230,401	811,582	1,151,983	340,401
HC - West	Continuing Healthcare - Phase 2	NR	400,000	515,386	115,386	240,000	287,146	47,146
HC - West	Enteral feeding - therapies	NR	40,000	41,499	1,499	31,108	32,607	1,499
HC - West	Grip and control measures - pay	NR	250000	162000	-88000	208332	135004	-73328

Green Schemes Details (2/2)

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurren	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	IHCW 10 GCC ED Social Worker	NR	46,992	46,992	0	39,106	39,106	0
HC - West	IHCW 19 - Pay Grip and Control - SACC Nursing	R	360,000	245,500	-114,500	300,000	245,500	-54,500
HC - West	IHCW 3 - Benefit Realisation of SICAT	R	90,000	150,461	60,461	75,000	125,461	50,461
HC - West	IHCW 5 - Grip and control measures NEPTS	R	32,400	36,795	4,395	27,000	32,743	5,743
HC - West	IHCW20 - BAU: Grip and control measures - non pay	NR	28,950	28,950	0	24,125	24,125	0
HC - West	Medicines Management - Primary Care	R	400,000	668,513	268,513	333,990	574,681	240,691
HC - West	Medicines Management - Supply Chain Projects	R	180,000	123,089	-56,911	141,662	123,089	-18,573
HC - West	NWSSP Drug Contract implementation	R	59,813	86,451	26,638	44,259	53,745	9,486
HC - West	Primary Care Rebate Schemes	NR	130,000	221,000	91,000	101,500	192,500	91,000
HC - West	Release part vacancy within COTE Medicine - N/R	NR	51,263	51,263	0	51,263	51,263	0
HC - West	Review of GP Bed payments within community hospitals	R	75,000	75,000	0	62,500	62,500	0
HC - West	Urology Robot - VAT Recovery	NR	75,000	75,000	0	62,500	62,500	0
Cancer	B Braun Giving Sets Credit	NR	6,102	6,102	0	6,102	6,102	0
Cancer	I2S - Increasing Cancer Homecare Activity - East	R	177,196	240,245	63,049	138,796	198,031	59,235
Cancer	Increasing Cancer Homecare Activity - Centre	R	101,280	72,837	-28,443	79,320	60,829	-18,491
Cancer	Increasing Cancer Homecare Activity - West	R	20,871	109,931	89,060	17,391	81,351	63,960
Cancer	Patent/Price Reduction Drugs scheme - New 23-24	R	251,468	448,766	197,298	205,222	343,698	138,476
Cancer	Patent/Price Reduction Drugs scheme -Existing	R	986,402	993,368	6,966	986,402	984,439	-1,963
DSCS	B Braun Giving Sets Credit	NR	3,272	3,272	0	3,272	3,272	0
DSCS	EBME covid equipment maintenance	R	60,017	61,644	1,627	50,014	51,234	1,220
DSCS	EBME covid equipment maintenance	NR	8,076	8,657	581	6,730	7,213	483
DSCS	Linac Warranty Maintenance -Non Rec	NR	26,064	26,064	0	15,638	15,638	0
DSCS	Pathology Contracts & Batch Efficencies	R	47,531	47,531	0	39,609	39,609	0
MH&LDS	Bank, Agency & Overtime Reductions	R	642,000	642,000	1	477,850	522,970	45,120
MH&LDS	Drug Costs	R	322,236	322,236	0	267,941	282,164	14,222
MH&LDS	Patient Transport	R	20,400	0	-20,400	15,867	0	-15,867
MH&LDS	Reductions in OOA Placements	R	300,000	0	-300,000	209,296	0	-209,296
MH&LDS	RIGA Savings - MHLD	R	147,000	147,000	0	122,500	122,500	0
MH&LDS	Right Care Programme	R	1,923,809	1,923,809	-1	1,603,174	1,700,328	97,153
Midw & Womens	B Braun Giving Sets Credit	NR	10,358	10,358	0	10,358	10,358	0
Midw & Womens	Birth Choices Scheme 23/24	R	254,670	0	-254,670	212,225	0	-212,225
Midw & Womens	I2S - Medical Agency: Recruitment over-establishment (Invest t	R	100,797	100,797	0	83,998	83,998	0
Midw & Womens	Medical Agency: Local increase in Medical Bank rates for fixed	R	80,193	80,193	0	66,828	66,828	0
Midw & Womens	Medical Agency: Recruitment to substantive posts	R	307,116	307,116	-0	223,238	223,237	-0
Midw & Womens	Non Pay: Dressing (Leukomed Sorbact)	R	23,047	23,047	0	19,206	19,206	0
Midw & Womens	Non Pay: Local enhanced governance re ad-hoc expenditure	R	149,469	149,469	0	124,558	124,558	0
Corporate and Estate:	B Braun Giving Sets Credit	NR	121	121	0	121	121	0
Corporate and Estate:	DDaT-004 McAfee Subscription	R	41,744	41,744	0	41,744	41,744	0
Corporate and Estate:	Energy Sell Back	NR	534,709	534,709	0	0	534,709	0
Corporate and Estate:	LINC	NR	1,079,000	1,079,000	0	899,167	899,167	0
Corporate and Estate:	Office of CEO	R	14,026	14,026	0	10,019	10,019	0
Corporate and Estate:	Office of CEO	NR	21,920	21,920	0	21,920	21,920	0
Corporate and Estate:	Pest Control across Health Board	R	66,609	66,609	0	66,609	66,609	0
Corporate and Estate:	PH - Review of None Pay budgets	R	20,000	20,000	0	16,667	16,667	0
Corporate and Estate:	Plas Gororau utilities	NR	451,490	451,490	0	451,490	451,490	0
Corporate and Estate:	Review of Non Pay	R	132,000	132,000	0	132,000	132,000	0
Corporate and Estate:	Review of pay vacancies	NR	9,909	9,909	0	8,258	8,258	0
Corporate and Estate:	RIGA Savings - Finance	R	37,000	37,000	0	30,832	30,832	0
Corporate and Estate:	RIGA Savings - Medical Director	R	62,500	62,500	0	52,084	52,084	0
Corporate and Estate:	WICIS Project	NR	595,000	595,000	0	297,500	297,500	0
Primary Care	CDS Redesign and modernisation (non pay)	R	5,000	5,000	0	1,667	1,667	0
Primary Care	CDS Redesign and modernisation (pay)	R	109,080	109,080	0	90,900	90,900	0
Grand Total			**22,040,221**	**24,333,200**	**2,292,979**	**17,278,056**	**20,334,839**	**2,522,074**
Procurement			3,681,311	6,193,487	2,512,175	2,752,913	5,612,137	2,859,224
Total			**25,721,533**	**30,526,687**	**4,805,154**	**20,030,968**	**25,946,976**	**5,381,298**

Next Steps

	Update	Actions Required
Improve Savings Plans 23/24	Plans remain less than target for the IHC's, Diagnostica and Primary Care. Divisions continue to report that transformation is required to unlock significant benefits.	Divisions are asked to revisit the plan values of green schemes as currently there are a number that are materially overdelivering. The increased plan value will take the Health Board closer to the target. Divisions to review the outcomes from the RIGA phase 1 and to build exit strategies on the investments that are not supported.
Convert all schemes to Green	The Full Year Plan value of Green schemes totals £25.7m, up £0.1m on last month.	A final review of the remaining current red and pipeline schemes is to be carried out with service based decisions required to confirm progression or removal of these schemes and applicable schemes may need to be added to the 24/25 pipeline.
Monthly Reviews	Progress is reported to the monthly Integrated performance group, with Divisions being held to account for both identification of plans and delivery of identified savings.	Divisions to take action to increase plans and ensure full delivery.
24-25 Plan	Draft plans have been received, which incorporate an estimated £5m of opportunities.	Divisions formulate robust Savings Delivery Documentation and continue to identify pipeline schemes for the new financial year. Implement clear governance, accountability and monitoring to deliver the cross-cutting theme savings and the development of a Transformational Plan. Focus on KPI's, articulating opportunities including from the Value & Sustainability approach and completion of HFMA key grip and control checklist.

Teitl adroddiad: ***Report title:***	Finance – Special Measures Action Plan (update 9 February 2024)
Adrodd i: ***Report to:***	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to set out the Finance Special Measures Action Plan which describes five of the deliverables within the Health Board Special Measures Action Plan – 3rd 90 Days, for Outcome 2: A clear, deliverable plan for 23/24. Within each of the five deliverables, there are a number of specific milestones and the document describes the actions, lead, timescale and progress to date as at 9 February 2024. • **Deliverable 2.2 Financial Savings & Deliverable 2.3 Future Financial and Value Opportunities:** The 23/24 Savings Target has been exceeded with forecast delivery of £30.5m at Month 10, of which £20.2m are recurring. The M10 year to date deficit is c£15m above plan which will need to be recovered during the final two months of the financial year through the delivery of the Control Total measures and Balance Sheet releases. Consideration of the WG ask to further improve upon the planned deficit by c £13m, is ongoing. Work has commenced to identify savings opportunities for the 24/25 Annual Plan, with an initial £3m being identified which will require review and challenge and full project delivery documentation to be completed. Actions to deliver transformational approaches to savings will be linked to Value and Sustainability Projects going forward, including Medicines Management, Continuing Healthcare (CHC), Clinical Variation, Workforce, Non-Pay and Estates. RIGA (Recurrent Investment Group Assurance) 2 exercise to be completed by end of February - prioritisation schemes to be funded from the £42m Transformation and Performance Funding. • **Deliverable 2.6 Contract procurement and management Review**

	Final Report received end of January 2024 and Management Response provided. An Action 'Tracker' has been compiled to monitor progress against 24 recommended steps, with substantial progress to be achieved by end of February 24. Currently, c50% of the 16 Health Board actions have been closed. There are 6 actions solely for NHS Wales Shared Services Partnership (NWSSP) and 2 for the Welsh Government (WG), one of which has been closed as the Health Board has proactively undertaken the action as part of the SFIs update in November 23. The remaining open Health Board actions predominately relate to: ongoing review of policies and procedures to update and ensure compliance with Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation) SoRD. Guidance documents including the Budget Managers Handbook being reviewed and updated. Consolidating all Contract information from the exercise and meetings to be arranged with each Divisional lead in February/March to discuss Contract Management Arrangements and future involvement with NWSSP Procurement Team with the aim to improve local ownership, improved management of contracts, early action for renewals/extensions/exits, compliance with procurement rules and SFIs, improve Value for Money. • **Deliverable 2.7 Finance Team & Capacity** Whilst a number of temporary staff changes have been implemented to strengthen teams during Cycles 1 and 2, and a benchmarking exercise has been undertaken in conjunction with the NHS Executive Finance Team in Cycle 3; the full permanent structure review will be undertaken later in the year, during Cycle 4. • **Deliverable 2.8 Financial Governance** Cycle 2 focused on the SFIs and SoRD which was adopted by the Board on the 30th November, Cycle 3 focuses on the ongoing training development plans for the Finance Team and other staff undertaking procurement. The Finance Department is also in the process of undertaking the Health Finance Mangers Association (HFMA) Grip and Control Questionnaire which is to be completed by end of February 2024.
Argymhellion: ***Recommendations:***	The Committee is asked to receive and note the Action Plan as at 9 February 2024.

Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott Interim Executive Director of Finance			
Awdur yr Adroddiad: ***Report Author:***	Andrea J Hughes, Interim Finance Director – Operational			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	A three-year Financial Plan would be required to meet the Health Board's obligation under its Standing Financial Instructions (SFIs) and under section 175(2) of the National Health Service (Wales) Act 2006. The one-year plan does not meet that obligation.			
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	Not applicable			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Not applicable			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	If the actions detailed in the Special Measures response plan are not progressed on time and do not deliver the anticipated outcomes, then there is risk to the delivery of the 2023/24 Annual Plan and exceeding the			

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	planned forecast deficit; and, the required improvements in Financial Governance will continue to attract critisism and will cause further reputational damage.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not applicable.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Board Assurance Framework BAF 2.3 Risk of the Health Board's failure to meet the break-even duty. Corporate Risk Register CRR23-51, Risk of failure to achieve the financial plan for 2023/24, because of failure to achieve the level of financial improvement included in the plan
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Further progress the actions set out in the Action Plan.	
Rhestr o Atodiadau: ***List of Appendices:*** 1. Finance - Special Measures Action Plan – Outcome 2: A clear, deliverable plan for 23/24 (9 February 2024)	

Finance - Special Measures Action Plan 3rd 90 Days (December to February 2024)

As part of the Health Board Special Measures Action Plan for the 3rd 90 Days, the below sets out the response to five of the deliverables within Outcome 2: A clear, deliverable plan for 23/24. Within each of the five deliverables, there are a number of milestones. The actions, lead, timescale and progress status/actions to date are described below either one, or a group of, milestones.

- **Deliverable 2.2 Financial Savings**
- **Deliverable 2.3 Future Financial and Value Opportunities**
- **Deliverable 2.6 Contract procurement and management Review**
- **Deliverable 2.7 Finance Team & Capacity**
- **Deliverable 2.8 Financial Governance**

Key:

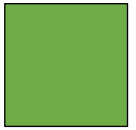
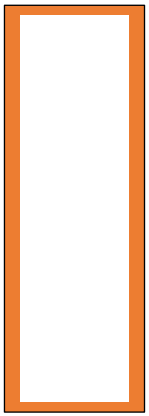
Deliverable Status: Red – Overdue, Green – Complete, White – Not due

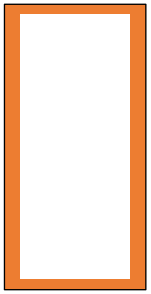
Progress Status: Red – No/Minimal Progress, Amber – On Track but not complete, Green - Complete

Deliverable 2.2 Financial Savings: Finalise the Savings Plan and forecast full delivery

2.2.1 All plans to meet the £25.2m savings target to be 100% score Green/Amber by end of November 2023.	
2.2.9 Review of potential for enhanced financial outturn in conjunction with Welsh Government by end of December 2023 (revised to February)	
2.2.10 Phase 2: Recurrent Investment Group Assurance (RIGA) Phase 2 to review new investments (£42m) budgeted in 2023/24 plans, including prioritisation exercise considering the schemes from RIGA Phase 1 – by end of February 2024	
2.2.11 Implement clear governance, accountability and monitoring to deliver the cross-cutting theme savings with relevant actions for delivering the transformational approaches also identified within the Planning Special Measures Action plan. (to be concluded in Cycle 4)	

Actions	Achievements to date	Progress Status

• Closely monitoring savings delivery and recovery of the year to date slippage (reinforce delivery via 'check & challenge' review meetings). Savings documentation, includes recurrent / non-recurrent values, delivery profiles and Part Year Effect (PYE) and Full Year Effect (FYE) (to improve underlying position c/f into 24/25) • Integrated Performance Meetings Chaired by Chief Executive Officer (CEO) to include reporting on Cost Improvement Plan (CIP) delivery and achievement of financial plans and performance against plans and relative benchmarking. Budget Holders held accountable. • 2023 Scheme of Reservation and Delegation (SoRD) revised the delegated limits and clarified that all Revenue and Business Cases and all Healthcare contracts to be considered by Executive Team for approval – increasing grip and control. • Continuation of training sessions – Procurement, Governance and Contracting. • Implement clear governance, accountability and monitoring to deliver the cross-cutting theme savings with relevant actions for delivering the transformational approaches also identified within the Planning Special Measures Action plan.	**Month 10** - Savings Plans £26.7m (Green £25.7m, Red £0.8m & Pipeline £0.2m). Of which, recurring Green Plans total £18.6m. Delivery is as follows: Green Savings Schemes £30.5m (of which £20.2m are recurring). Accountancy Gains released to date are £8.2m and Run Rate/Cost Avoidance (non-budget releasing) of £3.4m including £2.5m from the Establishment Control Group (ECG) process for decisions made up to end of January plus a forecast for the remainder of the year. *N.B a further £150k of ECG savings were delivered in previous months but the inability to retrospectively add savings plans to the Tracker, means these are excluded from the above totals.* *N.B.B A reduction in the number of Interims since December 22 (50 to 7) are generating cost avoidance savings reflected in previous months normalised run rate.* **Executive Delivery –** Integrated Performance Group (IPG) focus placed on financial delivery; **Challenge - £15.1m Month 10 year to date deficit above plan to be recovered in final two months and to consider 10% ask of Welsh Government (WG) £13m (as we progress through winter). Responses to date;** • Control totals (endorsed) to be delivered based on a 2% reduction from current baseline from September 23. Actions taken during October to January (Total c£8m). Further high-level summary of potential areas being considered by Divisions (M10 c £4.6m) with a further list of actions for consideration by Executives of c£8m. (details shared with FP&D). • Additional controls endorsed by Executives in January 24 and in place – Recruitment freeze for permanent Band 8d and above non-clinical posts. Chief Finance Officers (CFOs) Check and Challenge of requisitions for non pay expenditure covering c70 subjectives.	 

	• Medical Temporary Workforce weekly panel operational. • Nursing Temporary Workforce – changes to auto cascade, no auto-fill for off-framework and system only used for Acute sites, with agency only sought to be used to fill 7 days in advance of shift (out to bank 6 weeks prior). • RIGA Phase 1 outcomes issued in December 23. Disinvestment programme to be developed and to be monitored. RIGA Phase 2 (£42m prioritisation) to be completed by end of February 24. • Weekly ECG meetings taking place to approve/reject requests to recruit to vacant posts (all A&C and Band 7+ non patient facing). Savings reported from Month 7 onwards. • Focus on KPI's articulating opportunities (Value & Sustainability approach) and completion of key grip and control checklist (initial draft completed requiring review by the Finance SLT by end of February 24). **Continual review of WG enhanced financial control target ask, is ongoing.** Papers have been submitted to Executive Team set out the potential actions that could be taken to achieve the control total – these continue to be debated with due consideration given to the risks and potential consequences/impact on service delivery.	

Deliverable 2.3 Future Financial and Value Opportunities: Progress financial opportunities for 2024/2025

2.3.1 Identify as a minimum, £15m (50% of current year stretch target) as new 24/25 Savings Plans by end of February 24		
2.3.4 Proposed Financial strategic approach based on Value Based Healthcare principles, to support the delivery of the 24/25 Annual Plan, to be presented to Executive Team– by end of February 2024		
Actions	Achievements to date	Progress Status
• Closely monitor savings identification as part of the 2024/25 Annual Planning process. • Capture details within the Savings documentation, including the recurrent and non-recurrent values, delivery profiles and PYE and FYE for the Minimum Data Set (MDS) and in preparation for the 24/25 Monthly Monitoring Return (MMR). • Follow up on the outcomes of RIGA Phase 1 process (exit strategies) where instructions to disinvest were issued. • 24/25 Annual Plan delivery – Proposals for financial strategic approach based on Value Based Healthcare principles, to be presented to Executives.	• Savings templates and guidance issued as part of the Annual Plan process – first submission 31.10.23 with a further iteration submitted 30.11.23. Cautious indication of identified opportunities to date c£3m; however, these will require further challenge and full documentation to be drafted. To be progressed from January onwards. • RIGA 1 outcomes shared with Divisions in December 23, areas of focus (CHC / Managed Practices / Drugs / Temporary Workforce). • RIGA 2 review to be completed by end February 24.	

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

2.6.5 Final findings/report to be available by close of January 2024		
2.6.7 Agreed actions to be progress tracked and significant advancement to be made by end of February 2024		
Actions	Achievements to date	Progress Status
• Consider draft, receive comments from Welsh Government, Executive Director of Finance and	• Draft report received 31st October. Early feedback provided on factual accuracy. NHS Wales Shared Services Partnership (NWSSP) colleagues have met	

CEO to meet with report author and finalise the report.

- Undertake Executive Discussion Workshop on independent review findings and share with appropriate committees for oversight.
- Agreed actions to be progress tracked and advancement to be discussed at Audit Committee (e.g. assurance on controls and SFI compliance) \ Performance, Finance and Information Governance Committee (PFIGC) (e.g. Contract Reports\Register).

with Internal Audit to discuss actions. Draft Report shared with WG and feedback received and discussed on the 6th January 24. Management response shared with Internal Audit w/c 21st Jan 24. Final version of the report issued.

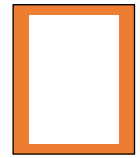
- Action Plan Tracker created to record progress and timescales against findings – positive progress made to date. Copy of Tracker shared with NHS Executive Finance, Planning & Delivery December 23 and January 24, with a further version due by end of February 24.

Position as at 11 February 24:

Action for	Total Actions	Open	Closed
Health Board	13	8	5
Health Board & NWSSP Procurement Services	3	0	3
NWSSP Procurement Services	6	6	0
Welsh Government	2	1	1
Total	24	15	9

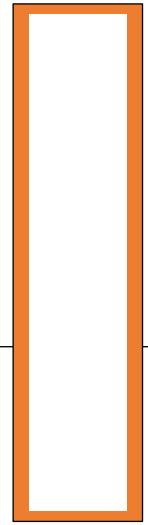
Open Health Board Actions predominately relate to:

- Work ongoing to review policies and procedures to update and ensure compliance with SFIs and SoRD. Guidance documents including the Budget Managers Handbook is being reviewed and updated for end of February 24, to include a procurement flow chart.



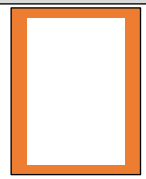
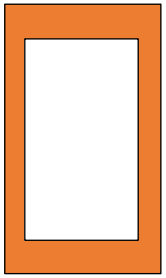
	• Ongoing Finance training programme to be managed via induction process and Performance and Development Reviews (PADRs). • Consolidating all Contract information from the IA Review exercise during January & February 24, meetings to be arranged with each Divisional lead in February/March to discuss Contract Management Arrangements and future involvement with NWSSP Procurement Team (aim - to improve local ownership, improved management of contracts, early action for renewals/extensions/exits, compliance with procurement rules and SFIs, improve Value for Money).	

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

2.7.3 Initial consideration of recurrent staffing requirements by end of February 2024 (update – to be considered during Cycle 4)		
Actions	Achievements to date	Progress Status
• Utilise the benchmarking analysis (Wales comparison and wider) and consider the required future staffing resource of the Finance Department and develop a new Operating Model (& Structure) for 3rd Cycle. Reflecting on the impact of changes made to the new Health Board Operating Model - review Business Partnering Teams, Financial Accounts, Capital Accounts, Management Accounts, Contracting Team, Systems Team and Counter Fraud Team.	Benchmarking information agreed in Cycle 2, to be used to inform new structure. Potential changes to HB Operating Model and Portfolios, may impact on the Finance Department Structure. Initial changes made to date: • Charitable Funds Finance Team transferred back under the stewardship of the Head of Financial Accounts. • Accounts Receivable Team transferred and now under the leadership of Head of Capital, Business Improvement and Compliance.	

	• Savings Monitoring Team, transferred and now under the management of the Head of Financial Reporting Team (MMR Team). • Interim Band 9 – additional senior leadership Capacity to be advertised in February 24.	

Deliverable 2.8 Financial Governance:

2.8.9 Summarise all learning to inform a development programme for Finance staff and all other staff exercising financial responsibilities on behalf of the Health Board, linking in with the Finance Academy partners, by end of February to include ongoing appropriate coverage of procurement; culture and ethics.		
2.8.10 Senior Leadership Team in the Finance Department to have completed a self-evaluation checklist in relation to grip and control and to have shared it with WG – by the end of February 2024		
Actions	Achievements to date	Progress Status
• Undertake an internal assessment of maturity of financial governance and grip and control in light of changes implemented and to take a decision whether a third party review is required. Complete the Health Finance Managers Association (HFMA) self-evaluation checklist in relation to grip and control. • Undertake a programme of learning for Finance staff and all other staff exercising financial responsibilities on behalf of the Health Board, linking in with the Finance Academy partners. • Executives to undertake procurement training and for this to become part of the Induction Programme.	**Grip and Control Evaluation:** Finance Teams undertaking initial review of responses/evidence to HFMA Grip and Control self-evaluation questions, during December 23. Final draft version to be reviewed by Finance Senior Leadership Team (SLT) end of February 24. **Training update:** ▪ Finance Department - Procurement Lunch and Learn 22 November 23 – attended by c 50 Finance Staff; ▪ Pan BCU - Oracle iProcurement Refresher Course 23 October 23 - attended by c400 people (Oracle Account Users). ▪ Finance Department - Lunch and Learn 13 Dec 23 – focusing on SFI/SoRD, Single Waivers, Audit Preparation – attended by c60 staff. ▪ Contracting Lunch & Learn Session – in partnership with NWSSP - 17 January 24 - attended by c70 staff.	 

	▪ NWSSP and Finance Staff delivered Procurement and SFI/SoRD Training delivered on site in West attending by c20 budget holders and other staff. Sessions planned in the East and Central Integrated Health Community (IHCs). ▪ NHS Finance Academy Session 24th January 24 – Discussing training resources available and Competency Framework Assessments - attended by c60 staff. Feedback has been very positive on all sessions delivered to date. All presentation slides and session recording available (to finance staff), and record to be maintained via PADR documents. ▪ In partnership with NWSSP, delivery of Procurement Training to the Executive Team – date 6th December 23. Procurement Training to form part of the Induction Programme for new Executive Directors. ▪ All **new** requisitioners and approvers (budget managers) required to complete I-Procurement training on set-up *(e-mail 29.08.23 20:01) via NWSSP resource* ▪ Training open to **ALL** requisitioner's via Oracle New User Request Form (office.com) *LIVE*; ▪ E-Enablement session for existing and targeted users commenced 24th *October 23;* ▪ Communication distributed: ○ Miscodings: Requisition and Purchase Orders (POs) ○ Closure of POs ○ Incorrect (full) receipting of POs ○ No PO No Pay and retrospective requisitioning ○ Key contacts and resources for support	

	• Budget Managers Handbook is in the process of being fully revised and to now include links to e-learning (bitesize) resources. To be launched by end of February and available on Betsinet.	

Teitl adroddiad: ***Report title:***	NHS Workforce Data Comparison Management Response Report
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	22nd February 2024
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to outline the organisational position in terms of workforce data compared to the national position as per the audit report provided to the organisation earlier in 2023. It also provides an overview of any outlying positions compared to the national positon and any known reasons for this position whether positive or negative.
Argymhellion: ***Recommendations:***	The Committee is asked to NOTE the current performance position provided and feedback any improvements on the content of this report for future reporting.
Arweinydd Gweithredol: ***Executive Lead:***	Jason Brannan-, Deputy Director of People
Awdur yr Adroddiad: ***Report Author:***	Nick Graham, Associate Director Workforce Optimisation

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

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

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Partial assurance level is due to continued gaps in information against a number schemes.	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Living Healthier, Staying Well (LHSW)– Improve the safety and quality of all of our service Integrated Medium Term Plan (IMTP) Employer of Choice
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Leadership is one of the domains for which the Health Board is subject to Targeted Intervention. The domains relating to Mental Health and Learning Disabilities, Glan Clwyd and Vascular Services are impacted by the workforce within these services.
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?***	CRR21-13 Nurse Staffing CRR21-17 Children and Adolescent Mental Health Services (CAMHS) Out of Hours provision CRR22-18 Infection Prevention and Control (IPC) capacity CRR22-23 Unscheduled Care
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	No direct implications arising from this report
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	No direct implications arising from this report.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance, planning and transformation alongside service and scheme leads for the relevant outlined areas is taking place.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	BAF21-18 Effective Alignment of Our People
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable

Reason for submission of report to confidential board (where relevant)	
Next Steps: To look at how the elements of the report can be inform the Health Boards medium and long term workforce planning objectives for 2024/2025 and beyond.	
List of Appendices: Appendix 1. NHS Workforce Data Comparison Report.	

NHS Workforce Data Comparison Management Response – January 2023

Jason Brannan

Deputy Director of People

GIG CYMRU NHS WALES

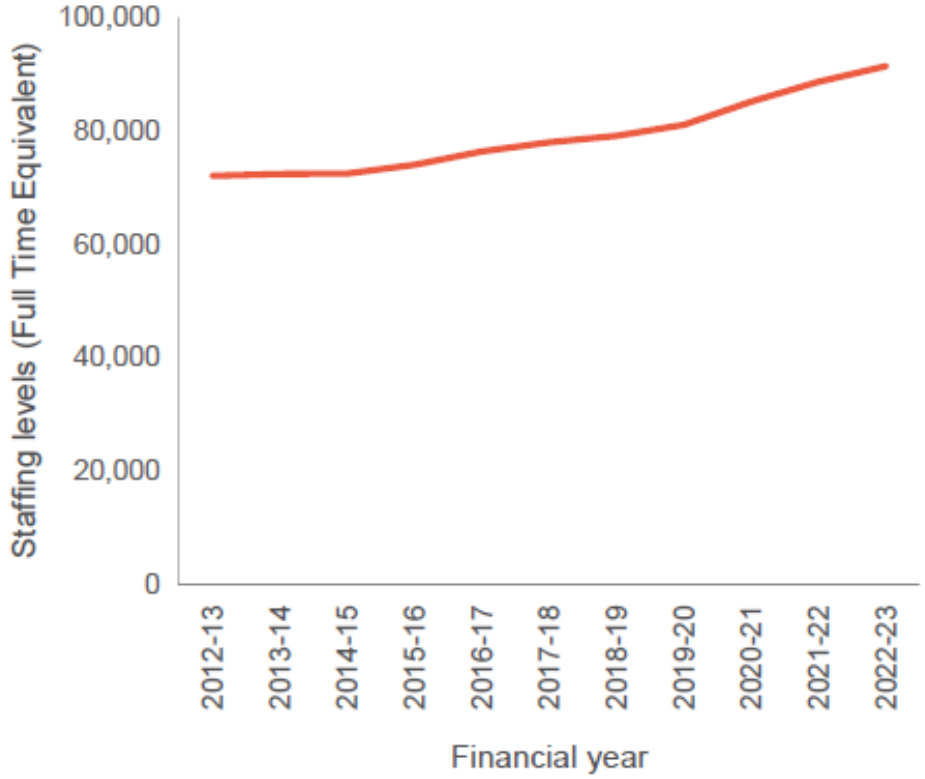
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

How is the NHS workforce changing?

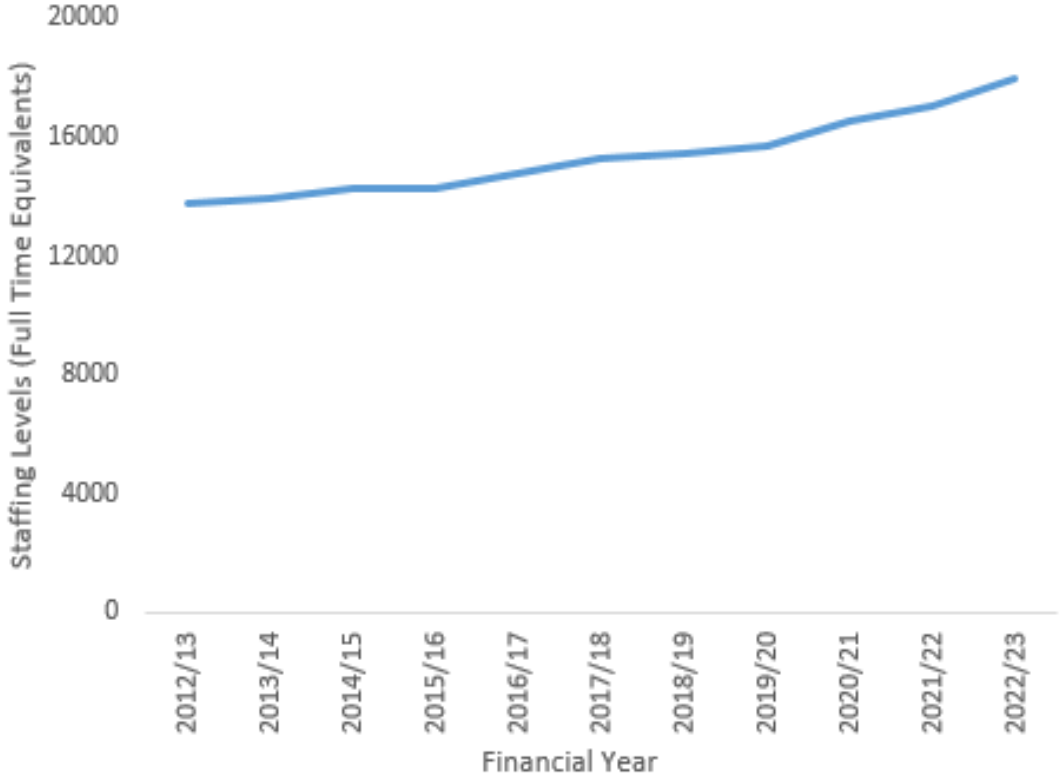
The NHS workforce data audit was presented to the organisation earlier this year. This report highlights the specific positon across BCU over the same time periods as the national dataset. The management response highlights variations against the national trends.

The first element of the report shows the changing numbers in the workforce over the last ten years and as can be seen the BCU trend matches the national trend with a steady increase over the period.

NHS Wales



BCU



Workforce change by staff group

The staff group change across BCU over the period is broadly in line with the rest of Wales. The outliers are nursing and Healthcare Assistants. This can be attributed to the recruitment challenges faced in nursing and alternative skills mix solutions implemented across the Health Board, it can also be attributed to the fact that the Health Board is still predominantly a secondary care bed based led model of care.

NHS Wales

	2012-13	2022-23	Percentage change
Admin and estates	15039	22731	51.1%
Ambulance staff	1937	2749	41.9%
Scientific, therapeutic and technical	11549	15971	38.3%
Medical and dental	5917	7836	32.4%
Nursing, midwifery and health visiting	31176	36113	15.8%
Other non-medical	124	126	1.8%
Healthcare assistants and other support staff	6259	5878	-6.1%
All staff	**72002**	**91404**	**26.9%**

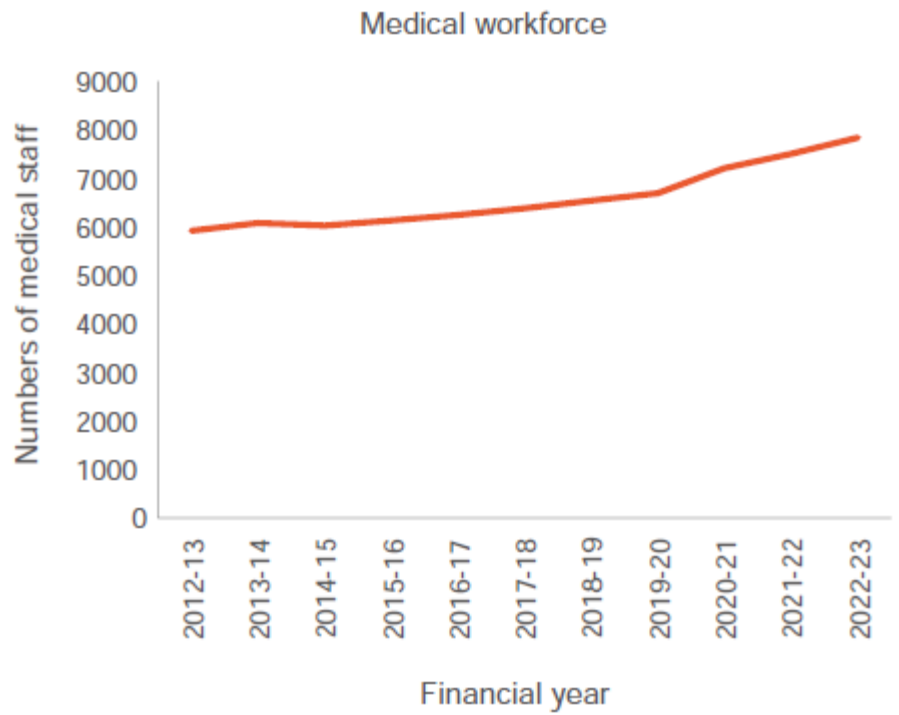
BCU

Staff Group	2012/13	2022/23	Percentage Change
Admin & Estates	3492.81	5002.19	43.2%
Ambulance Staff	N/A	N/A	N/A
Scientific, Therapeutic and Technical	1631.28	2195.95	34.6%
Medical and Dental	1134.59	1570.51	38.4%
Nursing, Midwifery and Health Visiting	4867.92	5317.74	9.2%
Other Non Medical (Students)	8.00	19.50	143.8%
Healthcare Assistants and Other Support Staff	2662.52	3892.94	46.2%
All Staff	**13797.11**	**17998.83**	**30.5%**

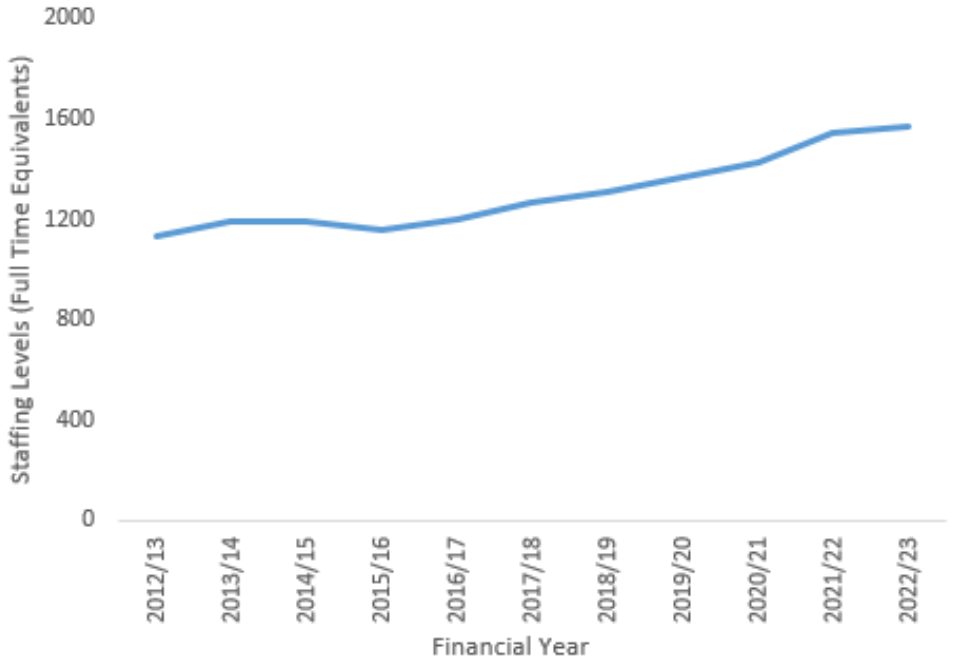
Medical workforce change

The BCU medical workforce trend is in line with the national trend of a steady increase in medical posts across Wales over the reference period.

NHS Wales



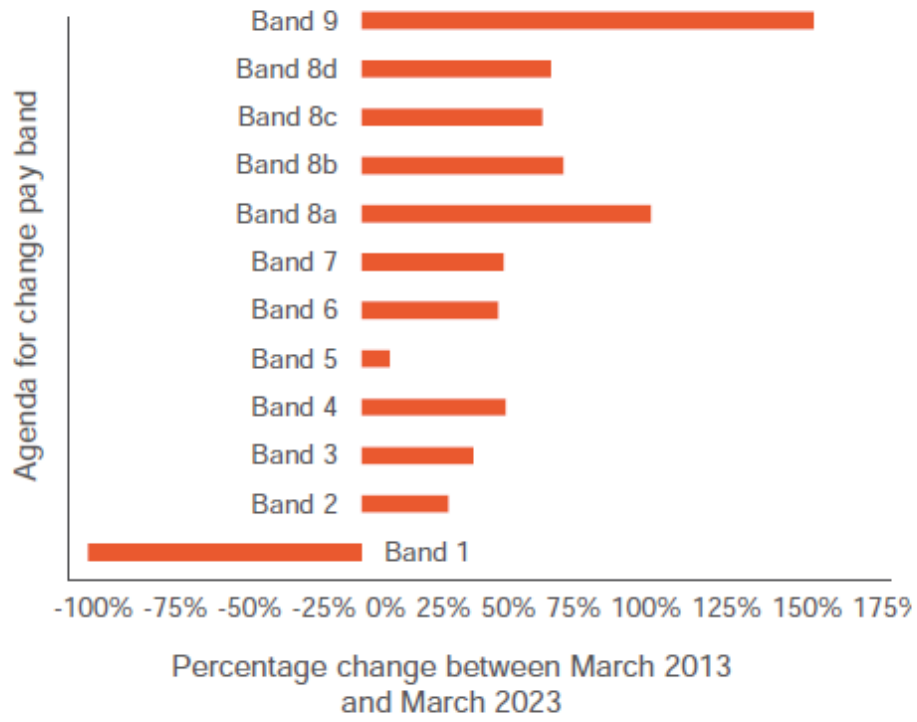
BCU



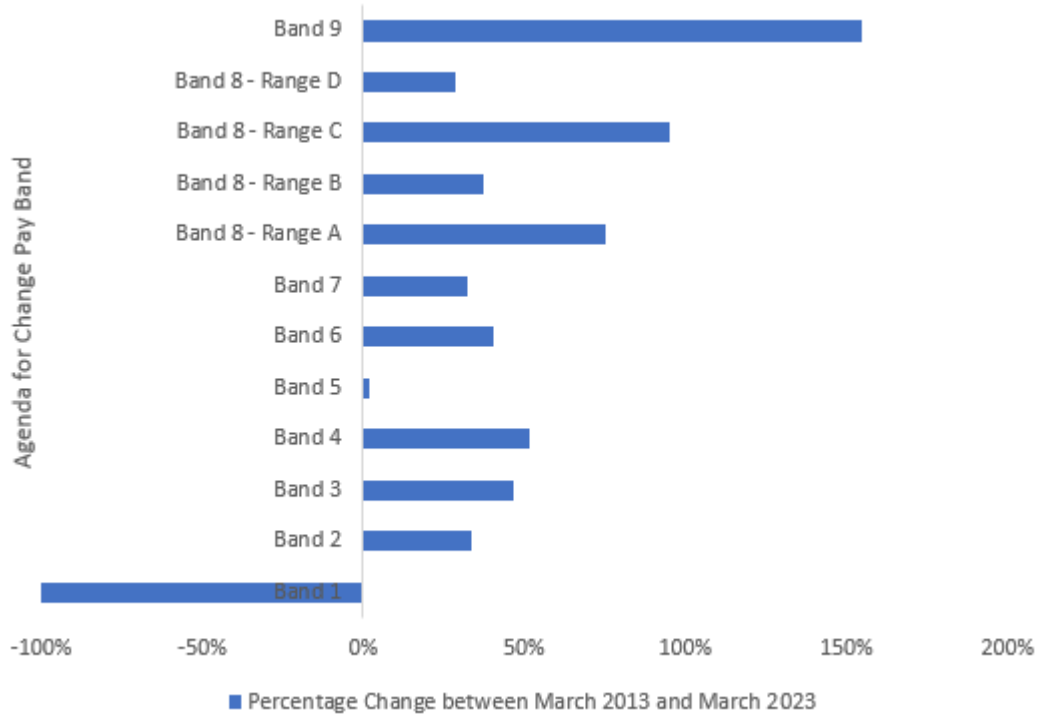
Change in grade mix

The change in grade mix across BCU is broadly in line with the national position with the outlier being at the Band 8c level. Some of this can be attributed to the size and the physical spread of the organisation. But it is still an outlier. The wider operating model at a senior management level is being reviewed and this position will taken into consideration as part of that wider work.

NHS Wales



BCU



Change in grade mix

This information the same as the information on the previous slide but presented the actual increase or decrease in numbers. The same position applies to the senior management numbers.

NHS Wales

AFC band	Staff numbers in 2023	Change in staff numbers between 2013 and 2023
Band 9	219	+132
Band 8d	407	+159
Band 8c	879	+334
Band 8b	1430	+580
Band 8a	3554	+1756
Band 7	10260	+3326
Band 6	15875	+5009
Band 5	16886	+1468
Band 4	9034	+2961
Band 3	12247	+3355
Band 2	16367	+3722
Band 1*	129	-1579

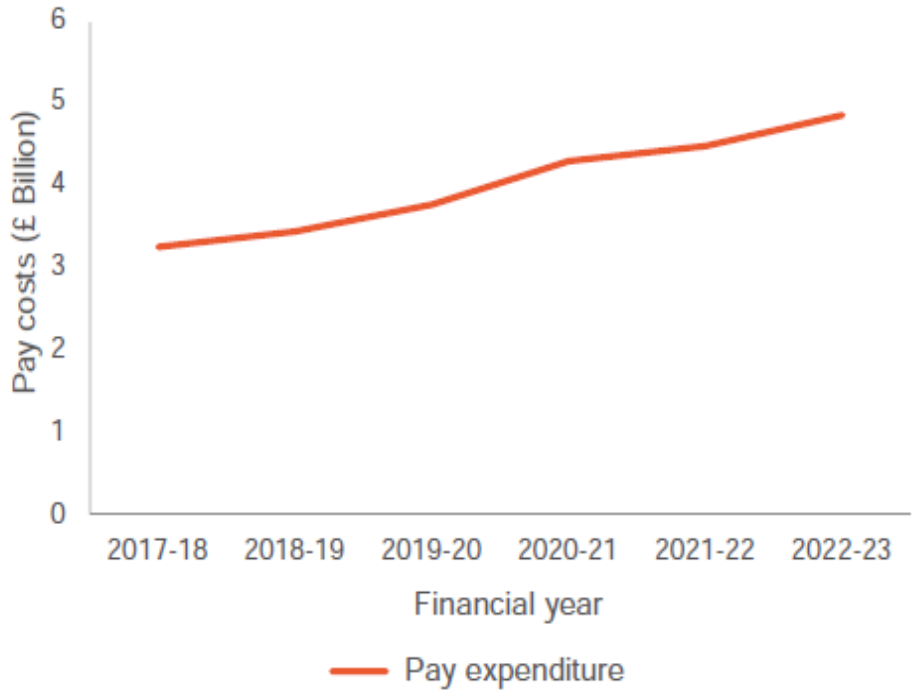
BCU

AFC Band	Staff Numbers in 2023	Change in staff numbers between 2013 and 2023
Band 9	31.8	19.3
Band 8d	63.2	14.0
Band 8c	150.0	73.2
Band 8b	204.8	55.8
Band 8a	613.3	263.8
Band 7	1793.2	439.4
Band 6	2996.7	865.1
Band 5	3208.2	66.8
Band 4	1536.7	522.3
Band 3	2628.1	834.6
Band 2	3145.1	788.0
Band 1	0.0	-155.6

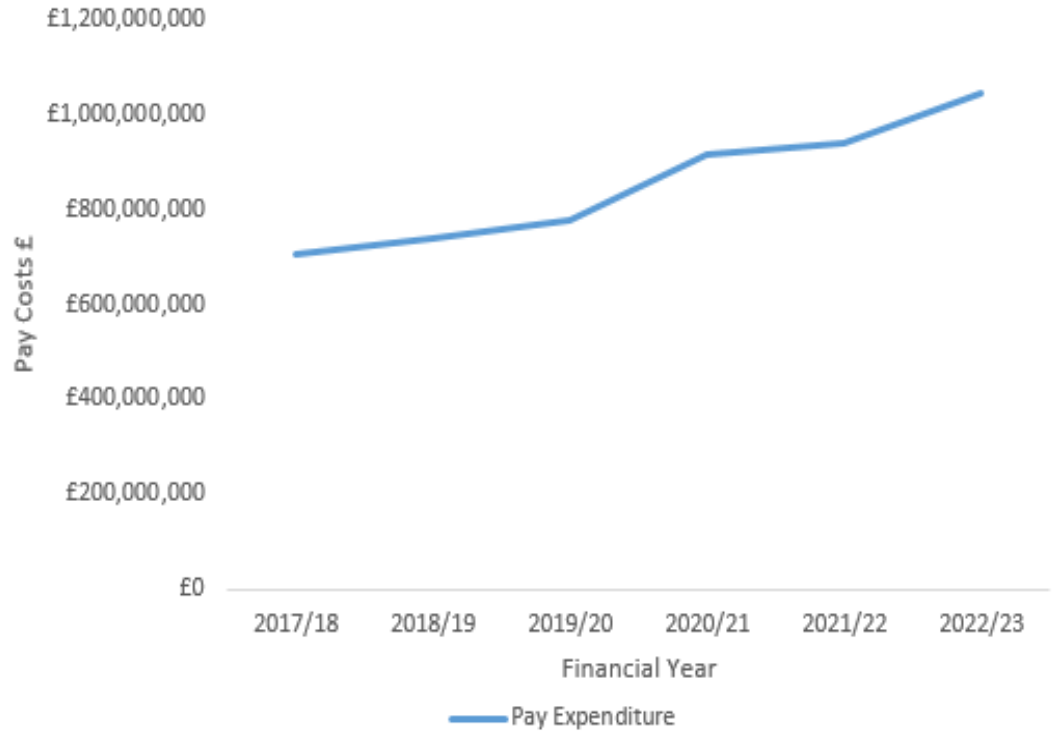
What is the cost of the NHS workforce?

The steady increase in pay expenditure across the organisation is in line with the rest of Wales over the reference period. This position is consistent with the increase in staff numbers and the reliance on increased temporary staffing solutions but what is interesting is that the organisation is not a significant outlier from the tend information shown below.

NHS Wales annual total pay costs



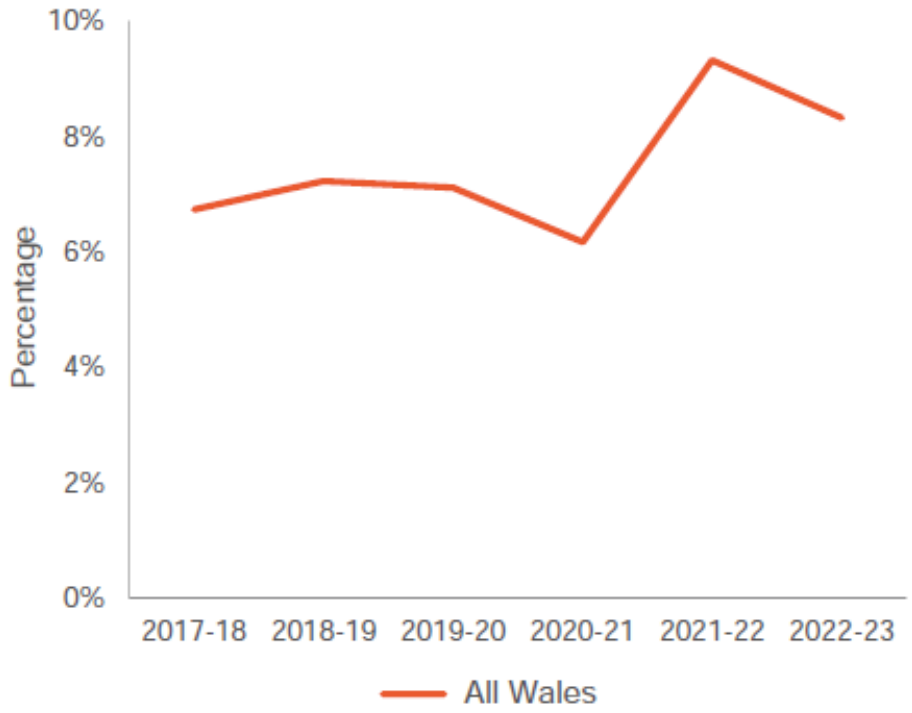
BCU annual total pay costs



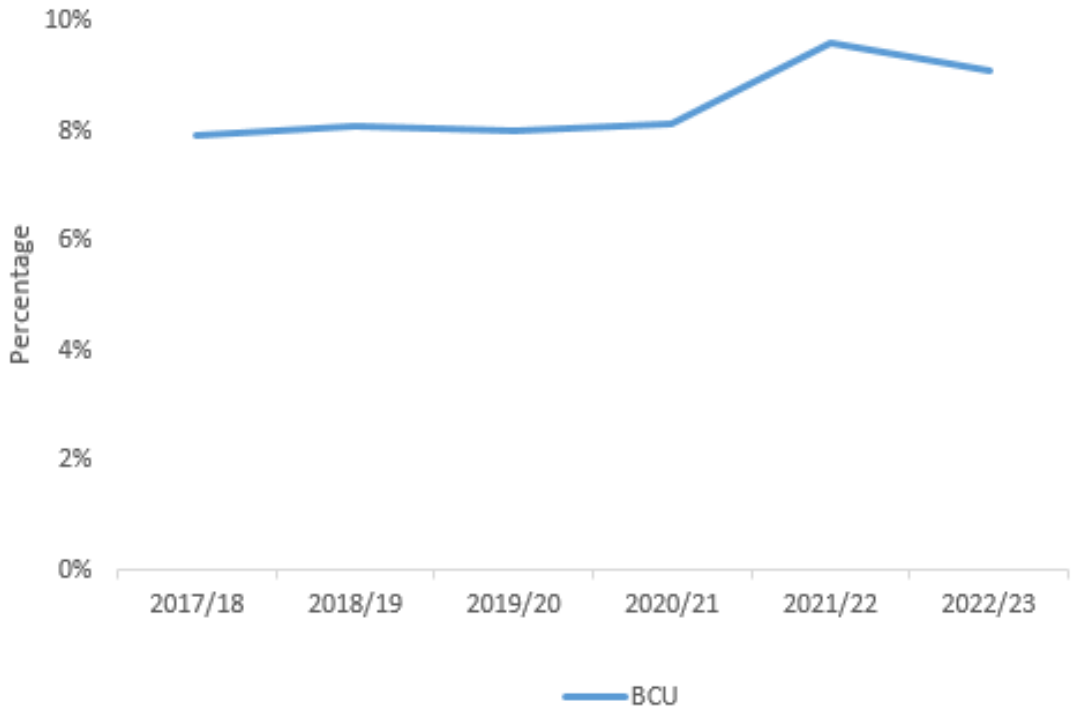
What is the recruitment challenge for NHS Wales?

BCU has historically always had a slightly higher staff turnover factor than the rest of Wales. What is interesting is that from the start of the pandemic onwards the fluctuation has been far less in BCU than seen across the rest of Wales.

NHS Wales annual staff turnover



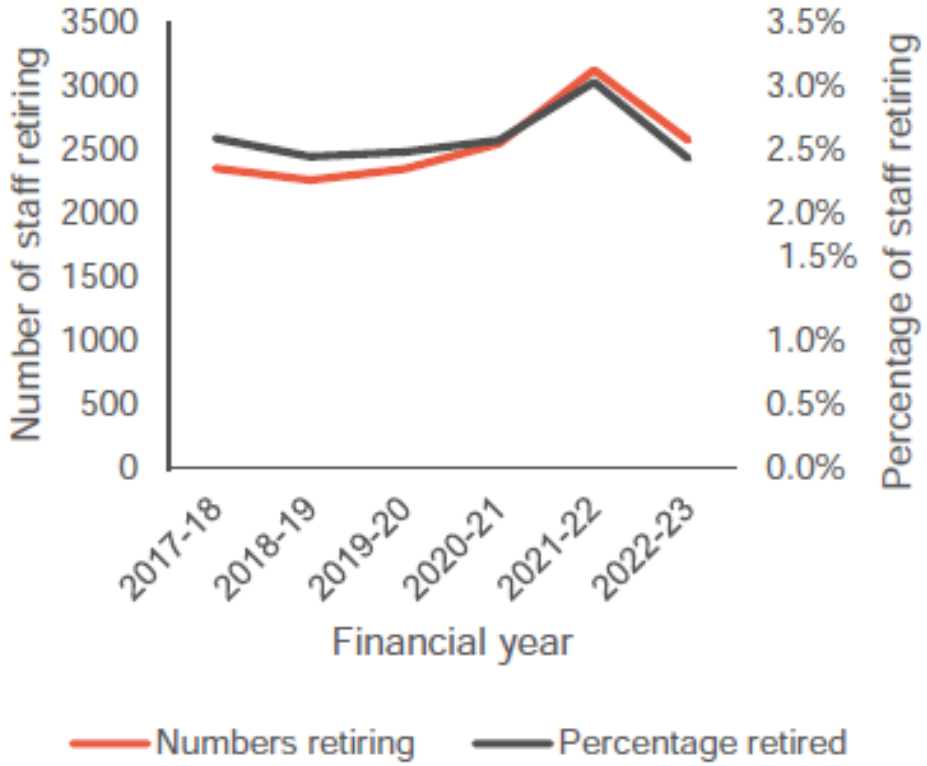
BCU annual staff turnover



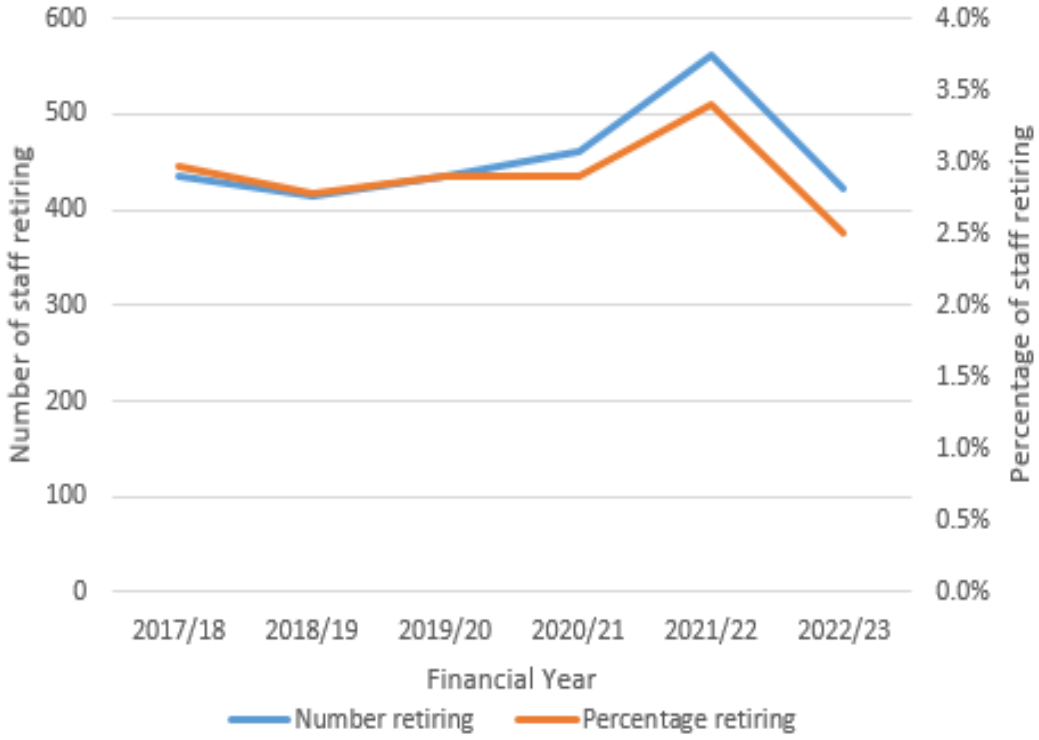
Retirement in NHS Wales

As with other organisations across Wales BCUs trend lines follow a similar line to the rest of Wales although the percentage is slightly higher but this aligns with our turnover rate being higher across the same period.

NHS Wales number and percentage of staff retiring



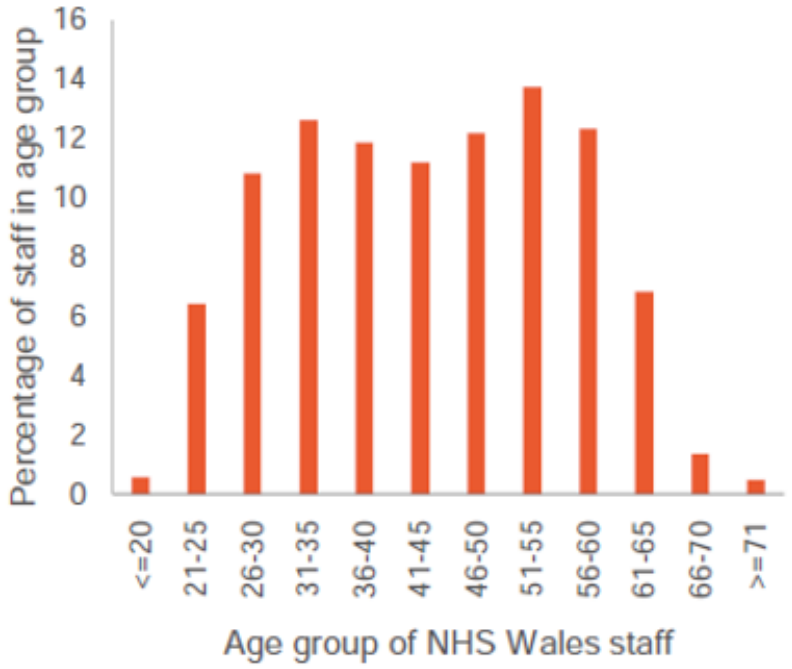
BCU number and percentage of staff retiring



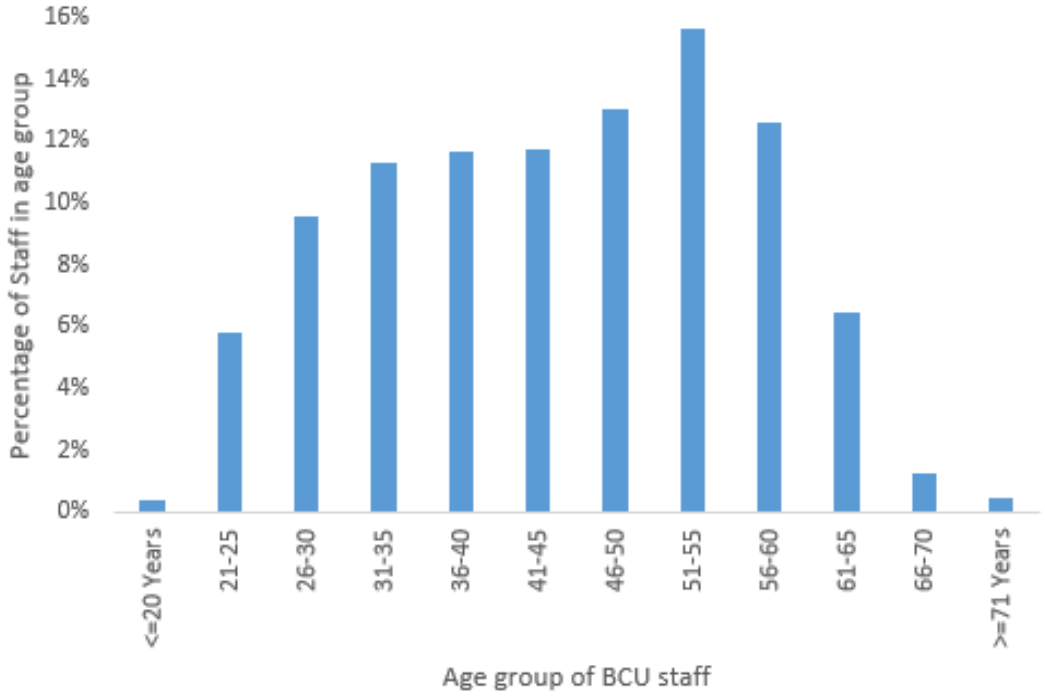
NHS Wales workforce age profile

The age profile across BCU again aligns broadly with the national picture. Although it is highlighted that the reliance on the 51-55 age group is slightly higher in BCU than the national average.

NHS Wales staff age profile September 2022



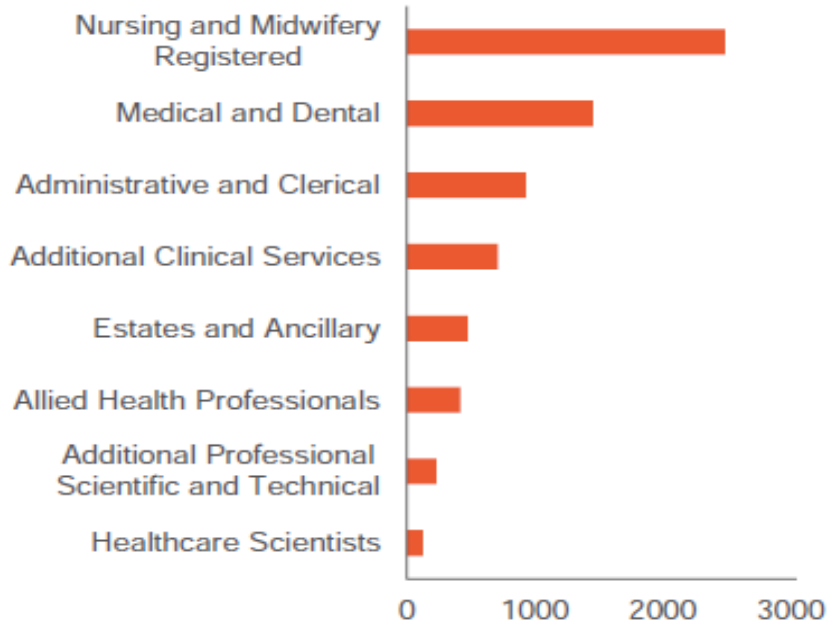
BCU staff age profile September 2022



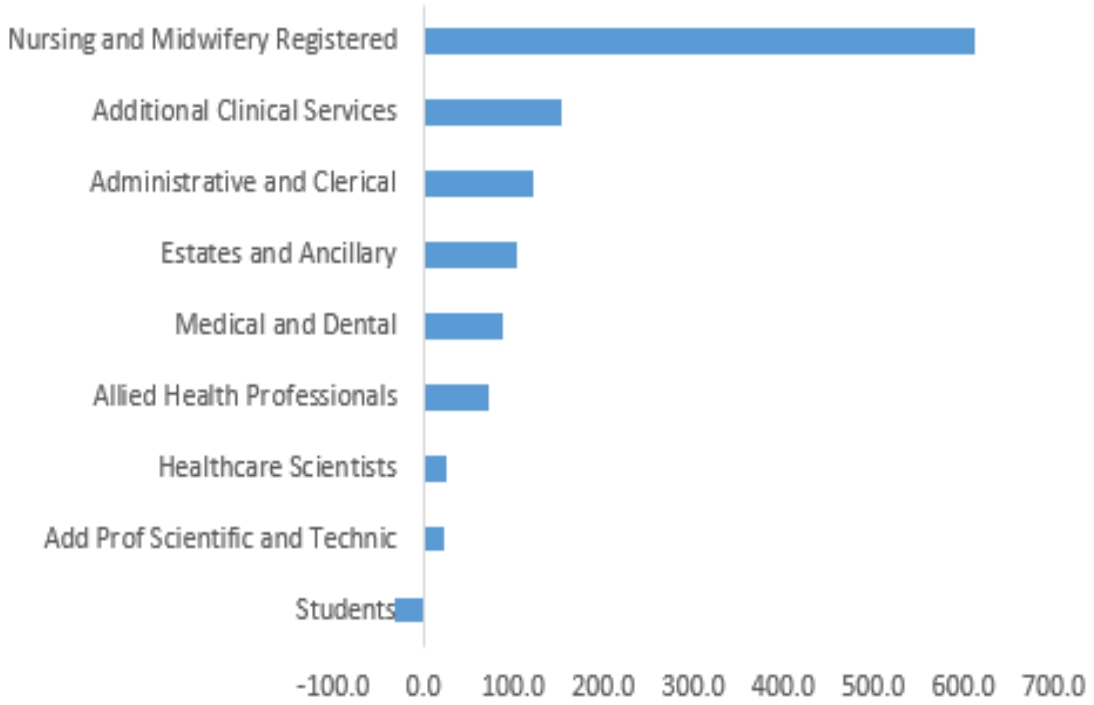
Vacancies in NHS Wales – by staff group

The vacancy position across BCU compared with the national picture is similar across most staff groups with the exception of Nursing where there is a significant larger gap ratio as compared to the national picture. The opposite position is the case with Medical and Dental where BCU has significantly less vacancies than across the rest of Wales in proportion to other staff groups.

NHS Wales at March 2022



BCU at March 2022

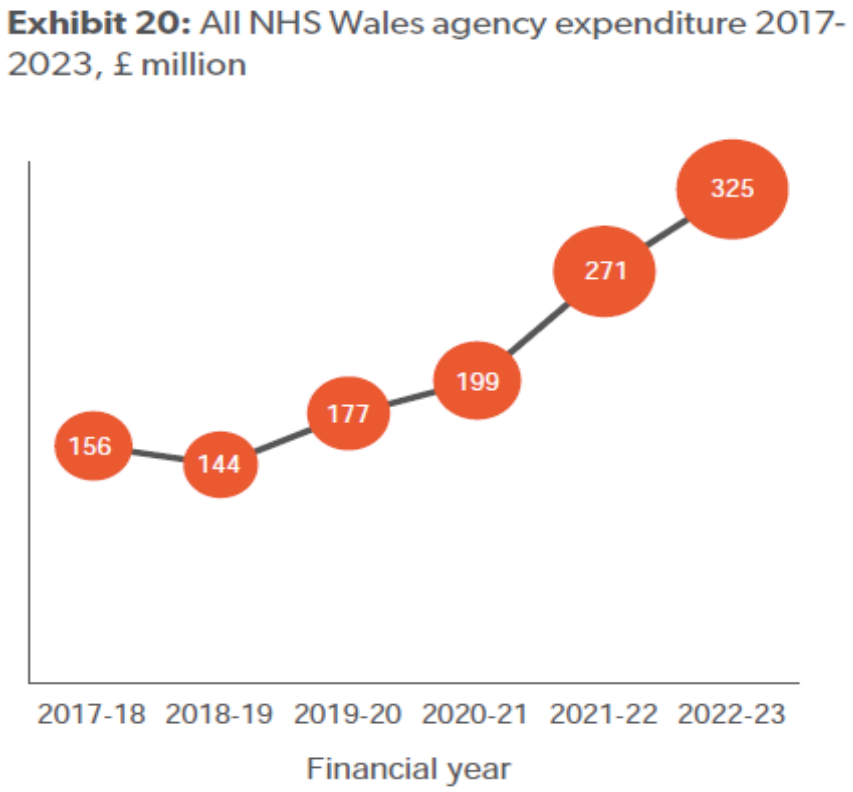


Source: Returns from NHS Wales health bodies

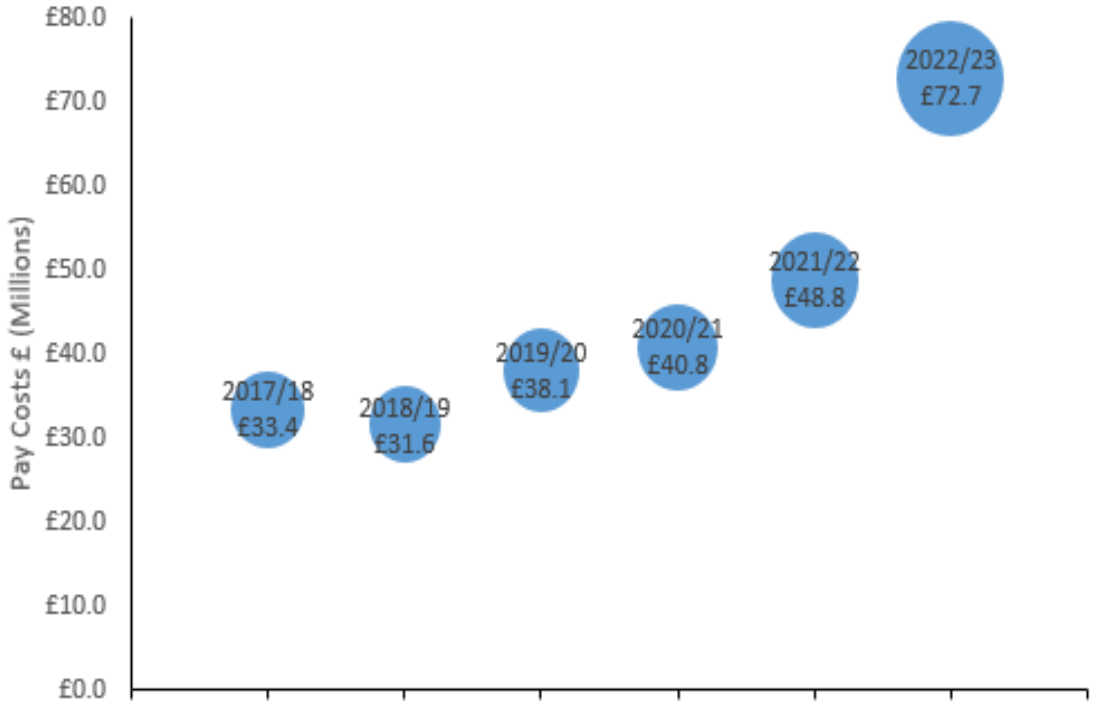
To what extent does the NHS in Wales rely on temporary staff?

The reliance on temporary staff across BCU has been consistent with the rest of wales through most of the reference period. The jump came in 2022/23 due to the increased gaps in nursing establishments and the higher reliance on off-framework agencies for both nursing and medical and the heavy reliance on senior non-clinical interims across the organisation. Both of these position have been addressed over the 2023/24 with te specific reduction in non-clinical senior interims going from nearly 50 in December 22 to 2 in December 23.

NHS Wales agency staffing use



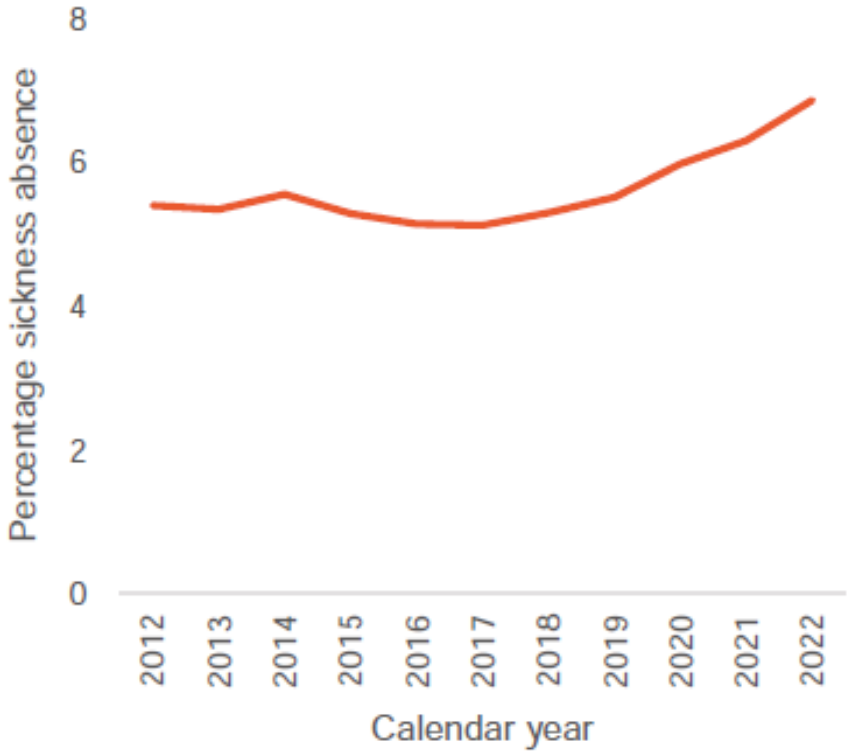
BCU agency staffing use



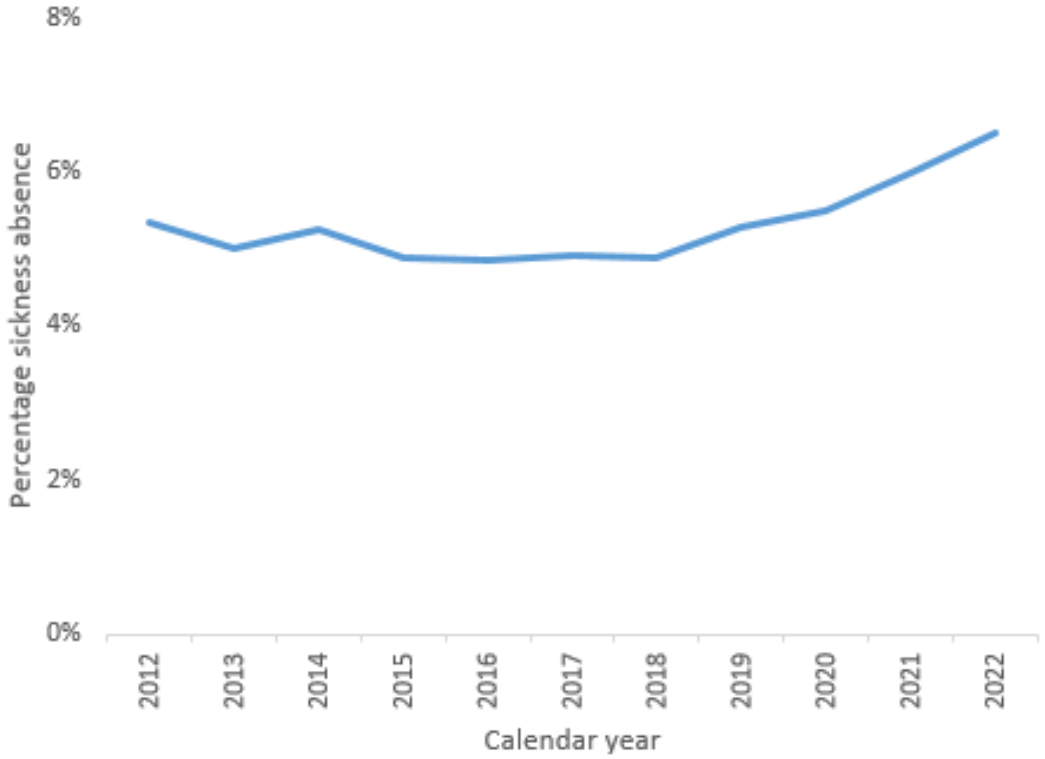
What is the position on sickness absence?

The sickness absence trend across the reference period mirrors the national position and has stayed relatively stable with an increase coming during and following the pandemic which is consistent across the wider healthcare sector within the UK.

All Wales sickness absence trend



BCU sickness absence trend



Teitl adroddiad: ***Report title:***	People (Workforce) Performance Report			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	22nd February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to outline the current workforce performance position as of January 2023. It also provides an update on the current position of Non-Clinical Senior Interims aligned to delivery of savings and the Recruitment KPIs update The report presented also covers a specific vacancy overview of Clinical Psychology and an in depth report on staff absence.			
Argymhellion: ***Recommendations:***	The Committee is asked to NOTE the current performance position provided and feedback any improvements on the content of this report for future reporting.			
Arweinydd Gweithredol: ***Executive Lead:***	Jason Brannan-, Deputy Director of People			
Awdur yr Adroddiad: ***Report Author:***	Nick Graham, Associate Director Workforce Optimisation			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Partial assurance level is due to continued gaps in information against a number schemes.	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Living Healthier, Staying Well (LHSW)– Improve the safety and quality of all of our service Integrated Medium Term Plan (IMTP) Employer of Choice
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Leadership is one of the domains for which the Health Board is subject to Targeted Intervention. The domains relating to Mental Health and Learning Disabilities, Glan Clwyd and Vascular Services are impacted by the workforce within these services.
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?***	CRR21-13 Nurse Staffing CRR21-17 Children and Adolescent Mental Health Services (CAMHS) Out of Hours provision CRR22-18 Infection Prevention and Control (IPC) capacity CRR22-23 Unscheduled Care
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	No direct implications arising from this report
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	No direct implications arising from this report.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance, planning and transformation alongside service and scheme leads for the relevant outlined areas is taking place.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	BAF21-18 Effective Alignment of Our People
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable

Reason for submission of report to confidential board (where relevant)	
Next Steps: To agree to ongoing format of the report and finalise this for the next reporting cycle.	
List of Appendices: Appendix 1. Workforce Performance Report	

Workforce Performance Report – February 2024

Jason Brannan

Deputy Director of People

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Workforce Metrics

Budget/Actual Establishment

Staff Group	Budgeted FTE	Actual FTE	Vacancy FTE
Total	**20366.9**	**18536.0**	**1831.0**
Medical and Dental	1748.2	1639.7	108.5
Nursing and Midwifery Registered	6331.6	5593.9	737.7

The vacancy FTE remained largely unchanged during January 2024 as the actual FTE growth of 26.1 FTEs was largely matched by the continued growth in budget (25 FTEs). Registered nursing saw the greatest increase in actual staffing (22.5 FTEs), causing the vacancy FTE to reduce by 21.2 FTEs. Additional Clinical Services increased by 12.4 FTEs whilst A&C, Estates and Ancillary and Healthcare scientists saw reductions in actual FTE.
IHC West workforce increased by 18.8 FTEs in January 24 and as this coincided with a small reduction in budget FTE, the vacancy FTE reduced by 20.1 FTEs. Increases in the Corporate budget coincided with a decrease in actual FTE causing vacancy FTE to grow by 31.3 FTEs.

Vacancy Rates

Staff Group	Vacancy %
Total	**9.0%**
Medical and Dental	6.2%
Nursing and Midwifery Registered	11.7%

The Vacancy rate stood at 9% through December 23 and January 23 which the highest it has been since March 20. The increase results from actual staff in post growth failing to keep pace with growth in budget FTE; since October 23 the budget has increased by 273.5 whilst actual FTE grew by 33.3 FTE. Since January 23 budget FTE increased by 1407.7 FTE and the staff in post by 802.9 FTE.
Add Prof Scientific and Technical staff group have the highest vacancy rate at 12.8%, followed by Estates and Ancillary at 11.8% and Registered Nursing at 11.7%.
ICD Primary Care have the highest vacancy rate at 20.3% followed by MHLD at 15.7% and Corporate at 11%. The vacancy rate for IHC Centre is 9.3%, whilst IHC East is currently 5.7% and IHC West, 7.7%.

Sickness Absence

Staff Group	Average Sickness FTE Lost per Day	Monthly Sickness %	Rolling Sickness %
Total	**1163.4**	**6.44%**	**5.85%**
Medical and Dental	26.0	2.22%	2.13%
Nursing and Midwifery Registered	376.8	6.74%	6.27%

The monthly sickness rate for January is largely unchanged from December at 6.4%.

Additional Clinical Services continues to be the worst performing staff group in terms of sickness absence levels with the monthly rate for January at 9%, followed by Estates and Ancillary with a rate of 7%, with sickness rates seen for both staff groups similar to those in December.

Areas with the highest vacancy rates also have the highest sickness rates, MHLD and Integrated Clinical Delivery- Primary Care at 7.8% and 7.2% respectively. Integrated Clinical Delivery- Primary Care monthly sickness has decreased from 9% in December.

Staff Turnover

Staff Group	Turnover Rate %	External Leavers FTE
Total	**8.6%**	**-114.6**
Medical and Dental	9.7%	-8.1
Nursing and Midwifery Registered	7.4%	-26.7

The turnover rate continues to reduce and is 1.2% lower than it was during January 23. Estates and Ancillary has the highest turnover rate at 11.6%, followed by M&D at 9.7%. There is an improving trend within registered nursing staff group where turnover has reduced by almost 2% over the last 12 months.
Corporate Services has the highest turnover rate at 11% whilst IHC West has the lowest turnover rate at 7%. Whilst the IHCs, ICDs and MHLD are seeing ongoing improvements in their turnover rates, Womens and Midwifery has seen a 2% increase in turnover rates over the last year to 9.3%.

Agency Usage

Staff Group	Agency Utilised FTE
Total	**614.5**
Medical and Dental	83.3
Nursing and Midwifery Registered	385.7

Agency equivalent FTE usage increased in January by 44 FTEs to 614.5 FTEs. Usage was highest in IHC Centre at 199 FTEs followed by IHC East at 186.9 FTEs. In comparison IHC West was much lower at 105.7 FTEs.

Registered Nursing had by far the highest agency FTE usage at 385.7 FTEs in January, increasing by 10.7 FTEs compared to December and is an increase on usage in January 2023 of 36.7 FTEs. Medical and Dental agency usage has increased by 8.4 FTEs to 83.3 FTEs and is 7.6 FTEs higher than January 2023. AHPs and A&C agency usage increased in January by 21.6 and 3.1 FTEs respectively.

Bank Usage

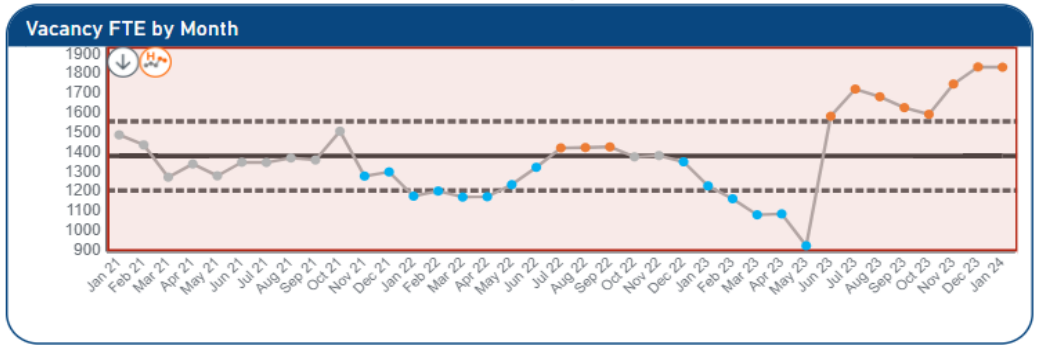
Staff Group	Bank Utilised FTE
Total	**1033.5**
Medical and Dental	191.6
Nursing and Midwifery Registered	121.7

Bank equivalent FTE utilised increased by 211.2 FTEs in January to 1033.5 FTEs. IHC Centre had the highest bank utilised FTE at 265.4, followed by IHC West at 242.2 FTEs and MHLD at 223.8 FTEs. Increases in bank usage were seen across all areas in November with the exception of Integrated Clinical Delivery- Primary Care where there was a small decrease of 1.1 FTEs.

Additional Clinical Support (Nursing) had the highest bank usage at 656.1 FTE followed by Medical and Dental at 191.6 FTEs and Registered Nursing at 121.7 FTEs. Bank usage increased across most staff groups in November with M&D and Additional Clinical Services (Nursing) seeing the greatest increases (101.3 FTEs and 91.3 FTEs respectively).

Workforce Metrics

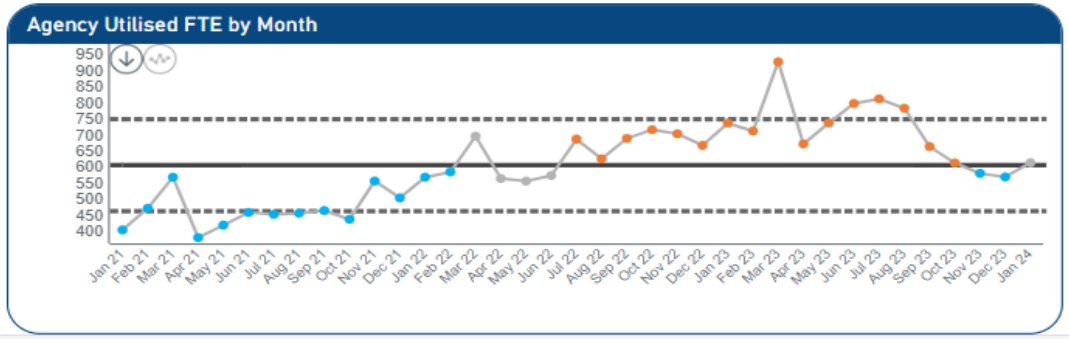
Vacancy FTE



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

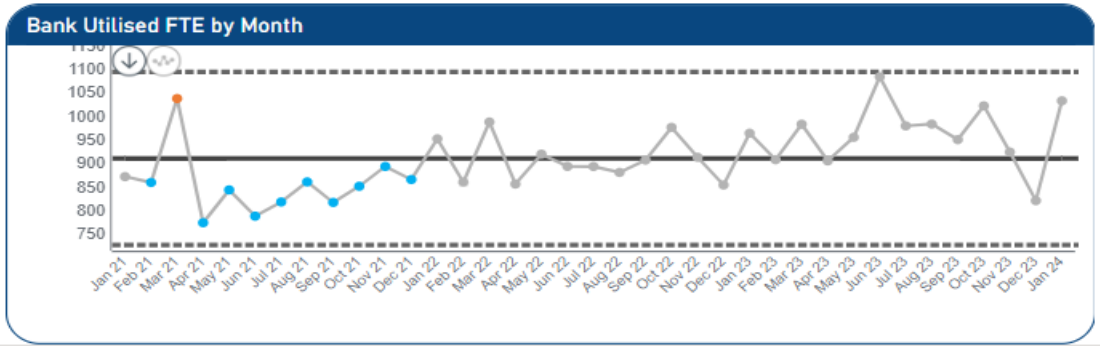
The vacancy FTE trend continues to show special cause variation across recent months following the addition of the NSA budgets to ESR in June 2023 and increases to the A&C budget within Corporate teams in November 2023. Since May 2023 the budget FTE has increased by 1306.5 whilst the actual staff in post FTE has grown by only 369.5 FTEs and as a result the vacancy FTE has remained above the upper control limit over the last 8 months.

Agency Usage FTE



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

Bank Usage FTE

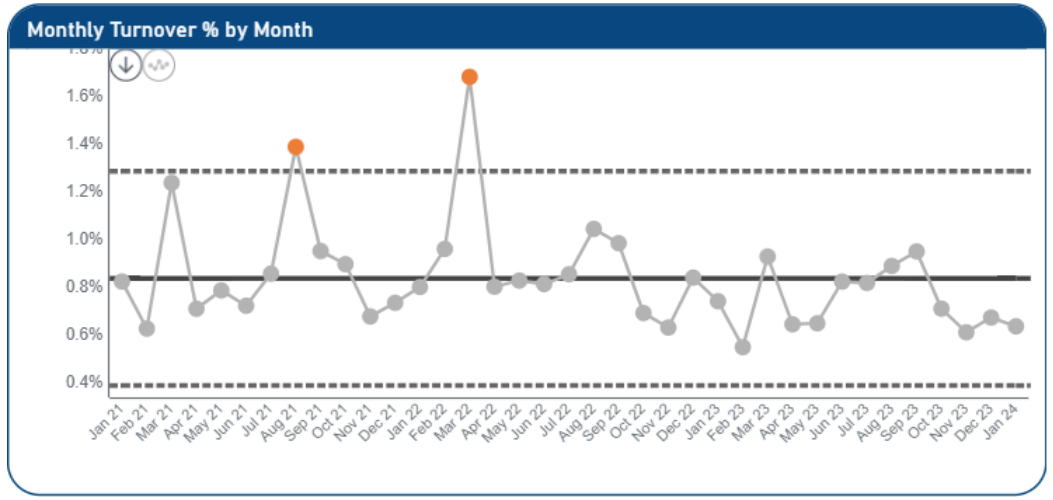


Bank usage FTE falls within the process control limits with no Special Causes seen since December 2021.

Workforce Metrics

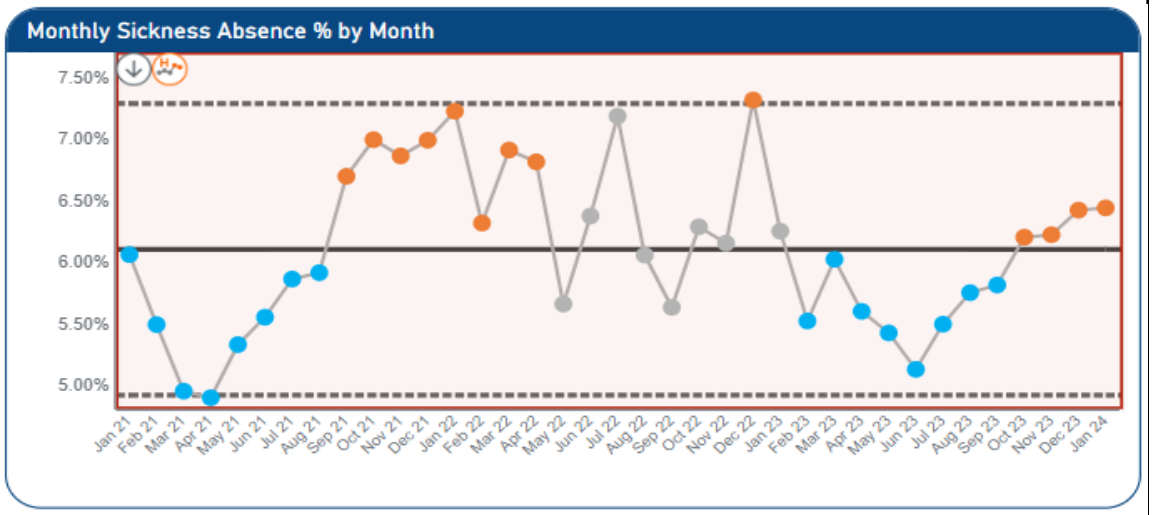
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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

Turnover %



Despite the erratic nature of the monthly turnover trend, it continues to fall within the process control limits indicating that there is no significant change or special cause of concern.

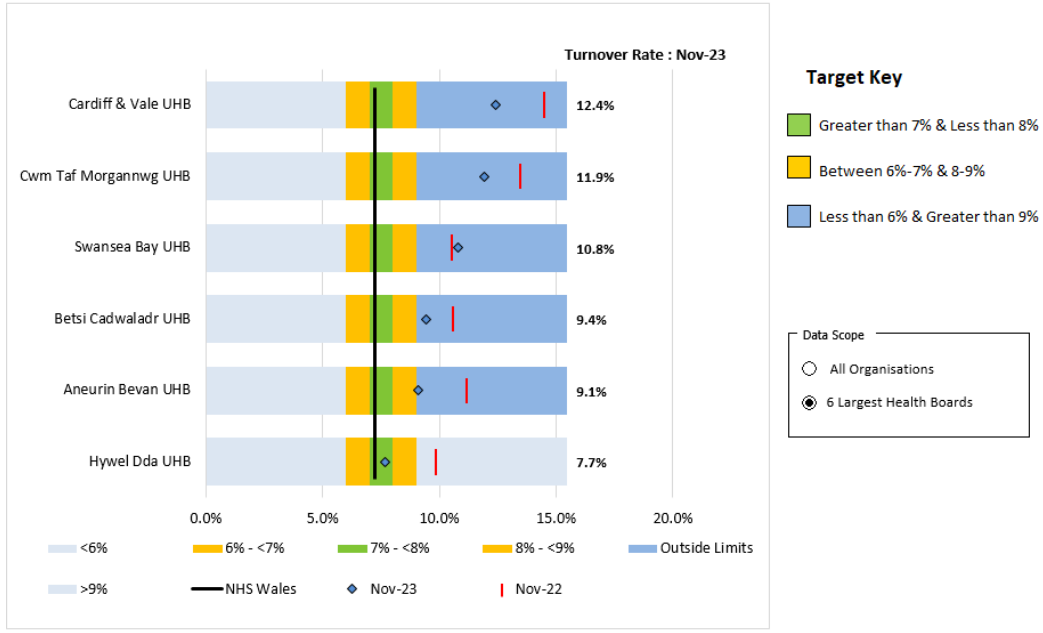
Sickness Absence %



The monthly sickness rate has increased over the previous months to 6.44% pushing it above the mean and as a result indicates special cause for concern due to the increasing trend. This is to be expected as we move into winter months as short term Cold, Cough and Flu and Gastro related absence becomes more prevalent.

Workforce Comparators

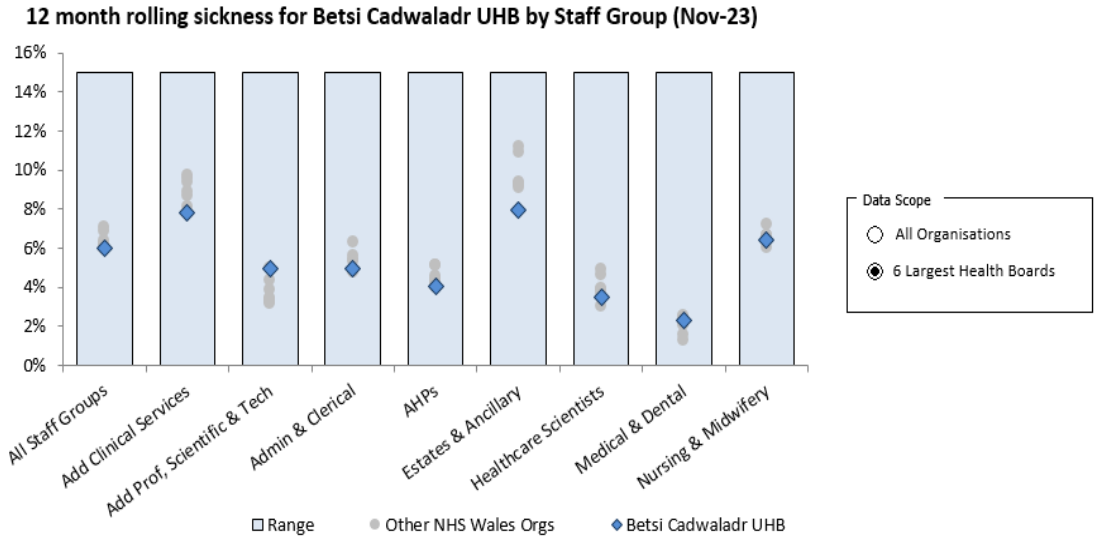
Turnover %



Of the 6 largest Health Boards in Wales, BCU has the third lowest turnover rate in November 2023 at 9.4% behind Hywel Dda at 7.7% and ABU at 9.1%. BCU's turnover rate is 3% lower than Cardiff and Vale and 2.5% lower than Cwm Taf Morgannwg.

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

Sickness Absence %



During November 2023, BCU had the lowest sickness rate of the 6 largest health boards at 6%. Swansea had the highest sickness rate at 7.1% followed by Cwm Taf Morgannwg at 6.9%. Over all, the sickness rate for NHS Wales was 6.2%.

Recruitment KPIs

Current Position (in days) – December 23

	T0a - Notice Date to authorisation start date	T1a - Time to approve vacancy request	T4 - Time to shortlist	T5b - Time to update interview outcomes	T9b - Time to check references	T13 - Vacancy Creation to offer letter issued	T23 - From conditional offer to ready for Start Date with outliers	T14 - Vacancy Creation to ready for Start Date
Health Community Centre (HCCX) L4	75.6	7.2	8.7	2.2	3.3	44.0	31.2	75.8
Health Community East (HCEX) L4	67.6	7.5	5.7	2.3	3.0	47.3	34.5	78.8
Health Community West (HCWX) L4	52.1	7.9	4.1	2.7	4.7	39.1	29.0	72.2
Mental Health & LDS (MX00) L4	70.6	7.8	5.7	2.5	3.3	41.8	27.1	66.0
Midwifery and Womens Services (WXXX) L4	33.0	5.9	3.3	1.3	2.7	39.0	19.8	63.6
Corporate Services	96.3	7.9	3.9	1.3	3.7	62.8	12.3	54.3
BCU Average	**65.9**	**7.7**	**5.9**	**2.3**	**3.5**	**45.2**	**29.7**	**72.6**
Wales Average	**45.2**	**7.4**	**7.0**	**2.8**	**5.6**	**44.0**	**24.9**	**71.3**

The KPI metrics included above are all specific metrics that are the responsibility of the Health Board and are within our gift to effect. The current position across BCU is that against the All Wales average we are performing better than the average in 3 of the 8 metrics.

There appears to be notable delays in Notice Date to Authorisation Start date where BCU averaged 65.9 days in December compared to the All Wales average of 45.2 days. Time to shortlist for BCU takes an average of 1.1 days less in comparison to the all Wales average with the highest average length of delay in IHC Centre. Performance against total time to recruit (T14) is just above the target of 71 days and all Wales average. MHLD, Womens and Midwifery and Corporate Services are all meeting the performance against total time to recruit in December with delays occurring within the IHCs.

Recruiting Well Programme Update

As part of the interventions being mobilised the recruiting well programme has been working on a number of targeted interventions with one being a major focus on the 'Time to shortlist' as this is within the organisation control and is an outlier in the KPIs presented above. This intervention involved running a PDSA cycle to understand the barriers for mangers and resulted in an intervention being put in place where People Services contact hiring managers 3 days prior to the vacancy closing date to remind them that shortlisting should be completed in 3 working days and to offer any required support and/or guidance required to help them achieve the target. As part of the intervention a sample cohort was selected and at the start of December compliance rates with the target were at 39% by the middle of December compliance had increased to 69%. This work is ongoing but initial results are promising and this intervention is now being formalised and will be rolled out across the organisation. This should result in seeing improvements in the T4 target over the coming months. Other initiatives are in the programme pipeline and these will be included in further reports going forward.

Senior Interims

Current Position

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

Details of which can be seen in the table below.

	01.01.23 (Dec)	01.02.23 (Jan)	01.03.23 (Feb)	01.04.23 (Mar)	01.05.23 (Apr)	01.06.23 (May)	01.07.23 (Jun)	01.08.23 (Jul)	01.09.23 (Aug)	01.10.23 (Sep)	01.11.23 (Oct)	01.11.23 (Nov)	28.12.23 (Dec)
No of Agency Interims	41	34	32	31	29	23	22	18	15	7	4	2	2

The benefit of this is that it reduces the daily cost of agency interim to the organisation. The daily cost at the end of December 22 stood at £29,319. The daily cost as at the end of Dec 23 stood at £1,230 This is a reduction of £28,089 per day, drop in agency expenditure across the organisation.

Details can been seen in the table below.

	01.01.23 (Dec)	01.02.23 (Jan)	01.03.23 (Feb)	01.04.23 (Mar)	01.05.23 (Apr)	01.06.23 (May)	01.07.23 (Jun)	01.08.23 (Jul)	01.09.23 (Aug)	01.10.23 (Sep)	01.11.23 (Oct)	01.11.23 (Nov)	28.12.23 (Dec)
No of Agency Interims	41	34	32	31	29	23	22	18	15	7	4	2	2
Agency cost per day	£29,316	£23,505	£22,131	£21,713	£20,795	£18,905	£16281	£13,570	£9,700	£4,542	£2,440	£1,230	£1,230

With the reduction in the number of interims the daily cost of interims has reduced from nearly £30k to £1.2k which equates to a monthly reduction of approx £576k based on an average 20 day working month. This equates to an annualised reduction figure of approx £6.9M.

An ongoing focus on interim usage across the organisation is underway with a push to reduce the number further and look to drive the use of internal solutions for covering vacancy gaps through secondments or acting up arrangements. This approach will further reduce the reliance of the organisation on senior temporary interims. This work is being undertaken collaboratively between workforce and finance colleagues, working closely with corporate and IHC teams.

Vacancies

Current Position – Clinical Psychology

As per the request from the previous meeting the team have met with the clinical lead for psychology to validate the currently reported establishment positions and to validate the current staff in post. There were minimal anomalies in the data which made no difference to the overall vacancy rate position.

Looking at the trend for Clinical Psychologists vacancies, it has been high for some time. Increases to staffing has not kept pace with increases to budget, particularly the increase in budget in June this year, however, there is some improvement over recent months. The details over the last 2 years are shown below:

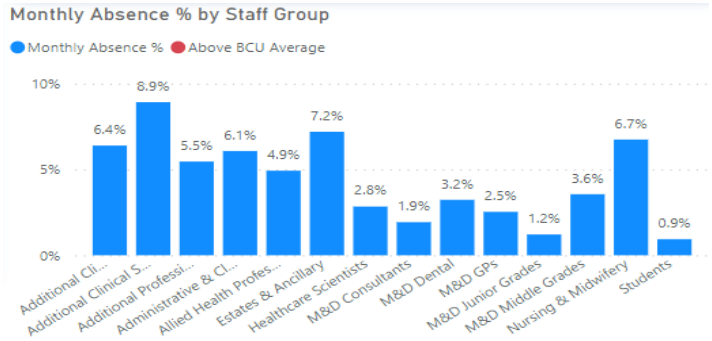
Month	Budgeted FTE	Actual FTE	Vacancy FTE	Vacancy %
2021-12	154.6	109.1	45.4	29.40%
2022-01	156.3	107.9	48.3	30.90%
2022-02	154.8	106.8	48	31.00%
2022-03	155	104.8	50.2	32.40%
2022-04	155	104	51	32.90%
2022-05	152.8	101.3	51.5	33.70%
2022-06	155.6	104.1	51.5	33.10%
2022-07	153.8	104.3	49.5	32.20%
2022-08	158.4	100.2	58.2	36.70%
2022-09	158.3	101.6	56.7	35.80%
2022-10	156	105.3	50.7	32.50%
2022-11	157.3	105.3	52	33.10%
2022-12	162	101.7	60.3	37.20%
2023-01	160.1	101.9	58.2	36.30%
2023-02	160.4	102.4	58	36.20%
2023-03	160.5	99.1	61.4	38.20%
2023-04	160.5	99.7	60.8	37.90%
2023-05	157.8	99.7	58.1	36.80%
2023-06	170.7	98.5	72.1	42.30%
2023-07	175.5	99.9	75.6	43.10%
2023-08	175.8	99.9	75.9	43.20%
2023-09	173.6	101	72.6	41.80%
2023-10	175.2	101.5	73.7	42.10%
2023-11	174.9	104.9	69.9	40.00%
2023-12	176	106.8	69.2	39.30%
2024-01	172.5	108.6	63.8	37.00%

Staff Absence

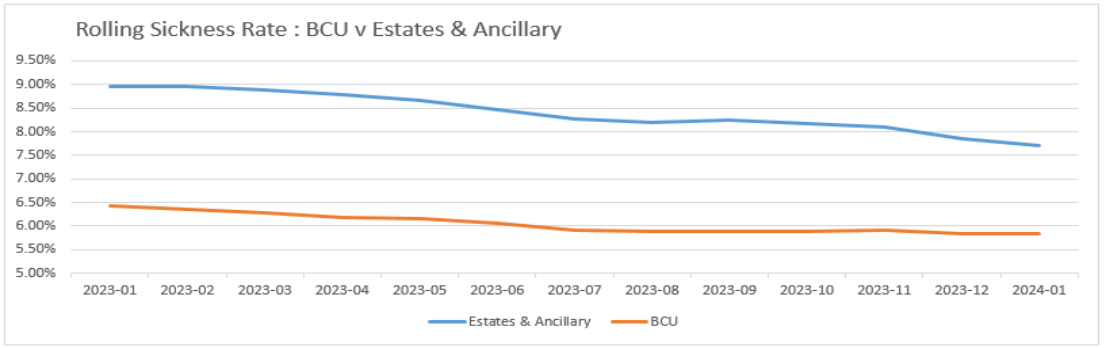
Outline Position

As requested a detailed review of staff absence has been included in this report with a specific focus on Estates and Ancillary staff. Here are the findings of the review.

The current position (January 24) by staff group is shown below, as can be seen the highest staff group are Additional Clinical Services Nursing at 8.9% with Estates and Ancillary showing at 7.2%.



Alongside this the rolling sickness rate across BCU has improved over the last 13 months by 0.57% with Estates and Ancillary staff group reducing by 1.26% over the same period as shown below.

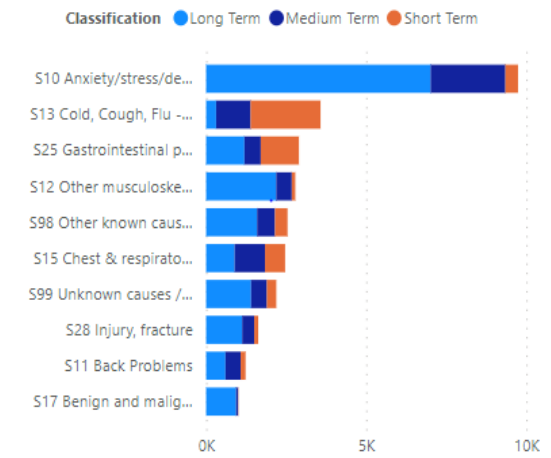


Alongside this we have analysed the top 10 reasons for absence across BCU and compared this with the Estates and Ancillary staff group.

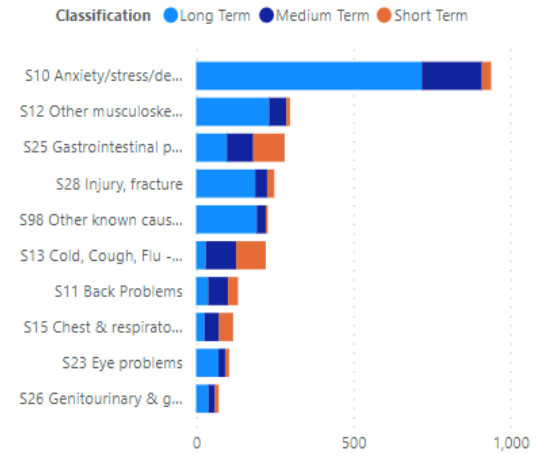
As can be seen below, the biggest reason across both BCU and Estates and Ancillary is the S10 – Anxiety/Stress category but across Estates and Ancillary the second highest category is S12 Other musculoskeletal whereas this comes in 4th on the BCU wide table.

It can also be seen that by far the largest proportion of absence is in the long term category. This is something that the local workforce teams are aware of and are working with IHCs to see how this can be addressed. This aligns with the Healthy Workforce teams intervention approach that is being developed at this time and the wider culture work across the organisation.

BCU



Estates & Ancillary



Staff Absence

Outline Position

Looking further into the reasons behind the sickness rates we can see in the tables below that Estates and Ancillary have the third highest anxiety and stress related absence and currently have the highest musculoskeletal related absence.

Anxiety and Stress Rolling Sickness Trend by Staff Group

Staff Group	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01
Additional Clinical Services (Non Nursing)	1.25%	1.24%	1.20%	1.18%	1.18%	1.18%	1.19%	1.18%	1.19%	1.27%	1.35%	1.40%	1.42%
Additional Clinical Services (Nursing)	1.91%	1.85%	1.84%	1.84%	1.85%	1.87%	1.87%	1.86%	1.89%	1.92%	1.95%	1.96%	1.96%
Additional Professional, Scientific & Technical	0.92%	0.94%	0.97%	1.00%	1.05%	1.05%	1.08%	1.08%	1.09%	1.14%	1.20%	1.22%	1.29%
Administrative & Clerical	1.15%	1.18%	1.22%	1.23%	1.26%	1.26%	1.28%	1.31%	1.33%	1.36%	1.40%	1.45%	1.52%
Allied Health Professionals	1.04%	1.05%	1.04%	1.06%	1.07%	1.07%	1.08%	1.11%	1.10%	1.10%	1.12%	1.14%	1.23%
Estates & Ancillary	1.58%	1.57%	1.61%	1.61%	1.61%	1.62%	1.64%	1.66%	1.70%	1.73%	1.77%	1.83%	1.90%
Healthcare Scientists	0.84%	0.88%	0.86%	0.87%	0.93%	1.01%	1.18%	1.29%	1.24%	1.16%	1.13%	1.10%	1.09%
M&D Consultants	0.47%	0.45%	0.41%	0.36%	0.35%	0.36%	0.36%	0.39%	0.40%	0.41%	0.41%	0.43%	0.46%
M&D Dental	1.00%	1.00%	1.01%	1.02%	1.03%	1.03%	0.76%	0.50%	0.33%	0.06%	0.00%	0.00%	0.00%
M&D GPs	0.26%	0.20%	0.40%	0.65%	0.64%	0.64%	0.72%	1.00%	1.22%	1.40%	1.71%	1.96%	1.95%
M&D Junior Grades	0.20%	0.23%	0.22%	0.27%	0.28%	0.27%	0.27%	0.27%	0.27%	0.30%	0.32%	0.33%	0.30%
M&D Middle Grades	0.26%	0.31%	0.36%	0.41%	0.44%	0.47%	0.53%	0.62%	0.67%	0.72%	0.76%	0.80%	0.80%
Nursing & Midwifery	1.53%	1.53%	1.56%	1.58%	1.59%	1.57%	1.55%	1.55%	1.56%	1.58%	1.60%	1.61%	1.60%
Students	0.50%	0.54%	0.57%	0.85%	0.50%	0.30%	0.50%	0.72%	0.70%	0.67%	0.65%	1.02%	1.02%
Total	**1.36%**	**1.36%**	**1.37%**	**1.38%**	**1.40%**	**1.39%**	**1.40%**	**1.41%**	**1.43%**	**1.46%**	**1.49%**	**1.52%**	**1.54%**

Musculoskeletal Rolling Sickness Trend by Staff Group

Staff Group	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01
Additional Clinical Services (Non Nursing)	0.35%	0.36%	0.37%	0.36%	0.34%	0.31%	0.29%	0.28%	0.27%	0.23%	0.22%	0.22%	0.25%
Additional Clinical Services (Nursing)	0.91%	0.89%	0.90%	0.91%	0.90%	0.88%	0.85%	0.82%	0.81%	0.79%	0.77%	0.77%	0.79%
Additional Professional, Scientific & Technical	0.17%	0.17%	0.18%	0.21%	0.24%	0.27%	0.29%	0.32%	0.31%	0.31%	0.31%	0.30%	0.30%
Administrative & Clerical	0.31%	0.30%	0.30%	0.30%	0.31%	0.31%	0.32%	0.32%	0.32%	0.33%	0.33%	0.34%	0.34%
Allied Health Professionals	0.28%	0.28%	0.27%	0.28%	0.30%	0.30%	0.30%	0.28%	0.27%	0.25%	0.23%	0.21%	0.19%
Estates & Ancillary	1.05%	1.09%	1.13%	1.14%	1.12%	1.10%	1.09%	1.06%	1.03%	1.02%	1.02%	1.00%	0.95%
Healthcare Scientists	0.12%	0.18%	0.20%	0.23%	0.26%	0.26%	0.25%	0.27%	0.28%	0.26%	0.23%	0.20%	0.18%
M&D Consultants	0.13%	0.12%	0.13%	0.14%	0.15%	0.15%	0.15%	0.14%	0.14%	0.15%	0.15%	0.16%	0.17%
M&D Dental	3.02%	3.05%	2.86%	2.63%	2.38%	2.13%	1.87%	1.61%	1.36%	1.09%	0.83%	0.56%	0.28%
M&D GPs	0.07%	0.02%											
M&D Junior Grades	0.08%	0.05%	0.02%	0.01%	0.02%	0.04%	0.04%	0.04%	0.04%	0.03%	0.03%	0.03%	0.03%
M&D Middle Grades	0.03%	0.03%	0.03%	0.03%	0.02%	0.02%		0.01%	0.01%	0.02%	0.09%	0.14%	0.17%
Nursing & Midwifery	0.36%	0.35%	0.34%	0.35%	0.36%	0.38%	0.38%	0.39%	0.40%	0.40%	0.41%	0.42%	0.43%
Total	**0.46%**	**0.46%**	**0.46%**	**0.47%**	**0.47%**	**0.47%**	**0.47%**	**0.46%**	**0.46%**	**0.45%**	**0.45%**	**0.45%**	**0.46%**

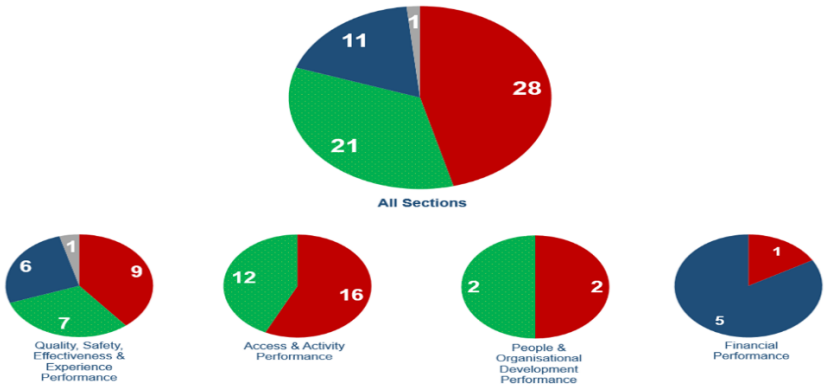
Alongside this Additional Clinical Services (Nursing) has the highest anxiety and stress related absence with M&D GPs being second in the figures. In terms of Musculoskeletal Additional Clinical Services (Nursing) and Registered Nursing are the next highest staff groups.

When looked at the average absence length across staff groups again we see it consistently high within Estates and Ancillary over the last twelve months and significantly above the BCU average.

Average absence length for Closed Absences (Days)

Staff Group	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01
Additional Clinical Services (Non Nursing)	13	13	13	13	13	13	12	12	11	11	12	12	12
Additional Clinical Services (Nursing)	14	14	13	13	13	13	13	12	12	12	12	12	12
Additional Professional, Scientific & Technical	12	12	12	12	12	12	12	13	13	12	12	12	12
Administrative & Clerical	13	13	13	13	13	13	13	13	13	13	13	13	13
Allied Health Professionals	11	12	11	11	11	11	11	11	10	10	10	10	10
Estates & Ancillary	17	17	17	17	17	17	17	17	17	17	17	17	18
Healthcare Scientists	10	10	10	10	9	10	11	11	11	11	10	11	10
M&D Consultants	15	14	13	14	14	14	14	13	11	9	9	10	9
M&D Dental	11	11	23	25	25	27	24	23	21	22	21	22	24
M&D GPs	13	13	10	12	12	12	12	12	11	11	10	10	10
M&D Junior Grades	4	4	4	4	4	4	4	4	4	4	4	4	4
M&D Middle Grades	8	8	9	9	9	9	10	10	10	10	10	10	9
Nursing & Midwifery	13	13	13	13	13	13	13	13	13	13	13	13	12
Students	10	10	11	21	19	12	15	18	18	18	13	11	12
Total	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**13**	**12**	**13**	**12**

The overall conclusion drawn from the review is that more targeted initiatives are required to support specific staff groups with specific conditions, this is being looked at as part of the Healthy Workforce programme for 24/25.

Teitl adroddiad: ***Report title:***	Integrated Performance Report – Month 9 (month 10 finance) 2023/24
Adrodd i: ***Report to:***	Performance, Finance & Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024
Crynodeb Gweithredol: ***Executive Summary:***	This report relates to the 2023/24 financial year and month 9 performance. The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF). The three Frameworks support the Board Assurance Framework (BAF) and will align with the Quality Surveillance Strategy as it is developed. The purpose of Our Framework is to integrate key performance indicators (KPIs) from: - 1. Key deliverables from the Annual Plan (IMTP) 2. NHS Wales Performance Framework (Quadruple Aims) 3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures. The Health Board has in excess of 60 measures included in this report, 21 are on target and 28 are off target (67%). As indicated within the below graphic;  The Framework supports the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities. The management 2 requirements of the Integrated Performance Framework (IPF) aligning to the Health Board's corporate governance structure. The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement (utilising available industry benchmarks to assess performance) and builds

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

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

In accordance with WP68, has an SEIA identified as necessary been undertaken?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	There remians a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	The delivery of the performance indicators within our IPR will directly/ indirectly impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	The report is reviewed by Executive and the Executive Delivery – Integrated Performance Group (IPG). The full report has been reviewed by the Acting Director of Performance and Executive Director of Finance (interim)
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	This report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations:*** Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described. IM&T are seeking to organise development sessions on use of data and Statistical Process Control Charts (SPC). The Integrated Performance Report will undergo continuous development through the remainder of 2023-24 with a view to have the 'end product' embedded as business as usual from 1st April 2024 (a refreshed version presented through to Health Board for when it next meets).	
Rhestr o Atodiadau: ***List of Appendices: 1*** *The Integrated Performance Report in PowerPoint/ PDF*	

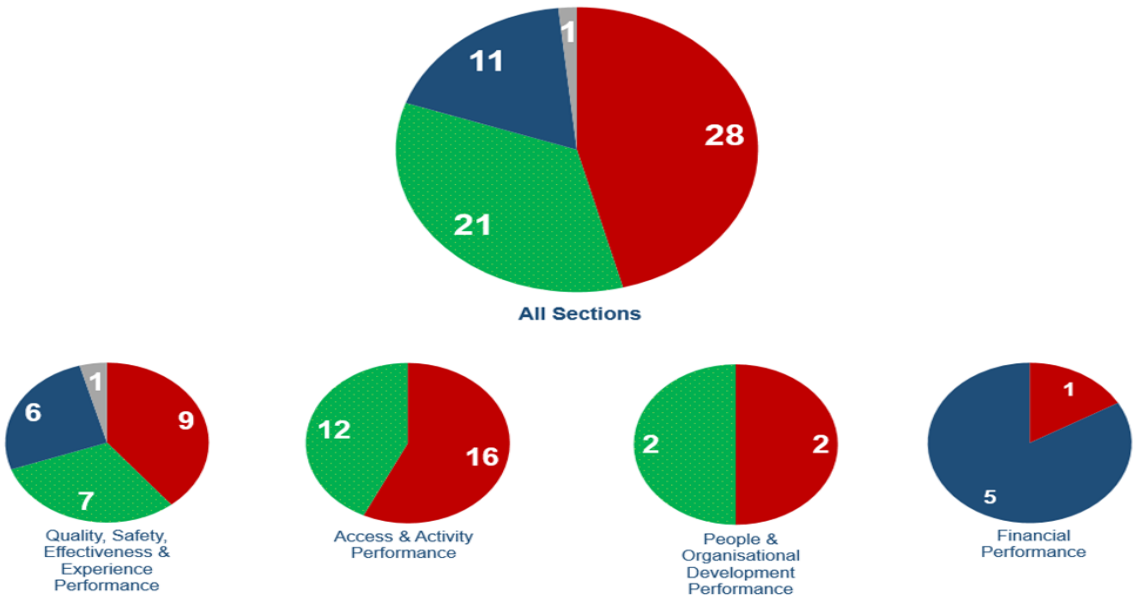
Committee; **Performance, Finance & Information Governance Committee**

Report title; **Summary of Integrated Performance Report (Month 9 of 2023/24 performance; Month 10 Finance)**

Report Author; **Director of Performance**

1. Overall Summary

Of the 61 measures included in the report, 21 are on target, 28 are off target and 11 are a cumulative basis. There is 1 measure for which the data is not yet available. For the remit of the Performance, Finance & Information Governance Committee, Section 1, Quality, Safety, Effectiveness & Experience Performance, is included for information only. This section falls within the remit of the Quality, Safety & Experience Committee (QSE).



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

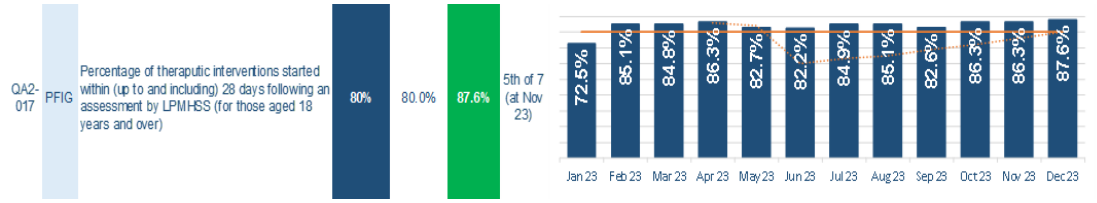
This summary report will indicate some key elements from our access and activity, our people and our finance as seen within the Health Board.

2. Key outputs from oversight of Access & Activity Performance

This is the greatest number of measures contained within the report, with the 30 measures within this section requiring oversight through PFIG, noting BCUHB is achieving the target for 13 and not achieving the target rate for 17 (56%) of the measures.

3.1 Our Adult Mental Health Measures Performance

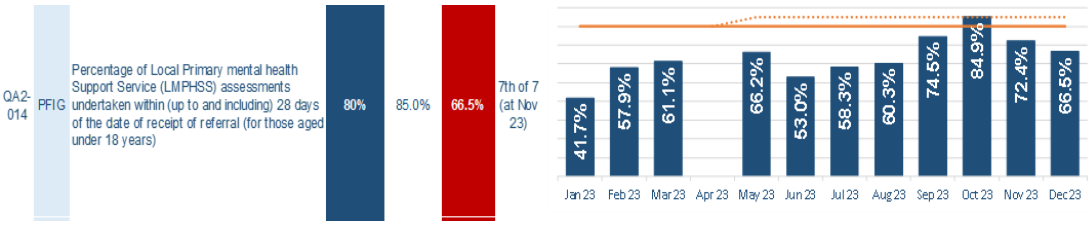
Overall BCUHB performance has continued to improve or is sustained above the 80% target rate;



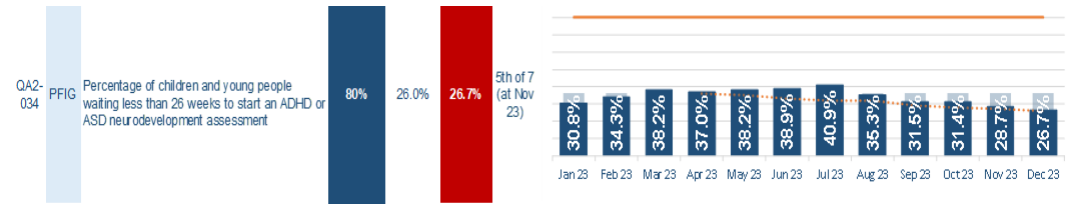
Within the above East is performing very well and West. Centre offering an opportunity to further enhance performance within this area.

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

Performance against the measures remains below trajectory. The steady improvement over three consecutive months to October deteriorated in November 2023 and this has continued into December 2023 (as per the below table);

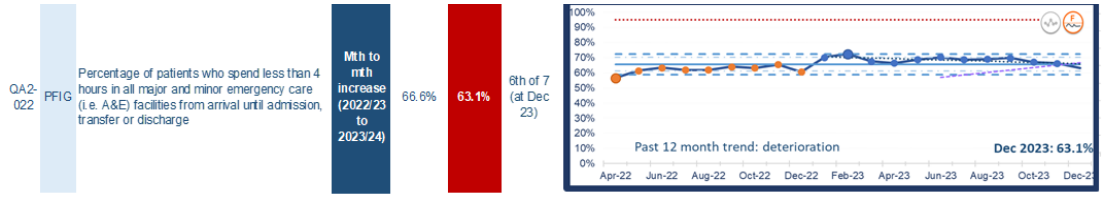


Neurodevelopment waiting times continue to deteriorate and remain a concern, with this area seeing decline within the national footprint. This is of concern owing to national indicators that articulate this to be of concern across the Health Boards;

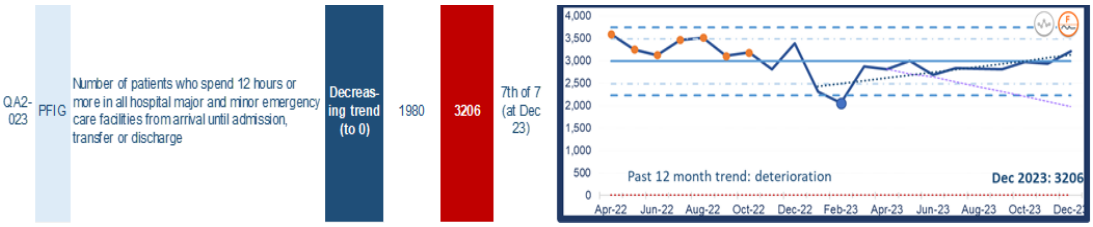


3.3 Urgent & Emergency Care Performance

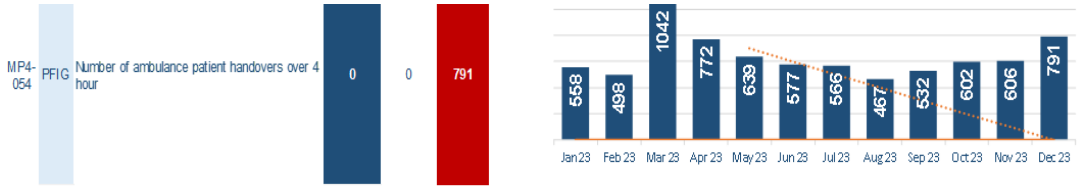
After remaining consistent around the 69% mark during the autumn, the percentage of patients experiencing waits over 4 hours in our Emergency Departments has continued to fall and was at 63.1% for December.



Patients experiencing waits of over 12 hours continues to increase and remains an area of escalation within the service. Whilst the average number of ambulance conveyances to our hospitals remain fairly static at around 3,800 per month;



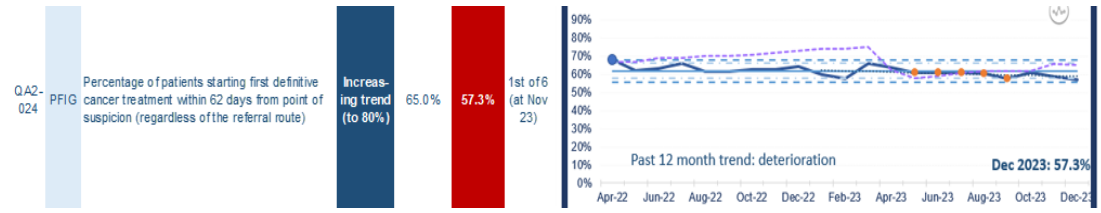
In addition, the number of ambulance handover delays of an hour or more continues to be of concern, and significantly increased to 2,238 and the number of patients delayed over 4 hours in an ambulance has also increased to 791.



Delayed pathways of care remain a key concern for the Health Board with over 323 patients experiencing delays in their pathway and no significant reduction seen since June 2023. There is heightened concern due to developing winter pressures and further strike actions that will continue to affect performance across all areas of the system.

3.4 Our Planned Care Performance

Whilst it remains above the all Wales position, our performance against the single cancer pathway (SCP) target remains fragile, and at 57%, December is the fourth consecutive month it has been under trajectory.



Concerns remain regarding the position with dermatology and the forecast is that the overall position may continue to deteriorate in coming months.

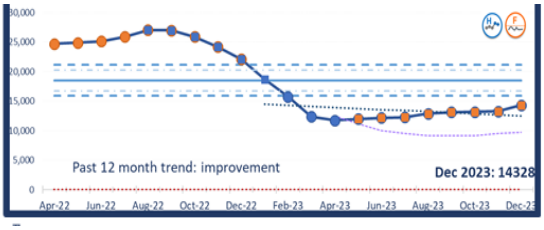
The Diagnostic waits for December maintains the improvements (whilst slightly higher than November) with the number of patients waiting over 8 weeks for a diagnostic test for the first time in over 6 months at 6,465.

QA2-025	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	Decreasing trend (to 0)	3800	6465	3rd of 7 (at Nov 23)	

This is far below the nearly 10,000 a year ago.

Outpatient appointments remains an improvement from April 2022. However, the number of patients waiting over 52 weeks for a new appointment is steadily rising (noting recent investments into this area) and is now at 14,328 and nearly 5,000 over the projected position of 9,748 (national expectation zero).

QA2-028	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	Decreasing trend (to 0)	9748	14328	6th of 7 (at Nov 23)	

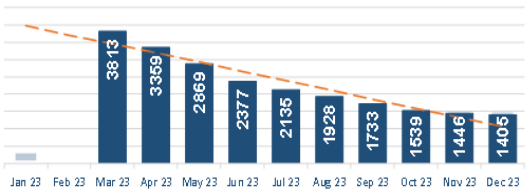


The number of patients experiencing a delay of over 100% of their waiting time for a follow up outpatient appointment continues to increase at 93,231 compared to circa 80,000 in April 2023.

Elective care performance has improved significantly (as graphically demonstrated within the reported 156 week position) with focus placed upon longer waits as shown within the below: -

- 208 weeks – increased to 224 (in Maxillo-facial, Orthodontics)
- 156 weeks – a significant reduction to 1,405 (3,359 in April 2023)

MP2-033	PFIG	Over 156 weeks all stages	N/A	TBC	1405		



- 104 weeks – slightly up at 8,317 from 8,207 last reported, (9,500 in April 2023)

3. Summary

The Health Board is facing many challenges for the remainder of the 2023/24 financial year, the level of delayed pathways of care compounding system flow pressures and medical outliers driving increased use of agency and affecting upon capacity to service elective care, with increased use of temporary workforce driving potential quality and performance impacts.

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

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

In addition, there are concerns over the waiting times for elective care recovery. However, out-patient waiting times for over 104 weeks have reduced and adult mental health assessment is an area performing well in relation to the 85% assessment criteria.

4. Our People & Organisational Development

There has been a 1.3% reduction in the turnover rates of nursing and midwifery staff since September 2023, now at 1.5%. Sickness absence has increased a little at 6.4% (compared to 6.2% in October and November) with stress and other mental health issues continuing to be the main reason for sickness absence. At 77.8% PADR compliance rates continue to increase each month and is expected to continue to improve.

The percentage rate of agency spend as a proportion of the total pay bill continues to fall and now at 4.9% compared to 8.4% at the same period last year.

5. Our Financial Performance (Month 10)

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

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

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

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

Description	Apr £m	May £m	Jun £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	YTD Total £m
Variance deficit / (surplus)	1	2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	(4.3)	15.1

In addition to endorsement and implementation of control measures, the Health Board is to release balance sheet, the combined impact being to forecast achievement of the original £33m deficit for the financial year. This does not achieve the Welsh Government deficit control total of £20m for 2023/24 issued to the Health Board.

6. Appendix

Appendix 1 – Integrated Performance Report December 2023 (Finance Jan 2024)

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

Integrated Performance Report

Reporting Period to 31st December 2023 (Where data is available)

Presented to the

Performance, Finance & Information Governance Committee

on 22nd February 2024

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

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Performance Escalations Report

GIG CYMRU NHS WALES
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Betsi Cadwalar
University Health Board

A Summary of Escalated Performance Measures

Quality, Safety, Effectiveness & Experience Performance

Overdue investigations remain a challenge. From a total of 509 open complaints, 341 investigations remain overdue at the end of January 2024. Of the number of overall complaints made, the sub category of Delay / Lack of treatment has risen significantly due to complaints about the situation with insourcing

Clinical coding compliance has and will continue to see a significant reduction which is directly attributed to a loss of staff to other organisations who pay more money and offer home working as they have Electronic Healthcare Record systems.

People & Organisational Development Performance

- Sickness absence rate stayed below 6.5% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW,
- Focus on off-contract agency reduction with lowest agency usage reported in December and under 5% for first time since March 2023.
- PADR rate increased steadily over last 12 months and been consistently over 76% for the last 5 months and now at 77.8%, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

Access & Activity Performance

- Ambulance handover delays over 4 hours
- Pathways of Care Delays
- Extreme RTT waits over 208 weeks
- Ophthalmology
- Orthodontics
- Dermatology
- Diagnostic Waits

Financial Performance

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

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

The current expenditure patterns indicate a risk to delivery of the outturn, the forecast for the financial year a £33m deficit (which does not attain the Welsh Government control target of a £20m deficit) though attains the original plan endorsed by the Health Board, with performance reported for the year to 30th January 2024 as follows

- The Health Board has a deficit year to date totalling £42.7m
- This is £15.1m adverse to the plan to attain a £33m deficit at close of the financial year
- Drivers of cost overruns centre upon use of escalation beds (emergency care) that is driving use of premium working, high prescribing and secondary care drug usage and Continuing Healthcare costs

To attain the control target, the Health Board has implemented a series of cost controls (establishment and non-pay controls) and identified balance sheet flexibility. The risks being costs associated with high emergency demand and the strike action.

Quality: Escalated Performance Measures

Incidents Response/ closure times

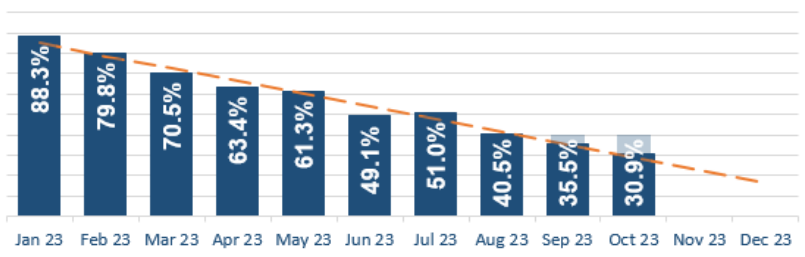
Count of ID	Column Labels										
	2023									2024	Grand Total
Row Labels	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Complaint	171	230	216	237	213	227	213	193	171	204	2075
Managed through PTR	133	169	176	183	181	168	179	161	138	162	1650
Early Resolution	26	44	28	43	26	43	26	27	25	31	319
Reopened	12	17	12	11	6	16	8	5	8	11	106
Grand Total	171	230	216	237	213	227	213	193	171	204	2075

Cause of delays: operational & corporate team capacity, legal and redress turnaround times, delay with independent primary care providers responses, workforce capability leading to significant support required, increase in planned care insourcing enquiries

Actions being taken to reduce time to resolve complaints: weekly PTR clinic with legal team; weekly scrutiny by Integrated Health Care (IHC) and Corporate team to expedite, Executive Director of Nursing (EDoN)focus on grade 1 and 2 for early resolution, development sessions, review of complaints process to be presented to Patient & Carer Executive Group (PCEG) March, EDoN/ Executive Medical Director (EMD)/ Executive Director of Therapies & Health Sciences (EDTHS) requested feedback by 5th February from each IHC/specialist service regarding trajectory and plans, weekly corporate meeting to track.

Clinical Coding Compliance

Measure	WG Target	Internal Target	Position	Wales Rank
Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	30.9%	8th of 8 (at Oct 23)



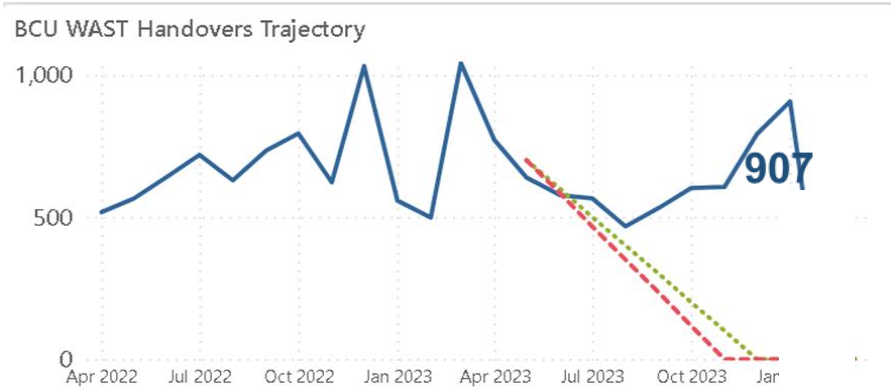
Clinical coding compliance has and will continue to see a significant reduction which is directly attributed to a loss of staff to other organisations who pay more money and offer home working as they have Electronic Healthcare Record systems. There were 8.63 WTE (17.8%) fewer Qualified Clinical Coders in the department pan BCU in January 2024 as there was in January 2023. During the same time period the department has seen an increase of 2 WTE trainee clinical coders in the department (this number will increase as we move through recruiting the vacancies). All sites have been effected due to the decrease in the retention of staff, West and Centre have been effected more than East to date.

Our Performance Directorate are working in partnership with Quality & Patient Experience Directorate in the development of a new set of local measures that will provide further triangulation of intelligence between the four quadrants. These will be included in the next iteration of this report, to be presented at Health Board in 2024.

Access & Activity: Escalated Performance Measures
Urgent & Emergency Care

Ambulance Handover Delays 4+ Hours

- **Ambulance Internal Escalation Process when delays occur along with Hospital Full Protocols** - Following on from recent performance and the ambulance protocols being in place for 6/12 a review is being undertaken during February and March 2024 to adapt in line with lessons learnt.
- **Direct Access Pathway to SDEC -** Pathways for access confirmed in place in line with the All Wales SDEC access (WAST) and review of missed opportunities being shared with WAST to gain better understanding and experience of crews.
- **Direct Access Improvement to Stroke/NOF in line with NICE** - Stroke meeting completed along side NOF developing pathway also being created for Cauda Equine, meetings are in conjunction with WAST Clinical teams to identify any further pathways in place that could be utilised.

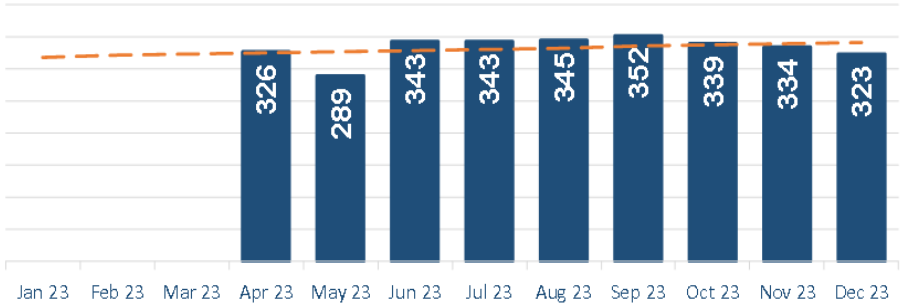


Delayed Pathways of Care: The overall number of patients who are delayed in hospital once clinically optimised have not reduced, with a slight increase in January.

The 'hot spots' vary across IHC and Local Authority area which require a different partnership approach

The 3 main delay areas remain:-

- Assessment related delays (Joint Assessment, Health Assessment and Social Care and Social worker allocation)
- Care Home related delays (Residential and Nursing care home availability, and awaiting care home manager to assess
- Home care related delays (New Packages of Care)



Access & Activity: Escalated Performance Measures Planned Care

Patients experiencing extreme long waits of 208+ weeks

Pursuing additional orthodontic capacity via Dental Hospital for Wales.
Ensuring treat in turn is adhered to as far as urgent/cancer capacity allows
Servicing High Volume Low Complexity (HVLC) lists contingent on additional anaesthetic capacity but plans being developed within Elective Optimisation Group

Orthodontics

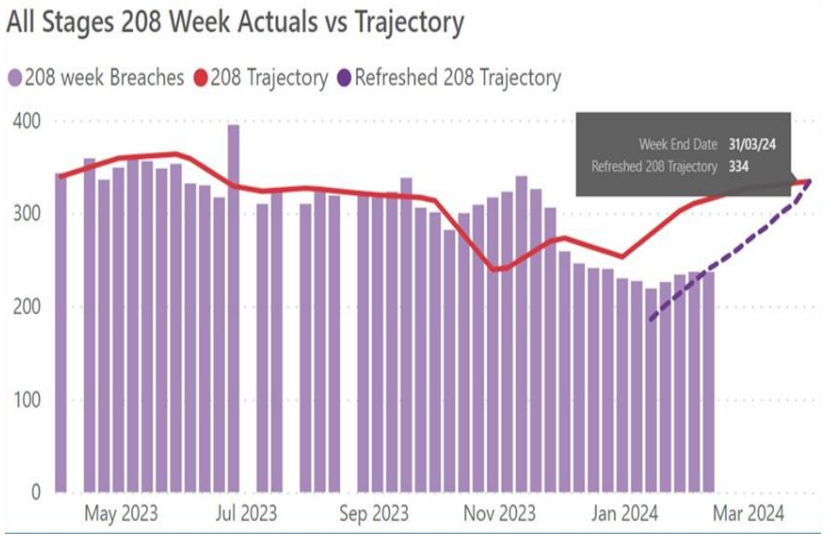
Currently down to 0.3 WTE Consultant Orthodontists (one is on maternity leave, one has suffered serious injury and will be off work for a potentially prolonged period).Currently out to advert for additional post with potential to appoint 2, one interested newly qualified trainee who is looking to move back to the area so we are optimistic about successfully appointing. We are in the process of bringing forward the dates for interview.

Dermatology

- Expand GP clinical input to deliver additional MoPS and triage capacity
- Bring online insourcing solution for West (to include Cancer and MDT)
- Implementation of Teledermoscopy will enable improved conversation rate and more appropriate conversation to secondary care dermatology services as well as remotely supported triage
- Recruitment of HB wide clinical lead and rapid development of pan BCU service model
- Continued engagement with Clinical Implementation Network

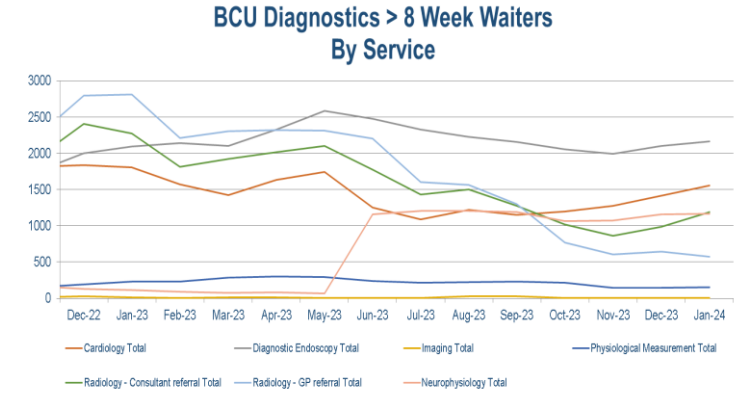
Ophthalmology

GiRFT HVLC for routine cataracts being piloted but now need to be mainstreamed as BAU
Theatre throughput improvements in Centre are being implemented
Follow-up backlog to support the release of follow-up demand to allocate to new patient clinics
Development of the eye care network – clinically led integrated service model looking at PC capacity, cataract theatre usage etc. and development of a plan for a cataract hub – away days being scheduled with clinical teams to take forwards



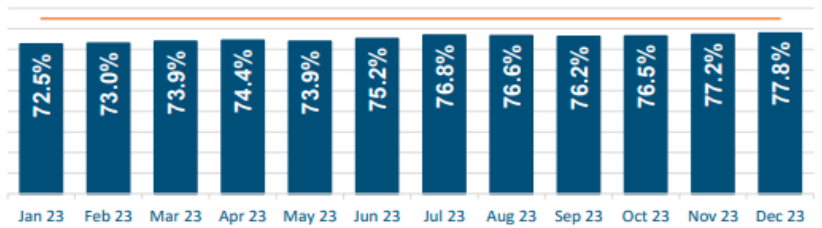
Patients experiencing waits of 8+ weeks

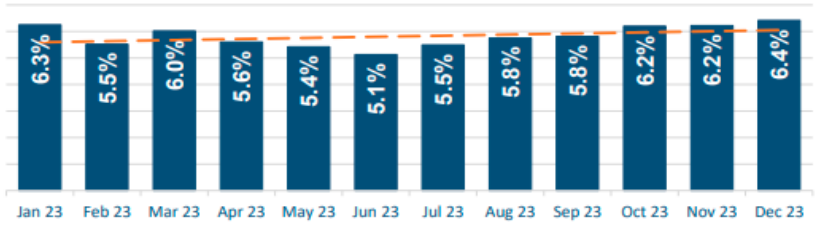
Significant reduction in 8 week waits in spite of demand increase above that forecast.
Demand vs 2019-20 'Core'
CT 42% above core (+11.4% vs 2023-24 plan)
MR 26% above core (+12% vs 2023-24 plan)
US 10% above core (+2.5% vs 2023-24 plan)
Demand evenly spread across sites / specialities.

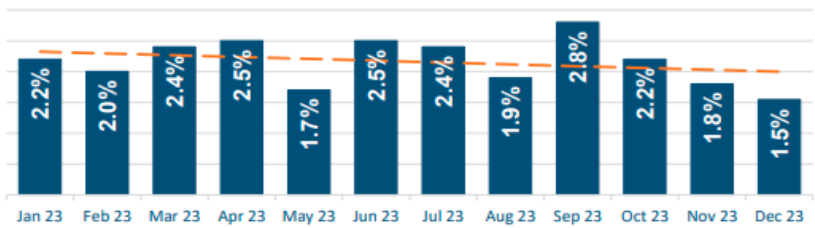


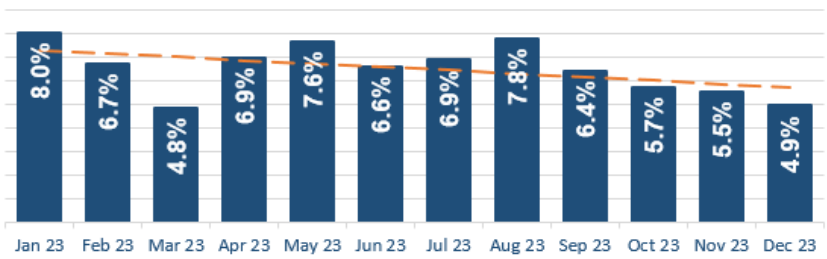
People & OD: Escalated Performance Measures

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	77.8%	4th of 13 (at Oct 23)
QA3-036	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	6.4%	6th of 12 (at Oct 23)
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreas-ing trend against 2019/20	TBC	1.5%	3rd of 11 (at Sep 23)
QA3-038	PFIG	Agency spend as a percentage of total pay bill	Decreas-ing trend	TBC	4.9%	10th of 12 (at Oct 23)









- **At 6.4%, Sickness absence** rate stayed below 6.5% for all of 23/24 to date, in line with ongoing staff wellbeing work aim is to maintain this through the rest of 23/24
- **At 1.5%, 3rd best performing in Wales, Turnover rate** for nursing aligned with the national and local retention work put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW
- At **4.9%**, focus on off-contract **agency reduction demonstrating** consistent improvement and under 5% for the first time since March 2023.
- **PADR rate at 77.8%** increased steadily over last 12 months and been consistently over 76% for the last 5 months, this work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

Finance: Escalated Performance Measures

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

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

The Year to date financial performance is as detailed below;

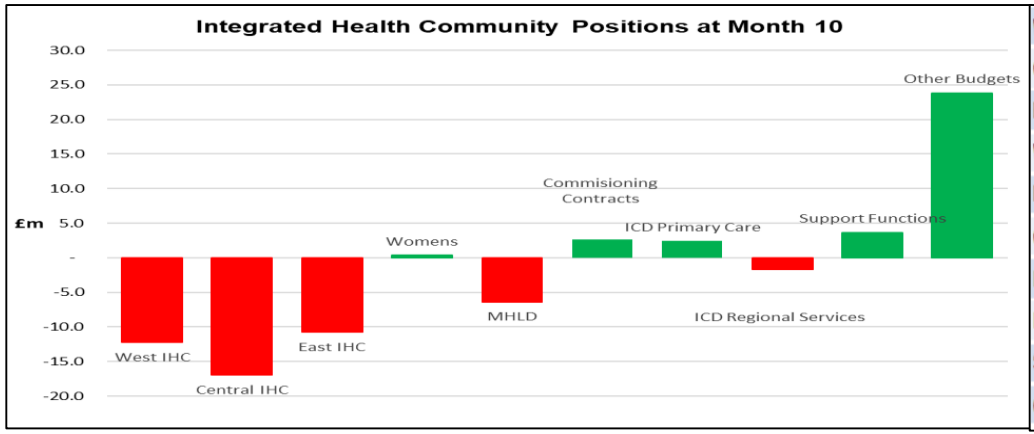
Description	Apr £m	May £m	Jun £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	YTD Total £m
Budget variance / (surplus) in month and overall.	1	2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	(4.3)	15.1

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

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

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

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



West IHC	£12.2m adverse
Central IHC	£17m adverse
East IHC	£10.8m adverse
Womens	£0.3m favourable
MH & LD	£8.4m adverse
Commissioning Contracts	£2.7m favourable
ICD Primary Care	£2.4m favourable
ICD Regional Services	£1.7m adverse
Support Functions	£3.7m favourable
Other Budgets	£23.9m favourable

Key drivers of the deficit being;

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

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

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

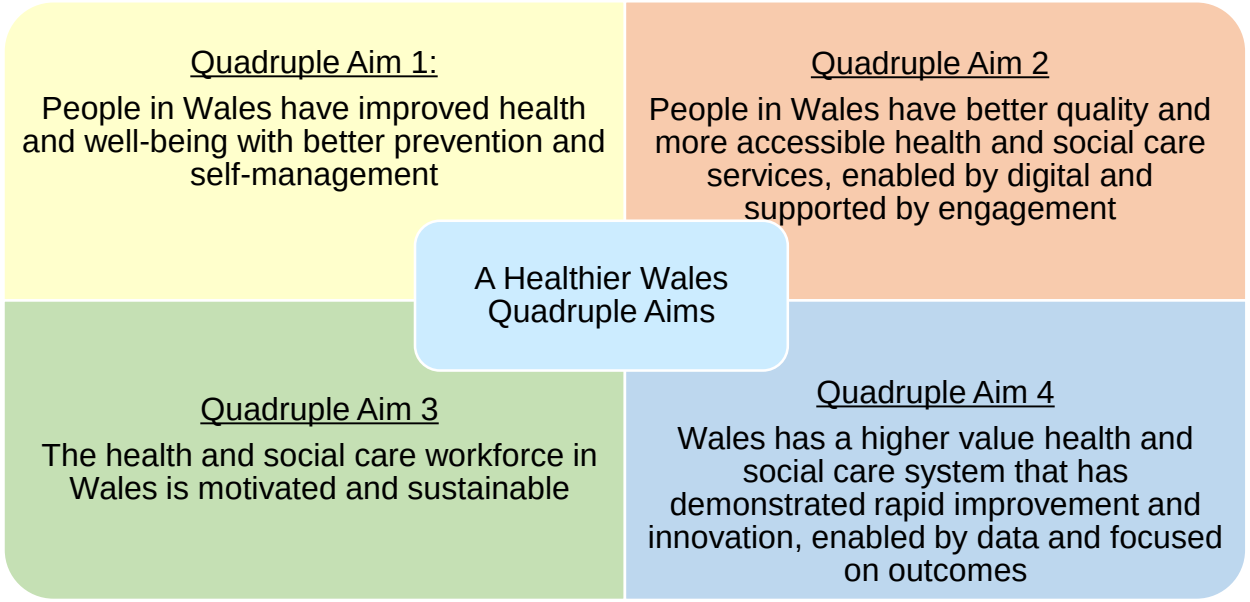
About the Integrated Performance Report

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

NHS Wales Performance Framework 2023-24

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

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



Our Integrated Performance Report

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

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

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

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

Red, Amber & Green (RAG) Rating System

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

Green

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

Amber

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

Red

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

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

Interpreting Results of Statistical Process Control (SPC) Charts

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

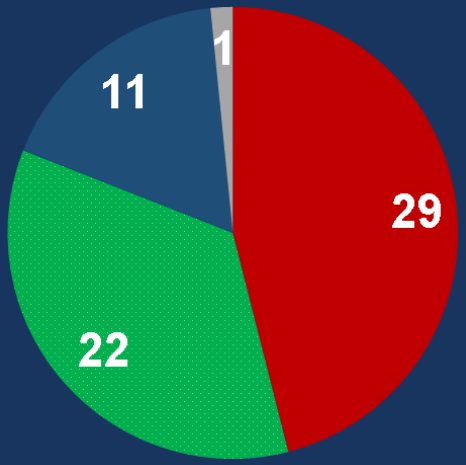
How to interpret variance results

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

How to interpret assurance results

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

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



Integrated Performance Report

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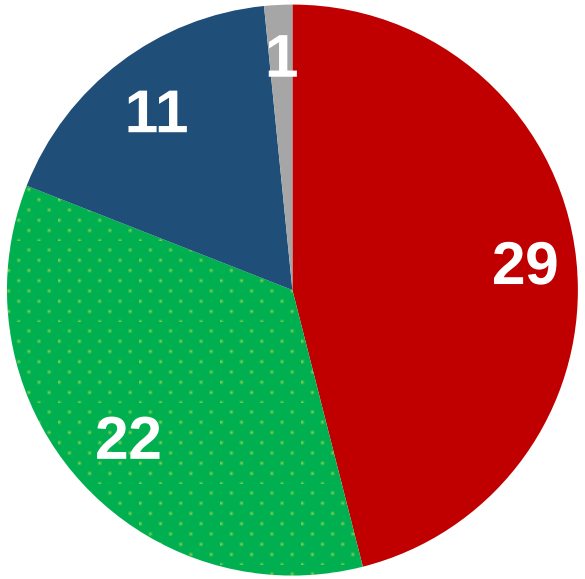
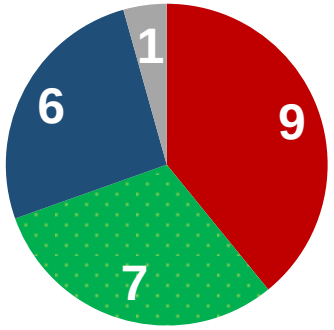
Betsi Cadwalar
University Health Board

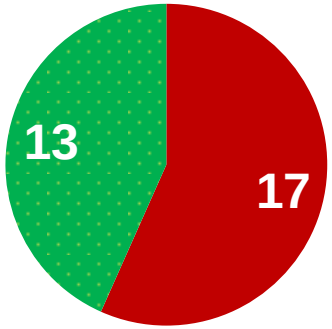
Summary of Performance to Month 9



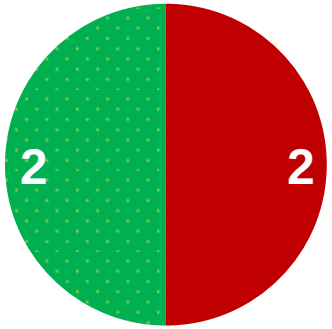
All Sections



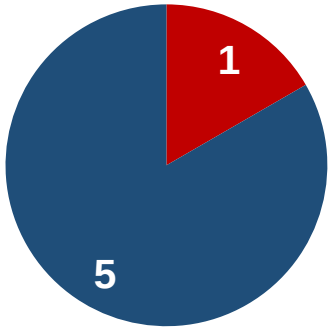
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

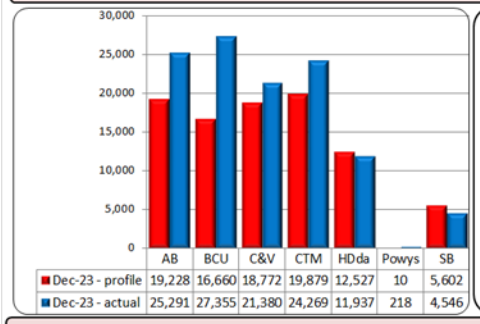


Financial Performance

NHS Wales Performance Dashboard- part 1

PERFORMANCE DASHBOARD

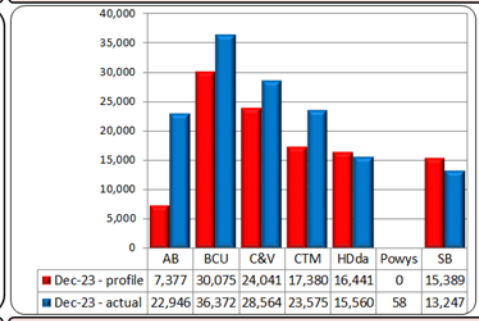
Number of patients waiting more than 36 weeks for a new outpatient appointment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Dec-23 - profile	19,228	16,660	18,772	19,879	12,527	10	5,602
Dec-23 - actual	25,291	27,355	21,380	24,269	11,937	218	4,546

- In Dec-23, HDda and SB achieved their trajectories for the number of patients waiting over 36 weeks for a new outpatient appointment.
- Only Powys saw a reduction in Dec-23 when compared to the previous month.
- At an all Wales level, the number of patients waiting over 36 weeks for a new outpatient appointment has increased in Dec-23 when compared to the previous month by 5,398 to 114,996, a 4.9% increase.
- Powys had the lowest number of patients waiting over 36 weeks for a new outpatient appointment in Dec-23 at 218, BCU had the highest number of waits at 27,355 (23.8% of the total).

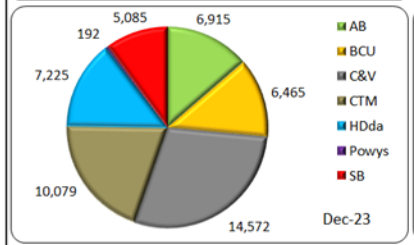
Number of patients waiting more than 52 weeks for referral to treatment



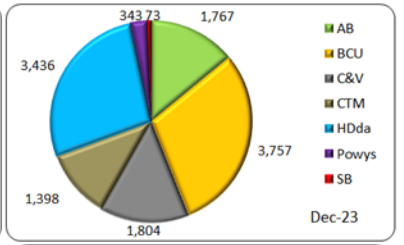
	AB	BCU	C&V	CTM	HDda	Powys	SB
Dec-23 - profile	7,377	30,075	24,041	17,380	16,441	0	15,389
Dec-23 - actual	22,946	36,372	28,564	23,575	15,560	58	13,247

- In Dec-23, HDda and SB achieved their trajectories for the number of patients waiting over 52 weeks for referral to treatment.
- All HBs saw an increase in Dec-23 when compared to the previous month.
- At an all Wales level, the number of over 52 week referral to treatment waits has increased in Dec-23 when compared to the previous month by 3,784 to 140,322, a 2.8% increase.
- Powys had the lowest number of patients waiting over 52 weeks for referral to treatment in Dec-23 at 58, BCU had the highest number of waits at 36,372 (25.9% of the total).

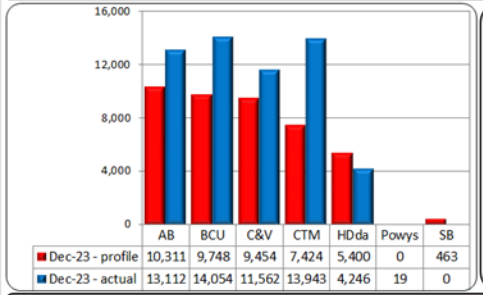
Number of patients waiting more than 8 weeks for a specified diagnostic



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



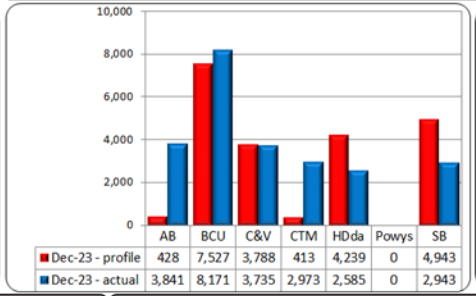
Number of patients waiting more than 52 weeks for a new outpatient appointment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Dec-23 - profile	10,311	9,748	9,454	7,424	5,400	0	463
Dec-23 - actual	13,112	14,054	11,562	13,943	4,246	19	0

- In Dec-23, HDda and SB achieved their trajectory for the number of patients waiting over 52 weeks for a new outpatient appointment.
- All HBs, except SB, saw an increase in Dec-23 compared to the previous month.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Dec-23 when compared to the previous month by 3,018 to 56,936, a 5.6% increase.
- SB have had no over 52 week new outpatient waits for the last 3 months, BCU had the highest number of waits at 14,054 (24.7% of the total).

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



	AB	BCU	C&V	CTM	HDda	Powys	SB
Dec-23 - profile	428	7,527	3,788	413	4,239	0	4,943
Dec-23 - actual	3,841	8,171	3,735	2,973	2,585	0	2,943

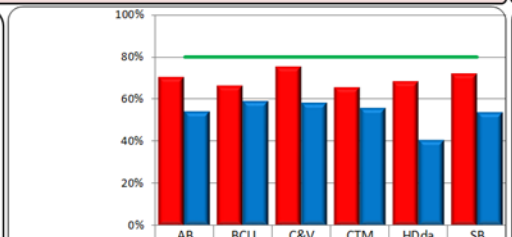
- In Dec-23, C&V, HDda, Powys and SB all achieved their trajectories for the number of patients waiting over 104 weeks for referral to treatment.
- C&V, HD and SB have seen a reduction in Dec-23 when compared to the previous month.
- At an all Wales level, the number of over 104 week referral to treatment waits has reduced in Dec-23 when compared to the previous month by 537 to 24,248, a 2.2% reduction.
- Powys have had no over 104 week referral to treatment waits since Feb-22, BCU had the highest number of waits at 8,171 (33.7% of the total).

- In Dec-23 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 8 weeks for a specified diagnostic.
- AB has not provided an 8 week diagnostic trajectory.
- Only AB saw a reduction in Dec-23 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has increased in Dec-23 when compared to the previous month by 3,302 to 50,533, a 7.0% increase.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Dec-23 at 192, C&V had the highest at 14,572 (28.8% of the total).

- In Dec-23 only SB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM has not provided a 14 week therapy trajectory.
- C&V, CTM and SB saw a reduction in Dec-23 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in Dec-23 when compared to the previous month by 1,111 to 12,578, a 9.7% increase.
- SB had the lowest number of over 14 week waits for specific therapies in Dec-23 at 73, BCU had the highest at 3,757 (29.9% of the total).

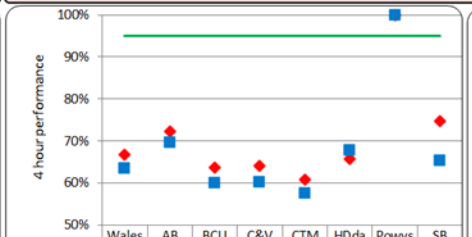
% of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route)

- In Nov-23, none of the HBs achieved their trajectory for the percentage of patients starting 1st definitive cancer treatment within 62 days.
- CTM and SB saw an improvement in performance in Nov-23 when compared to the previous month.
- At all Wales level, the percentage of patients starting 1st definitive treatment within 62 days has seen a deterioration in performance in Nov-23 when compared to the previous month of 2.7 percentage points to 53.5%.
- The best performing HB in Nov-23 was BCU with performance at 58.8%, HDda had the lowest performance at 40.5%.

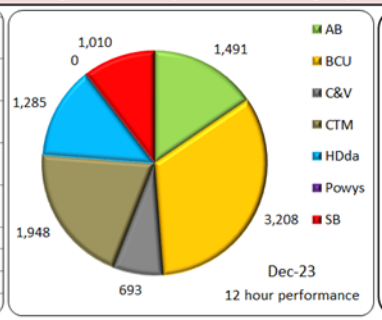


	AB	BCU	C&V	CTM	HDda	SB
Nov-23 - profile	70%	66%	75%	65%	68%	72%
Nov-23 - actual	54%	59%	58%	55%	41%	53%
2026 Target	80%	80%	80%	80%	80%	80%

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



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Dec-23	67%	72%	64%	64%	61%	66%	100%	75%
Dec-22	64%	70%	60%	60%	58%	68%	100%	65%
Target	95%	95%	95%	95%	95%	95%	95%	95%

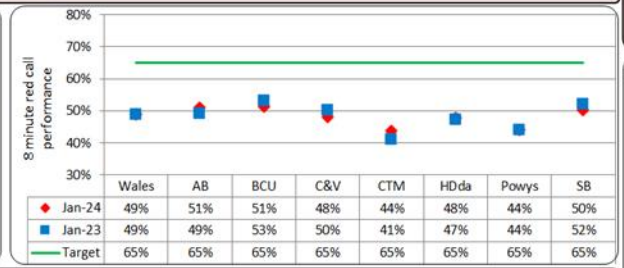


- In Dec-23 all HBs, except HDda, achieved the target of an improvement compared to the same month in 2022-23, towards the national target of 95%, for the percentage of patients who spent less than 4 hours in A&E.
- All HBs saw a deterioration in performance in Dec-23 when compared to the previous month, except Powys who remained the same at 100%.
- At all Wales level, the percentage of patients who spent less than 4 hours in A&E has seen a deterioration in performance in Dec-23 when compared to the previous month of 2.7 percentage points to 66.7%.
- The best performing HB in Dec-23, exc. Powys, was SB at 74.7%, CTM had the lowest performance at 60.7%.
- In Dec-23 AB and Powys achieved the target of an improvement trajectory towards a national target of 0 by 31 March 2024 for the number of patients who spent more than 12 hours in A&E.
- C&V had the lowest number of patients who spent more than 12 hours in A&E (exc. Powys) at 693, BCU had the highest at 3,208 (33.3% of the total).

NHS Wales Performance Dashboard – part 2

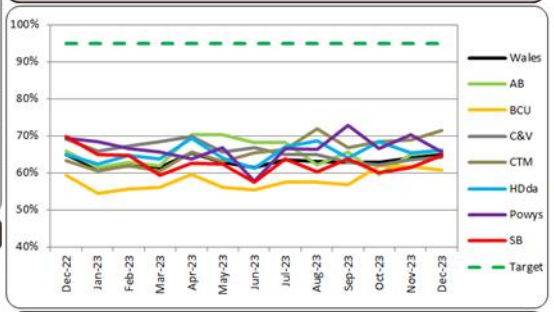
Number of ambulance patient handovers over 1 hour and % of emergency responses to red calls arriving within 8 minutes

- In Jan-24, only AB achieved their trajectory for the number of ambulance patient handovers over 1 hour.
- C&V had the lowest number of over 1 hour handovers in Jan-24 with 367 over 1 hour handovers, BCU had the highest at 2,376 (35.9% of the total).
- Over the last 12 months, only AB and C&V saw an improvement trend in performance.
- In Jan-24, no HB achieved the 65% target for the percentage of emergency responses to red calls within 8 minutes.
- BCU were the best performing HB in Jan-24 with performance at 51.4%, CTM were the lowest with performance at 43.9%.
- Over the last 12 months only Powys saw an improvement trend in performance. AB, BCU, CTM, Powys and SB saw an improvement in performance in Jan-24 when compared to the previous month.



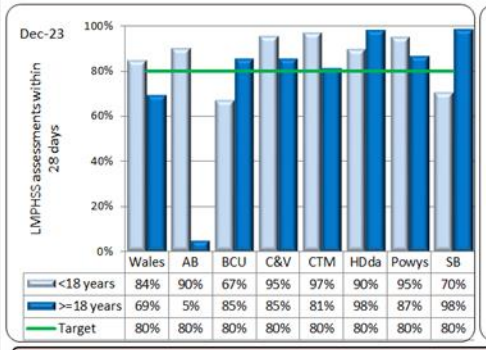
	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
Jan-24	49%	51%	51%	48%	44%	48%	44%	50%
Jan-23	49%	49%	53%	50%	41%	47%	44%	52%
Target	65%	65%	65%	65%	65%	65%	65%	65%

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

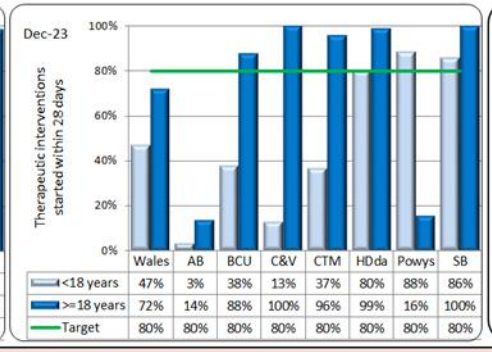


- In Dec-23 no HB achieved the 95% target for the percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- The best performing HB in Dec-23 was CTM with performance at 71.4%, BCU were the lowest performing HB with performance at 60.7%.
- In Dec-23, all HBs, except BCU and Powys, saw an improvement in performance compared to the previous month.
- Over the last 12 months, all HBs, except C&V and SB, saw an improvement trend in performance.

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



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	84%	90%	67%	95%	97%	90%	95%	70%
>=18 years	69%	5%	85%	85%	81%	98%	87%	98%
Target	80%	80%	80%	80%	80%	80%	80%	80%



	Wales	AB	BCU	C&V	CTM	HDda	Powys	SB
<18 years	47%	3%	38%	13%	37%	80%	88%	86%
>=18 years	72%	14%	88%	100%	96%	99%	16%	100%
Target	80%	80%	80%	80%	80%	80%	80%	80%

<18 years

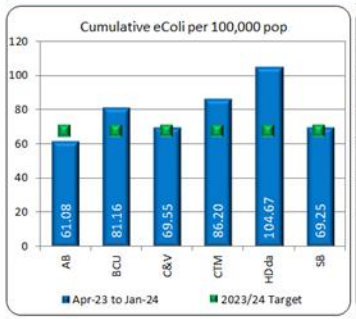
- In Dec-23 only BCU and SB failed to achieve the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was CTM at 96.7%, BCU had the lowest performance at 66.9%. Over the last 12 months, only Powys saw a deterioration trend in performance.
- In Dec-23 Hywel Dda, Powys and SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was Powys at 88.2%, AB had the lowest performance at 3.4%. Over the last 12 months, BCU, CTM, HDda and SB, saw an improvement trend in performance.

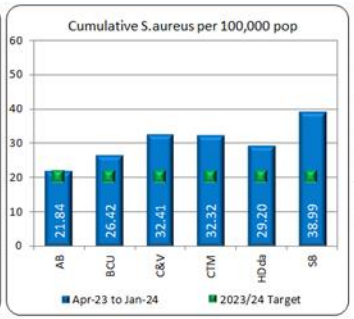
>=18 years

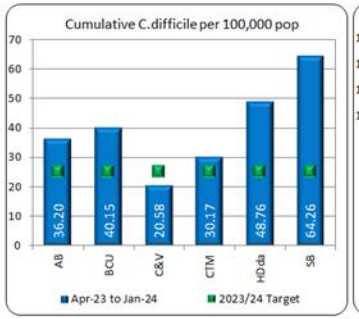
- In Dec-23, only AB failed to achieve the 80% target for % of LMPHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 98.3%, AB had the lowest performance at 5.2%. Over the last 12 months, all HBs, except AB and CTM, saw an improvement trend in performance.
- In Dec-23, only AB and Powys failed to achieve the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HBs were C&V and SB at 100%, AB had the lowest performance at 13.6%. Over the last 12 months, all HBs, except AB and Powys, saw an improvement trend in performance.

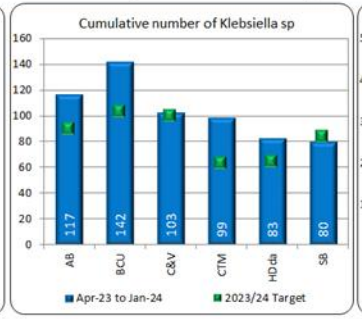
- Note: AB are still validating their data from Apr-23 due to moving to a new IT system so data may be revised in future months.

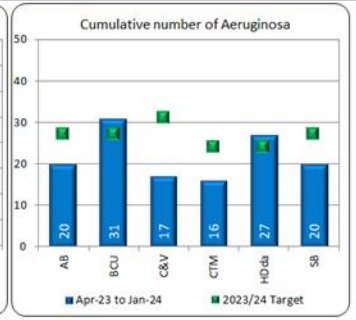
Health Care Acquired Infections - HCAIs (provisional data)





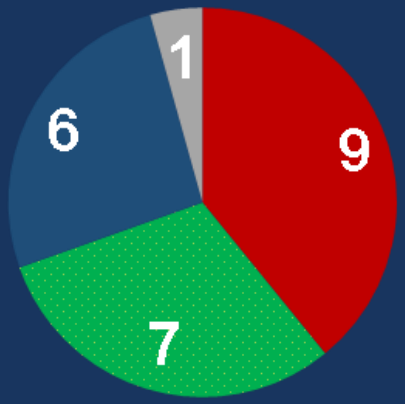






- For eColi, only AB are currently achieving the 2023/24 cumulative target. In the Apr-23 to Jan-24 period, HDda had the highest rate of eColi at 104.67 per 100,000 population compared to AB who had the lowest rate at 61.08 per 100,000 population.
- For S.aureus, no HB is currently achieving the 2023/24 cumulative target. In the Apr-23 to Jan-24 period, SB had the highest rate of S.aureus at 38.99 per 100,000 population compared to AB who had the lowest rate at 21.84 per 100,000 population.
- For C.difficile, only C&V are currently achieving the 2023/24 cumulative target. In the Apr-23 to Jan-24 period, SB had the highest rate of C.difficile at 64.26 per 100,000 population compared to C&V who had the lowest rate at 20.58 per 100,000 population.
- For Klebsiella, only SB are currently achieving the 2023/24 cumulative target. In the Apr-23 to Jan-24 period, BCU had the highest number of cases of Klebsiella at 142 compared to SB who had the lowest number at 80.
- For Aeruginosa, all HBs, except BCU and HDda, are currently achieving the 2023/24 cumulative target. In the Apr-23 to Jan-24 period, BCU had the highest number of cases of Aeruginosa at 31 compared to CTM who had the lowest number at 16.

Section 1

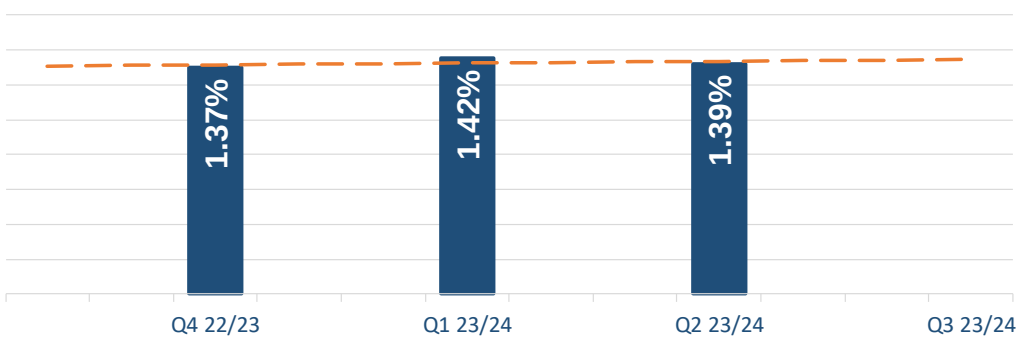


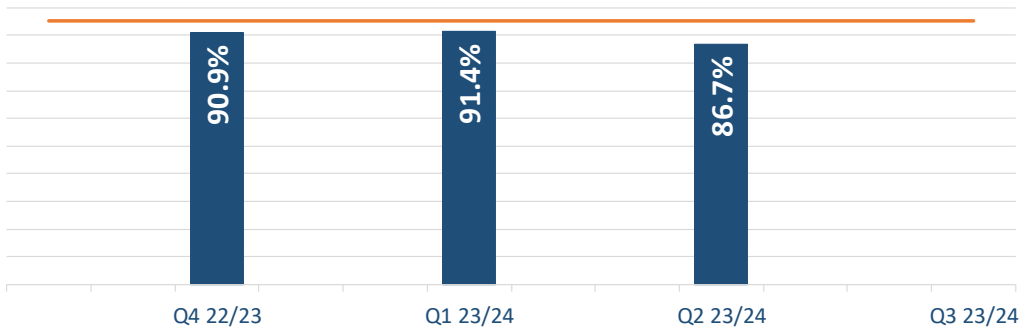
Quality, Safety, Effectiveness and Experience Performance

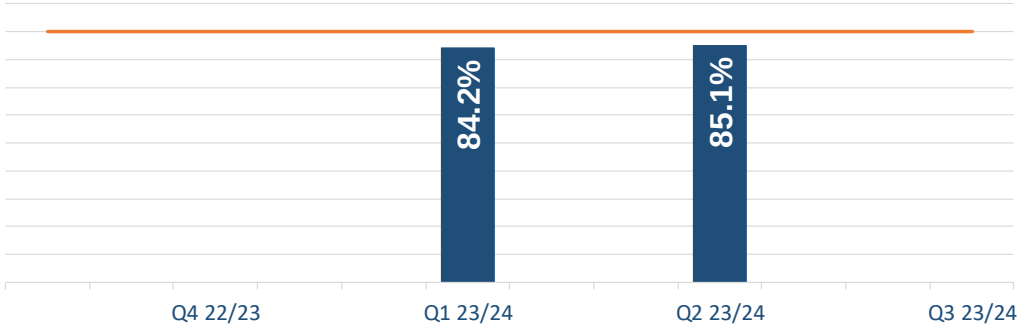
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-001	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	1.39%	2nd of 7 (at Jun 23)
QA1-003	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.7%	1st of 7 (at Sep 23)
QA1-004	QSE	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	85.1%	5th of 7 (at Jun 23)

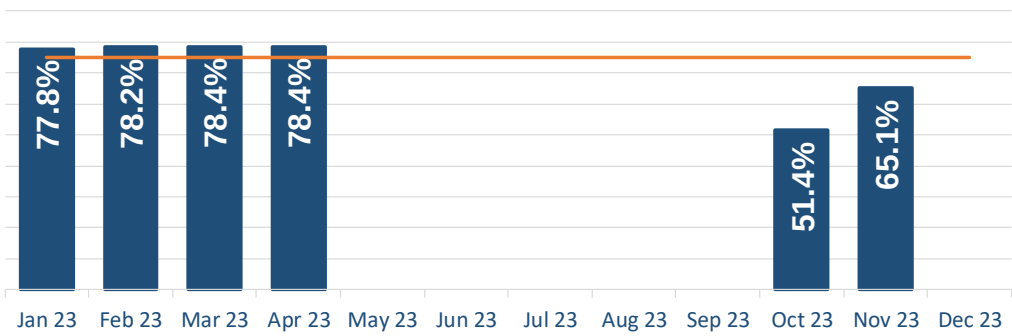


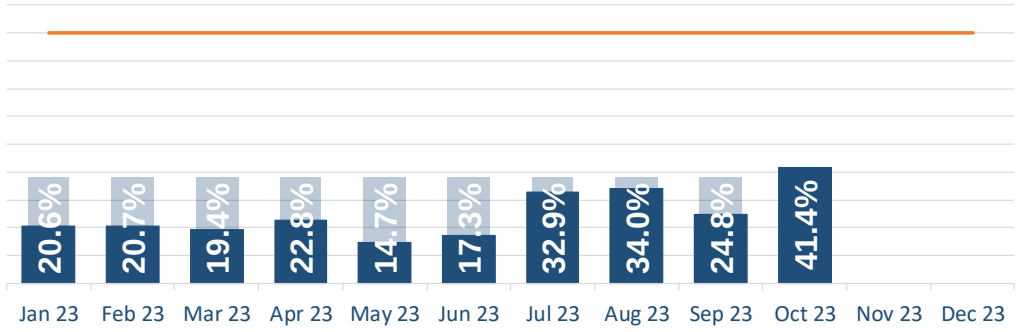




Quality: Performance

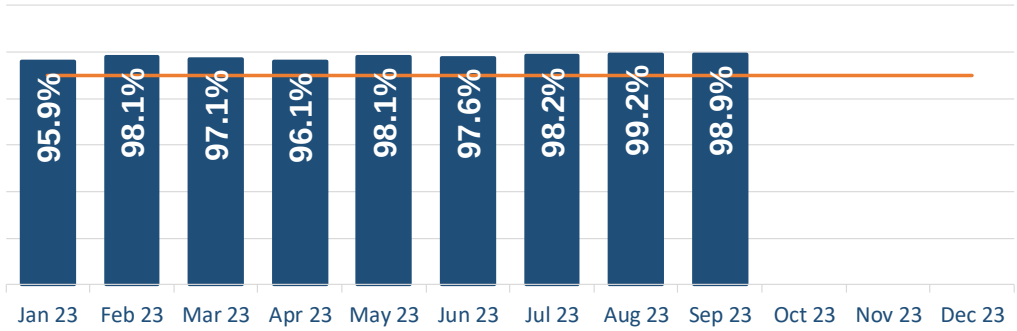
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-005	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	65.1%	2nd of 7 (at Dec 23)
QA1-006	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over Autumn Booster 2023: Age range to be confirmed	75%	TBC	65.1%	4th of 7 (at Dec 23)
QA1-007	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	41.4%	2nd of 7 (at Oct 23)

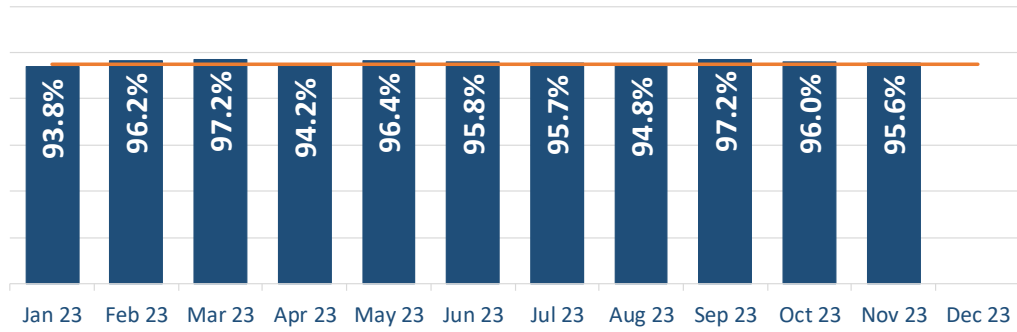


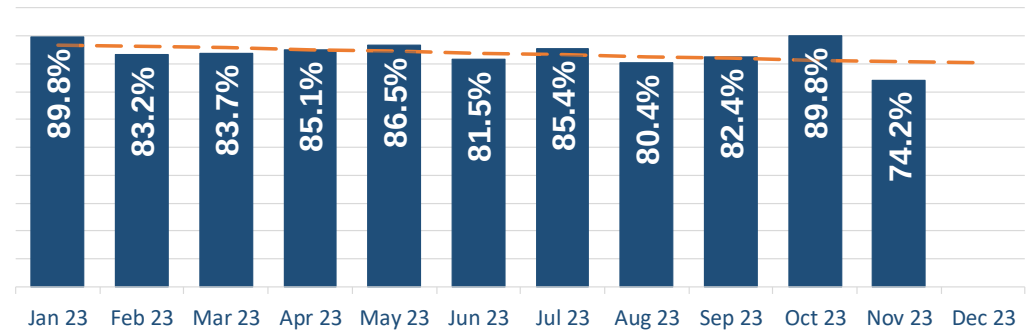


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA1-008	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	98.9%	2nd of 7 (at Oct 23)
QA1-009	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	95.6%	4th of 7 (at Nov 23)
QA1-002	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	74.2%	3rd of 7 (at Sep 23)

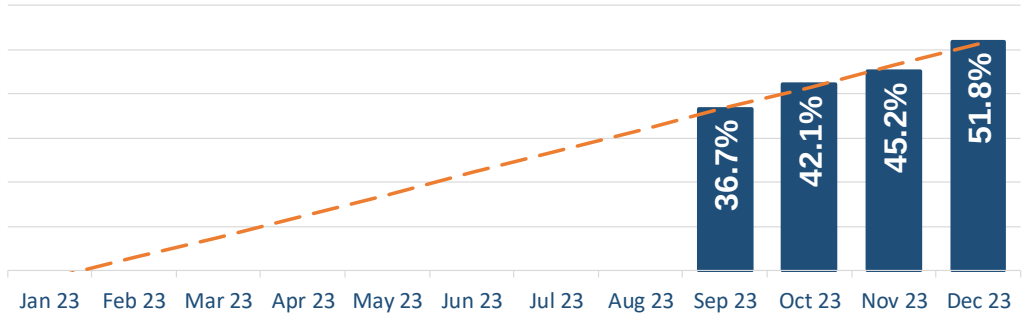


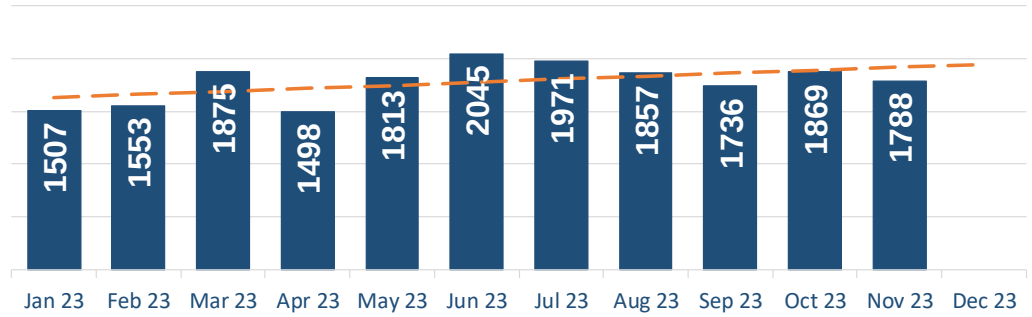


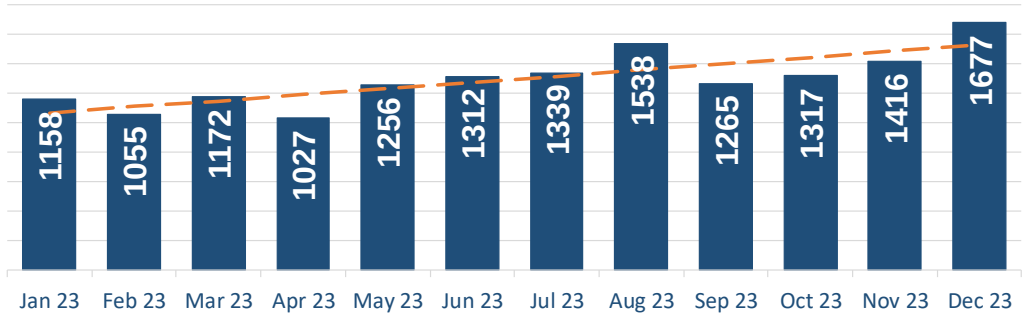


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-011	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increas-ing trend (to 100%)	TBC	51.8%	5th of 7 (at Dec 23)
QA2-012	PFIG	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Decreas-ing trend	TBC	1788	7th of 7 (at Nov 23)
QA2-013	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Mth to mth increase (2022/23 to 2023/24)	TBC	1677	1st of 7 (at Nov 23)

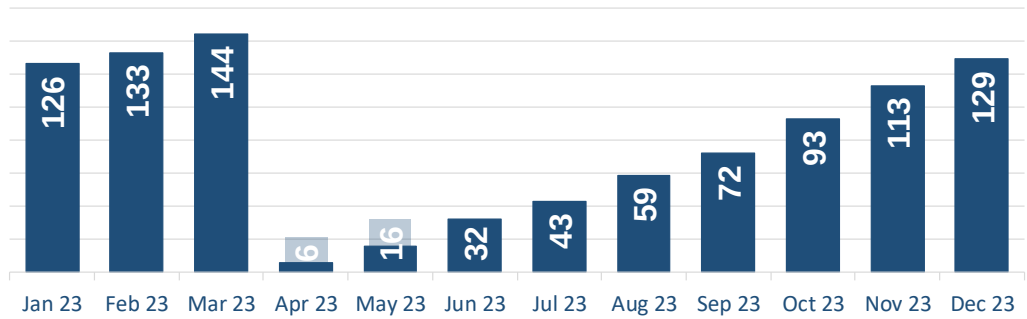


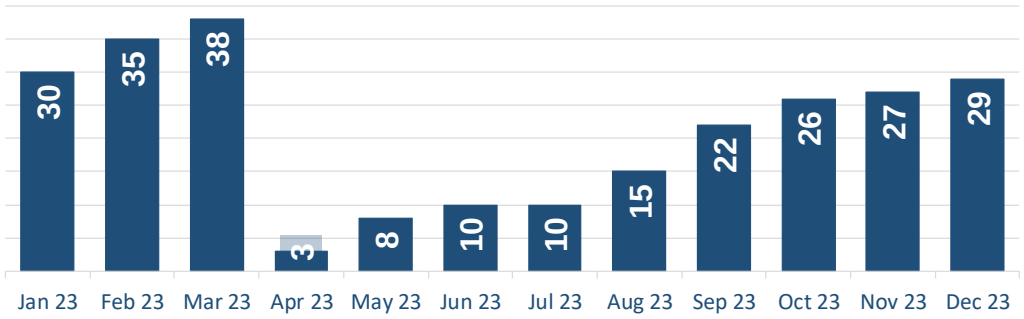




Quality: Performance

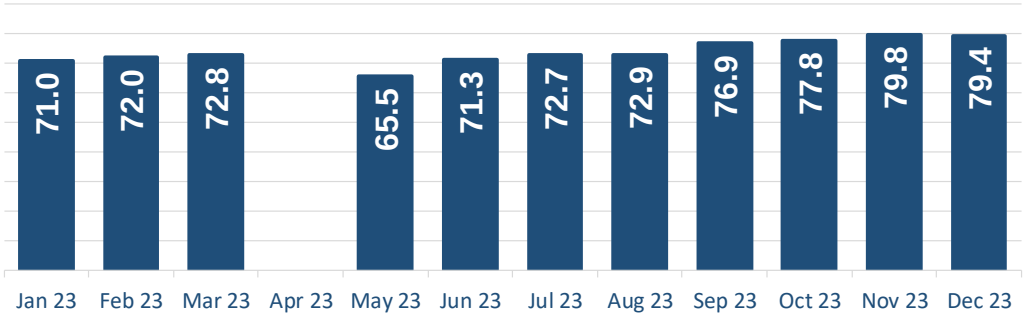
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-046	QSE	Number of patient experience surveys completed and recorded on CIVICA	Increas-ing trend	TBC	Data not currentl y available	N/A
QA4-047	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	Not avail-able	TBC	129	6th of 6 (at Dec 23)
QA4-048	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	Not avail-able	TBC	29	6th of 6 (at Dec 23)

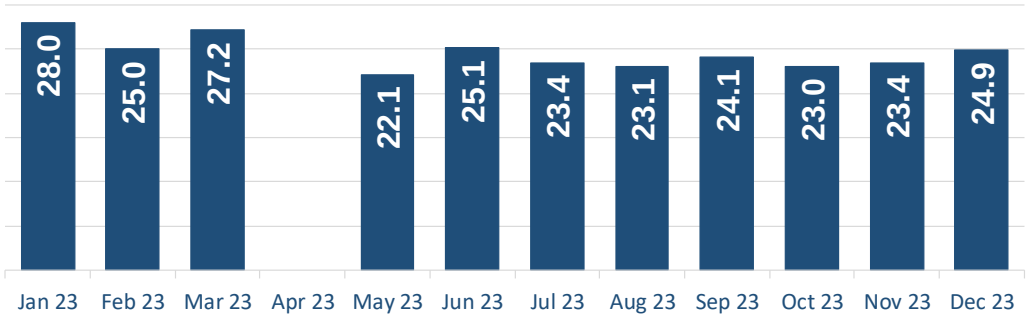


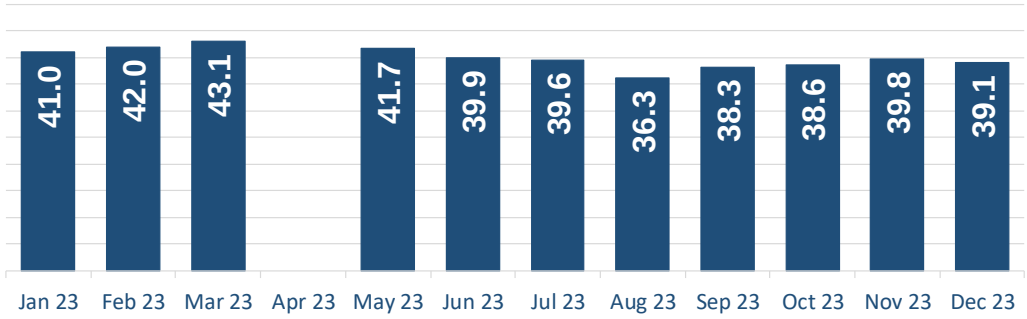


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-049	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	Not available	TBC	79.4	4th of 6 (at Dec 23)
QA4-050	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Not available	TBC	24.9	2nd of 6 (at Dec 23)
QA4-051	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Not available	TBC	39.1	4th of 6 (at Dec 23)

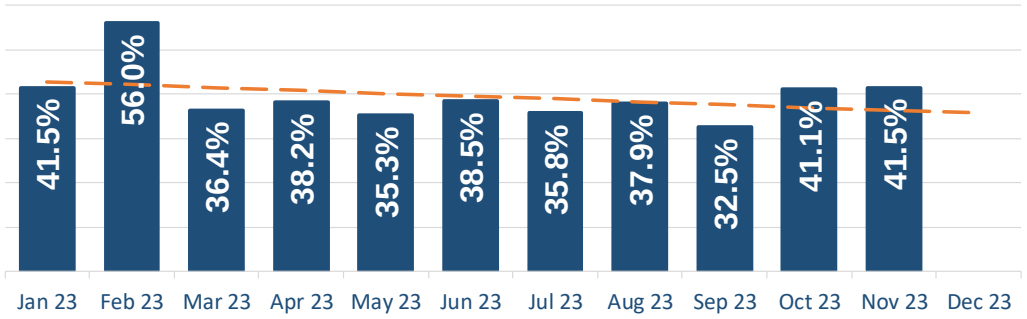


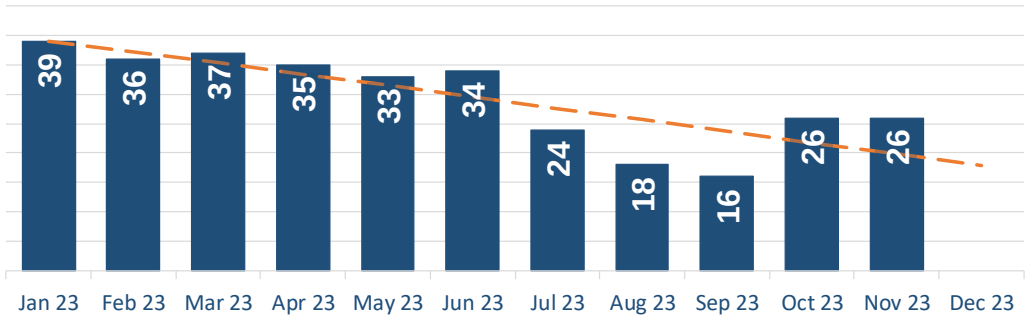


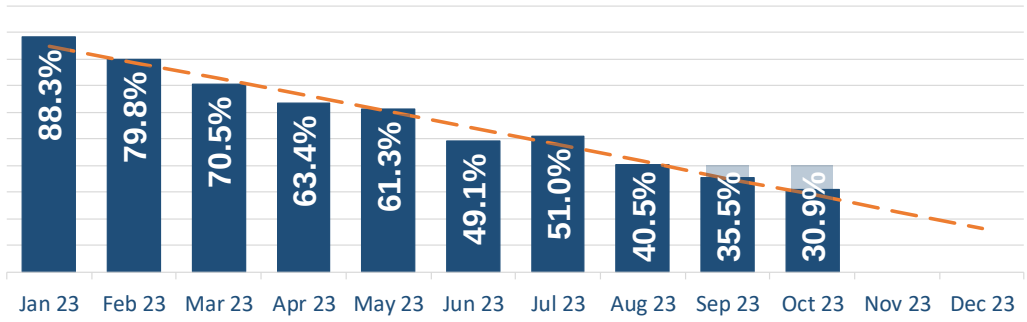


Quality: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-052	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Mth to mth reduction (2022/23 to 2023/24)	TBC	41.5%	6th of 6 (at Dec 23)
QA4-055	QSE	Number of National Reportable incidents that remain open 90 days or more	Decreasing trend	TBC	26	5th of 10 (at Dec 23)
QA4-040	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	30.9%	8th of 8 (at Oct 23)

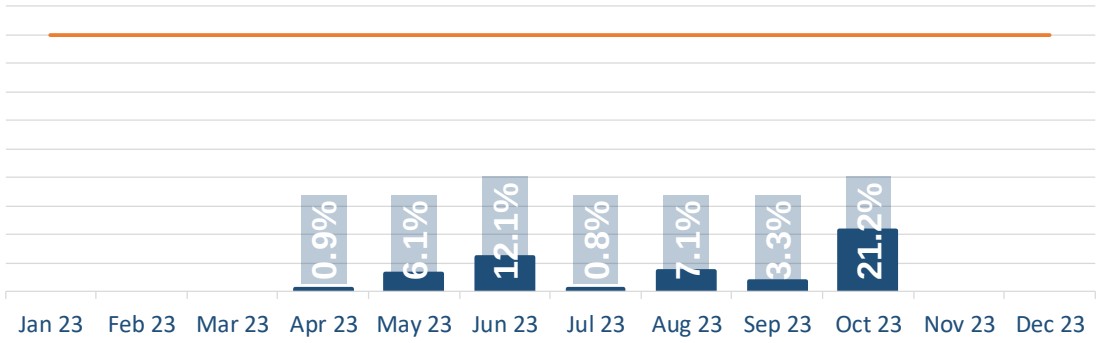


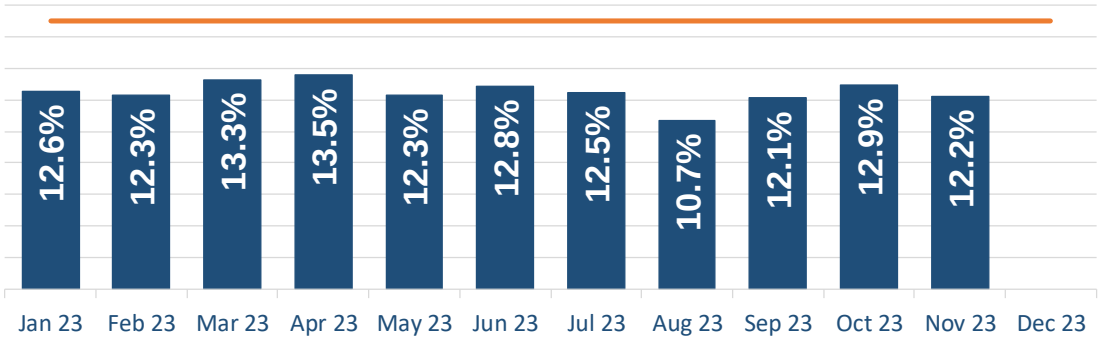




Quality: Performance

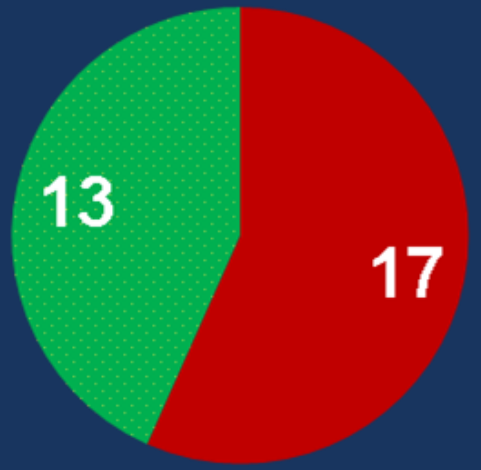
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-041	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	21.2%	7th of 8 (at Nov 23)
QA4-042	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	12.2%	6th of 7 (at Nov 23)





Section 2

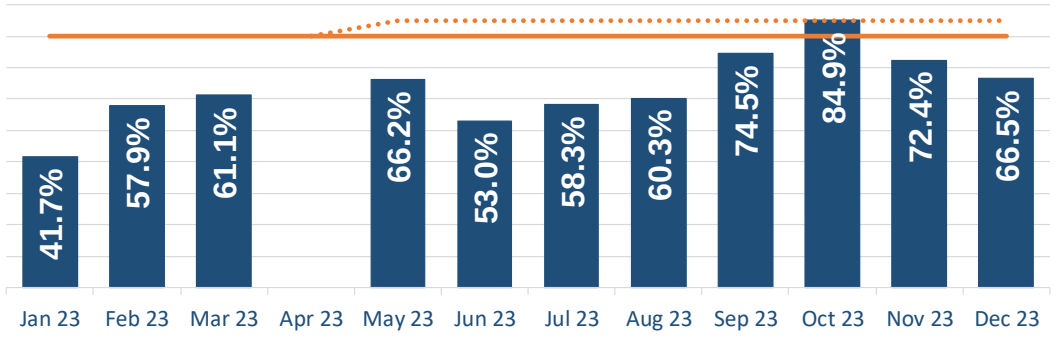
Access & Activity Performance

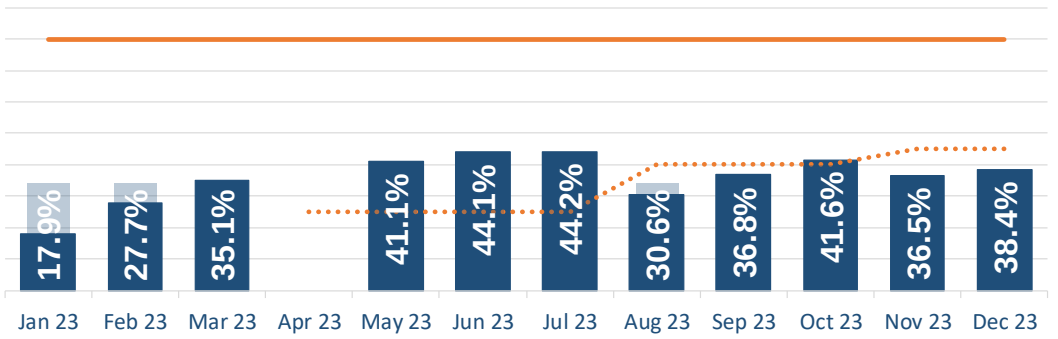


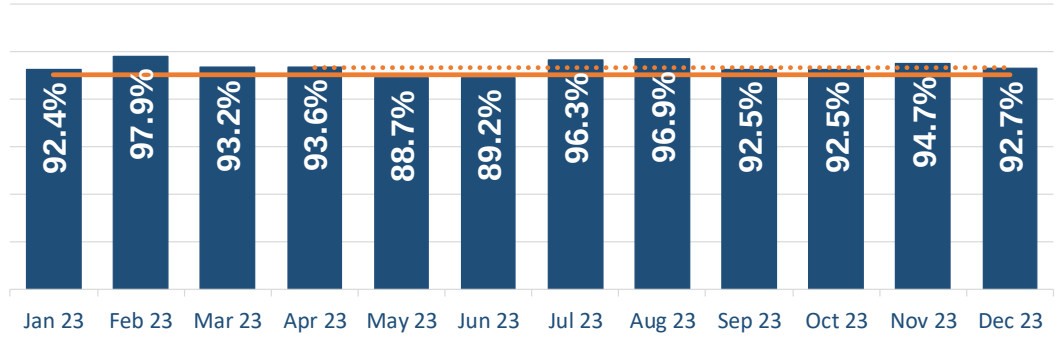
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
QA2-014	PFIG	Percentage of Local Primary mental health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	85.0%	66.5%	7th of 7 (at Nov 23)
QA2-015	PFIG	Percentage of theraputic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	45.0%	38.4%	4th of 7 (at Nov 23)
QA4-044	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	93.0%	92.7%	2nd of 7 (at Nov 23)

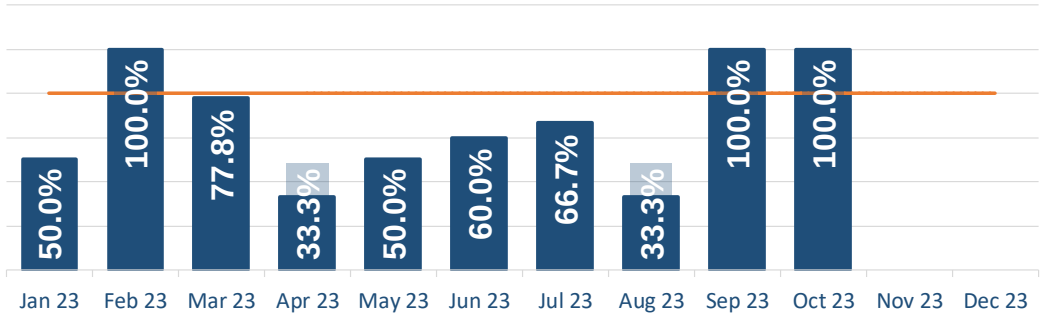


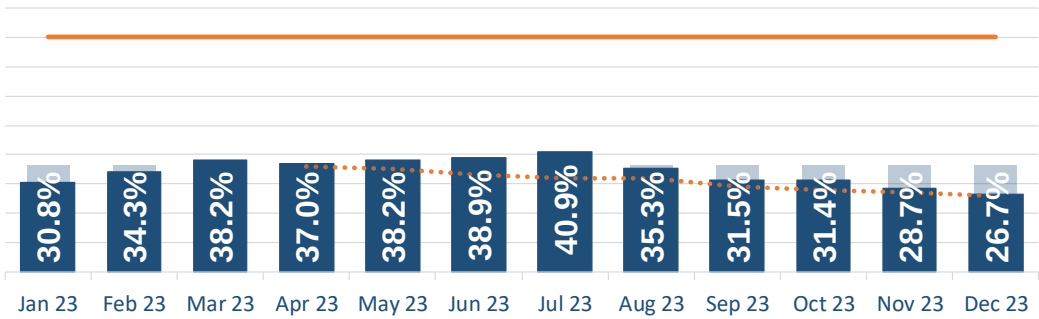


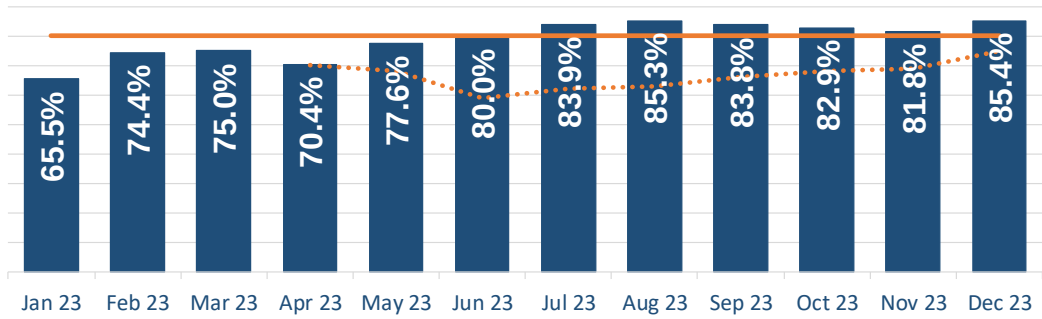


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-033	PFIG	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	80%	80.0%	100.0%	1st of 6 (at Oct 23)
QA2-034	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	26.0%	26.7%	5th of 7 (at Nov 23)
QA2-016	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	75.0%	85.4%	6th of 7 (at Nov 23)

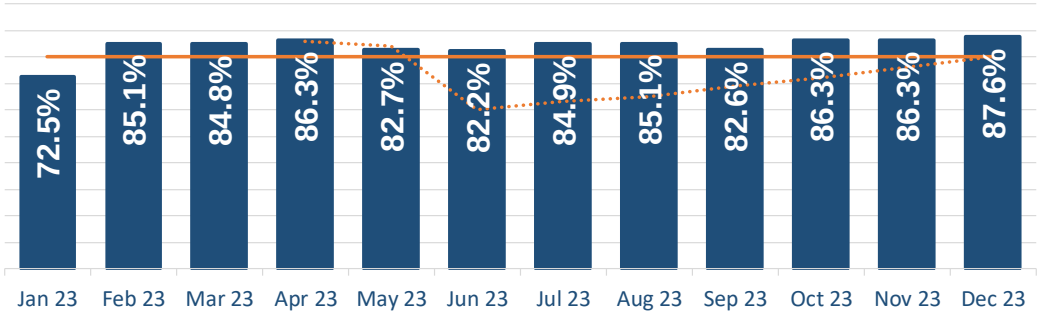


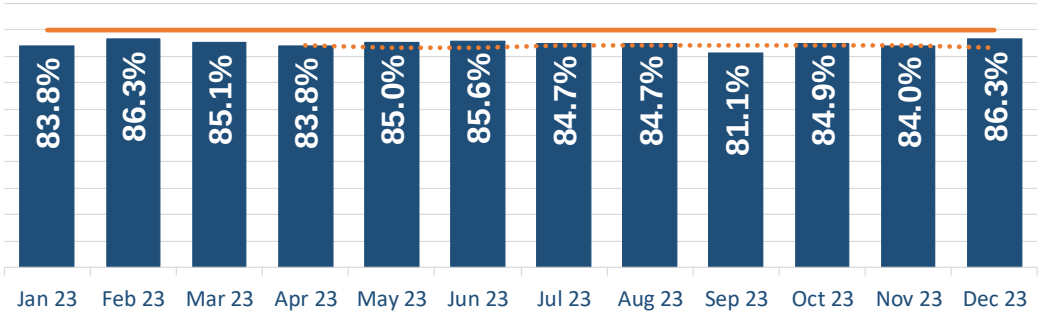


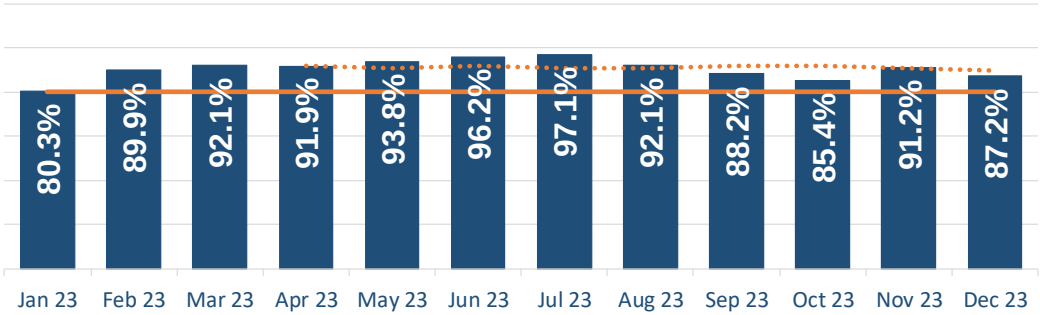


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-017	PFIG	Percentage of theraputic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80.0%	87.6%	5th of 7 (at Nov 23)
QA4-045	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	83.0%	86.3%	4th of 7 (at Nov 23)
QA2-035	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	90.0%	87.2%	2nd of 7 (at Nov 23)

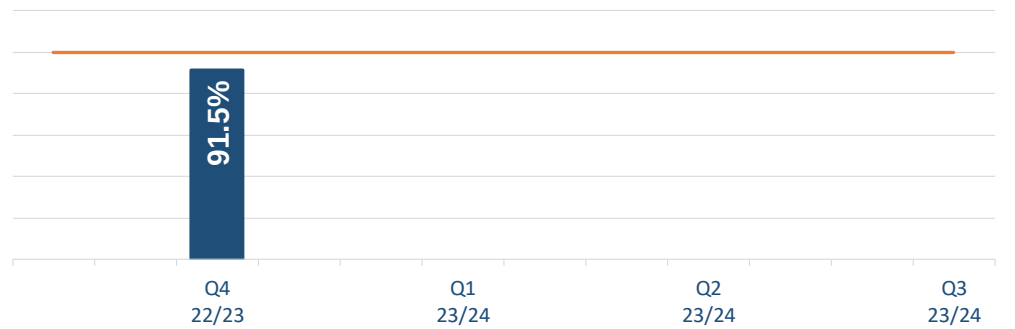


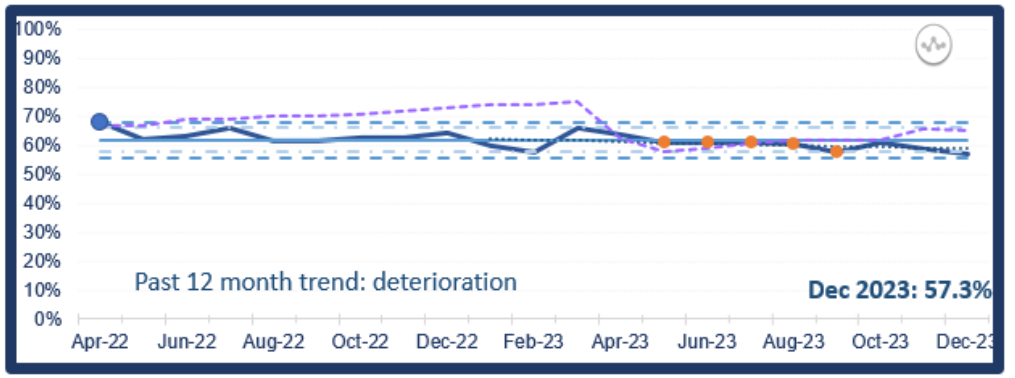


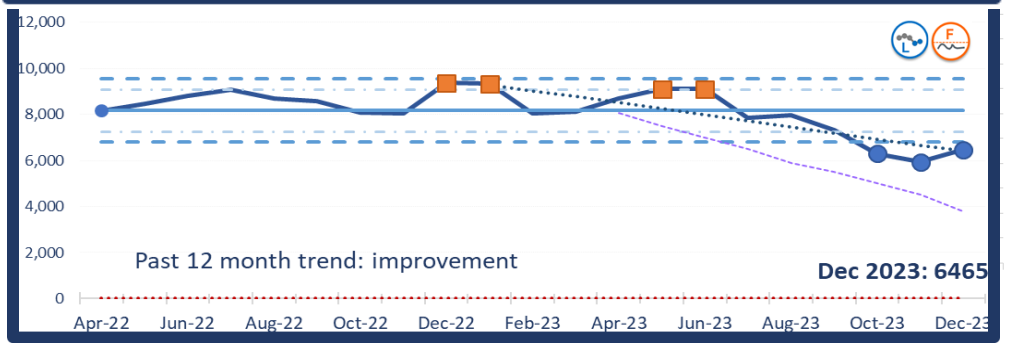


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-010	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	91.5%	6th of 7 (at Mar 23)
QA2-024	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increas-ing trend (to 80%)	65.0%	57.3%	1st of 6 (at Nov 23)
QA2-025	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	Decreas-ing trend (to 0)	3800	6465	3rd of 7 (at Nov 23)

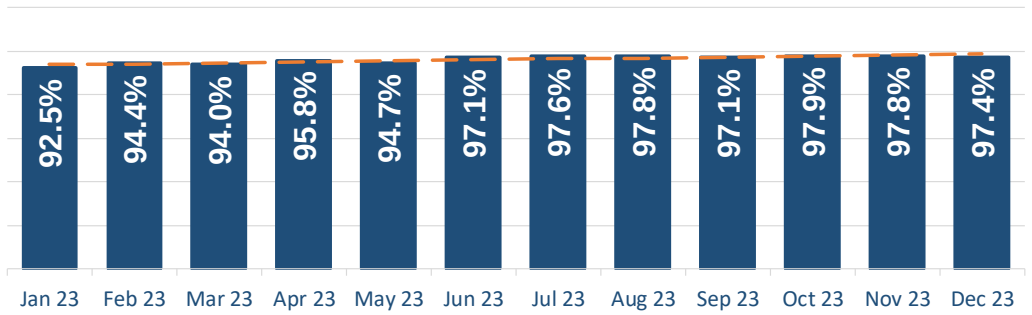


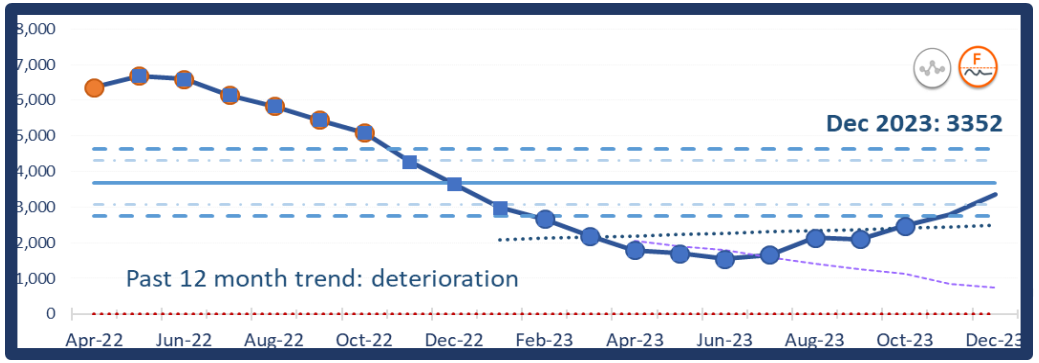


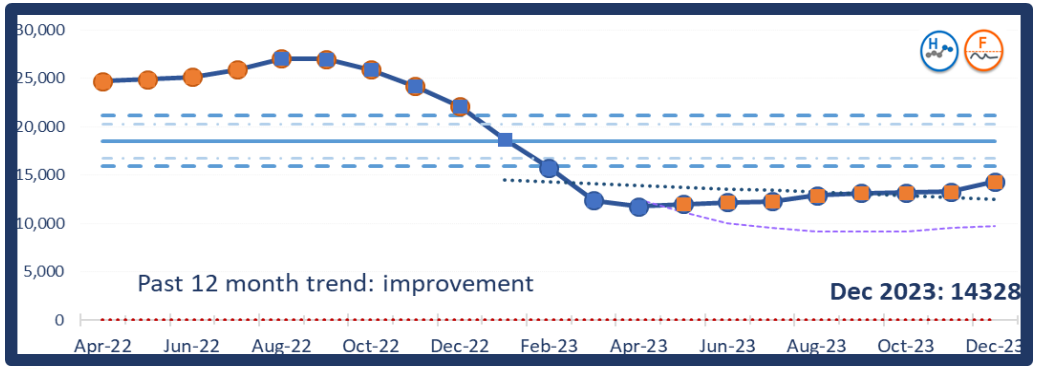


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-026	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	Increas-ing trend	TBC	97.4%	1st of 7 (at Nov 23)
QA2-027	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)	Decreas-ing trend (to 0)	753	3352	7th of 7 (at Nov 23)
QA2-028	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	Decreas-ing trend (to 0)	9748	14328	6th of 7 (at Nov 23)

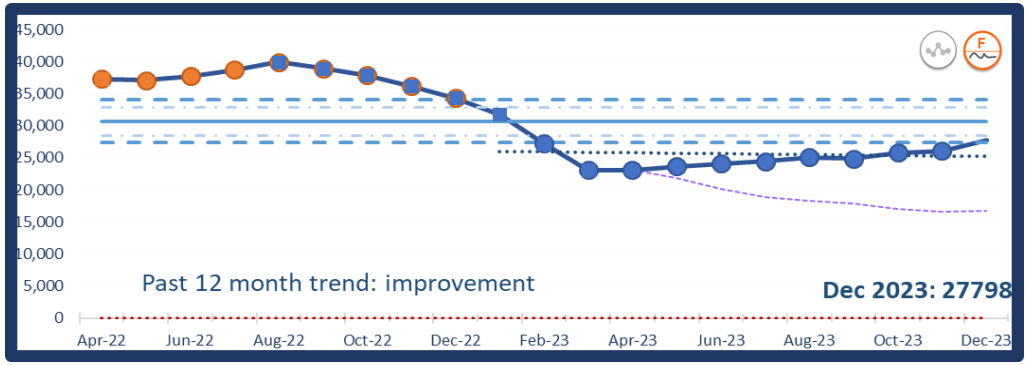


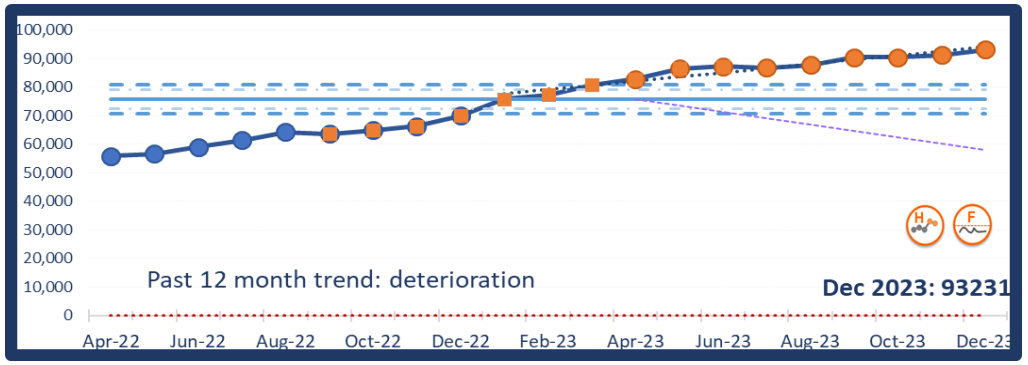


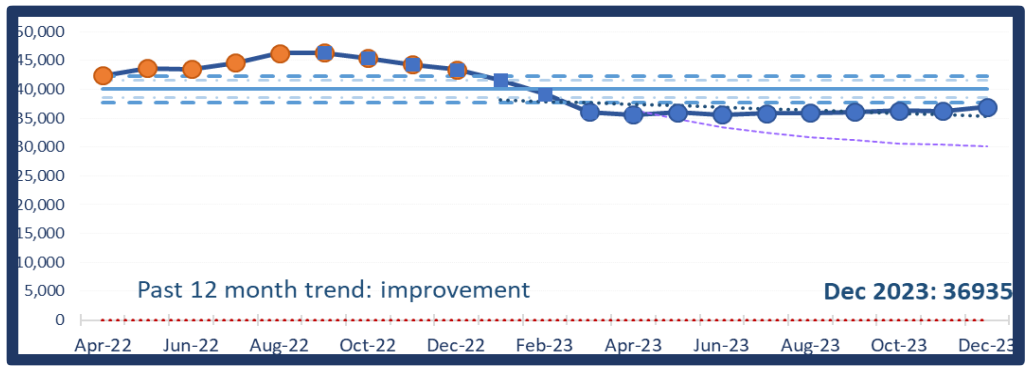


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-029	PFIG	Number of patients waiting more than 36 weeks for a new outpatient appointment	Decreasing trend (to 0)	16660	27798	7th of 7 (at Nov 23)
QA2-030	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	57892	93231	7th of 7 (at Dec 23)
QA2-032	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0)	30075	36935	7th of 7 (at Nov 23)

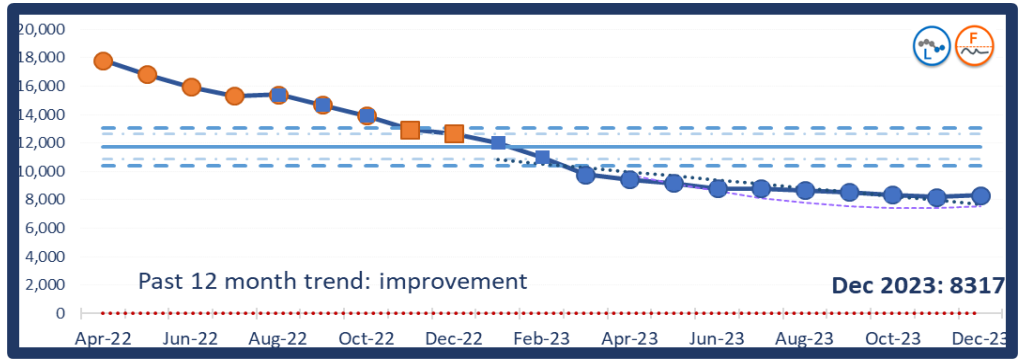


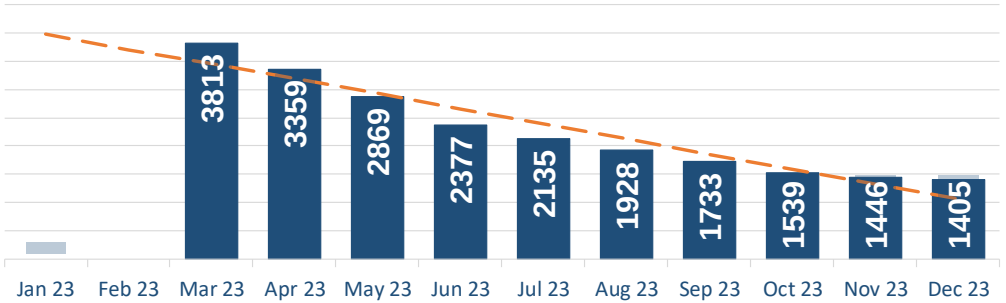


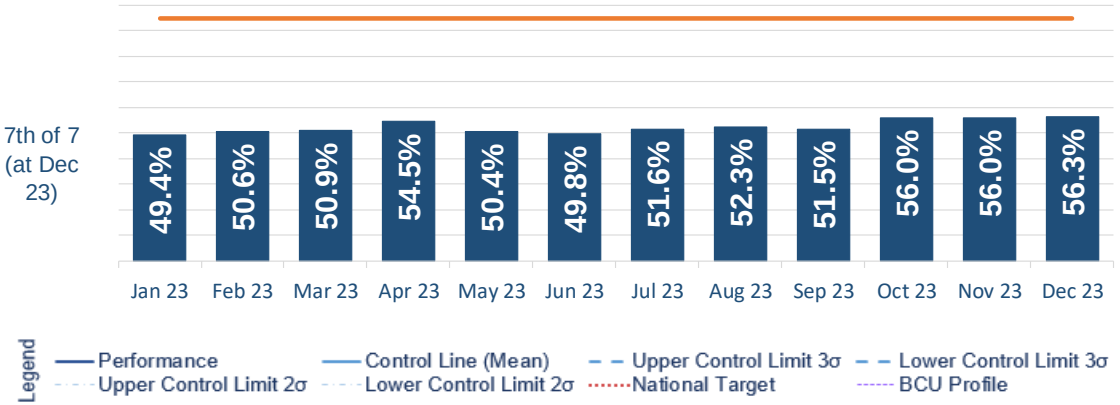


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-031	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	Decreasing trend (to 0)	7527	8317	7th of 7 (at Nov 23)
MP2-033	PFIG	Over 156 weeks all stages	N/A	TBC	1405	
QA4-053	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	TBC	56.3%	7th of 7 (at Dec 23)

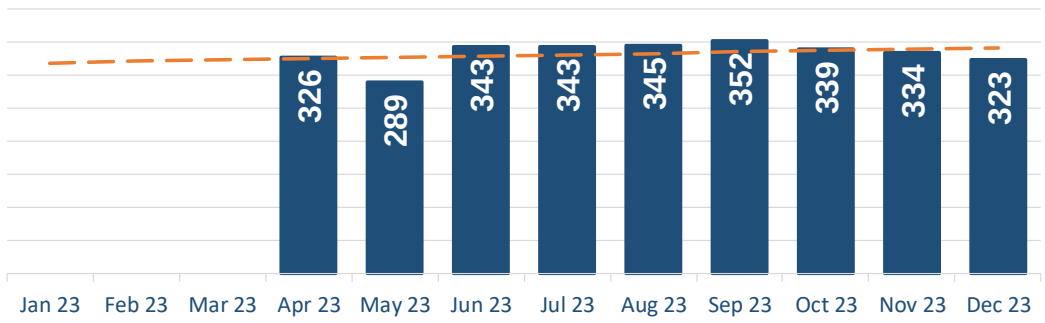


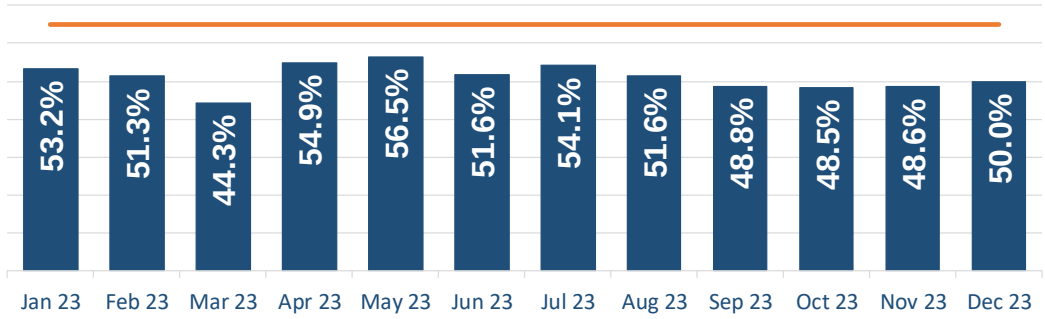


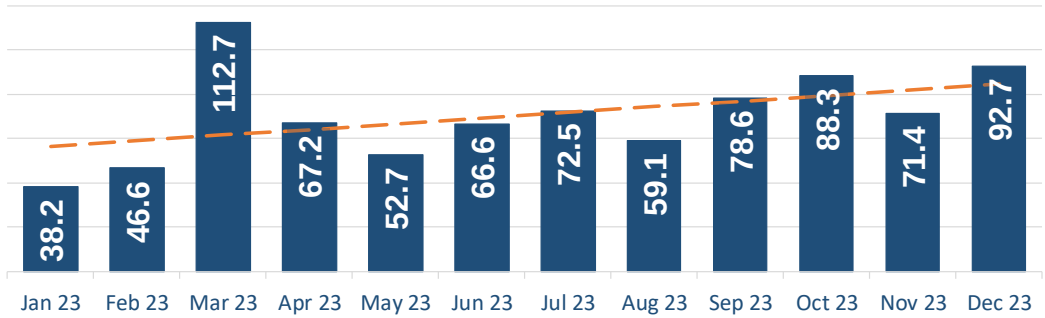


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA4-043	PFIG	Number of Pathways of Care Delayed discharges	Decreas-ing trend	TBC	323	8st of 8 (at Dec 23)
QA2-018	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	TBC	50.0%	2nd of 7 (at Dec 23)
QA2-019	PFIG	Median emergency response time to amber calls	Decreas-ing trend	TBC	92.7	3rd of 7 (at Nov 23)

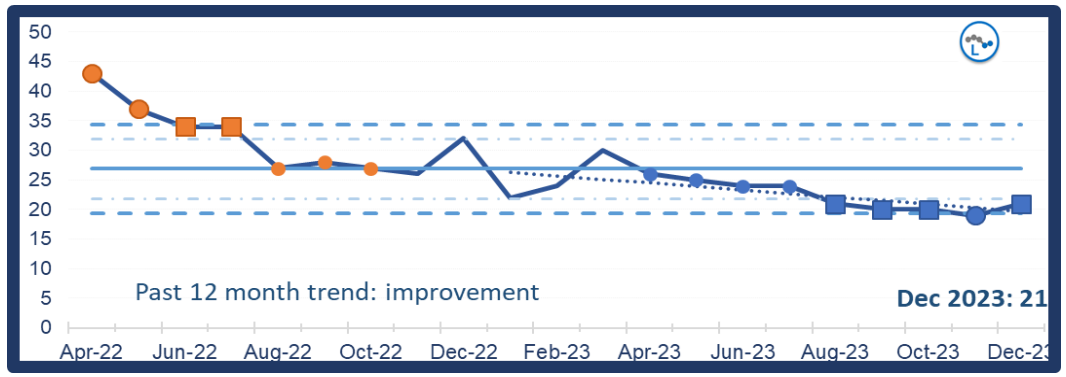


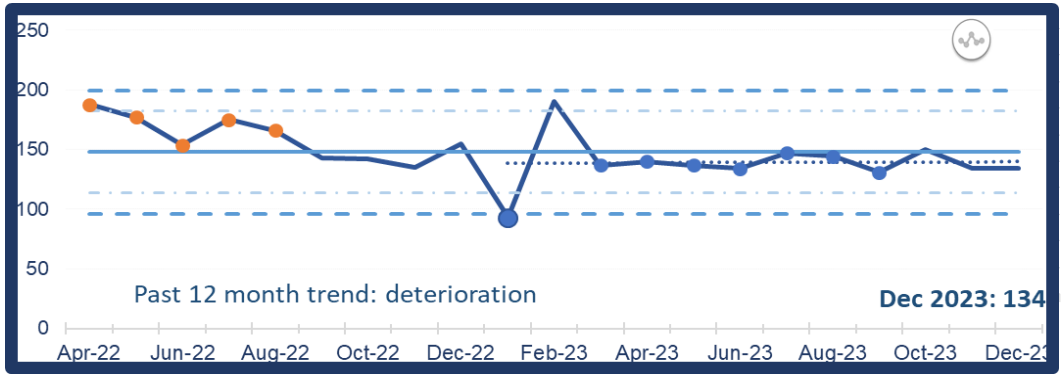


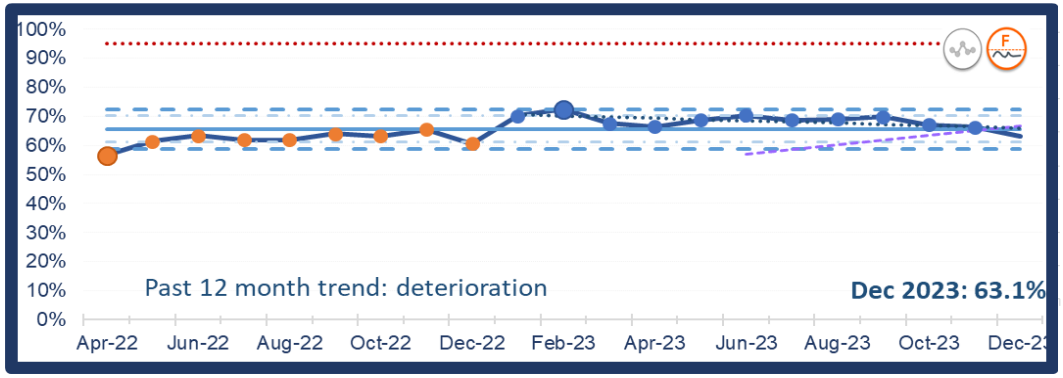


Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-020	PFIG	Median time from arrival at an emergency department to triage by a clinician	Decreasing trend	TBC	21.0	3rd of 6 (at Dec 23)
QA2-021	PFIG	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Decreasing trend	TBC	134.0	5th of 6 (at Dec 23)
QA2-022	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Mth to mth increase (2022/23 to 2023/24)	66.6%	63.1%	6th of 7 (at Dec 23)

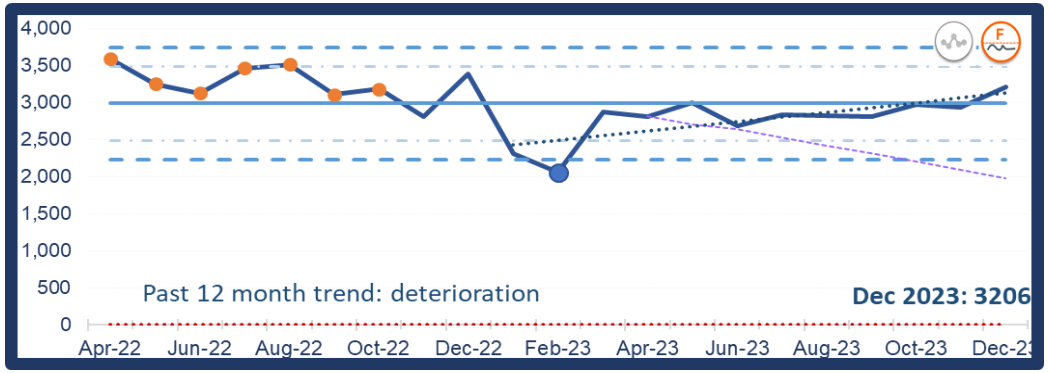


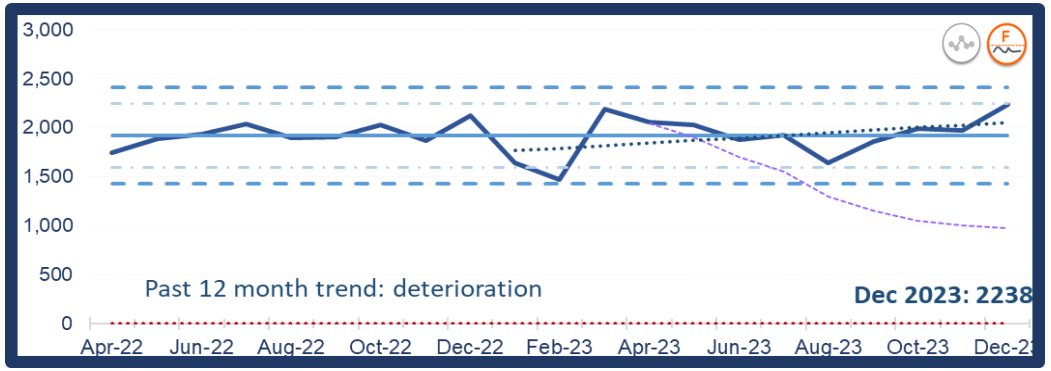


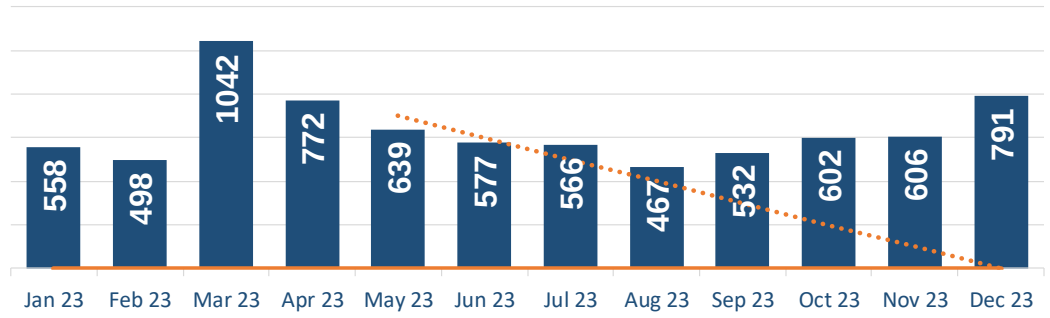


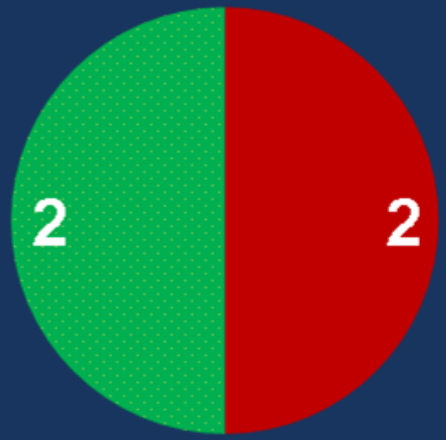
Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
QA2-023	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Decreasing trend (to 0)	1980	3206	7th of 7 (at Dec 23)
QA4-054	PFIG	Number of ambulance patient handovers over 1 hour	Decreasing trend (to 0)	975	2238	6th of 6 (at Dec 23)
MP4-054	PFIG	Number of ambulance patient handovers over 4 hour	0	0	791	









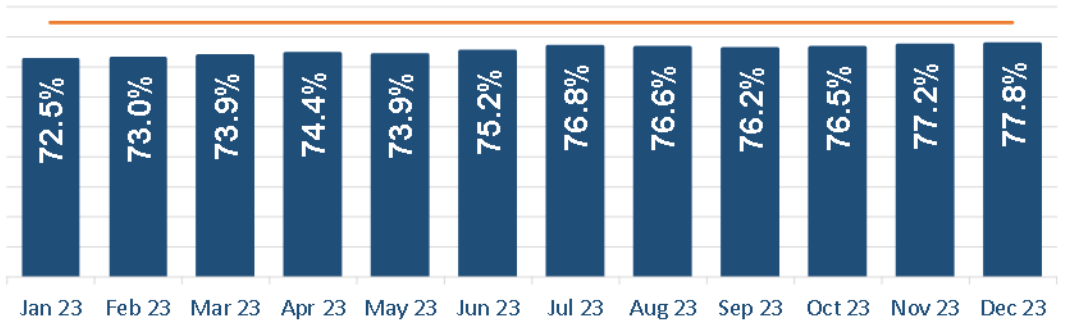
Section 3

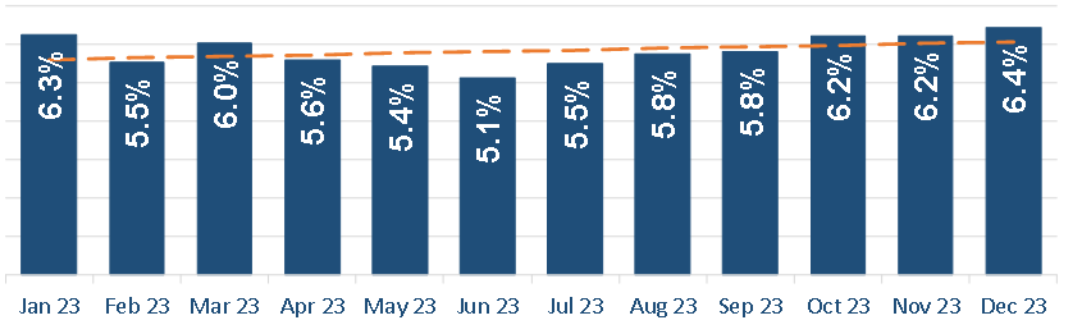
People & Organisational Development Performance

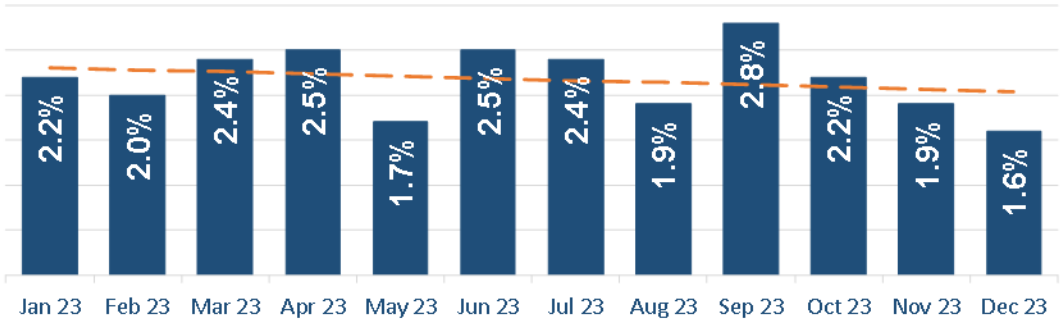
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-039	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	77.8%	4th of 13 (at Oct 23)
QA3-036	PFIG	Percentage of sickness absence rate of staff	Decreas-ing trend	TBC	6.4%	6th of 12 (at Oct 23)
QA3-037	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreas-ing trend against 2019/20	TBC	1.6%	3rd of 11 (at Sep 23)

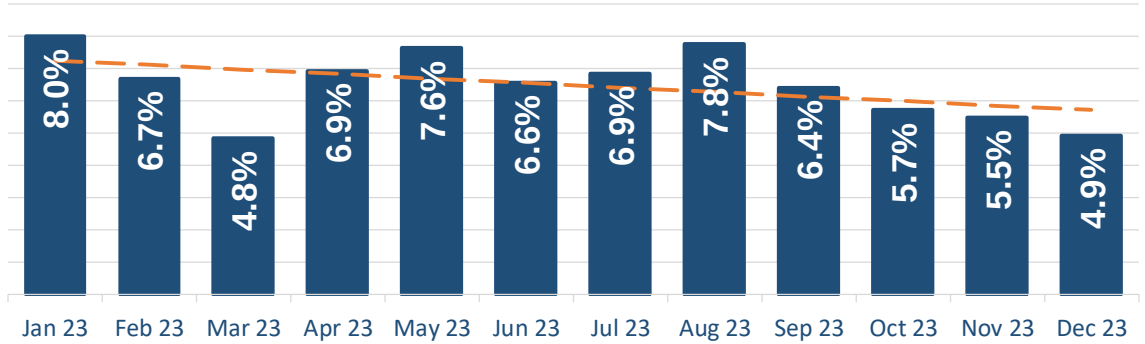






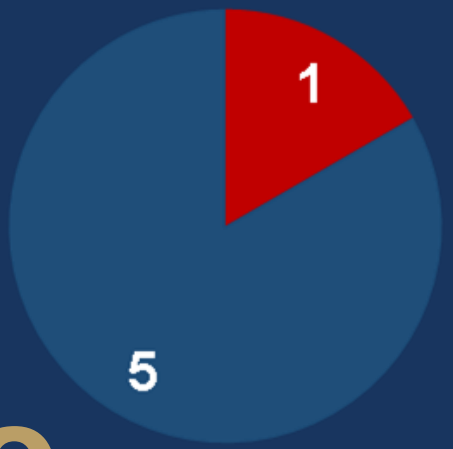
People: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
QA3-038	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	4.9%	10th of 12 (at Oct 23)



Section 4

Financial Performance



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

Finance: Performance

BCU Wide and Divisional Positions (Red = overspend)					
	B/F in year £m	November £m	December £m	January £m	YTD £m
West IHC	(9.4)	(0.9)	(1.0)	(1.0)	(12.2)
Central IHC	(13.4)	(1.6)	(1.0)	(1.0)	(17.0)
East IHC	(7.8)	(1.2)	(0.7)	(1.1)	(10.8)
Womens	0.4	(0.1)	0.0	0.0	0.3
MH & LD	(3.2)	(1.4)	(0.9)	(0.9)	(6.4)
Commisioning Contracts	0.8	(0.5)	2.0	0.4	2.7
ICD Primary Care	(0.3)	0.2	1.2	1.3	2.4
ICD Regional Services	(2.0)	(0.1)	0.5	0.0	(1.7)
Support Functions & Other Budgets	9.8	4.9	6.1	6.6	27.5
BCU Wide	**(24.9)**	**(0.8)**	**6.3**	**4.3**	**(15.1)**

Savings Scheme Pipeline	Green		Green (Proc)		Green		Variance Green to					Variance Total to
	R	NR	R	NR	Total	Target	Target		Pipeline	Red	Total	Target
Centre	3,424	75	141	45	3,685	**7,950**	46%		189	704	**4,578**	58%
East	4,393	420	154	50	5,017	**8,070**	62%		30	0	**5,047**	63%
West	3,485	1,093	110	31	4,720	**6,046**	78%		0	72	**4,792**	79%
MHLD	3,355	0	5	8	3,368	**3,267**	103%			0	**3,368**	103%
Womens	915	10	5	4	935	**915**	102%				**935**	102%
Cancer	1,537	6	4	7	1,554	**755**	206%			0	**1,554**	206%
Diagnostics	108	37	341	25	511	**1,015**	50%			0	**511**	50%
Corporate	374	2,692	83	2,648	5,798	**2,495**	232%		0	8	**5,805**	233%
Primary Care	114		15	4	133	**154**	86%		0	0	**133**	86%
Provider Income					0	**267**	0%				**0**	0%
Procurement (VAT)					0	**-5,734**			0		**0**	
Budget Reducing Savings	**17,705**	**4,335**	**858**	**2,823**	**25,722**	**25,200**	**102%**		**219**	**784**	**26,724**	**106%**

Finance: Agency

Month 10 Agency

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	508	484	421	370	319	185	181	291	94	204	100	100	**3,057**	**3,257**
2	Medical & Dental	1,967	2,431	2,890	2,357	2,308	1,982	2,213	1,866	1,389	1,973	1,868	1,889	**21,376**	**25,133**
3	Nursing & Midwifery Registered	2,536	3,068	3,125	3,314	3,742	3,155	2,496	2,279	2,493	2,509	2,389	2,364	**28,717**	**33,470**
4	Prof Scientific & Technical	16	24	(11)	27	(2)	20	20	(15)	11	10	14	14	**100**	**128**
5	Additional Clinical Services	54	80	43	(4)	25	30	21	8	16	19	25	25	**292**	**342**
6	Allied Health Professionals	655	616	471	729	534	414	423	454	351	461	335	331	**5,108**	**5,774**
7	Healthcare Scientists	19	20	15	11	16	3	10	5	5	20	19	19	**124**	**162**
8	Estates & Ancillary	15	(2)	18	6	73	(52)	1	6	16	6	14	14	**87**	**115**
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
10	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**5,771**	**6,721**	**6,972**	**6,810**	**7,015**	**5,737**	**5,365**	**4,894**	**4,375**	**5,202**	**4,764**	**4,756**	**58,862**	**68,382**
11	**Agency/Locum (premium) % of pay**	**6.9%**	**7.6%**	**6.6%**	**6.9%**	**7.8%**	**6.4%**	**5.7%**	**5.5%**	**4.9%**	**5.7%**	**5.4%**	**5.5%**	**6.4%**	**6.2%**

Finance: Escalated Performance Measures

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

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

The Year to date financial performance is as detailed below;

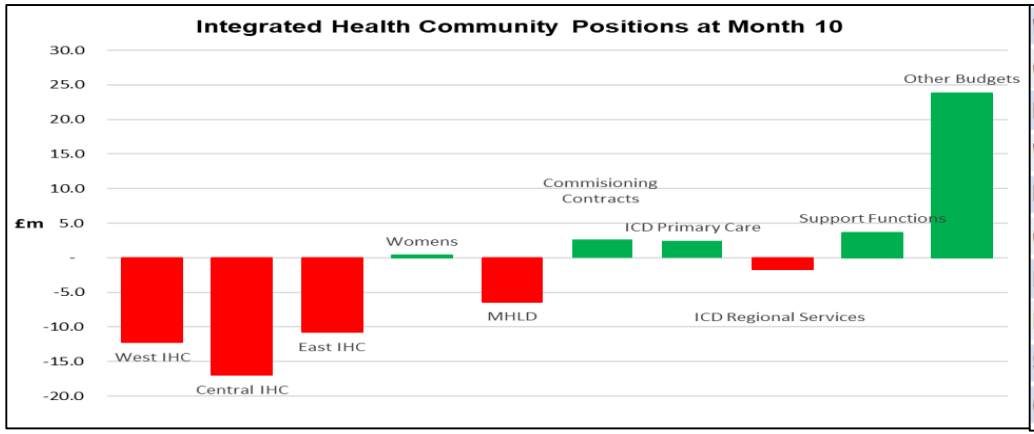
Description	Apr £m	May £m	Jun £m	July £m	Aug £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	YTD Total £m
Budget variance / (surplus) in month and overall.	1	2.9	5.4	5.6	5.5	3.3	1.2	0.8	(6.3)	(4.3)	15.1

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

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

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

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



West IHC	£12.2m adverse
Central IHC	£17m adverse
East IHC	£10.8m adverse
Womens	£0.3m favourable
MH & LD	£8.4m adverse
Commissioning Contracts	£2.7m favourable
ICD Primary Care	£2.4m favourable
ICD Regional Services	£1.7m adverse
Support Functions	£3.7m favourable
Other Budgets	£23.9m favourable

Key drivers of the deficit being;

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

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

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

Additional Information

Introduction to Integrated Performance Report (IPR)

What is an Integrated Performance Report (IPR)?

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

The Integrated Performance Framework (IPF)

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

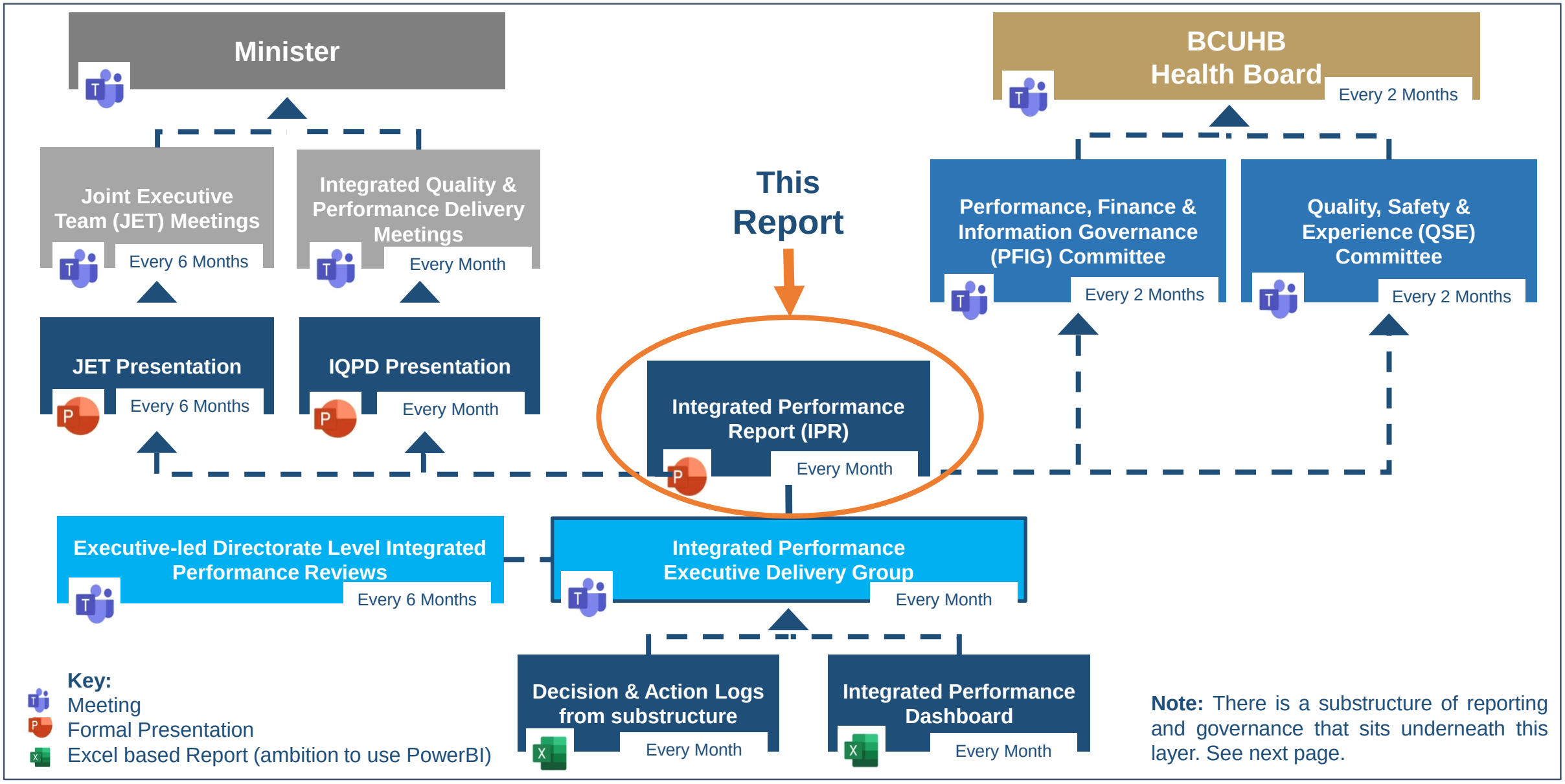
The Integrated Performance Framework sits within a "triumvirate" together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28th September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring of the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

Where does the IPR feature within the Performance Governance Structure

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

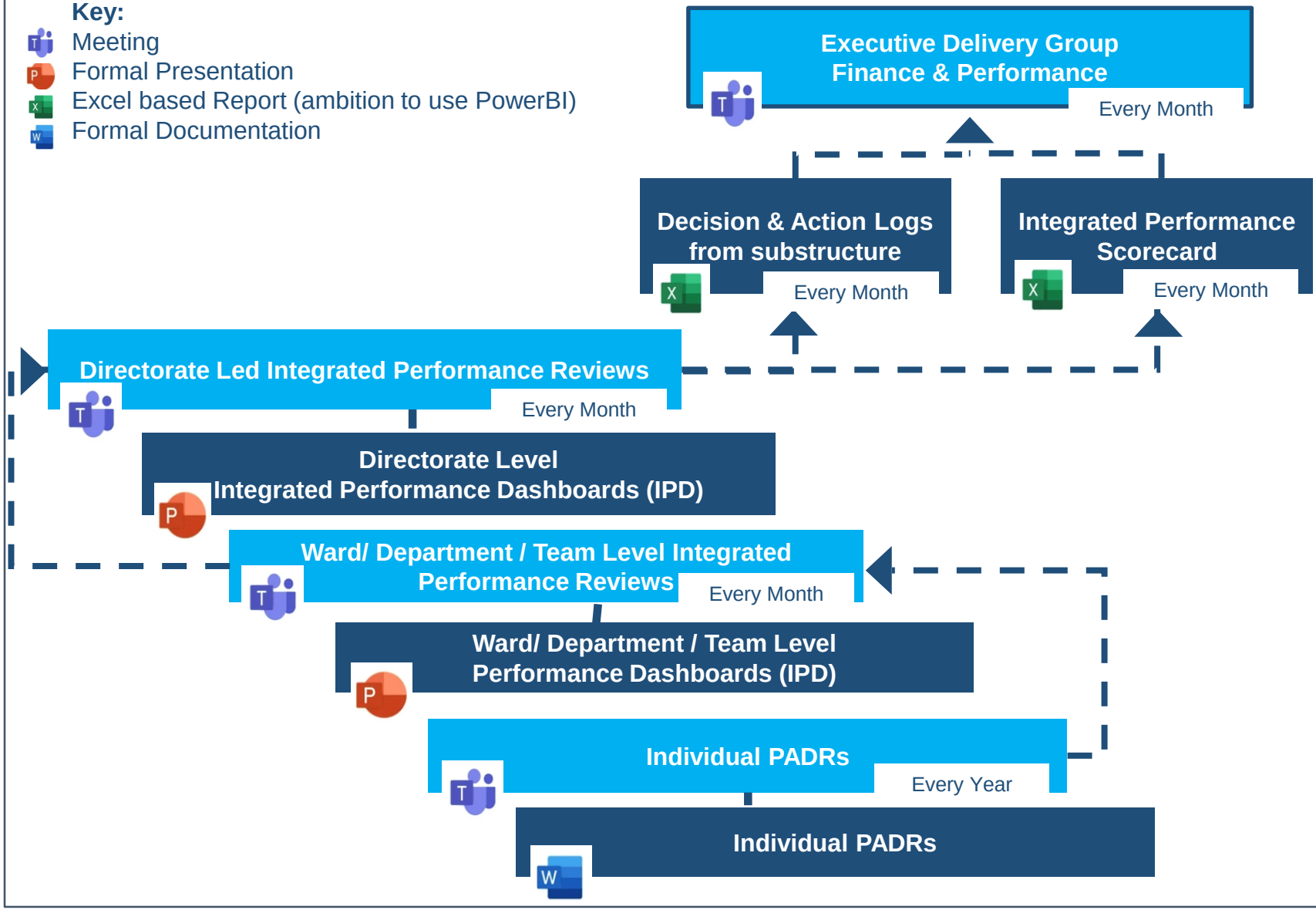
The IPR will be embedded as the 'single version of the truth' and used to report on performance to the Health Board, it's scrutinising committees namely Performance, Finance & Information Governance (PFIG) Committee and Quality, Safety & Experience (QSE) Committee and externally to Welsh Government.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

The Integrated Performance Reporting & Governance Superstructure



The Integrated Performance Reporting & Governance Substructure

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



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

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

Performance Directorate Outputs

Integrated Performance Reports	Formal and comprehensive reports to the Health Board and its scrutinising committees, Integrated Quality & Performance Delivery Group (IQPD)(Welsh Government) and Joint Executive Team (JET).
Integrated Performance Scorecards	Summary scorecards for– Integrated Performance Executive Delivery Group et al
Integrated Performance Dashboards	Operational level performance dashboards with drill through capabilities. For end of month's submitted position. Ambition for production in PowerBI. – Produced by Digital, Data & Technology (DDAT) in partnership with the Performance Directorate(PI&AD)
Deep Dive Reports	Detailed Deep Dive reports used in accompaniment to Formal Reports, Scorecards and Dashboards to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary, I.e. to support escalation, de-escalation.
Ad-hoc Reports	Ad-hoc reports used outside of the formal channels and for specific queries to complement data, provide context, add intelligence and provide assurances as appropriate. Used at all levels as necessary to provide additional intelligence and assurances as required.

Our Integrated Performance Report
Betsi Cadwaladr University Health Board

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

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

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

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Appendix

Our Partners

This report has been produced on behalf of the **Health Board** by the **Performance Directorate in** partnership with:

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

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

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

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

Teitl adroddiad: ***Report title:***	Shared Services Partnership Committee Quarter 3 2023/24 Assurance report
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st December 2023. As part of the approval of our Year 1 of our IMTP for 2023-24, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total. The Quarter 3 performance for the organisation was generally on target with 17 out of 20 KPIs showing as green. Further action will continue to be taken forward into 2023-24 to address the performance in areas of underperformance. A review meeting to discuss mid-year performance was held following the quarter 2 Health org performance reports in November 23. KPI Status 0 3 17 Not Available 0 Of the 3 KPIs that did not achieve the targets: • 2 are a combination of both NWSSP and our customers processes. • 1 is the responsibility of the health organisation. In relation to recruitment performance NWSSP continue to work with the organisation to cleanse older records which continues to affect the overall time to hire performance.

	The Public Sector Payment policy (PSPP) is failing the year to date target due to delays in processing agency invoices in quarter 2 however, the target was achieved in quarter 3. Procurement Savings is back on track to achieve the target in quarter 3 after failing in quarter 2.			
Argymhellion: ***Recommendations:***	The Committee is asked to note this report			
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott Interim Executive Director Finance			
Awdur yr Adroddiad: ***Report Author:***	Alison Ramsey – Director of Planning, Performance & Informatics, NWSSP			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***				
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			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N			

Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	NA
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	NA
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	NA
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
List of Appendices: ***NWSSP Report*** NHS Wales Shared Services Partnership Summary Performance Report – Betsi Cadwaladr University Health Board Period 1st October 2023 – 31st December 2023 1 to this report provides Quarter 3 performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st December 2023. 2 provides Quarter 2 performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 31st December 2023. 3 then highlights the position for all health organisations at the end of December 2023.	

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

NHS WALES SHARED SERVICES PARTNERSHIP

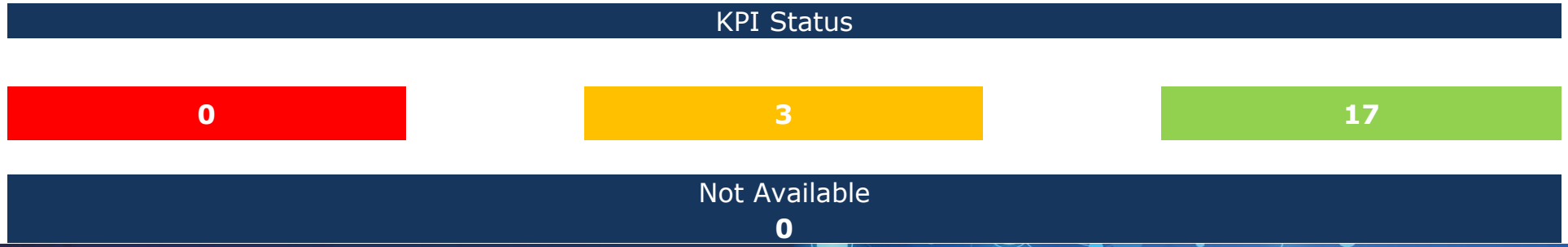
SUMMARY PERFORMANCE REPORT

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Period 1st October 2023 – 31st December 2023

Delivering Value, Innovation and Excellence through Partnership

Overview



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

Key Messages

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

As part of the approval of our Year 1 of our IMTP for 2023-24, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 3 performance for the organisation was generally on target with 17 out of 20 KPIs showing as green.

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

A review meeting to discuss mid-year performance was held following the quarter 2 Health org performance reports in November 23.

Of the 3 KPIs that did not achieve the targets:

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

In relation to recruitment performance NWSSP continue to work with the organisation to cleanse older records which continues to affect the overall time to hire performance.

The Public Sector Payment policy (PSPP) is failing the year to date target due to delays in processing agency invoices in quarter 2 however, the target was achieved in quarter 3.

Procurement Savings is back on track to achieve the target in quarter 3 after failing in quarter 2.

Professional Influence Benefits

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance within the health organisations.

- **Legal Services** – Settled Claims savings, damages and cost savings.
- **Procurement Services** – Cost reduction, catalogue management etc. (Heads of Procurement discuss directly with Finance colleagues in the of Health Orgs)
- **Specialist Estates Services** – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- **Counter Fraud Services** – Financial Recoveries.
- **Accounts Payable** - statement reconciliation, priority supplier programme and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – December 2023 for the organisation is £31M.

Service	YTD Benefit £m
Specialist Estates Services	0.13
Procurement Services	3.96
Legal & Risk Services	26.44
Accounts Payable**	0.44
Counter Fraud Services*	-
Total	**31.0**

- Counter Fraud services only contains April – September
- Accounts Payable only contains April - November

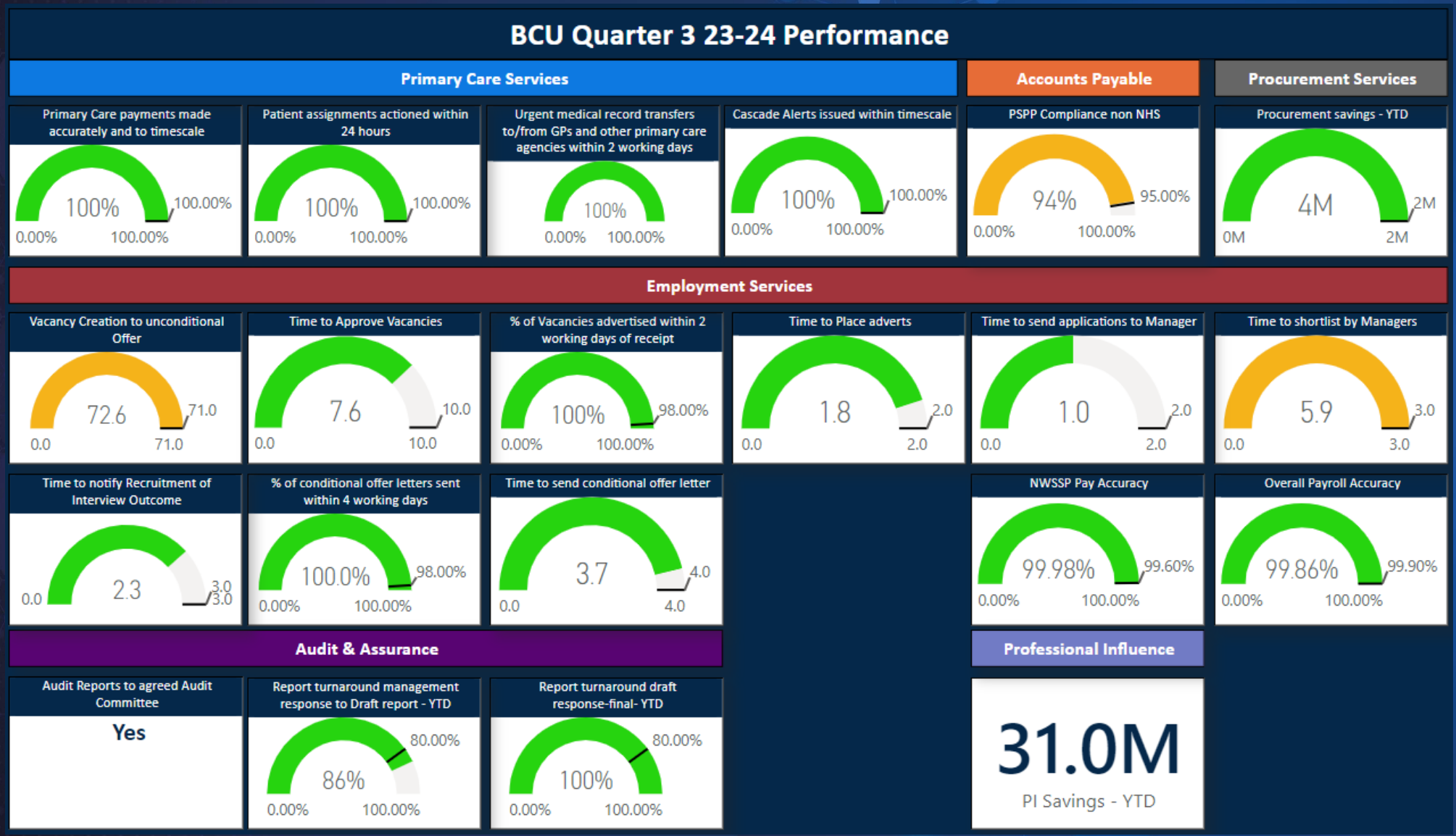
Explanation of Appendics

Appendix 1 to this report provides Quarter 3 performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st December 2023.

Appendix 2 provides Quarter 3 performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 31st December 2023.

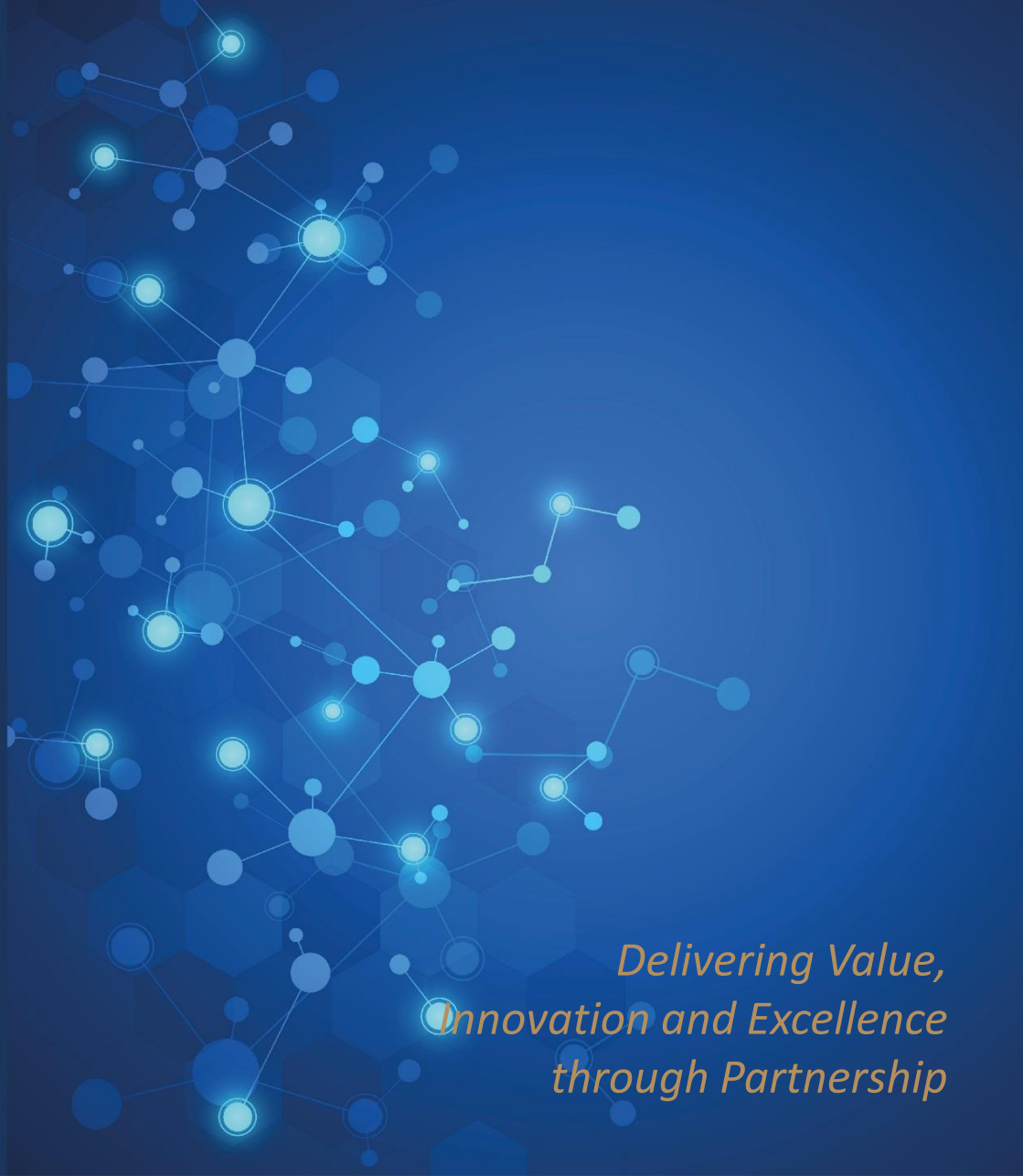
Appendix 3 then highlights the position for all health organisations at the end of December 2023.

Summary Position



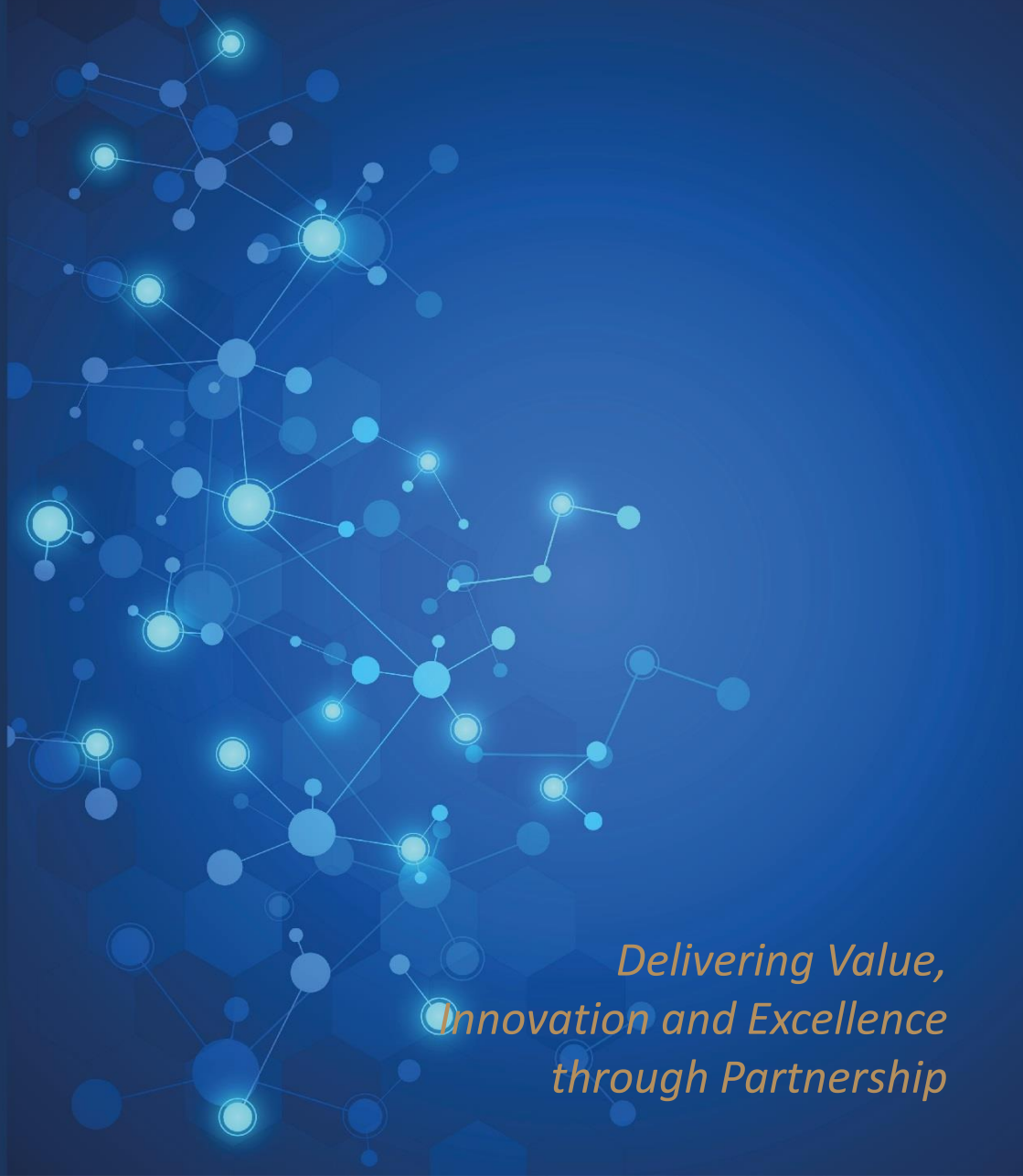
Action Plan for Lead Indicators

There were no KPI's showing as red for the in-month December position.



Delivering Value, Innovation and Excellence through Partnership

Other areas where action is planned



Delivering Value, Innovation and Excellence through Partnership

Accounts Payable

BCU High Level - KPIs Dec 2023	Target	31/03/2023	30/06/2023	30/09/2023	31/12/2023	Trend
		Accounts Payable				
PSPP Compliance non NHS	95%	94.6%	96.1%	93.8%	94.3%	

What is happening?
The Non – NHS PSPP (Public Sector Payment Policy) target of 95% has been missed reporting 94.3% for the year to date, however the quarter 3 reported position was 95.2% achieving the target. The PSPP has previously been impacted by delays in processing Nurse Agency Invoices within the health org, in addition some of the identified aged invoices have been released for payment.

What are we doing about it?
Accounts Payable regularly provide a suite of information to finance colleagues to keep them informed of the volume and value of invoice on hold and work with them to resolve any issues.

Employment Services – Recruitment

BCU High Level - KPIs Dec 2023	Target	31/03/2023	30/06/2023	30/09/2023	31/12/2023	Trend
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		57.5%	65.0%	63.7%	64.9%	
Vacancy creation to unconditional offer	71 days	79.6	73.2	72.6	72.6	
% of vacancies shortlisted within 3 working days		41.1%	48.5%	54.4%	56.6%	
Time to Shortlist by Managers	3 days	8.4	6.8	8.5	5.9	

What is happening?

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process. Organisations have started to implement more scrutiny via vacancy approval panels, which adds another stage into the Recruitment Process and can delay time to hire.

Vacancy Creation to unconditional offer failed to hit its target of 71 days reporting on average 72.6 days to complete.
Time to Shortlist by Managers missed the 3-day target reporting on average 5.9 days.

What are we doing about it?

The older records in the system have a detrimental impact on the Time to Hire, therefore organisations have been asked to look at these older records, which are shared via the Managers Update Report in order that they can be closed. This activity has been further supported via a commitment from the NWSSP Partnership Committee members for work to be completed on these older records as they skew the time to hire.

Employment Services – Recruitment

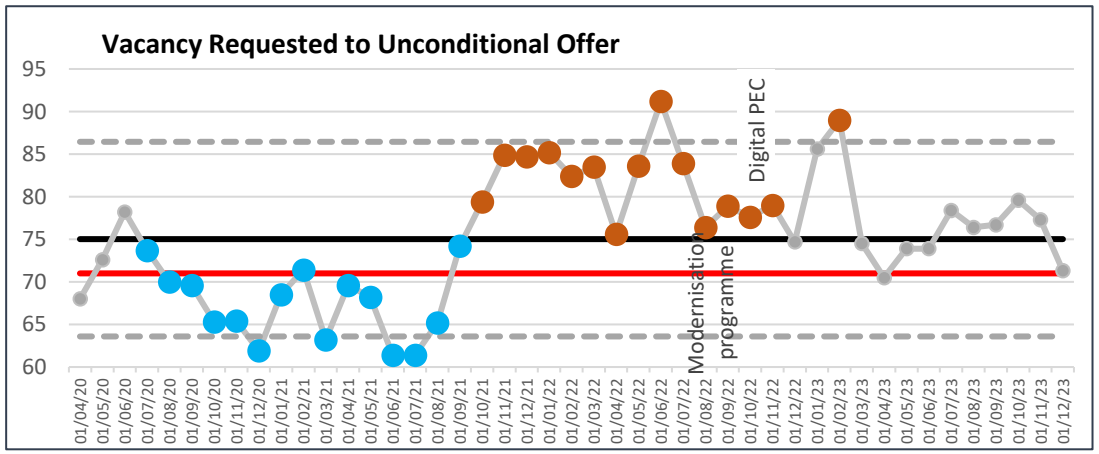
All Wales

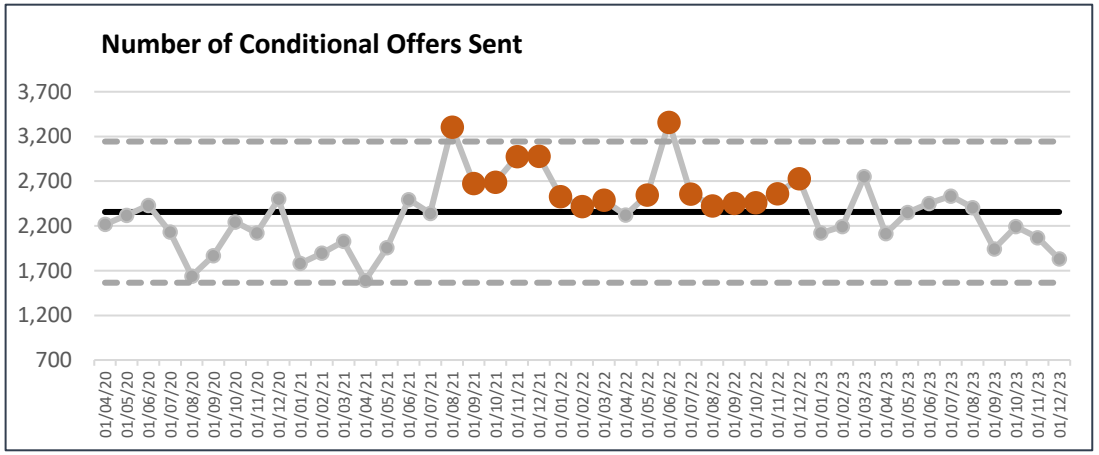
What is happening?

The target of creation to unconditional offer within the 71 days has slightly missed the target with an average of 72.6 days. 64.9% of the records were within the 71 days target. In broad terms the 71 days can be attributed to as follows:

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

The charts below demonstrate that the increased activity seen with the number of Conditional offers sent has now stabilised and is now within normal variation and The peak seen in the vacancy requested to conditional offer average days in January/February 23 is where the processing of incomplete records started and had a negative effect on the average days reported



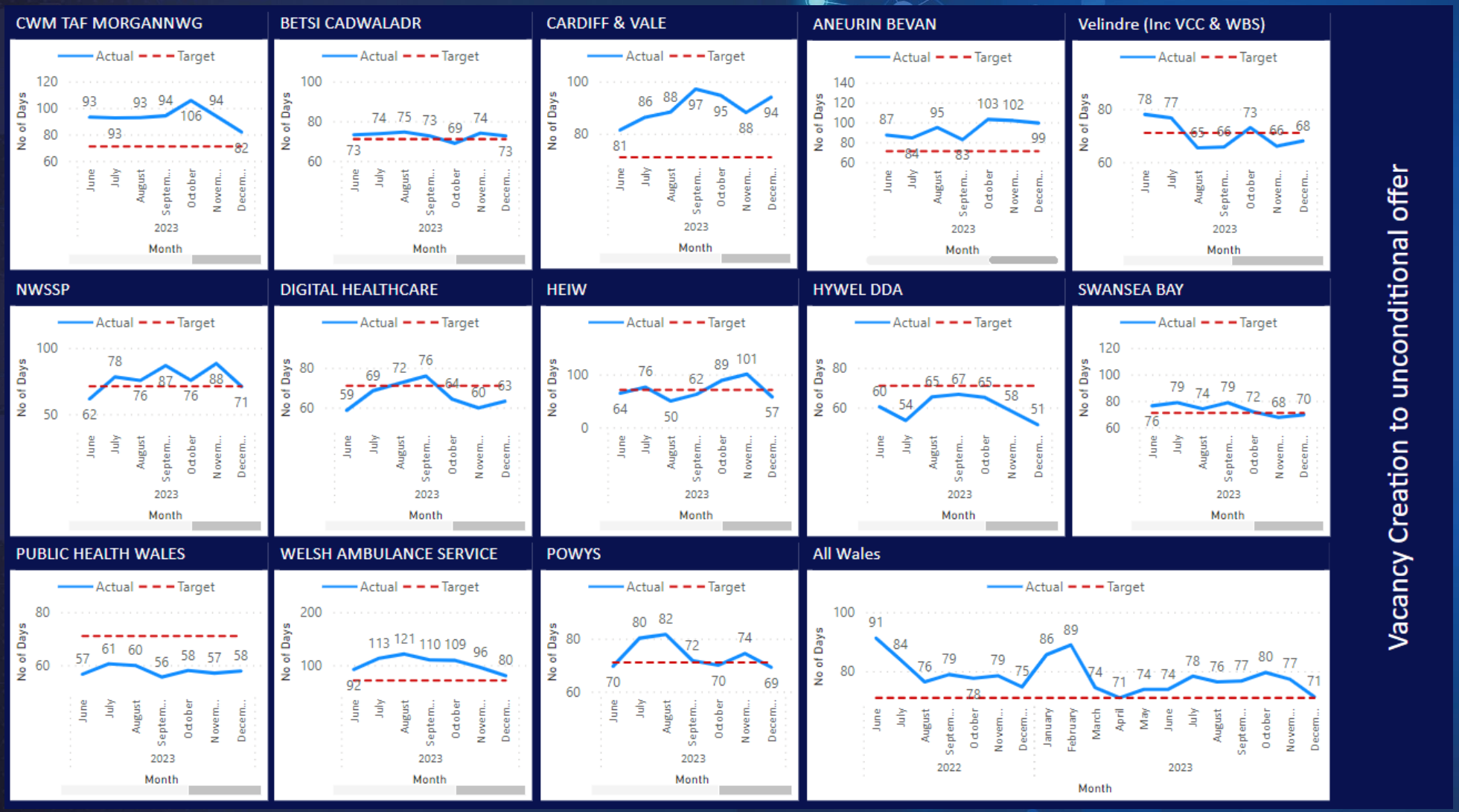


What are we doing about it?

As previously mentioned in relation to records processing and system issues during December.

Employment Services – Recruitment

The Recruitment Modernisation Process changes were implemented for CTM in October 2022 and BCU in October 2022, with implementation for C&V, AB, Vel, VCC, WBS, NWSSP, DHCW and HEIW in October 2022. HD, SB, PHW, WAST and Powys went live in December 2022. The charts below show the Vacancy creation to unconditional offer for the individual organisations June – December 23.



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

BCU High Level - KPIs Dec 2023	Target	31/03/2023	30/06/2023	30/09/2023	31/12/2023	Trend
Financial Information						
Professional Influence Savings - YTD		£47.219m	£15.202m	£17.965m	£30.966 m	
Employment Services Payroll services						
NWSSP Pay Accuracy	99.6%	99.92%	99.86%	99.95%	99.98%	
Overall Pay Accuracy	99.6%	99.79%	99.76%	99.85%	99.86%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		57.5%	65.0%	63.7%	64.9%	
Vacancy creation to unconditional offer	71 days	79.6	73.2	72.6	72.6	
% of vacancies approved within 10 working days		97.4%	96.0%	89.5%	81.4%	
Time to Approve Vacancies	10 days	3.3	3.2	4.0	7.6	
% of vacancies shortlisted within 3 working days		41.1%	48.5%	54.4%	56.6%	
Time to Shortlist by Managers	3 days	8.4	6.8	8.5	5.9	
% of interview outcomes notified within 3 working days		76.8%	72.8%	77.6%	80.5%	
Time to notify Recruitment of Interview Outcome	3 days	3.1	3.3	3.0	2.3	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	95.00%	100.0%	94.9%	100.0%	100.0%	
Time to Place Adverts	2 days	1.3	1.6	1.6	1.8	
% of applications moved to shortlisting within 2 working days of vacancy closing		100.0%	98.9%	87.7%	100.0%	
Time to Send Applications to Manager	2 days	1.0	1.0	2.2	1.0	
% of conditional offer letters sent within 4 working days	95.00%	94.7%	99.4%	99.7%	100.0%	
Time to send Conditional Offer Letter	4 days	3.4	3.5	3.7	3.7	
Procurement Services						
Procurement savings - YTD	£2.808m	Target £4.071m Actual £10.777m	Target £2.433m Actual £1.152m	Target £2.808m Actual £1.230m	Target £2.029m Actual £3.957m	
Accounts Payable						
Invoices older than 30 days not discputed			2,238	2,625	1,541	
% Invoices on hold not disputed over 30 days			24%	29%	30%	
PSPP Compliance non NHS	95%	94.6%	96.1%	93.8%	94.3%	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Audit & Assurance						
Audits reported to agreed Audit Committee	Y/N	N	Y	Y	Y	
% of audit outputs in progress		28%	47%	50%	25%	
Report turnaround management response to Draft report - YTD	80%	61%	100%	100%	86%	
Report turnaround draft response-final- YTD	80%	100%	100%	100%	100%	

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

ALL WALES KPIs		31/03/2023	30/06/2023	30/09/2023	31/12/2023	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.73%	99.73%	99.74%	99.76%	
Prescriptions processed	49.49m	71.4m	70.0m	28.9m	50.7m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	98.6%	96.5%	93.3%	98.2%	
CTeS						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	99%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	96.20%	98.67%	90.30%	95.80%	
SMTL						
% of incident reports sent to manufacturer within 50 days of receipt of form	Under Review	100%	100%	100%	100%	
% delivery of audited reports on time (Commercial)	87%	100%	100%	100%	100%	
% delivery of audited reports on time (NHS)	87%	NA	100%	100%	100%	
Pharmacy Technical Services						
Service Errors	<0.5%	0	4	0	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	85%	102%	93%	91%	90%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	94%	100%	96%	94%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	0	0	

Appendix 3 – Health Org Performance comparison 31st December 2023

KPIs Dec 2023	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs														
Financial Information														
Professional Influence Savings- YTD	Our Value	£110m	£20.599 m	£37.945 m	£30.966 m	£10.011 m	£25.621 m	£9.418 m	£0.937 m	£1.759 m	£22.701 m	£3.193 m	£0.229 m	£0.200 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.95%	99.98%	99.98%	99.91%	99.91%	99.96%	99.96%	100.00%	99.89%	99.98%	100.00%	99.92%
Overall Pay Accuracy	Our Services	99.6%	99.93%	99.84%	99.86%	99.74%	99.71%	99.89%	99.82%	99.69%	99.67%	99.84%	99.50%	99.75%
Calls Handling % Quarterly Average	Our Services	95%	98.1%											
Organisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	69.6	99.3	72.6	94.0	81.8	51.4	57.8	69.2	74.0	80.0	57.4	63.2
Time to Approve Vacancies	Our Services	10 days	7.4	14.4	7.6	14.6	19.5	5.9	2.9	7.2	1.0	9.6	5.3	0.9
Time to Shortlist by Managers	Our Services	3 days	6.7	6.0	5.9	8.1	7.1	2.4	4.6	6.6	9.0	8.1	4.7	16.0
Time to notify Recruitment of Interview Outcome	Our Services	3 days	4.6	4.3	2.3	3.5	2.3	1.3	2.3	1.7	4.7	2.4	2.2	2.2
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.6	1.8	1.8	1.8	1.8	1.4	1.6	1.8	1.8	1.5	1.6	1.9
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Time to send Conditional Offer Letter	Our Services	4 days	3.8	3.6	3.7	3.2	3.8	3.6	3.8	3.6	3.7	3.8	3.6	3.5
Calls Handling % Quarterly Average	Our Services	95%	99.3%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £1.188m Actual £3.655m	Target £2.042m Actual £4.285m	Target £2.029m Actual £3.957m	Target £3.256m Actual £5.458m	Target £1.550m Actual £3.626m	Target £1.011m Actual £2.749m	Target £0.360m Actual £0.072m	Target £0.315m Actual £0.788m	Target £0.114m Actual £0.126m	Target £0.018m Actual £0.159m	Target £0.016m Actual £0.119m	Target £0.000m Actual £0.007m
Accounts Payable														
Invoices older than 30 days not discputed	Our Services		3,255	2,267	1,541	2,448	3,068	1,081	1,116	246	535	201	92	61
% Invoices on hold not disputed over 30 days	Our Services		54%	43%	30%	47%	61%	48%	74%	36%	38%	52%	78%	77%
Call Handling % - Quarterly Average	Our Services	95%	99.5%											
PSPP Compliance non NHS	Our Services	95%	96.2%	97.2%	94.3%	97.4%	97.5%	96.5%	96.8%	93%	97.5%	96.2%	95.7%	97.3%
Audit & Assurance														
Audits reported to Agreed Audit Committee	Our Services	Y/N	Y	Y	Y	N	Y	N	Y	N	Y	N	Y	Y
% of audit outputs in progress	Our Services		32%	42%	25%	24%	26%	36%	17%	21%	29%	28%	25%	31%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	78%	71%	86%	54%	56%	82%	N/A	83%	20%	50%	75%	100%
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Delivering Value,
Innovation and Excellence
through Partnership

Teitl adroddiad: ***Report title:***	Information Governance Quarter 2 2023/24 Key Performance Indicators (KPI) Report.
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024
Crynodeb Gweithredol: ***Executive Summary:***	BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information. This report is to provide assurance across the key areas of information governance including, but not limited to, confidentiality, data protection, and requests for information, information security and training. The report identifies areas of weaknesses, further actions and recommendations required to address the weaknesses, lessons learnt and good practice This Quarter, Freedom of Information Compliance has increased by 7% however, the IG Mandatory Training Compliance has unfortunately fallen just below the national target of 87% being reported at 86.6%.
Argymhellion: ***Recommendations:***	The Committee is asked to receive assurance on compliance with the Data Protection and Freedom of Information Legislation.
Arweinydd Gweithredol: ***Executive Lead:***	Dylan Roberts - Chief Digital and Information Officer
Awdur yr Adroddiad: ***Report Author:***	Carol Johnson – Head of Information Governance

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

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

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	• Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016; • Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation; • Improve overall compliance with Freedom of Information and Subject Access request response times in line with legislative requirements by supporting governance leads, and raising awareness and improving overall availability and publication of information to enable improved transparency to the public; • Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working; • Maintain IG Training Compliance from 82% to the national target of 85% to raise staff understanding and awareness; • Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register; • Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Data Protection Act and Freedom of Information Act
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.

<table>
<tr><td>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</td><td>
<table>
<tr><th>Risk Title</th><th>Inherent risk rating</th><th>Current risk rating</th><th>Target risk rating</th><th>Movement</th></tr>
<tr><td>Mapping of Data Flows</td><td>9</td><td>9</td><td>6</td><td>Unchanged</td></tr>
<tr><td>Failure to develop and make improvements to the Information Asset Register</td><td>9</td><td>9</td><td>4</td><td>Unchanged</td></tr>
<tr><td>Management of Corporate Records</td><td>9</td><td>12</td><td>6</td><td>Increased due to external review findings</td></tr>
</table>
</td></tr>
<tr><td>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith

Financial implications as a result of implementing the recommendations</td><td>Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.</td></tr>
<tr><td>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith

Workforce implications as a result of implementing the recommendations</td><td>N/A</td></tr>
<tr><td>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori

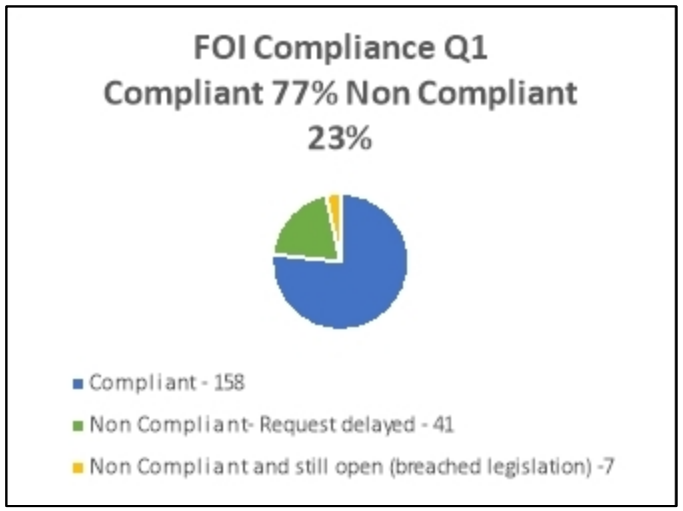
Feedback, response, and follow up summary following consultation</td><td></td></tr>
<tr><td>Cysylltiadau â risgiau BAF:
(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)

Links to BAF risks:
(or links to the Corporate Risk Register)</td><td>• BAF 2.5 – There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change.
• BAF 2.6 – There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber-attacks.

• CRR21-11 – Potential Exposure to Ransomware and Zero-day Cyber Risk Attacks</td></tr>
</table>

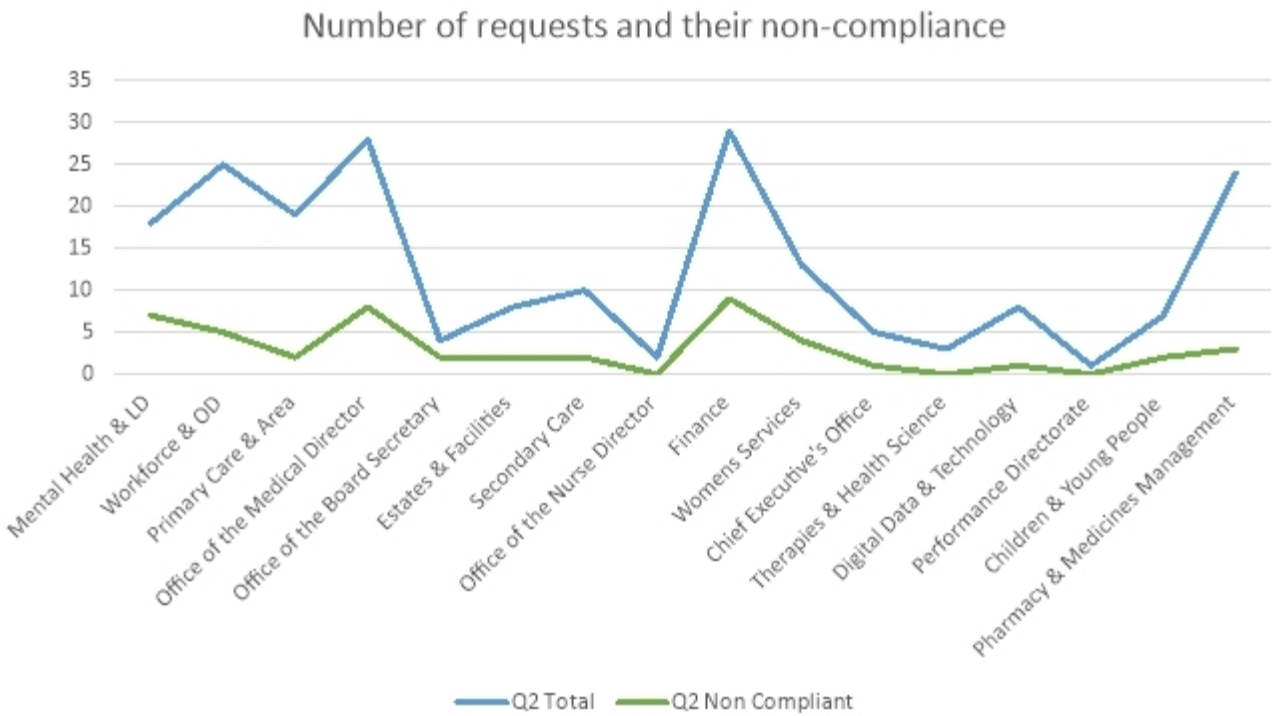
	• CRR22-32 (old CRR20-06) – Retention and Storage of Patient Records • CRR22-33 – Lack of access to clinical and other patient data • CRR23-46 - There is a risk that patient information is recorded against different hospital numbers.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Next Steps: 1) Data Protection Impact Assessment's to be published on the Internet 2) Teams to implement and use FOI / SAR System Q3. 3) Teams to implement and use Information Asset Register System Q3	
List of Appendices: Appendix 1 – Information Governance Quarter 2 2023/24 Key Performance Indicators (KPI) Report.	

Appendix 1 - Key Performance Indicators: Quarter 2 – July to September 2023



*34% increase in FOI's received during reporting period compared to Q1.

Despite the large upsurge in requests received, compliance has increased by 7% this quarter.



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

Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	12		
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	7	1	Awaiting final response
Section 22 – Intended for future publication	Absolute – No Public Interest Test Required	2	1	Awaiting final response
Section 31 - Law Enforcement	Public Interest Test applied	2		
Section 40 - Personal Information	Absolute – No Public Interest Test Required	7		
Section 43 – Commercially Sensitive	Public Interest Test applied	3		
No Exemption applied	N/A	173		
Total		206		

FOI: Reasons for delays/breaches

- 38 Delays in obtaining/receiving information from Freedom of Information Leads, this is due to the increase in number of request received this Quarter.
- 3 Late Formulation from response from Information Governance Team due to formulating complex exemptions.
- 7 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.

The divisions with the highest amount of delays

- 9 for Finance.
- 8 for Office of the Medical Director.
- 7 Mental Health & Learning Disabilities.

Workforce and Organisational Development have repeatedly been reported as the division with the highest amount of delays. However, due to weekly meetings the amount of delays have significantly reduced. We will continue to monitor the compliance for each division and work with any areas to mitigate lower compliance moving forward.

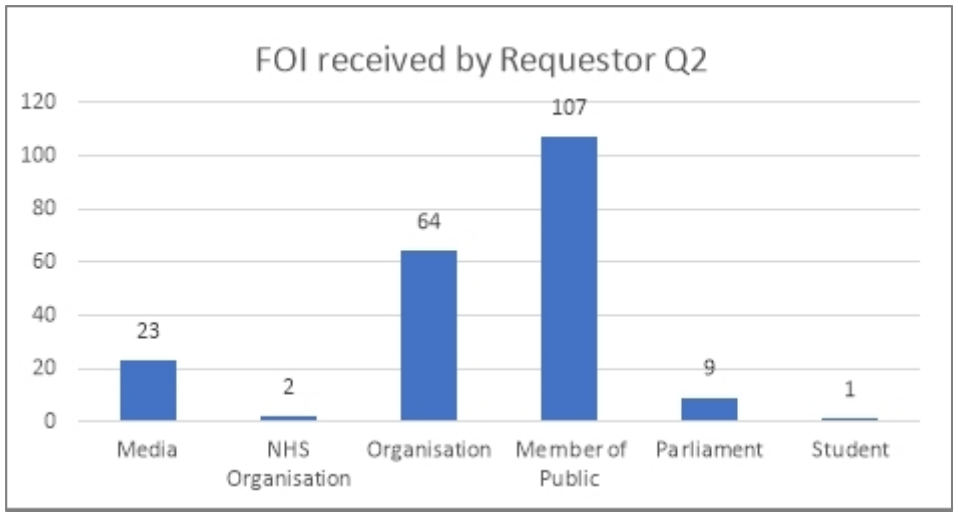
Trends in FOI Subject

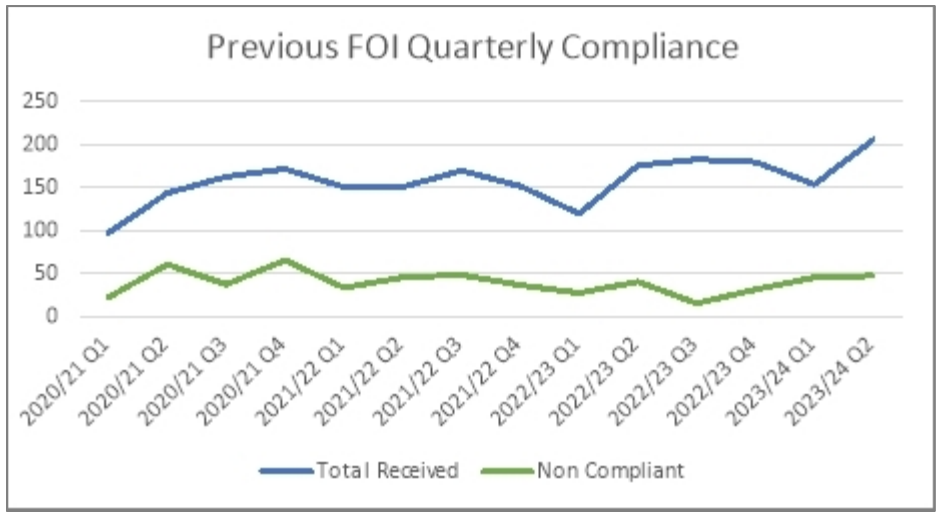
- 12 requests concerning surgery and clinic appointment waiting times.
- 4 requests for patient treatment figures.
- 6 requests in regards to Staffing levels and Agency spend within the Health Board

The IG team will continue to work with departments to identify trends and publish more information on the Health Board Publication Scheme where appropriate.

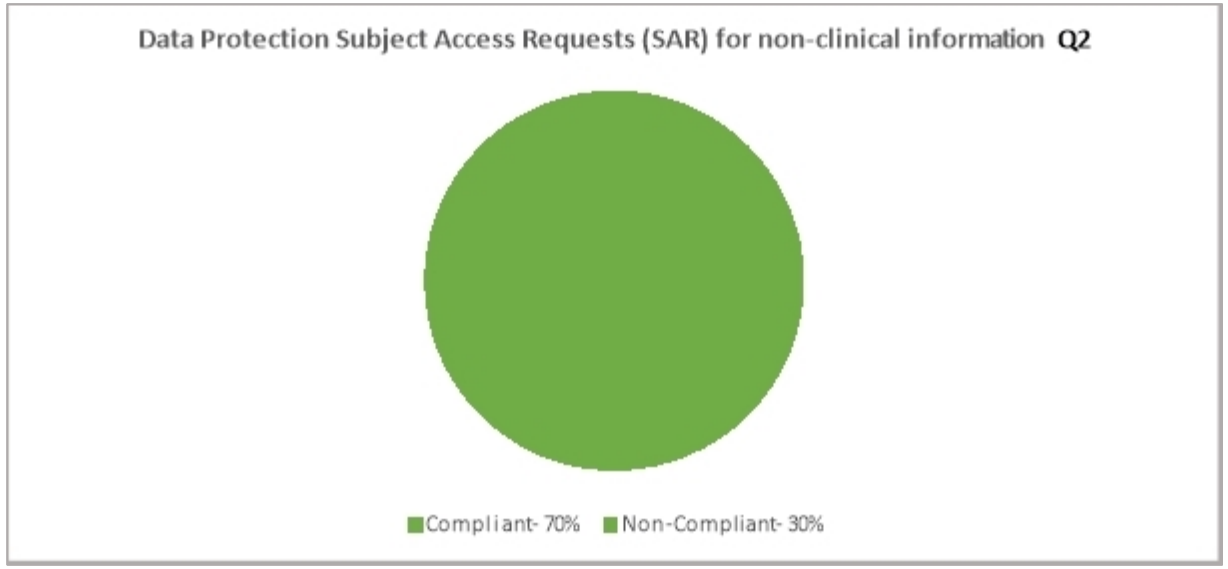
2023/24 Plans

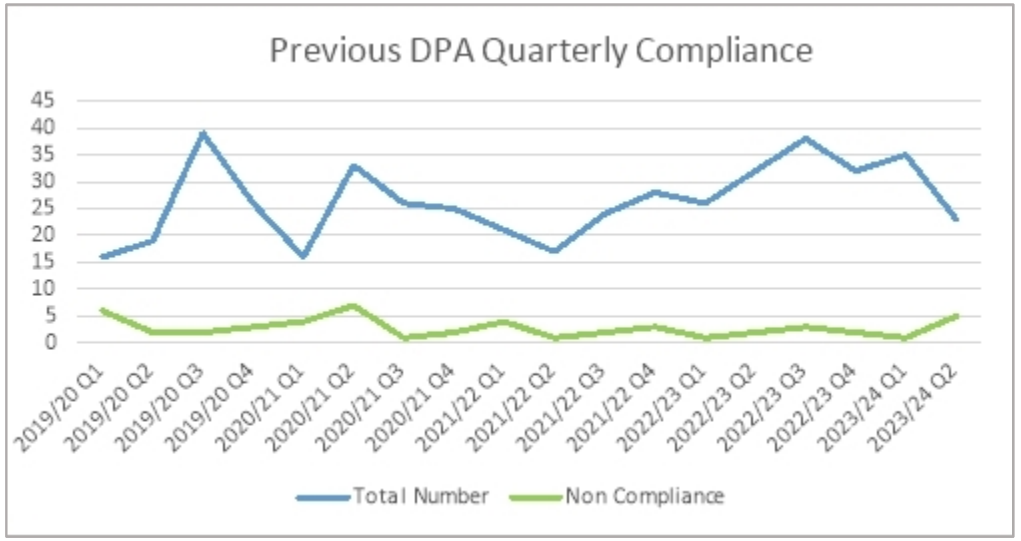
- Work is continuing to implement the new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records. We are currently working with the system provider and undergoing User Acceptance Training (UAT) with an aim to handover the system in October 2023.
- We will be working with the Access to Health Record Team to send communication to all our relevant leads in the Health Board to inform them of the changes and offer teams sessions for guidance and support.
- There were no trends identified that would attract media attention or to have an effect the Health Boards reputation.

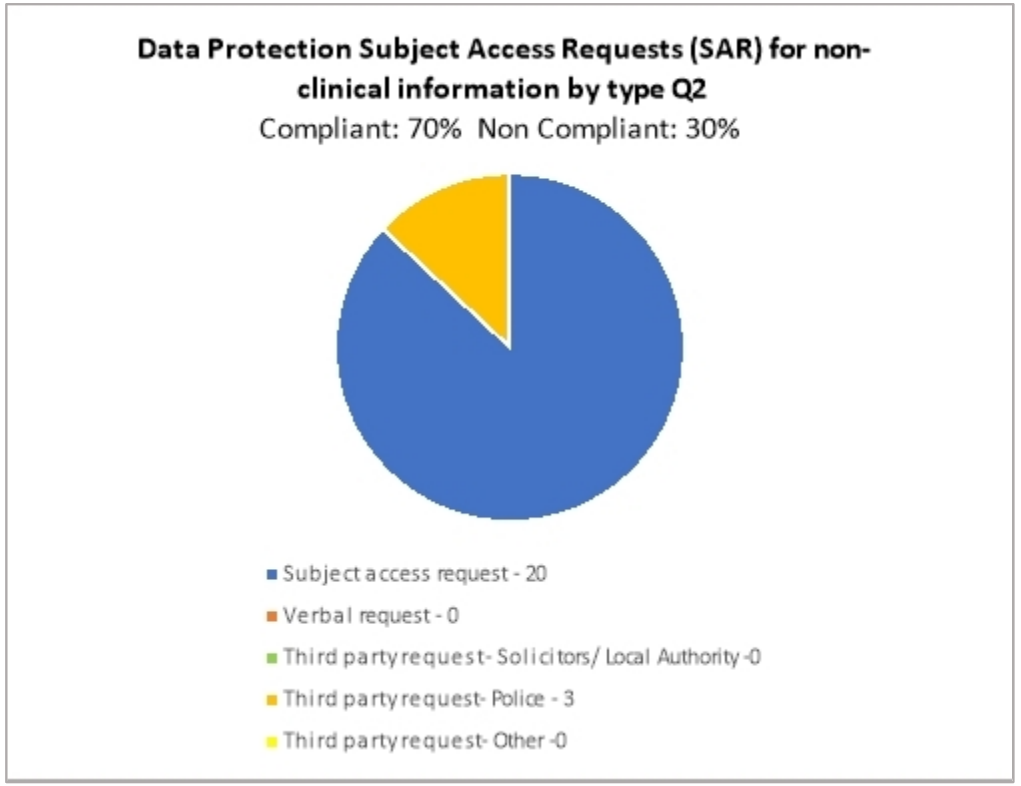




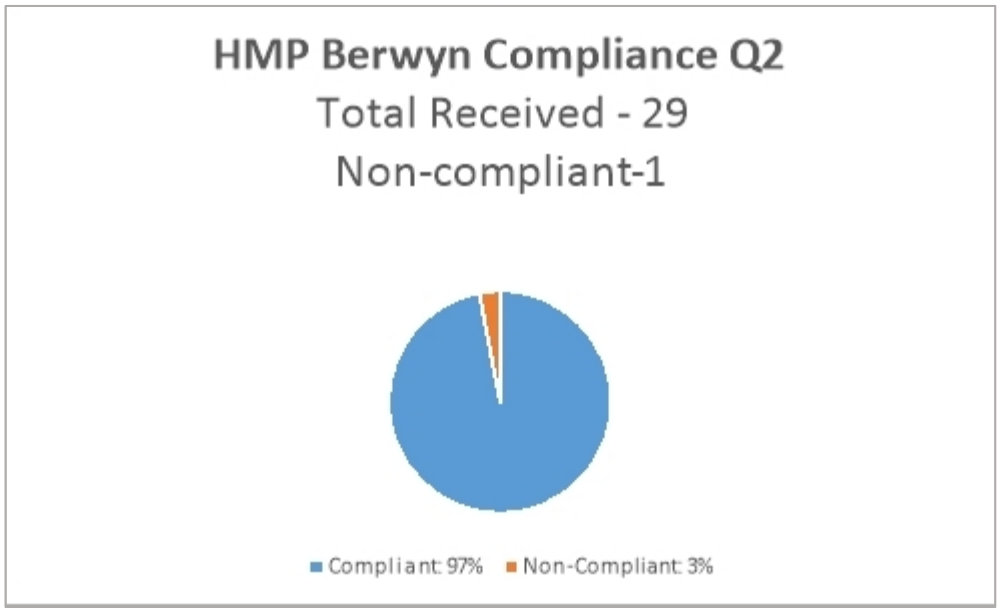
SAR: Reason for breaches Q2
During Quarter 2, the IG Team's compliance dropped to 70% from 97% reported in Q1. This is due to continued requests for BCU wide email searches, which are complex and time consuming, as well as a request breaching the deadline due to new agreements being required for searching mailboxes of managed practices. This Quarter included 12 Mailbox searches and 8 copies of Personal files.
2023/24 Plans
Work is continuing to implement and test a new FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records. The new system has the ability to redact, reducing the need to use other programs for this function. Records management training is in progress to ensure staff are correctly using emails, reducing the amount of emails held about an individual and in turn reducing the size of the mailbox searches. The IG Team will also raise awareness across the organisation in regards to the importance of sending SAR's into the IG Team if received into their departments.

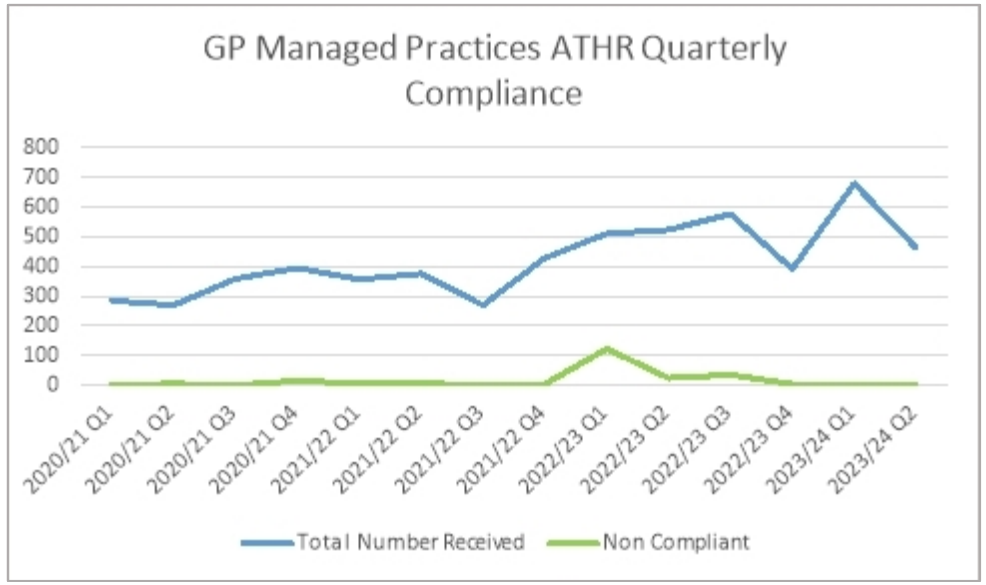


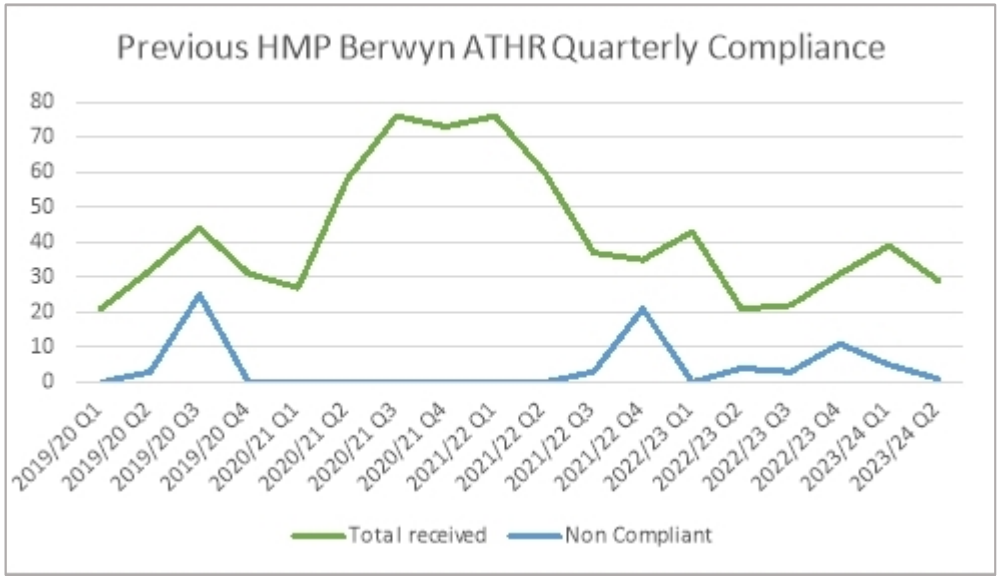




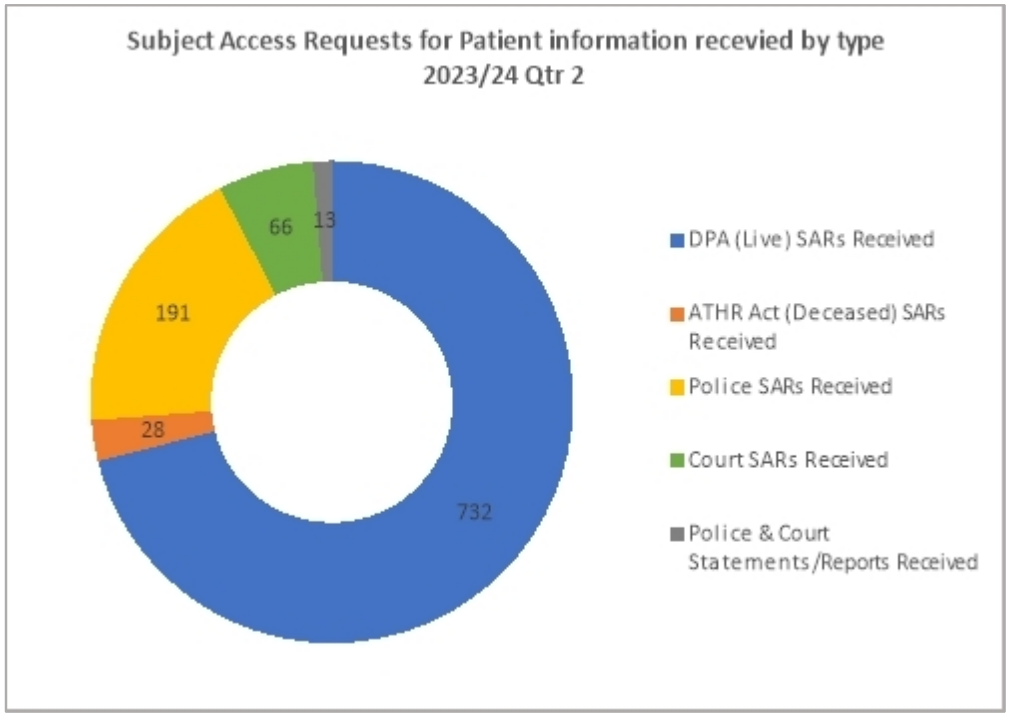
Managed Practices Requests for Information and HMP Berwyn.

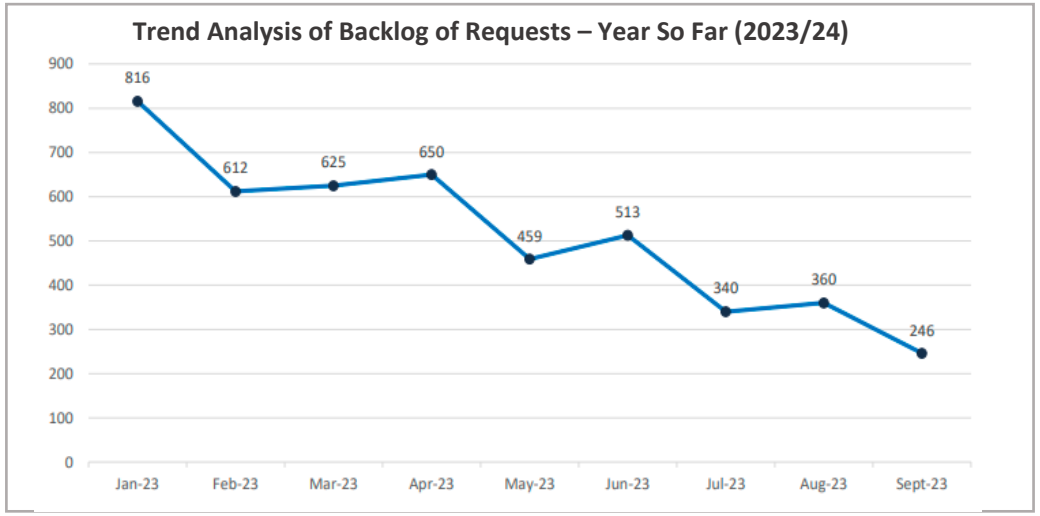


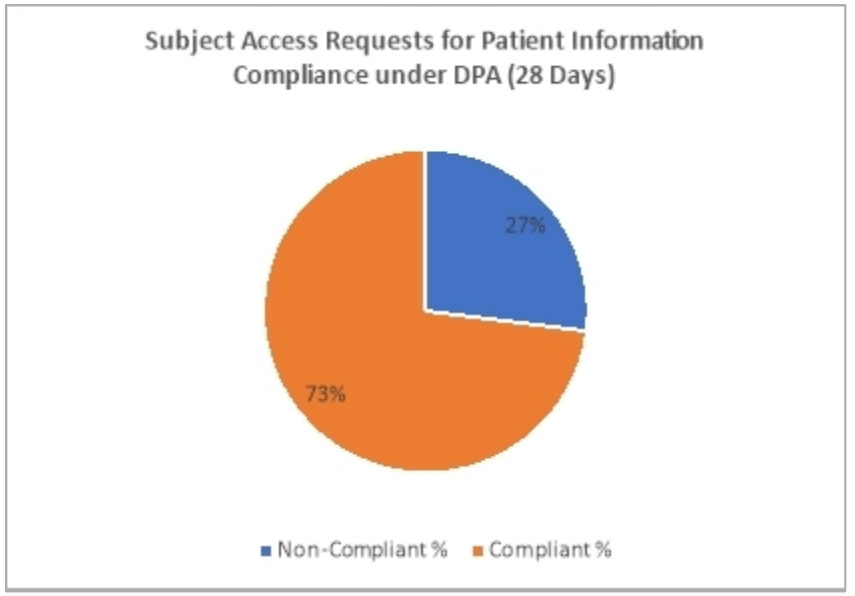




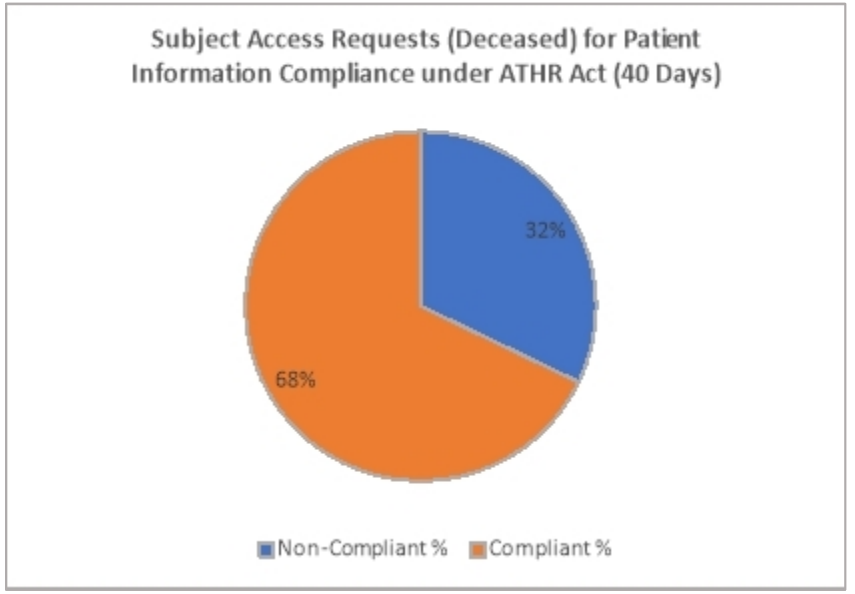
Access to Health Record Department Quarter 2







*Increase in compliance from previous Quarter by 11%



*Decrease in compliance from previous Quarter by 12%

ATHR: Current Situation

BCUHB is failing to meet its duties under the Data Protection Act 2018 to respond to all Subject Access Requests (SARs) within designated timescales (consistently breaching) and has not completed the actions in response to the recommendations of the Information Commissioner's Office following their audit in 2018.

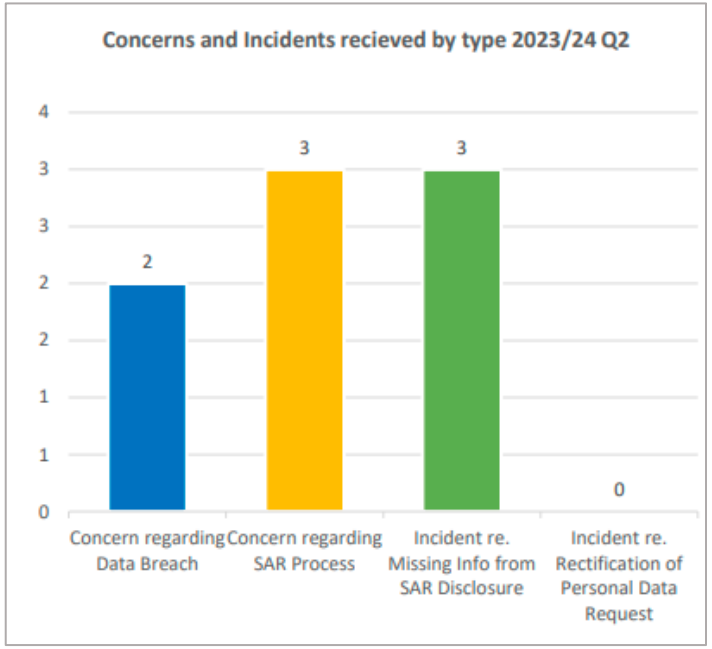
This is due to:

(i) a lack of funding to fully resource the developing centralised service and

(ii) staff turnover and sickness absence affecting stability of service.

Asides from the clear reputational damage, breaches are reportable to the ICO and fiscal penalties of up to £20 million euros can be levied on organisations.

As of 1st October 2023, out of a total 13.20 WTE staffing budget (not including Business Development & IFIT Administrator role) The department is working at a capacity of 11.47 WTE, which is a total loss of 1.73 WTE. However, this does not take into consideration annual leave entitlement. We have implemented a cost pressure utilising bank staff, and also temporarily had COVID vaccination centre staff supporting with scanning of paper files on site in our LLGH office, for the month of July to August.



*Full Access to Health Records Q2 KPI Report available on request.

Type of Concern	Description of Lessons Learnt
Concern r.e. Data Breach	i) A document was filed in the wrong patient notes and incorrect patient hospital number noted on the document by MH&LD team. Was made aware it was relating to another patient by SAR applicant and incident raised with MH&LD Service for investigation. (ii) Incorrect document was uploaded into wrong case file in new SAR Management System and sent out as part of SAR disclosure. This was investigated and incorrect document withdrawn and correct document disclosed. ii) Incorrect document was uploaded into wrong case file in new SAR Management System and sent out as part of SAR.
Concern r.e. SAR Process	All 3 cases were in relation to concerns with the delay in receiving their SAR disclosure. The team conveyed apologies for the delay due to backlog of requests requiring processing in ATHR which has been impacted by staff absence. All cases were prioritised and actioned with SAR disclosed.

Type of Incident	Description of Lessons Learnt
Incident re. Missing Info from SAR Disclosure	i) Applicant raised that there was District Nursing records missing from SAR disclosure. This was investigated and missing record obtained from relevant service area for disclosure. ii) Applicant raised that there was Radiology and nerve conduction studies missing from SAR disclosure. On investigation it was advised that the reports had not yet been typed and action by service area as of yet and applicant informed. iii) Applicant raised that there was information pertaining to patient accident missing from SAR disclosure. This was investigated and missing record obtained from relevant service area for disclosure.

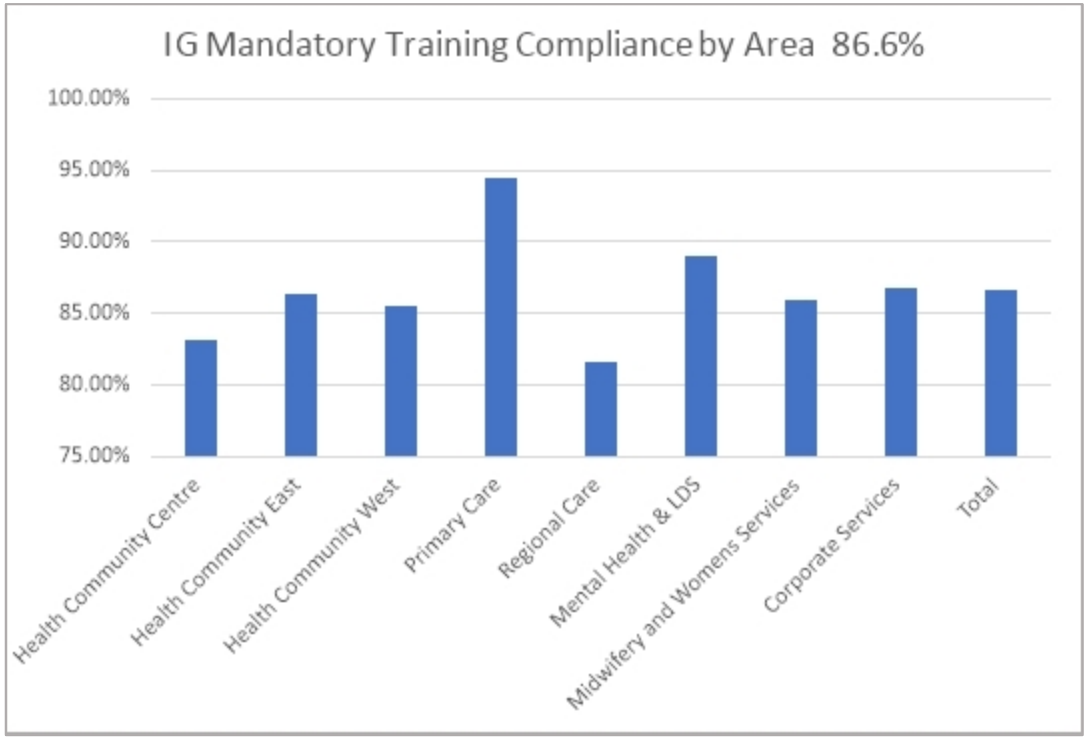
Incidents and Complaints Quarter 2 2023/24.

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	Data Loss	2	0	0
	Email	14	0	2
	External Mail	31	0	1
	Inappropriate Access	2	0	1
	Records	15	0	1
	Social Media	2	0	0
	Prescription Error-Incorrect Patient Details	3	0	0
Confidentiality Breach (Internal)	Data Loss	4	0	0
	Email	12	0	0
	Internal Mail	1	0	0
	Records	22	0	0
	Other	1	0	0
Information Management & Technical Security	Hardware	5	0	0
	ID Badge Loss	7	0	0
	Records	16	0	0
	Other	0	0	0
	Inappropriate Access	0	0	0
Non Compliance	IG15 Safe storage & transport of Personal Data	22	0	0
	IG14 IM&T Security procedure	6	0	0
Total		**165**	**0**	**5**

*Increase from 148 in Quarter 1. This is due to the number of reports relating to data breaches involving External Mail being reported. These include letters being sent to patients that include letters pertaining to other patients, letters being delivered to incorrect addresses and referrals for incorrect patients being sent.

Incidents-Lessons Learnt	
• Staff reminded to be vigilant when quality checking patient details on correspondence and adhere to Standard Operating Procedures. • Staff recommended to attend Information Governance refresher training to ensure awareness of all updates including Cyber and Spam emails. • Staff reminded to include departmental pathways and procedure awareness in local inductions.	
Near Misses	**Legal Claims**
There were 0 near misses reported in Quarter 2 of 2023/24.	There were 0 legal claims received in Quarter 2 of 2023/24.
Complaints	
5 Data Protection complaints were received during Quarter 2, which is a slight increase from 4 in Quarter 1. Of the 4 reported in Q1, 3 have now been closed. Two have been closed with the complaint being unfounded while the remaining three are being investigated and are ongoing.	
Complaints Received	
• 2 x Emails being sent to incorrect recipient containing sensitive information. – Both cases ongoing. • 1 x External mail incident relating to a letter being sent to the wrong address. – Closed. • 1 x Alleged inappropriate access of medical records by a neighbour – Closed. • 1 x Records incident regarding a patient receiving SAR information for a different patient. – Ongoing.	

Information Commissioners Office (ICO) Complaints
Self-reported incidents to the ICO Q2
During Quarter 2, there were **no** incidents reported to the ICO.
Complaints received from the ICO Q2
During Quarter 2 we have received **6** notifications of complaint from the ICO: • 4 x delay in ATHR requests. • 2 x incorrect information relating to other patients included in SAR request. All complaints have been investigated and closed with no further actions required.



IG Mandatory Training

Virtual mandatory training sessions have continued via MS Teams with 13 taking place in Q2 and a total number of 118 staff attending. This is an increase compared to the 11 sessions with attendance of 86 in Q1.

The overall compliance of mandatory Information Governance training across BCUHB has decreased since Q1 to 86.6% however this is still above the National target of 85% . Work is underway on developing a new training package in line with the National E-Learning material and current IG related risks such as Cyber incidents. Departments are also reminded at every opportunity to remind staff to undertake their mandatory training. The IG Team will also be delivering a training session to the Board during Q3 to increase their compliance.

E-Learning Training

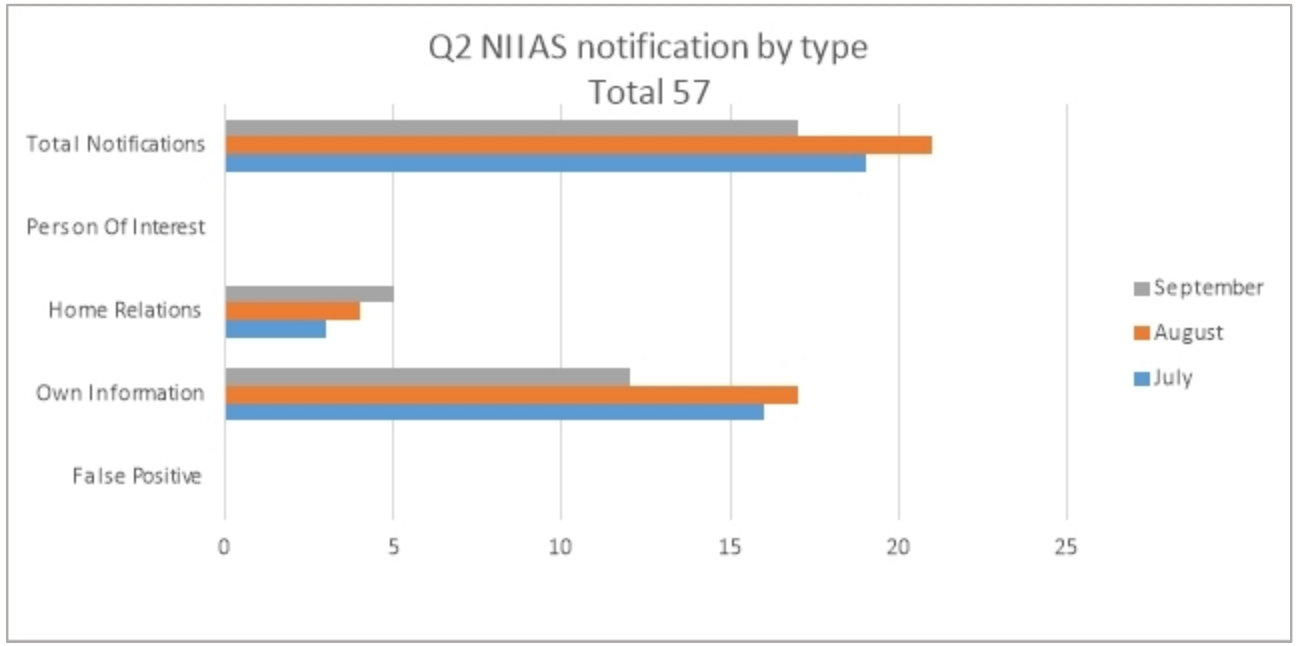
Due to a National Issue with the E-Learning Module during this Quarter, the recorded number of completed sessions is 258 compared to 687 in Q1. However, a total of 1200 staff members are recorded as enrolled and the training team are advising users on how to progress so it shows successfully on their learning pages.

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of September 2023	Year To Date Variance
T410	885,969 (slight increase to cover staff pay awards)	201,684	147,961 (not a true reflection, please see below comments)

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

1) Staff turnover and time to recruit to vacancies (all posts now filled);
2) Contiued agile / home working thus reducing travel costs;
3) £124,998 still showing in General Reserves which still requires some trandfer for staff moves, monies to the the FOI /SAR system and Information Asset Register.

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

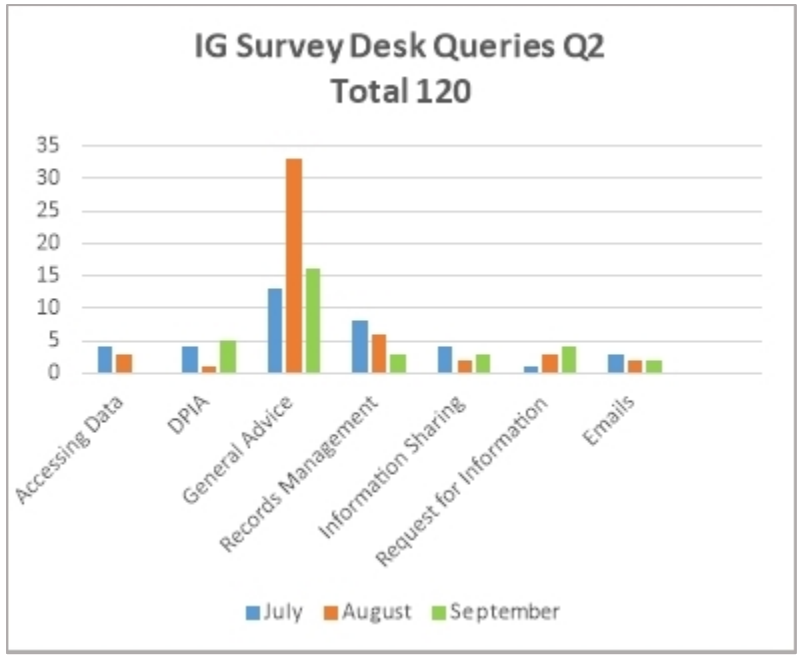


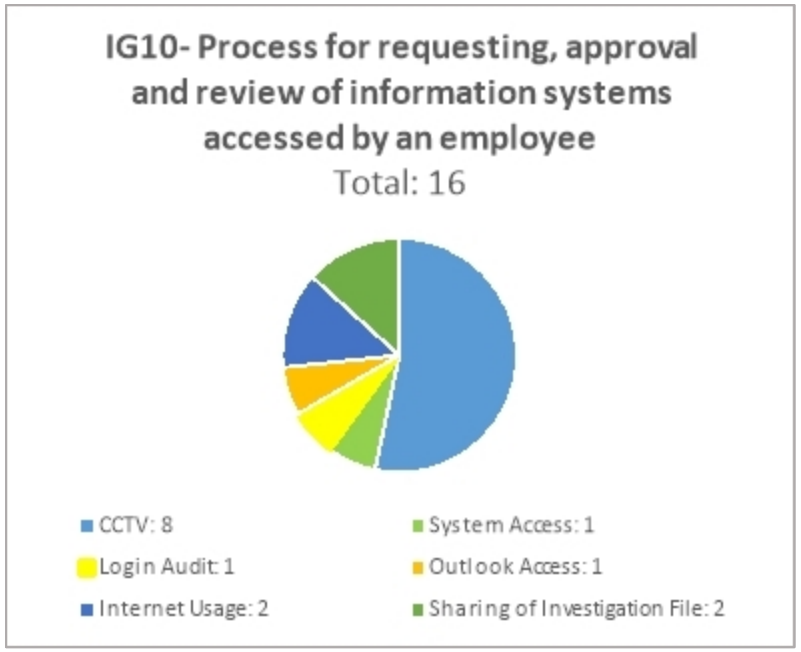
NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 2 of 2023/24 the number of NIIAS notifications received has decreased slightly to 57 from 60 in Quarter 1. From the data we can see accessing Own Information is repeatedly the highest notification however from analysing the figures further no trends in departments or sites has been identified. The severity of accessing own information is circulated via the BCUHB Bulletins and managers are asked to also disseminate this information to teams.

Service Desk – Information Governance Portal

During Quarter 2 the number of calls received into the Information Governance Service Desk have decreased to 120 from 131 in Quarter 1. We are continuing to look at trends received into the team and publish guidance on our intranet pages based on the trends identified through service desk.



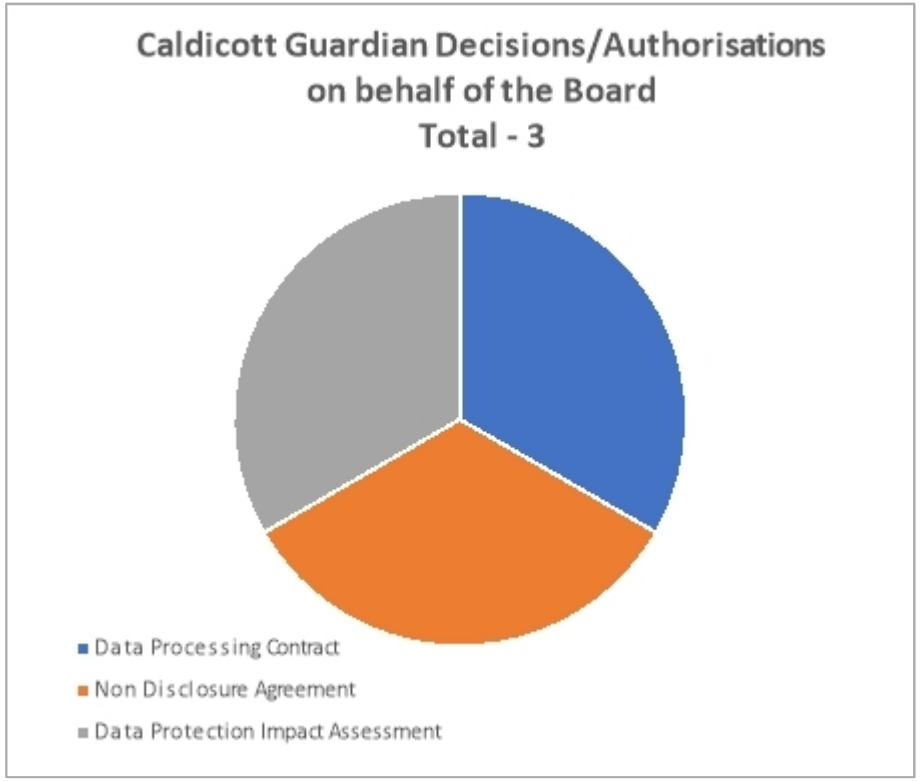


IG10

8 of the 16 IG10's approved in Quarter 2 were for CCTV footage. This has increased from 3 CCTV requests being reported in Quarter 1.The number of requests is broken down by area below:

- East – 2
- Central - 4
- West – 2

3 of the 4 requests made in the Central area were related to assaults.



Data Protection Impact Assessments (DPIAs)

During Quarter 2, 7 DPIA's have been approved which is a decrease in the 10 reported as approved in Q1.

A further 13 DPIA's have been received during Quarter 2 which are currently under review as further information is needed from the leads.

In addition, 24 have been received prior to Quarter 2 which remain under review.

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

Compliance Audits

Following a review of the findings from the 2 pilots undertaken earlier this year and the introduction of a newly agreed question set work is progressing for the implementation of the new IG Compliance Audit check process. This will enable audits to be completed via MS Teams and allow for discussions and support for departments to take place. Once the pre-assessment has been completed the IG team will then be able to determine whether a face-to-face site visit is required. Communications have been circulated via the BCUHB Bulletin and departments will be contacted to arrange a meeting.

On the spot site compliance checks will still continue as normal with the anticipation of some self assessments when the new process has been fully embedded.

Asset Register

During Q2, 0 new systems were added onto the Information Asset Register. This is a slight decrease from Q1 where there was 1 new system.

18 Record types have been submitted during Q2 with the majority being District Nursing notes from Denbighshire area.

Information Asset Register Development

There have been some minor delays with the progress of the new platform, these have now been addressed and completion is set for November 2023.

Teitl adroddiad: ***Report title:***	2023/24 External Information Governance and Records Management Rapid Review Report
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024
Crynodeb Gweithredol: ***Executive Summary:***	BCUHB has a responsibility to ensure robust information governance and corporate records management systems and processes are in place to protect and effectively manage patient, personal and corporate information. An external review of the Health Board's current position with Data Protection and Freedom of Information legislation, codes of practice and standards has been undertaken and this report evaluates the current level of compliance. As well as interviews with key senior staff, a comprehensive review of documentation was undertaken; the full report can be found in Appendix 1. The report details internal areas of good practice, identifies areas requiring improvement and offers recommendations to ensure ongoing compliance with legislation which was The two main areas requiring improvements are identified below: • The presence of/effectiveness of control mechanism/processes in place for handling of sensitive documents and that enable confidential information to be maintained amongst intended recipients. (i.e. Corporate Records Management). • The identification and effectiveness of access control management processes in place for managing starters, leavers, and movers. This paper also includes the Health Board's response to the recommendations to support and address the areas of shortfall identified.

Argymhellion:
 	
Recommendations:
	The Committee is asked to:
	
	• Note the content and risks identified in the report;
	• Note the assurance provided within the report in relation to information governance practice, standards and legislation;
	• Note the Executive Decision to:
	  ○ House the Corporate Records Management Service within the Digital Data and Technology corporate function;
	  ○ Implement Option 2 to scope out the next steps required for incremental improvements across the Health Board.

Arweinydd Gweithredol: ***Executive Lead:***	Dylan Roberts, Chief Digital and Information Officer
Awdur yr Adroddiad: ***Report Author:***	• Justine Parry, Data Protection Officer / Assistant Director of Compliance and Business Management • Veritau, External Consultants

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐		I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Assurance can be provided with regards to Information Governance systems, processes and practice, however partial assurance can only be provided on two specific organisational-wide services where areas of shortfall have been identified and which require significant resources to achieve good practice. This report details the gaps, identifies proposals and timeframes for completion of the recommendations. It should be noted that commitment to the delivery of these recommendations and timescales is uncertain due to the financial position of the Health Board.				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	• Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016. • Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation. • Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Non-compliance with the Data Protection and Freedom of Information legislation can lead to regulatory and fiscal penalties imposed by the Information Commissioner. The Health Board is also required to comply with the Records Management Code of Practice for Health and Social Care 2022, which provides a framework for the effective management of records based on standards and legislation in Wales.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable as this report is on the Health Board's actual performance following an external audit.			

In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	In addition to regulatory and fiscal penalties imposed on organisations for non-compliance with the Data Protection and Freedom of Information legislation, there could also be a loss of confidence by the public in the Health Board's ability to protect the privacy of its information. • CRR21-11 – Potential Exposure to Ransomware and Zero-day Cyber Risk Attacks. • CRR22-32 – Retention and Storage of Patient Records. • CRR22-33 – Lack of access to clinical and other patient data. • CRR23-46 - There is a risk that patient information is recorded against different hospital numbers. To support the above, there are currently six Information Governance risks being managed and monitored by the Information Governance Group. The below three, Tier 2 risks, also have oversight by the Chief Digital and Information Officer. • IG16 – Failure to develop and make improvements to the Information Asset Register. • IG19 – Management of corporate records. • IG20 – Mapping of Information flows.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Implementation of some of the recommendations will be achievable through current resources and collaborative working across services. Implementation of changes required for the corporate records management recommendations will require the investment of a project manager to develop an outline business case for a tactical solution, with the aim of moving towards a sustainable and good practice organisation wide corporate records management solution.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Implementing the changes required to comply with the recommendations will require new ways of working, which will need support and engagement from across the whole of the Health Board.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This report has been reviewed by the Chief Digital and Information Officer and takes into consideration previous audits / reports in relation to Information Governance and Corporate Records Management.

	Due to the wider scope it has also been reviewed by Chris Stockport Executive Director Transformation, Strategic Planning, and Commissioning who was identified as a nominal lead for Corporate Records Management in the past. On the 11th October 2023 the Executive Team agreed to implement Option 2 – Do minimum at an annual recurring additional cost of £117,000 to get a skeleton team with knowledge and capacity to start working on this incrementally over the next 5 to 10 years. This will be subject to prioritisation against other financial asks for 2024/25 onwards.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	• BAF 2.5 – There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change. • BAF 2.6 – There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber-attacks.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable

Camau Nesaf / *Next Steps:*

- **Continue to implement** immediate recommendations with regards to policies and procedures and ensure dissemination across the Health Board;
- **Meetings** of the multi-disciplinary task and finish group to commence and identify leads to progress outstanding recommendations through to completion, where possible within current resource constraints;
- **Report** progress / completion and provide assurance through the Information Governance Assurance Framework, as part of quarterly key performance indicator and annual reporting processes.
- **Develop Job Descriptions and secure resources** to implement Option 2.

Rhestr o Atodiadau / *List of Appendices:*

Appendix 1 – BCU NHS Wales IG Review Final Report - Veritau
Appendix 2 – BCUHB Response to Recommendations and Action Plan.

PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE 22.2.24

2023/24 EXTERNAL INFORMATION GOVERNANCE RAPID REVIEW REPORT, FINDINGS AND RESPONSE TO RECOMMENDATIONS

1. Cyflwyniad / Cefndir / Introduction / Background

1.1 BCUHB has a responsibility to ensure robust information governance and corporate records management systems and processes are in place to protect patient, personal and corporate information.

1.2 Following a suspected leak of a confidential report commissioned by the Health Board in May 2023 at the request of the Interim Chief Executive Officer, an external review of the Health Board's information governance framework, systems, processes and procedures was undertaken to provide a level of assurance to the public and the Board on compliance with legislation and to identify any areas of shortfall requiring remedial action. Veritau were engaged in June 2023 to undertake this review and due to perceived short comings, it was extended to incorporate corporate records management.

1.3 This report presents:

- The findings of the review, which highlight areas of good practice and propose recommendations to address the areas of shortfall. For further details of the findings please refer to **Appendix 1**.
- The Health Board's initial response to the recommendations has also been included and can be located in **Appendix 2**.
- The Executive Team decision to implement Option 2 and the proposals for the next steps required to achieve the necessary minimum requirements to implement a Corporate Records Management Service.

2. Corff yr adroddiad / Body of report

2.1 Following the successful appointment of Veritau in June 2023, meetings took place with the Chief Digital and Information Officer to agree the scope of the review.

2.2 The Health Board's Data Protection Officer was appointed as the main point of contact with Veritau, which included a review of current documentation as well as interviews with specific staff responsible for a selection of differing record types.

2.3 Copies of the requested information were provided in a safe and timely manner with a review of the documentation commencing at the beginning of July 2023.

2.4 Interviews were held on Teams during July 2023 with Health Board Officers, which resulted in a further set of documentation being shared to clarify points of uncertainty.

2.5 The final outcome report identified the findings below, full details of which are contained within **Appendix 1**:

- Twelve areas of good practice included (but not limited to):
    - Information Governance Framework in place
    - Accountability Framework in place with identified and specified roles
    - Information Governance Training Compliance
    - Information Governance Key Performance Indicators
    - Monitoring and Reporting Arrangements (including audits and self-assessments)
    - Information Asset Register
    - Incident and Complaint Management

    - Information Governance Risk Management
- Seven areas for improvement included (but not limited to):
    - Corporate Records Management Arrangements (including policy and procedure management)
    - Enhanced Compliance with the Freedom of Information Publication Scheme requirements
    - Enhanced Information Governance Training roll out
    - Starters and Leavers Management (including the management of interim / agency staff)
    - Asset Management
    - IT / Information Security arrangements
    - Enhanced Incident Management oversight

2.6 Following receipt of the report, immediate remedial action was undertaken to address some areas of improvements required, where current resources permitted. These included:

- Executive Lead for Corporate Records Management has been reaffirmed;
- A lead for Workforce and Organisational Development has been confirmed to take forward the starters, movers and leavers recommendations (including induction);
- Resourcing to scope future requirements has been developed and agreed;
- Policies have been reviewed and updated to reflect the Records Management Code of Practice;
- Reminders have been issued across Health Board on email management, records management and, Office 365 use, incident management and training requirements;
- The Operational Information Governance Group Terms of Reference have been strengthened regarding corporate records management responsibilities, the monitoring of risks and future membership;
- The National Training Programme has been updated to include Cyber and Records Management Modules alongside the full IG Package;
- Removal of the practice to email personal addresses of Board Members has been implemented;

2.7 Further discussions / funding arrangements are now required to address the Health Board wide recommendations due to the significant resource required to implement a Corporate Records Management Service.

3. Adolygiad / Assessment

3.1 Corporate Records Management is everyone's responsibility and there should be clear lines of accountability built into all service areas. This does however still require a corporate support service to set the policy direction, provide support and training, audit and report compliance ensuring best practice across the whole of the Health Board.

3.2 Three options were presented to the Executive Team on the 11th October 2023 as outlined below, with Option 2 being recommended by the Chief Digital Information Officer and the Executive Director Transformation, Strategic Planning, and Commissioning.

3.3 **Option 1- Do nothing**

- Maintain existing systems with the development and dissemination of current policies and procedures being undertaken by the Information Governance Team. This will include the establishment of a time served small multi-disciplinary task and finish group to progress some of the recommendations within current resource constraints.
- Reporting compliance through to the Information Governance Group, which provides assurance through to the Performance, Finance and Information Governance Committee.

3.4 **Option 2 – Do minimum**

- Agree which corporate function is best placed to be responsible for a Corporate Records Management Service. This could be but not limited to:
    - Digital Data and Technology – to align with the current Information Governance Team to ensure close working relationships and cross over with legislation; or
    - The Office of the Board Secretary – to align with the management of policies and procedures, recognising the need to establish good working relationships with the Information Governance Team with the cross over with legislation
- Appoint a Corporate Records specialist and administrative support to establish a Corporate Records Management Service. This will include:
    - Follow up and implement outstanding recommendations from the audit;
    - Overhaul of existing policy, procedures, systems and practice to embed best practice;
    - Work with all services to identify Corporate Records Managers for local ownership and responsibilities;
    - Establish a Corporate Records Management Group / network;
    - Conduct audits and identify areas of good practice for sharing or areas of shortfall requiring improvements;
    - Monitor and report compliance through to the Information Governance Group, which will provide assurance through to the Performance, Finance and Information Governance Committee;
    - Monitor improvements in the overall life cycle of corporate records, ensuring appropriate archiving takes place to preserve the required historic corporate information. This will support with the requirements set out in the National Codes of Practice, improve compliance with legislation, responses to requests for information and also responses to future national inquiries.
    - Make slow and incremental improvements and maintain sub optimal Corporate Records Management arrangements.

3.5 **Option 3 – Implement a Document Management System**

- Fully establish and create a Document Management System, Team and Culture.
    - This will deliver on Options 1 and 2 above and will also achieve the expected gold standard with regards to records management and future proof the Health Boards systems and maturity. However, this will be a significant transformation that will take years to fully embed and be very costly to deliver, with exact costs currently unknown.

4. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

4.1 **Option 1** – this will be cost neutral but will not deliver the required recommendations outlined in the report and improvements required to reduce the risks to the Health Board.

4.2 **Option 2** – It is estimated that a Head of Corporate Records Management (with specialist knowledge of corporate records management systems and processes) and project support would be in the region of:

- Band 8a = between £65,021 and £73,358
- Band 5 = between £38,607 and £43,734

4.3 **Option 3** – It is estimated that the cost of a Document Management system for the size and volume of users in BCUHB would cost over £1m with the associated transformation and change £2-3m on top. These are usually charged per user and would incur annual subscription charges that need to be taken into consideration as well as dedicated resources to manage and administer and provide the necessary training and support.

4.4 Failure to address or implement improvements in this area could result in a signficant financial penalty from the Information Commissioners Office in the area of 20 millon euros or 4% of the global turnover.

5. Rheoli Risg / Risk Management

5.1 Information Governance risks are recorded in Datix to ensure they are managed and reported in line with the Health Board's Risk Management policy.

5.2 Corporate Records Management risks are currently captured and reported via the Information Governance Group, with minimal mitigations or controls in place.

5.3 The review of the risk register is managed by the Information Governance Team and reported through the Information Governance Group with oversight and scrutiny of the risks by the Risk Management Group.

5.4 There are three risks on Datix directly linked to the matters covered by this paper, these are:

- IG16 – Failure to develop and make improvements to the Information Asset Register.
- IG19 – Management of corporate records.
- IG20 – Mapping of information flows.

5.5 However, it must be noted that the management of corporate records is wider than the Information Governance Department and it is proposed that most services will hold individual risks associated with their ability to fully comply with the full life cycle of a corporate record.

5.6 In addtion to the financial penalty noted in section 4 above, there is also a risk of reputational damage on the Health Board should further leaks or poor management of corporate records continue.

6. Casgliad / Conclusion

6.1 Based on the above assessment and recommended by the Chief Digital and Information Officer and Executive Director of Transformatiion, Strategic Planning and Commissioning, the Executive Team agreed to implement Option 2 - Do Minimum at a annual recurring additional cost of £117,000 to get a skeleton team with knowledge and capacity to start working on this incrementally over the next 5-10 years.

6.2 It is therefore proposed that whilst immediate actions are being followed through to completion as noted in **Appendix 2**, there is still a requirement to establish a Corporate Records Service, in line with the Executive Decision to implement Option 2 to address the wider recommendations, improve compliance with legislation and standards and mitigate the current risks to provide a greater level of assurance to the Board on the management of corporate records.

6.3 The Executive Team agreed that the overall responsibility for Corporate Records Management sits with Digital, Data and Technology as part of the Information Governance area although responsibilities lie with all services, albeit services don't understand what that is yet.

6.4 The Executive Team agreed that the Chief Digital and Inforamtion Officer works on assessing the Corporate Risk around this issue to be incorporated in the Corporate Tier 1 Risk Register until it can be mitigated.

6.5 The Executive Team agreed that the Chief Digital Information Officer builds this requirement in with the other requirements that he would say are of equal greater priority and relate to the necessary and wider transformation of DDaT across the Health Board as part of the planning for 2024/25 onwards.

6.6 The details in this paper are intended to ensure that the Committee is provided with information of the work being undertaken to address the findings from the audit.

Information Governance and Records Management Review

Betsi Cadwaladr University Health Board

For: Chief Digital and Information Officer

Status: Final Report

Date Issued: 22nd August 2023

Veritau Ltd have been engaged by the BCUHB to undertake this light touch review. Veritau is a local authority shared service group established in 2009. The group provides internal audit, counter fraud, and information governance services to a number of councils, multi-academy trusts and schools, housing associations, NHS, and other public sector organisations. Many of these contracts have been in place for 5+ years. They employ approximately 80 professional staff, including a team of data protection specialists. The head office is in York, but they provide services across the United Kingdom.

1 Contents

2 Background and Introduction

Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, with a budget of £1.87 billion and a workforce of over 19,000. The Health Board is responsible for the delivery of health care services to more than 700,000 people across the six counties of north Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham). The Health Board coordinates the work of 96 GP practices, and NHS services provided by 83 dental and orthodontic practices, 69 optometry practices and opticians and 147 pharmacies in North Wales.

The Health Board has faced a number of challenges recently following a several leaks externally of highly sensitive and confidential information. This has called into question the robustness of current arrangements and processes for Information Governance and corporate records management across the organisation.

NHS records are public records under the Public Records Act 1958 in addition NHS organisations in Wales are also required to comply with the legal and best practice obligations set out in the following legislation and standards.

- The UK General Data Protection Regulation and the Data Protection Act 2018
- The Freedom of Information Act 2000 and in particular the Code of Practice on Record Keeping issued by the Secretary of State for Culture, Media, and Sport, under Section 46 of the FOIA
- The Common Law Duty of Confidentiality
- The Records Management Code of Practice for Health and Social Care 2022 - provides a framework for consistent and effective records management based on established standards and current legislation for the NHS in Wales.
- The Welsh Information Governance Toolkit - self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation.

It is crucial that the Health Board has effective measures in place to demonstrate and ensure ongoing compliance with this legislation which will help to mitigate against the recurrence of incidents of unauthorised released of confidential and sensitive information.

As a result of the recent high profile data breach/disclosure of sensitive and confidential information, the Chief Digital and Information Officer requested a light touch independent external review of Information Governance (IG) with consideration of Corporate Records Management arrangements including the access and control arrangements for records, and an assessment of how interim/temporary posts are informed about best practice.

3 Aim

The aim of the review is to provide additional assurance of the existing arrangements for Information Governance (IG) with consideration of Corporate Records Management arrangements, to identify any additional measures that can be put in place going forwards, across the Health Board, to mitigate and reduce the risk of any further incidents of unauthorised disclosure /sharing of confidential and sensitive information.

NB. There are several high-level recommendations with associated actions within this report which are a mix of short-term fixes and more strategic long-term commitments that will require major

projects of work and resource to complete. Therefore, it is expected that the Executive and Health Board would have to assess the value of these relative to other priorities or areas of risk.

4 Scope

Veritau have been requested to undertake a light touch high level independent review of Information Governance with consideration of Corporate Records Management arrangements including the access and control arrangements for records, and an assessment of how interim/temporary posts are informed about best practice.

This has involved review of a number of policies, procedures, background information and reports as well as interviews over Teams with a small number of key stakeholders.

It should be noted that due to the timescales involved and the urgency of this work that the review although limited in scope has been a focused piece of work due to the access to a comprehensive set of policies, papers, and other materials.

It has only been possible to speak with a small number of senior staff identified as key stakeholders by the Health Board DPO / CIO and these individuals are listed in appendix 1. It was not possible to speak with many operational staff who may have been able to provide additional insight.

It should also be noted that the review did not consider the area of Clinical Records Management, nor did it consider the management of employee records.

In undertaking the review, the following areas were considered albeit at a high level.

- Identify both good practice and any weaknesses/gaps in Information Governance/Records Management systems and practice, including policies and procedures (design and application).
- The effectiveness of current governance and oversight arrangements including relevant roles and responsibilities such as SIRO, IAOs, Caldicott Guardian, Records Management etc.
- Identify if an appropriate policy framework is in place for Information Governance and Corporate Records Management - implemented and embedded across the organisation.
- Identify staff have been made adequately aware of their responsibilities and trained where appropriate.
- Make recommendations for improvement to reduce the risk of any further unauthorised release of confidential information.

The review had particular emphasis on several areas that have been highlighted as possibly contributing to the loss of sensitive documents such as:

- The presence of/effectiveness of control mechanism/processes in place for handling of sensitive documents and that enable confidential information to be maintained amongst intended recipients.
- The identification and effectiveness of access control management processes in place for managing starters, leavers, and movers.

5 Information Governance

Information Governance in BCU is the responsibility of the Chief Digital Information Officer (CDIO). The Information Governance Department sits within Digital Data and Technology (DDaT) and is led

by the Head of Information Governance who is responsible for the management and delivery of a robust information governance framework which has clear and effective governance processes; documented policies and procedures; trained staff and adequate resources in place. There is a team in place which supports and manages compliance with but is not limited to the following:

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

It is unclear where the responsibility for the Management of Corporate Records sits at this time. It is recognised that some work is currently undertaken by the Information Governance team but there needs to be organisational arrangements in place that supports the records management function. This includes the recognition of records management as a core corporate function, the allocation of clearly defined roles and responsibilities, and the provision of appropriate training. This will enable the Health Board to:

- retain the records needed for business, regulatory, legal and accountability purposes;
- have in place systems that enable records to be stored and retrieved as necessary;
- know what records are held, where they are and ensure that they remain useable;
- ensure that records are stored securely and that access to them is controlled;
- define how long records should be kept for, and dispose of them when no longer needed;
- ensure that records shared with other bodies or held on their behalf are managed in accordance with the Records Management Code of Practice and to monitor compliance.

There is currently no formal Corporate Records Management Function or Team in place.

The findings and recommendations with associated actions will be structured into two areas for both Information Governance (IG) and Corporate Records Management (CRM). It should be noted that some of the recommendations/actions will be fully reliant on intervention and joint working with Workforce, IT, and the Office of the Board Secretary to be achievable.

6 Findings - Areas of good practice.

6.1 Information Governance Framework. (IG)

There is an Information Governance Strategy in place that has been regularly reviewed and was last updated in April 2023. The Strategy was approved by the Health Board Performance, Finance and Information Governance Committee and clearly establishes the approach that the Health Board will take to provide a robust Information Governance framework for the management of information. It applies to all personal information, including sensitive information, of both employees and patients and to the management of the Board's corporate information.

6.2 Accountability Framework Structure (IG)

An Information Governance Group (IGG) has been established which provides assurance to the Performance, Finance, and Information Governance Committee (PFIG) of the Health Board. The IGG is chaired by the Caldicott Guardian and has delegated authority to oversee information governance

issues, operational information risk management and the management of information governance work plans and associated responsibilities.

The PFIG reports directly into the Health Board and the purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery, and information governance.

The IGG co-ordinates all work in relation to information governance, including Data Protection and Confidentiality, Caldicott Principles, Freedom of Information, Information Management and Security, Records Management (Clinical and Corporate), Data Quality. The IGG monitors the IG Work Programme.

The Health Board also has an IG Framework in place which includes a comprehensive set of policies and procedures, and additional guidance that is available to all staff via the Betsinet intranet. Key IG roles and responsibilities have been identified as have training plans for the organisation based upon an organisation wide training needs analysis.

There is an overarching all Wales Information Governance Policy and Information Security policy in place provided nationally and this is supplemented by key policies and procedures including IM&T Security procedure, Record Management policy and procedure, Confidentiality Code of Practice.

BCHBU has a staff Code of Conduct, and it is quite clear from this Code of Conduct the rules around confidentiality and disclosure of information including corporate information. This Code also sets out the sanctions that would be applied should there be a breach of the Code.

Senior officers have been appointed into the Key IG roles:

- Caldicott Guardian – Executive Medical Director
- Senior Information Risk Owner – Chief Digital and Information Officer
- Clinical Records lead – Executive Medical Director
- Data Protection Officer – Assistant Director of Compliance and Business Management
- Lead for Information Security - Chief Technology Officer

It is noted that the Caldicott Guardian responsibilities is now built into the Executive Medical Directors Job description. A Data Protection Officer is in place (Assistant Director of Compliance and Business Management).

The SIRO and Caldicott Guardian receive training for their respective roles. A new SIRO has been recently appointed and is about to undertake training. The Caldicott Guardian is due to undertake external CG training shortly.

Details of the newly appointed SIRO are to be published in an upcoming IG weekly bulletin.

6.3 IG/Information Security Training (IG)

An Information Governance (IG) e-Learning course provided through Digital Health and Care Wales (DHCW) is in place which is mandated for ALL staff to complete every two years as a minimum. This includes ALL employees of Health Boards and Trusts and independent contractors such as General Practices and Pharmacies. The national target for training compliance is 85%. The BCU Health Board has over 19,000 staff and have a compliance rate of 87% which is a significant achievement.

The e-learning mandatory training has undergone a review, has been updated and now includes Cyber Security. The new training package was implemented in April 2023.

An IG Training Strategy is in place and was approved by the Health Board in November 2022. The strategy also has an associated overarching training plan that highlights additional supplementary training provision for those staff who require more in-depth training and/or more specialist training. It is noted that there are plans to review the Information Asset Owner and Administrator training following the introduction of the new Information Asset Register and to develop training in areas such as records managements.

Mandatory training is supplemented by additional guidance and awareness information such as regular bulletins and is available on the IG intranet page. Updates to policies are notified through the IG bulletins. It is further understood that an IG Communications Plan is in place.

The IG Team have also updated local face-to-face IG training packages and are about to deliver training for 250 medical staff joining the Health Board and have recently undertaken specialised training on lawful processing for the Data Intelligence & Insight team.

6.4 Training for Board members (IG)

It has been identified that some Board members attended a Cyber Security awareness training provided by NHS Wales. It is also noted there are also plans to provide training in-house for Board members by the IG Team imminently. Current compliance levels for IG mandatory training for non-Executive members of the Health Board is 87%.

6.5 IG KPI's reporting (IG)

It was noted that IG KPI's are reported regularly to the IGG and to the PFIG and this report includes a comprehensive set of IG performance indicators including training compliance levels and IG incidents/breaches.

6.6 IG Compliance Audits (IG)

Due to a variety of reasons such as the pandemic, lack of resources and introduction of new ways of working taking priority there has been a lack of a consistent approach to undertaking regular compliance audits. Most audits are undertaken retrospectively following an incident with other ad hoc audits being carried out in some other areas. It has been recognised that this is an area for development and therefore a strategy for IG Compliance Audits is currently being developed.

The strategy sets out a range of planned interventions to assess and improve the effectiveness of the organisations IG practice whilst also helping to ensure compliance with relevant legislation such as Data Protection and Freedom of Information. The planned interventions include implementing a yearly audit compliance schedule for self-assessment by the Heads of Service; a bi-annual schedule of face-to-face audits to ensure all areas are covered over a 2-year cycle; ad-hoc audits after the occurrence of an IG incidents.

The expected outcome from these audits checks is that managers will be more aware of their responsibilities and that lessons learned/good practice is shared across service areas.

The findings/ scores/ recommendations from the audits will be reported to the IGG and PFIG.

It should be noted that the IG Team also undertake compliance spot checks with staff to check their level of awareness of IG practices, key IG roles and where to find policies/guidance etc.

6.7 Access control (IG)

It has been identified that access control processes managed by the IT department are robust. Every member of staff including temporary staff who require access to the Health Board main systems e.g.,

Office 365 must have an account set up through the National Active Directory & Exchange (NADEX) service provided by DHCW. There is a requirement that all staff sign an acceptable use policy before an account is provided. Accounts are role based so that staff only have access to what they require access to. Line managers are responsible for authorising what systems staff get access to.

In addition, when staff login into the BCU network a login disclaimer is presented which staff must click to confirm and includes a reminder to be vigilant re Cyber Security, that unauthorised access is prohibited and that they must have read and agree to abide by the IM&T Security policy and associated polices/procedures and have undertaken the mandatory IG training.

6.8 IG Toolkit (IG)

The Welsh Information Governance Toolkit is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation. The Welsh IG Toolkit for Health Boards and Trusts is broken into seven sections – Business Responsibilities, Business Management, Individual Rights and Obligations, Managing and Securing Records, Technical, Physical and Organisational Measures, Cyber Security, and Information Governance Incident Management.

The assessment helps identify those areas which require improvement and assist in informing organisations IG Improvement Plans in order to demonstrate assurance that organisations maintain the confidentiality and security of both personal and business information.

Although not a mandated requirement in Wales the Health Board have opted to submit the IG toolkit. BCUHB have submitted the All-Wales IG toolkit in 2020/21 and 21/22. The overall score increased to 89% in 2021/22 from 79% the previous year. A significant amount of work was undertaken by divisions within the Health Board to achieve this score.

An internal audit was undertaken to assess the Health Board's completion and evidence underpinning the 2021/22 submission of the Information Governance toolkit in July 2022. Internal audit issued substantial assurance on this area and no significant matters were identified.

6.9 Information Asset Register (IG)

As part of the work undertaken for the implementation of the updated Data Protection Legislation in May 2018, a centralised Information Asset Register was put in place. Work has continued to develop the register since then. A new more automated Information Asset register is in development with the aim of being launched in August/September 2023. It is also noted that a review of the quality of the information in the old register is being undertaken as part of the implementation and prior to transfer to the new system.

6.10 Information Asset Owners (IG)

BCUHB have done a considerable amount of work and undertook a major project to identify and train Information Asset Owners (IAO's) and Administrators. IAO's and Administrators are now in place across the organisation and have received training to ensure they are aware of their roles and responsibilities. New IAO's also receive training as and when appointed.

6.11 Incident management (IG)

There is a process in place for security incident management/reporting e.g., when someone receives a suspicious email or there is a cyber incident. These are all logged, reported under NIS regulations, and depending on nature of incident the appropriate level of incident management is invoked. This is a well-rehearsed incident management procedure, which includes IT and communications plan.

Once incident immediately resolved/managed, a full investigation report is produced, along with lesson learnt etc. The ICT Security Group are responsible for ensuring that any action plans are implemented. The ICT Security Group reports progress into IGG.

There is also a data breach policy in place, when incidents are reported the IG Team assess the nature, security, and risk of the breach. There is also a process for reporting to the Information Commissioner (ICO) within the required timeframe, and the Welsh Government. Incidents are routinely reported to IGG within the KPI's reports.

6.12 Risk Management (IG)

A framework for identifying and managing risk is in place. Information Governance risks have been identified in the BCUHB Corporate Risk Management Framework and in local department risk registers. Cyber Security Risks are also identified and recorded on the risk register at corporate level. IG Risks are monitored by the IGG.

7 Areas for Improvement

This section of the report outlines a number of areas where improvements could be made to provide for even more robust and secure Information Governance and Records Management practices. As result several high-level recommendations with associated actions have been identified that should help address these findings.

Suggested ownership of the suggested area for improvement has been added to the relevant section below and to the recommendations /associated actions in Appendix 1.

Corporate Records Management – CRM
Information Governance – IG
Workforce – WOD
Information Technology – IT
Office of the Board Secretary – OBS
Health Board – HB

7.1 Corporate Records Management (CRM)

7.1.1 Corporate Records Management arrangements

In June 2021, a report was prepared for the Executive Team meeting that outlined several outstanding issues regarding corporate records management. One of these was an outstanding action from an ICO audit in 2018 and follow up in 2019, which stated that there is no Executive Director with lead responsibility for the strategic direction and oversight of Records Management. The ICO recommended the establishment of an Executive Director with this responsibility and the Executive Director for Primary and Community Care was nominated but no resource was allocated to establish a Corporate Records Management function to support.

It is also noted that whilst the IG Team provide some advice, guidance, and support to the organisation on Corporate Records Management it is not currently formally identified as the responsibility for the IG Team, nor is it resourced to manage that function.

The Corporate Records Management Procedure states that Health Board should have sufficient resource in order to ensure it remains complaint against its legislative requirements and timescales.

This issue has not yet been resolved and therefore remains a significant risk for the organisation due to lack of ownership or priority for this area.

In addition, audits undertaken at the Health Board have highlighted regular review, storage, destruction, or transfer of corporate records is not being undertaken. However, with the implementation of Office 365 some standardisation of retention does occur across National systems e.g., there is a 7-year retention applied to email.

There is currently no mandated official records classification scheme in place at BCUHB. Some documents do have a 'confidential' classification applied but there are no formal headings that everyone is aware of and uses in a consistent way. Application of this classification is however a manual process as there is no automated way at present to do this.

Work has progressed with the national roll out of Microsoft Office 365, and there are plans to implement further functionality which will include the classification of documents held by the Health Board. This will allow more control of how records are managed and accessed and will allow for appropriate retention to be applied. There is no timescale for implementation of this additional functionality as NHS Wales is currently awaiting a data "classification" system. However, the Health Board should do what it can to prepare for the implementation of this move and take into account the contents of the Welsh Records Record Management Code of Practice for Health and Social Care 2022.

In summary there is no dedicated corporate records management function or resources in place which is a concern.

7.1.2 Policies and Procedures

There is an overarching all Wales Information Governance Policy and Information Security policy in place provided nationally and this is supplemented by Health Board key policies and procedures including IM&T Security procedure, Record Management policy and procedure, Confidentiality Code of Practice.

The Record management policy and associated procedure was last reviewed in November 2021 and approved by IGG in December 2021. Since then, the Welsh Government published the revised Record Management Code of Practice for Health and Social Care in February 2022 along with an updated retention schedule. The BCUHB current policy has not been updated to reflect this revised Code of Practice or revised retention schedule.

The policy and procedure also do not reference an Executive lead for Records Management in the roles and responsibilities.

7.1.3 Freedom of Information

The Health Board are legally required to respond to requests for information within 20 working days under Freedom of Information Legislation (FOI). The IG Team manage FOI requests and compliance is currently around 82%. It is understood that that there are issues with retrieving the information from services in a timely manner to enable compliance with the legislation due to issues with records management. Service area however do receive additional support from the IG Team.

It has also been noted that, in order to provide more transparency about how the Health Board operates the Publication Scheme could be improved. Having a publication scheme is also a requirement under the FOI legislation. Responsibility for the Publication Scheme sits with the Office of the Board Secretary. Improvement in the publication of information would help reduce pressure on the IG Team and on service areas who need to respond to requests. It would also ensure and demonstrate openness and transparency.

7.2 Information Governance

7.2.1 Information Governance Group

It is noted that the SIRO is currently not a member of the IGG and this should be reviewed particularly in view of recent events with information being leaked out of the organisation. As the person who owns the information risk for the organisation this appears to be a key person missing from that group.

Also, the IGG Terms of Reference (ToR) do not specifically highlight the management of IG risks although it is understood that IG related risks are monitored through this group. Corporate Records Management is also not a standing agenda item at the IGG.

7.3 Training and awareness

7.3.1 Mandatory Training

As highlighted earlier in the report there is a national target of 85% compliance with IG mandatory training that must be taken as a minimum every two years. This training is provided centrally by DHCW via the national Electronic Staff Record (ESR) and has recently been updated. Roll out of this updated training started at the beginning of April 2023. The training is an improvement on previous training and covers data protection, information security and records management.

However, the role out is being undertaken in such a way that staff are only required to undertake this training at the point at which their current training expires, therefore for some staff this would not be until early 2025. Cyber Security is the biggest threat/risk to organisations and employees are considered the biggest risk as they are more likely to accidentally, deliberately or be tricked into handing over data/causing security breaches.

Monitoring of compliance with IG mandatory training is for staff who have a staff record on Electronic Staff Record (ESR). This does not include agency staff, consultants and so on. It is understood contracts including data protection clauses are in place in some instances with consultants; and agency contracts, which are mainly off the national procurement framework, require staff to be up to date with mandatory training. However, the Health Board appears to have little assurance/evidence of compliance for this cohort of staff. This is a major risk to the organisation as it does not have a clear picture of the whole organisation's compliance.

Many of these staff will have Office 365 accounts as they will be required to have access to the Health Board systems and therefore have to be registered on NADEX.

7.3.2 Training Strategy

An IG Training Strategy is in place and was approved in November 2022. The scope of the strategy is that it applies to all staff employed by the Health Board, but also applies to contractors, students, volunteers, or anyone else working on behalf of the Health Board. There are gaps in the recording of the training for agency, locum, and other short notice staff. There are provisions for all staff to be able to undertake the appropriate training.

7.3.3 Training for Board members

A recent NIS audit/review highlighted that there was low-level awareness of cyber security issues at Health Board level. Also, whilst some Board members attended the Cyber Security training/briefing organised by NHS Wales not all did. It is noted there are plans to provide training in-house for Board members by the IG Team.

In addition, it has been highlighted that compliance with the IG mandatory training for the Executive members is 54% and for the Office of the Board Secretary (OBS) is 40%. It is appreciated however that

there have been a number of personnel changes and there are small numbers of officers in both these areas.

7.4 Starters and leavers processes

7.4.1 Starters and Leavers

The BCUHB Induction policy covers all staff regardless of status including independent Board Members, contracted third parties (including agency staff), students / trainees, secondees, other staff on placement, staff of other organisations who work from all sites, bank staff, individuals contracted.

All newly appointed Independent Board Members should be given an appropriate programme of Induction to support their requirements.

Volunteers should undertake the Volunteer Induction programme and 'the Departmental Local Induction checklist.

Unless otherwise able to demonstrate compliance, Agency, Locums or Temporary/Fixed term staff must complete the All-Wales mandatory Core Skills Training Framework (CSTF) e-learning modules as appropriate and any identified additional training requirements prior to commencing in the workplace. This training includes a 30-minute module on Data Protection. In addition, once in the workplace, the Local induction checklist should be completed immediately with line managers.

Movers are considered new starters in the new area so local induction should be carried out again for that new area.

All policies are available on Betsinet the Health Boards intranet but are only accessible once the user account is set up. This means that new starters are only able to access these on day one so are not able to familiarise themselves beforehand. All new staff must be notified of the policies indicated within the induction checklist. This must be signed to confirm that the policies have been read as part of the Induction. The IG Team do undertake compliance/spot checks and as part of this ask staff, including temporary staff, if they know where to go to find policies/procedures.

Learner records and induction checklists should be reviewed as part of audit processes, internal and external inspections and as evidence of training. The checklists should be kept on personal files/training records. The review has not seen any audit results in this area to verify if this is being monitored.

The induction checklist does not appear to highlight the need to cover confidentiality /data protection, records management or information security nor does it reference communications/intranet and where staff can find policies. The checklist also does not cover checking compliance with the CSTF for temporary staff or confirming awareness of key policies other than workforce ones.

There is also no assurance/evidence that at the end of a contract or when staff leave that information is always managed effectively and this is a risk to the organisation as files can be lost / left dormant / not able to be found when responsible person leaves. This can cause operational problems but also impacts on corporate memory. This can also make responding to Information requests difficult such as Freedom of Information Requests difficult.

7.4.2 Access to systems

In the situation where staff members move between roles or leaves the workforce team are not involved in informing IT of this, it is a line manager's responsibility. It is also for the line manager to confirm access requirements for the systems that are needed. So, either the leaving department manager or new joining department manager would inform workforce. It is the new line manager

who would trigger this if a change of system access is required and complete a new starter form. The line manager confirms system access requirements. It has been suggested that this process could be improved by the adding of an additional question/s to the new starter form for the line manager to indicate which systems are required.

7.4.3 Physical security

It was highlighted during the review that there does not appear to be a protocol in place for handing in staff badges/key cards when staff leave, or for revoking swipe card access when staff leave/move locations. This was evidence by a member staff being interviewed who still had access to premises that they should not have.

7.5 Information Asset Management

7.5.1 Information Asset Owners

It has been noted during the review that whilst IAO's are in place, not all take accountability or ownership of their assets. It has also been noted that there may be some lack of awareness of who the IAO is for a service area, this maybe in part due to the number of personnel changes in recent months.

IAO's and Administrators will receive training when the new Information Asset Register is rolled out and this would be a further opportunity to remind them of their responsibilities.

7.5.2 Information Asset Register

Under the current Data Protection legislation, it is a requirement to document processing activities related to personal data processing. The Information Asset Register does not currently cover all aspects that are required the Record of Processing Activities (ROPA). Each area has its own ROPA and there is no central management or oversight of these. This has been highlighted as a priority area of work which will be aided by the introduction of the new Information Asset Register tool electronic tool as it should present a dashboard of all activities.

7.6 IT/Information Security

7.6.1 Access control –

It was highlighted that a National Access Control policy is being developed however there is currently no Access Control Policy in place at local level albeit access control is included in the IMT Security Procedure. Access to national systems and some departmental systems is controlled by the IT team where there are processes in place, however, for some systems access is managed locally by system super users/administrators.

The approach to access control across these departmental systems is therefore likely to be inconsistent and needs to be tightened up. Implementation of Single Sign On (SSO) would assist and access could be more controlled via HR processes. It is noted that the implementation of SSO is underway however this is a major programme of work to implement across the organisation.

7.6.2 Use of non-Health Board email addresses.

It has been highlighted that some members of the Health Board have personal email addresses that sometimes sensitive and confidential reports are sent to despite being provided with Health Board IT equipment and email.

There are also similar instances for staff who are engaged to work on behalf of the organisation such as independent consultants.

This practice brings with it significant risks as once the information is sent out the organisation loses control over where that information may then ultimately end up.

7.6.3 Social Media

Social media can be a valuable tool to organisations if managed properly and it has been noted that the Health Board Executives are keen to use such tools like Facebook more.

There is also the added issue of the use of non-official communication tools such as WhatsApp which it is understood is being used within the organisation albeit in a limited way. Once information is shared or provided through such tools then the organisation loses control of where it ends up and it is not available when needed e.g., for FOI requests, investigations etc. Use of such tools if not properly managed could also result in a security or data breach.

Social media is going to become more of a problem in the future and needs to be carefully managed.

It is understood that a National Social Media Policy is in development but that there is no date as to when this might become available. In the meantime, there is clearly a need to put in place a local policy.

7.6.4 Fax Machines

It was noted through review of the IG policies and procedures that fax machines are still in use within the organisation. Whilst there has been a major programme of work to remove faxes some remain in a small number of disparate sites where there are connectivity issues. Although most faxes have been removed and work continues to address connectivity issues, they still represent a significant information risk.

7.6.5 Printing

The review has highlighted that it is possible to identify whom printed what document on a networked printer from audit trails.

It has also been highlighted that there are still lots of paper-based records which creates a risk as staff are required to scan bundles of confidential documents. In addition, there is no 'follow-me' individual print card functionality implemented and so staff have to run to photocopier to ensure the document printed is picked up before anyone else is able to retrieve it. With the current set up it also means that it is possible to select and print a document on a printer anywhere in the organisation and increases the risk of unauthorised disclosure of confidential documents.

7.7 Incident management

There are well rehearsed cyber security and data breach incident management processes in place. Cyber security incident being managed through ICT and the ICT Security Group reporting to IGG and Data Breaches via the IG Team and reported to IGG. It is not clear however how much challenge and scrutiny is able to be applied by IGG due to all other aspects of IG that are considered at this group.

The review has also identified that not all incidents of a similar nature to the recent data breach are being internally reported immediately. This it thought to be due to hesitance due to fear of media interest/reputational damage.

8 Conclusion

In conclusion whilst the review has been limited in time due to the urgency that it was required the following has been observed.

The review has identified significant areas of good practice in Information Governance systems and practice, including policies and procedures (design and application) and these have been outlined in the report. BCUHB compares favourably to other organisations in this sector. The report has also made some recommendations that would assist the Health Board make further improvements in this area to make it better.

However, there are deficiencies in the area of Corporate Records Management and a number of more substantial recommendations that would require investment and significant resourcing have been made to address this area should the Health Board deem it a priority relative to other areas of concern.

There are governance and oversight arrangements in place including relevant roles and responsibilities such as SIRO, IAOs, Caldicott Guardian however these arrangements could be strengthened and recommendations that will support this have been suggested.

In respect of Records Management the Health Board do need to resource Corporate Records Management Team to support the Executive Lead with the appropriate level of skill and training in this area and develop a resourced records management programme of work to drive forward improvements in this area.

There appear to be good processes in place to train permanent members of staff and ensure they are aware of their responsibilities. There are gaps however in relation to interims/temporary staff that need to be strengthen with regards training and records managements. Due to the turnover of staff and changes in roles there appear to be gaps in awareness of IAO's and their responsibilities.

There are access control management processes in place for managing starters, leavers, and movers. These are robust in part but there are some areas where improvements can be made.

Many of the recommendations made in the body of the report will assist the organisation in helping to reduce the risk of any further unauthorised release of confidential information and that will assist in improving current processes in place for handling of sensitive documents.

However, it should be noted that whatever safeguards are put in place, whilst these will assist in reducing accidental disclosures and deterring some deliberate disclosures, it will not necessarily deter a determined rogue actor.

Appendix 1 – Summary of recommendations

	Overarching recommendation	Proposed action	Priority*	Responsible Officer/Area
1	That the Health Board establish appropriate Corporate Records Management arrangements to ensure it is clear where accountability lies, that records management is recognised as a core corporate function and is appropriately resourced.	Action 1: that the Health Board re-affirm the Executive Lead for Corporate Records Management and the identified lead is provided with the necessary awareness and training to undertake this role.	1	Health Board
		Action 2: that the Health Board review resourcing arrangements and consider establishing a team to scope and deliver the work in order to ensure it remains complaint against its legislative requirements and timescales and is able to effectively manage its corporate records.	2	Corporate Records Management
		Action 3: that the Health Board consider funding work to develop a Strategic Outline Case to progress Corporate Records Management.	2	Executive lead for Corporate Records Management
2	To ensure a robust and effective Records Management framework is in place. That the Records Management and other associated policies, procedures, and guidance be reviewed to ensure that they are up to date and reviewed regularly to reflect the latest legislative requirements and represent current IG/Records Management mandatory requirements, good practice, standards, and guidance.	Action 1: that the current Records Management policy and procedure and other associated policies be reviewed to ensure they remain in line with the revised Welsh Record Management Code of Practice for Health and Social Care 2022; and to update the roles and responsibilities to include an Executive lead for Corporate Records Management.	1	Information Governance /Corporate Records Management

		Action 2: that the Health Board consider developing a records classification scheme which is a method used to categorise, mark, and organise records to aid compliance with legal and security requirements.	2	Corporate Records Management / Information Governance / Information Technology
		Action 3: that staff are reminded where to access the guidance on email management and when to use the different communication tools available through Office 365.	1	Information Governance
		Action 4: that IOA's are reminded of their responsibilities in relation to retention and destruction of information. This can be undertaken during IAO training.	1	Information Governance
		Action 5: that guidance is issued/re-provided to staff about record creation and use of Office 365 tools.	1	Information Technology
		Action 6: that the Records Management policy be strengthened in relation to the handling of sensitive and confidential documents.	1	Corporate Records Management / Information Governance
		Action 7: that the Office of the Board Secretary look to review the Publication Scheme to identify how it could be improved / expanded.	3	Information Governance/Office of the Board Secretary
3	That the current Information Governance Group arrangements are reviewed to ensure that they are relevant, up to date, but also reflect recent organisational change and good IG practice.	Action 1: the Terms of Reference (ToR) should be amended to ensure that it is clear that IG risks are monitored through this group and escalated through the appropriate channels and reporting structure.	1	Information Governance

		Action 2: the ToR should also be updated to include specific reference to Corporate Records and the appropriate lead/s invited to attend. Corporate Records Management should be added as a standing agenda item at the IGG.	1	Information Governance /Corporate Records Management
		Action 3: that the membership of IGG be reviewed to ensure that it is still current, reflective of the organisation and includes the SIRO as Information Risk Owner for the Organisation.	1	Information Governance
4	That the current IG and Information Security training and awareness arrangements are reviewed to ensure that training is provided on a regular basis, that they provide adequate provision for all staff including Board members and all temporary staff and that training compliance is routinely monitored.	Action 1: that due to advances in technology and ever evolving cyber threats, the NHS Board mandate all staff to undertake this refresher training immediately. Also, that any new training with significant changes should be rolled out to all to complete – not just when training renewal is due.	1	Health Board
		Action 2: that the NHS Board should consider the feasibility of undertaking IG training on an annual basis subject to resourcing.	2	Health Board
		Action 3: that all staff regardless of employment status working on behalf of the organisation and with access to information assets be required to undertake the IG mandatory training. If this is not feasible in all circumstances, then the Health Board need to be able to obtain assurance from the agencies/contractors that training has taken place.	1	Workforce Development / Information Governance
		Action 4: a process for monitoring and reporting training compliance for staff not registered on the Electronic Staff Record (ESR) but for whom there is an active National Active Directory & Exchange (NADEX)account is put in place.	2	Workforce Development / Information Governance

		Action 5: to ensure requirements to do IG and Cyber Security training is in the contract with contractors and evidence of this should be recorded.	1	Workforce Development / Information Governance
		Action 6: that as highlighted in the training plan a full review of the current process for training of agency, locum, and other short notice temporary staff to ensure that relevant governance arrangements are in place and are undertaken as soon as possible.	1	Workforce Development / Information Governance
		Action 7: where it is not possible to verify that IG training has been undertaken then alternative training/awareness should be provided and recorded e.g., IG workbook like that developed for facilities.	1	Information Governance
		Action 8: that all Board members be required to attend the in-house training to be provided by the IG Team and anyone unable to attend is followed up including all interim members.	2	Information Governance
		Action 9: training for Board members should continue to be supplemented by additional Cyber Security and IG awareness in the year.	2	Information Governance
		Action 10: that the outstanding members of the Board who have not undertaken the IG e-learning mandatory training be required to do so as soon as possible.	1	Information Governance
5	That a review of induction and starters/leavers processes is undertaken to ensure that adequate arrangements are in place so that all staff are made aware of their IG/Record Management responsibilities	Action 1: that the Health Board consider implementing a process for monitoring induction checklist completion via Workforce.	2	Workforce Development / Information Governance

	and the security and integrity of HB information assets remain as secure as possible.			
		Action 2: that the induction checklist be reviewed to ensure that it covers all the relevant information new starters require in relation to IG/Information Security.	1	Workforce Development / Information Governance
		Action 3: the induction checklist should also include the need to check compliance with the NHS Core Skills Training Framework (CSTF)for applicable temporary staff.	1	Workforce Development / Information Governance
		Action 4: that line managers be reminded of the need to inform IT when a staff member leaves/moves department.	1	Workforce Development / Information Governance
		Action 5: that the new starter form be updated to allow line managers to indicate which systems a member of staff needs access to.	1	Workforce Development / Information Technology
		Action 6: that the Health Board consider putting in place a process for Workforce to inform IT of leavers of permanent staff.	1	Workforce Development
		Action 7: that a process be established for Workforce to inform IT of long-term absences so accounts can be temporarily locked down.	1	Workforce Development

		Action 8: that line managers are reminded / provided with guidance about records management responsibilities when a member of staff leaves/moves.	1	Workforce Development / Information Governance
		Action 10: that a leavers checklist be completed for all staff regardless of employment status to include records handover and held /monitored as with induction checklists	1	Workforce Development / Information Governance
		Action 11: that the leaver's checklist includes for ID badges/key cards being returned and where applicable for the appropriate team to be informed that swipe access should be revoked.	1	Workforce Development / Information Governance
6	Due to recent organisational changes arrangements for Information Asset Management should be assessed to ensure they are up to date, that IAO's are aware of their responsibilities and staff are aware of who the IAOS are.	Action 1: that a review be undertaken of IAO's to ensure that they remain current and that they are reminded of their responsibilities.	1	Information Governance
		Action 2: that rapid training for IAOs is provided due to turn over and apparent confusion over who the IAO's are.	1	Information Governance
		Action 3: that the Health Board consider establishing a Community of Interest where IAO's can share/ask questions, guidance etc with each other and of the IG Team. This may also help to keep the list of IAO's up to date.	2	Information Governance
		Action 4: that a list of IAO's be published on the intranet.	1	Information Governance

		Action 5: that IAO's ensure that the Information Asset Registers/ Records of Processing Activity are reviewed and updated as soon as possible in preparation for the implementation of the new electronic tool.	1	Information Governance/ Information Asset Owners
7	That to increase security of information and reduce the risk of unauthorised disclosure of the Health Board consider implementation of additional security measures/controls.	Action 1: that a local access control policy be developed to tighten up and standardised the processes for access to all systems.	2	Information Technology
		Action 2 that the practice of emailing to personal email addresses of Board members is ceased with immediate effect.	1	Information Governance/Office of the Board Secretary
		Action 3: that all staff working on behalf of the organisation are provided with Health Board email.	1	Information Technology
		Action 4: that the Health Board review their local social media policies as soon as possible.	2	Communications
		Action 5: that a DPIA be undertaken for use of social media/social media platforms	2	Information Governance / Information Technology / Communications
		Action 6: that the Health Board consider implementing alternative solutions that reduce the reliance on faxes.	3	Information Technology
		Action 7: that IT consider if there are any additional safeguards that can be implemented for printing to reduce the risks of documents being disclosed inappropriately.	1	Information Technology / Information Governance

8	That the Incident Management Processes be strengthened to provide for more robust reporting, monitoring and scrutiny of both Information Governance and Information Security Incidents	Action 1: that the Health Board consider establishing a separate incident management scrutiny panel with membership at a very senior level to which all security and data breach incidents are reported in detail by the investigating manager along with any actions taken/lessons learned. This will allow for thorough scrutiny of incidents as to actions taken/not taken and to ensure that lessons learned are embedded throughout the organisation and risks are being managed.	2	Information Governance / Information Technology
		Action 2: that, if possible, incidents involving temporary staff are highlighted/ recorded this information and reported separately on KPIs' for incidents,	3	Information Governance
		Action 3: all staff be reminded of when and how to report IG/Information Security Incidents.	1	Information Governance

*The priorities for actions are:

Priority 1: Must be carried out as a matter of urgency to reduce risk of non-compliance – short term measure.

Priority 2: Should be carried out as soon as possible to minimise risk of non-compliance. – medium term measure

Priority 3: Requires attention, risk of non-compliance - longer term strategic measure.

Appendix 2 - List of Interviewees

Assistant Director of Compliance and Business Management / Data Protection Officer

Head of Information Governance

Chief Technology Officer

Deputy Director of People, Workforce and Organisational Development

Head of Business Systems

Systems Development Manager

Deputy Director of Quality

Assistant Director Workforce Optimisation

Head of Policy, Practice and Compliance

Interim Board Secretary & Associate Director of Governance

Statutory Compliance Governance Manager

Appendix 3 - List of documents reviewed.

Background documents

- BCUHB Draft Audit Follow-up Report v2
- ET Report – Management of record Types v2
- Final Internal Audit Report – Welsh Information Governance Toolkit – for client issue
- Records – Corporate Management research paper
- SBAR – Information Governance-Records Manager Secondment Consideration-Final
- Situation Report – corporate records management

Other Key documents

- Information Governance Group (IGG) Terms of Reference
- Performance, Finance, and Information Governance Committee (PFIGC) Terms of Reference and Operating Arrangements [draft]
- ICT Governance & Security Group (ICT-ODT) Terms of Reference [draft]
- IGG Agenda example – May 2023
- IG Bulletin examples
- BCUHB network login disclaimer [screenshot]
- Senior Risk Owner – Role and Responsibilities
- Information Asset Owner – Role and Responsibilities
- Job Description – Medical Director
- Information Governance Compliance Audits Strategy (draft)
- Information Governance Quarter 4 2022/23 Key Performance Indicators (KPI) Report
- Compliance Rates for Executives and OBS (table in email from 14/07/23)
- IG10 Procedure for Requesting Approval and Review of an Information System for Investigation Purposes
- IG10 Request Form (Appendix A)
- WP6 Code of Conduct (Disciplinary Rules and Standards of Behaviour)
- IG14 IM&T Security Procedure
- IG1 BCUHB Information Governance Strategy V6.0 Final (old version) (includes ToR for Committee and IGG and EQIA)
- IG1 BCUHB Information Governance Strategy V8 Final
- Appendix D_IG Accountability Framework
- EQIA
- All Wales Information Governance Policy v2
    - However, locally the Health Board have a variety of procedures to support this policy.
        - IG11 Disposal of Confidential Waste
        - IG13 Confidentiality Code of Conduct –V6 Final
        - IG15 Procedure – Storage Transportation of personal data Final V5
        - IG16 Disclosing Personal data Procedure – V4
        - IG23 Procedure for the Auditing and Escalation of Staff Access to PIS-Final V4
        - IG24 Notification of Personal Data Breach Procedure Final V3
- All Wales Information Security Policy.

    - However, locally the Health Board have a variety of procedures to support this policy.
        - IG08 Email Procedure
        - IG10 Access to Information Systems
        - IG14 IMT Security Procedures Final V8
        - IG17 Photo Video Audio Procedure Final V5
        - IG28 BYOD Procedure Final V1
- IG01 Records Management Procedure V5,
- IG02 Corporate Records Management Procedures with
- Appendix A – Corporate File Structure
- Appendix B – Hyperlinking documents
- Appendix C – Corporate Retention Schedule
- HR1 Patient Records Management Procedures
- IG facilities workbook V5
- IG20 IG Training Strategy Final V4_updated.
- IG Training Plan 2022-25 V1
- Induction Checklist
- Induction Policy/Procedure

Appendix 2 – BCUHB Response to Recommendations and Action Plan.

Recommendation 1 & 2 are reliant on agreement from the Executive Management Team to agree option 2 or 3 in the paper being presented.

	Overarching recommendation	Recommended action	Health Board Response and proposed action	Responsible Officer/Area	Date for completion
1.	That the Health Board establish appropriate Corporate Records Management arrangements to ensure it is clear where accountability lies, that records management is recognised as a core corporate function and is appropriately resourced.	**Action 1**: that the Health Board re-affirm the Executive Lead for Corporate Records Management and the identified lead is provided with the necessary awareness and training to undertake this role.	**Agree** Executive Lead for Corporate Records Management be re-confirmed. Once agreed appropriate training to be sourced.	Executive Team	31/10/2023
		Action 2: that the Health Board review resourcing arrangements and consider establishing a team to scope and deliver the work in order to ensure it remains complaint against its legislative requirements and timescales and is able to effectively manage its corporate records.	**Agree** Recommendations within the external review report to be presented to the Executive Team with a view to consider the 3 options presented. On agreement of the preferred option work will begin with the delivery and action plans will be put in place, which should be monitored by the Corporate Records Management Lead (CRML).	Corporate Records Management Lead (CRML)	31/12/2023
		Action 3: that the Health Board consider funding work to develop a Strategic Outline Case to progress Corporate Records Management.	**Agree** Will be dependent on the outcome of the options appraisal within the executive team report. On agreement the CRML will put plans in place to develop a business case for funding to progress.	Executive lead for Corporate Records Management (CRM)	31/12/2023

2.	To ensure a robust and effective Records Management framework is in place. That the Records Management and other associated policies, procedures, and guidance be reviewed to ensure that they are up to date and reviewed regularly to reflect the latest legislative requirements and represent current IG/Records Management mandatory requirements, good practice, standards, and guidance.	**Action 1**: that the current Records Management policy and procedure and other associated policies be reviewed to ensure they remain in line with the revised Welsh Record Management Code of Practice for Health and Social Care 2022; and to update the roles and responsibilities to include an Executive lead for Corporate Records Management.	**Agree** Records Management Code of Practice is referenced in the current Records Management Policy IG01, and associated procedures IG02, however it is acknowledged that the policy requires further work to bring it in line with current guidance to include the full lifecycle of a record from creation to deletion. This review will include details of the agreed Executive Lead for CRM.	Information Governance (IG) / CRM	31/12/2023
		Action 2: that the Health Board consider developing a records classification scheme which is a method used to categorise, mark, and organise records to aid compliance with legal and security requirements.	**Agree** This work is ongoing at a national level with the government classification scheme being the preferred option. The Health board should recognise that this is a massive piece of work which will require resources from a number of areas and should consider a small project team to lead with its implementation and delivery.	CRM / IG / Information Technology (ICT)	31/12/2024
		Action 3: that staff are reminded where to access the guidance on email management and when to use the different communication tools available through Office 365.	**Agree** This is communicated through the bulletins and on the O365 pages. Further reminders will be sent to all staff Additional training is available via ICT and IG.	IG / ICT	31/10/2023
		Action 4: that IOA's are reminded of their responsibilities in relation to retention and destruction of information. This can be undertaken during IAO training.	**Agree** This will form part of the IAO training which is due to be delivered as part of the roll out plans for the new Information Asset Register which is nearing the completion of its development and UAT.	IG / ICT	31/12/2023

			IAO/IAA responsibilities will be Job Descriptions.		
		Action 5: that guidance is issued/re-provided to staff about record creation and use of Office 365 tools.	**Agree** This is communicated through the bulletins and on the O365 pages. Further reminders will be sent to all staff Additional training is available via ICT and IG.	IG / ICT	31/10/2023
		Action 6: that the Records Management policy be strengthened in relation to the handling of sensitive and confidential documents.	**Agree –** See action 2. (1) above	IG / CRM	30/11/2023
		Action 7: that the Office of the Board Secretary look to review the Publication Scheme to identify how it could be improved / expanded.	**Agree** This is a piece of work that was undertaken as part of GDPR in readiness (2016) however there is no formally agreed ownership of the management of the Publication scheme. There needs to be a review of what is currently on the publication scheme against what should be on there to ensure there is no gaps. The overarching responsibility, management and ownership of the publication scheme needs to be agreed as part of the overall review. Becoming more transparent on the publication scheme could potentially build patient trust in the Health Board and reduce the number of enquiries into the FOI team if the information was made readily available.	IG / Office of the Board Secretary (OBS) / CRM	31/03/2024

3.	That the current Information Governance Group arrangements are reviewed to ensure that they are relevant, up to date, but also reflect recent organisational change and good IG practice.	**Action 1**: the Terms of Reference (ToR) should be amended to ensure that it is clear that IG risks are monitored through this group and escalated through the appropriate channels and reporting structure.	**Agree** The updated ToR were presented to the Information Governance Group on 17/08/2023. The addition of the responsibility was agreed IGG as below: *Receive, review and monitor operational Information Governance and Health Records risks that are assigned to the group and escalated through the appropriate channels and reporting structure.*	IG	**Completed 31/08/2023**
		Action 2: the ToR should also be updated to include specific reference to Corporate Records and the appropriate lead/s invited to attend. Corporate Records Management should be added as a standing agenda item at the IGG.	**Agree** The updated ToR were presented to the Information Governance Group on 17/08/2023. The addition of the responsibility was agreed IGG as below: *Receive and monitor updates on the direction and delivery of the Health Board's management of Corporate Records.*	IG / CRM	**Completed 17/08/2023**
		Action 3: that the membership of IGG be reviewed to ensure that it is still current, reflective of the organisation and includes the SIRO as Information Risk Owner for the Organisation.	**Agree** The updated Terms of Reference (ToR) were presented to the Information Governance Group on 17/08/2023. The addition of the SIRO to the membership was agreed at IGG. A further review of the membership will be discussed with the Chair/Medical Director/Caldicott Guardian.	IG / IGG Chair	**Completed 17/08/2023** 30/09/2023
4	That the current IG and Information Security training and	**Action 1**: that due to advances in technology and ever evolving	**Partially Agree**	Health Board	31/12/2023

	awareness arrangements are reviewed to ensure that training is provided on a regular basis, that they provide adequate provision for all staff including Board members and all temporary staff and that training compliance is routinely monitored.	cyber threats, the NHS Board mandate all staff to undertake this refresher training immediately. Also, that any new training with significant changes should be rolled out to all to complete – not just when training renewal is due.	The new training module developed by IG leads across Wales and DHCW incorporates IG, Records Management and Cyber Security. The new module was released on ESR on 06/04/2023. Any new starters or employees who were due to renew or who were overdue at this time will have undertaken the new module. Considerations should be made as to the feasibility of staff who were not due to do their training to do the new module to ensure they fully aware of current risks and processes.		
		Action 2: that the NHS Board should consider the feasibility of undertaking IG training on an annual basis subject to resourcing.	**Disagree** Mandatory IG Training is undertaken every 2 years in line with the rest of Wales. To implement on annual basis would ensure staff were current with their training but this would be difficult to implement due to resources and ability to manage locally within the IG department. As part of a blended approach the IG team are looking at ways in which we can disseminate additional IG, Cyber and Records Management training which is role specific and is included in the IG Training strategy. IG contribution has also been submitted to the Skills for Health national review.	Health Board	**Closed 26/09/2023**
		Action 3: that all staff regardless of employment status working on behalf of the organisation and with access to information assets	**Agree** This has been an ongoing concern due to the numbers of agency and IM staff not recorded on ESR.	Workforce Development / IG	31/03/2024

		be required to undertake the IG mandatory training. If this is not feasible in all circumstances, then the Health Board need to be able to obtain assurance from the agencies/contractors that training has taken place.	Local processes need to be implemented where managers can either gain assurance that training has been undertaken from the agency or the staff member. If not provided they should liaise with the IG team to arrange suitable training. All monitoring and assurance around completion of mandatory training should be the responsibility of the line manager; however the appropriate tools and processes need to be agreed and provided by the Health Board to enable the managers to implement.		
		Action 4: a process for monitoring and reporting training compliance for staff not registered on the Electronic Staff Record (ESR) but for whom there is an active National Active Directory & Exchange (NADEX) account is put in place.	**Agree** As above. All staff whether on ESR or not should be trained in the same way. Explore the use of the training module outside of ESR.	Workforce Development / IG	31/03/2024
		Action 5: to ensure requirements to do IG and Cyber Security training is in the contract with contractors and evidence of this should be recorded.	**Agree** As above. This is in place within contracts for permanent and fixed term staff on ESR. Review of honorary, interim and agency contractual requirements.	Workforce Development / IG	31/03/2024
		Action 6: that as highlighted in the training plan a full review of the current process for training of agency, locum, and other short notice temporary staff to ensure that relevant governance arrangements are in place and	**Agree** On agreement of how the above will happen The Information Governance department will update the training plan to include agency, locum, and other short notice temporary staff.	Workforce Development / IG	31/12/2023

		are undertaken as soon as possible.			
		Action 7: where it is not possible to verify that IG training has been undertaken then alternative training/awareness should be provided and recorded e.g., IG workbook like that developed for facilities.	**Agree** The IG team on notification from managers will arrange appropriate training for staff members. Workbooks are already in place and can be provided on request.	IG	31/12/2023
		Action 8: that all Board members be required to attend the in-house training to be provided by the IG Team and anyone unable to attend is followed up including all interim members.	**Agree** Training session has been planned with all Board members through the Office of the Board Secretary and the Head of Information Governance.	IG	30/11/2023
		Action 9: training for Board members should continue to be supplemented by additional Cyber Security and IG awareness in the year.	**Agree** Annual workshops will be introduced to ensure that all Board members are fully trained and kept up to date with IG/Cyber implications.	IG	31/12/2023
		Action 10: that the outstanding members of the Board who have not undertaken the IG e-learning mandatory training be required to do so as soon as possible.	**Agree** Training session has been developed by IG for all Board members and is being arranged through the Office of the Board Secretary and the Head of Information Governance. Currently awaiting availability from Interim Board Secretary.	IG	30/11/2023
5	That a review of induction and starters/leavers processes is undertaken to ensure that adequate arrangements are in place so that all staff are made aware of their IG/Record Management responsibilities and the security and integrity of HB information assets remain as secure as possible.	**Action 1**: that the Health Board consider implementing a process for monitoring induction checklist completion via Workforce.	**Agree** Information Governance and WOD to revisit the inclusion of Data Protection / Confidentiality and training elements of the induction checklist. IG have reviewed and updated their IG training presentation which includes Records Management and Cyber responsibilities.	Workforce Development / IG	30/12/2023

			WOD to consider how the induction checklists can be monitored.		
		Action 2: that the induction checklist be reviewed to ensure that it covers all the relevant information new starters require in relation to IG/Information Security.	As above / repeated in some areas of Action 1	Workforce Development / IG	31/12/2023
		Action 3: the induction checklist should also include the need to check compliance with the NHS Core Skills Training Framework (CSTF) for applicable temporary staff.	**Agree** Full review of arrangements currently in place with WOD to see how improvements can be applied.	Workforce Development / IG	31/12/2023
		Action 4: that line managers be reminded of the need to inform IT when a staff member leaves/moves department.	**Agree** Full review of the arrangements currently in place with WOD for the leaver process is required to see how improvements can be applied. Managers should be accountable /responsible for the completion of the leavers/movers forms for staff within their areas. The process is not always followed.	Workforce Development / ICT/ IG	31/12/2023
		Action 5: that the new starter form be updated to allow line managers to indicate which systems a member of staff needs access to.	**Partially agree** The new starter form goes to payroll so would not be suitable for access to systems requests. Access to systems is captured when requesting an account for new users to allow individual access to systems to be set up. However movers sometime slip through the net and retain access to previous systems. This needs to be removed/disabled as part of the leaver's process/checklist.	Workforce Development / ICT / IG	31/12/2023

			Considerations to be made on how a prompt could be included to divert a notification to an ICT form when disabling or allowing access is required for movers or leavers. Full review of the arrangements currently in place with WOD and ICT is required to see how improvements can be applied.		
		Action 6: that the Health Board consider putting in place a process for Workforce to inform IT of leavers of permanent staff.	**Agree** A list of leavers should be provided by WOD to IT to ensure all leavers and movers have been captured. This will enable IT to close accounts or disable access to systems. Full review of the arrangements currently in place with WOD and ICT is required to see how improvements can be applied.	Workforce Development/ICT	31/12/2023
		Action 7: that a process be established for Workforce to inform IT of long-term absences so accounts can be temporarily locked down.	**Agree** Full review of the arrangements currently in place with WOD and ICT is required to see how improvements can be applied.	Workforce Development	31/10/2023
		Action 8: that line managers are reminded / provided with guidance about records management responsibilities when a member of staff leaves/moves.	**Agree** Full review of arrangements currently in place with WOD to see how improvements can be applied.	Workforce Development / IG	31/12/2023
		Action 10: that a leavers' checklist be completed for all staff regardless of employment status to include records handover and held /monitored as with induction checklists.	**Agree** Full review of arrangements currently in place with WOD to see how improvements can be applied.	Workforce Development / IG	31/12/2023
		Action 11: that the leaver's checklist includes for ID badges/key cards being returned	**Agree** Full review of arrangements currently in place with WOD/ICT to ensure all areas covered and	Workforce Development / IG / ICT	31/12/2023

		and where applicable for the appropriate team to be informed that swipe access should be revoked.	to establish where improvements can be applied.		
6	Due to recent organisational changes arrangements for Information Asset Management should be assessed to ensure they are up to date, that IAO's are aware of their responsibilities and staff are aware of who the IAOS are.	**Action 1**: that a review be undertaken of IAO's to ensure that they remain current and that they are reminded of their responsibilities.	**Agree** This is underway and is a piece of work being undertaken by DDaT to establish the efficiencies of the systems currently in use. The IG /ICT teams are aware of some of the Information Asset Owners, however it is accepted/acknowledged they may not be known to all. It is acknowledged that there is not an IAO identified for every system. As part of the ongoing work to roll out a newly developed Information Asset Register a list of Information Asset Owners and their systems will be made available on BetsiNet.	IG / ICT	31/03/2024
		Action 2: that rapid training for IAOs is provided due to turn over and apparent confusion over who the IAO's are.	**Agree** Training will be delivered by the IG/IG Project team to all IAO's and IAA's as part of the delivery/implementation plan for the roll out of the new Information Asset Register. Once all IAO's are identified we should consider that IAO will have the responsibilities added to their Job Description.	IG / Workforce Development	31/03/2024 31/03/2025
		Action 3: that the Health Board consider establishing a Community of Interest where IAO's can share/ask questions, guidance etc. with each other and of the IG Team. This may also	**Agree** IG and ICT to work with the IAO to look at how this can be set up to enable the IAO to work together and to share best practice.	IG / ICT / IAO	31/03/2024

		help to keep the list of IAO's up to date.			
		Action 4: that a list of IAO's be published on the intranet.	**Agree** A list of Information Asset Owners and their systems will be made available on BetsiNet	IG	31/03/2024
		Action 5: that IAO's ensure that the Information Asset Registers/ Records of Processing Activity are reviewed and updated as soon as possible in preparation for the implementation of the new electronic Asset Register tool.	**Agree** This is incorporated into the new Information Asset Register to enable records of processing to be recorded in a central database. It forms part of the IG work plan for 23/24 and is monitored through the All Wales IG toolkit. There is a Tier 2 registered with actions in place IG20 being monitored closely by IGG to ensure the HB moves forwards in this area.	IG / Information Asset Owners / IGG	31/03/2024
7	That to increase security of information and reduce the risk of unauthorised disclosure of the Health Board consider implementation of additional security measures/controls.	**Action 1**: that a local access control policy be developed to tighten up and standardised the processes for access to all systems.	**Agree** Full review of access arrangements currently in place with ICT and IAO's to ensure all access controls are standardised within BCUHB and to identify /establish where improvements need to be made. Access Control Policy to be developed locally.	ICT/IAO/DDaT	31/03/2024
		Action 2 that the practice of emailing to personal email addresses of Board members is ceased with immediate effect.	**Agree** This was instigated by the DPO on receipt of the report findings. ICT and OBS have been advised.	IG / OBS	**Completed 31/07/2023**
		Action 3: that all staff working on behalf of the organisation are provided with Health Board email.	**Agree** As above – All staff now have a BCUHB email address.	ICT	**Completed 31/07/2023**
		Action 4: that the Health Board review their local social media policies as soon as possible.	**Agree** National Social Media Policy is in its final stages with all Health Boards feeding back. Pending notification of its approval. Local policy in development.	Communications Lead / CDIO	30/11/2023 31/03/2024

		Action 5: that a DPIA be undertaken for use of social media/social media platforms	**Agree** DPIA to be undertaken by CDIO and sent to IG for review and approval.	IG / ICT / Communications Lead	31/12/2023
		Action 6: that the Health Board consider implementing alternative solutions that reduce the reliance on faxes.	**Agree** The Health Board has been reducing the number of faxes in use over the last few years. ICT have put measures in place to remove the ability to order a replacement fax. They work with the users to enable a suitable option to be put in place. It is accepted there are a small number of fax machine still in use which the ICT are continuing to phase out.	ICT	31/03/2024
		Action 7: that IT consider if there are any additional safeguards that can be implemented for printing to reduce the risks of documents being disclosed inappropriately.	**Agree** ICT are introducing Safe Queue throughout BCU which will ensure secure printing. By implementing Safe Queue the user will need to scan their badge at the printer to print a document. This enables the document to be printed securely and retrieved by the user with a clear audit in place. This will be in the all admin areas initially until we work through some of the clinical issues, however the long term plan is to implement throughout BCU. IG to add to weekly bulletins.	ICT / IG	31/03/2025
8	That the Incident Management Processes be strengthened to provide for more robust reporting, monitoring and scrutiny of both Information Governance and Information Security Incidents	**Action 1**: that the Health Board consider establishing a separate incident management scrutiny panel with membership at a very senior level to which all security and data breach incidents are reported in detail by the investigating manager along with	**Agree** Need to establish the remit and frequency of the MDT meeting to establish what is required. Serious incidents should be presented at this panel.	IG / Data Protection Officer / Senior Information Risk Owner / Caldicott Guardian	30/11/2023 31/01/2024

		any actions taken/lessons learned. This will allow for thorough scrutiny of incidents as to actions taken/not taken and to ensure that lessons learned are embedded throughout the organisation and risks are being managed.	Trends and area specific leads should be invited to the IGG to provide assurance to members around actions taken to avoid reoccurrence and lessons learnt and to share best practice to other areas.		31/01/2024
		Action 2: that, if possible, incidents involving temporary staff are highlighted/ recorded this information and reported separately on KPIs' for incidents,	**Agree** Currently there is no way of capturing this information. IG team will work with WOD to look at how this can be done. IG will include this in the KPI reporting once process put in place.	IG	31/12/2023 31/12/2023
		Action 3: all staff be reminded of when and how to report IG/Information Security Incidents.	**Agree** Continuous reminders are delivered via the Bulletin, training sessions, polices. Datix training. Specific training will be delivered as and when as part of the IG improvements and understanding training.	IG	**Completed** 31/08/2023

Teitl adroddiad: ***Report title:***	Board Assurance Framework			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide the Committee with information and assurance of the management of the Board Assurance Risks identified that it has oversight of. The BAF risks reported in this report are those that have been fully developed by the Executive risk owner and have a risk score of 15 or over or because the risk is nearing full development and the Committee's work would benefit from an update. These BAF risks are: • **Strategic Priority P13 Digital, Data and Technology-Score remains the same** • **Strategic Priority P3 Planned Care**			
Argymhellion: ***Recommendations:***	The Committee is asked to note and **receive assurance** on the management of the two BAF risks to which it has oversight of in this report To note that work is underway with Executive Risk owners for the development of the following risks with an agreed deadline of 28 February 2024; **SP4 Urgent and Emergency Care** **SP14 Estates and Capital.**			
Arweinydd Gweithredol: ***Executive Lead:***	Phil Meakin, Acting Board Secretary			
Awdur yr Adroddiad: ***Report Author:***	Nesta Collingridge, Head of Risk Management			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth

	darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	*No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: BAF risks to be reviewed and aligned to Objectives ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:N/A***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Appendix 2 -BAF highlights the link between Tier 1 risks and CRR.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	CRR and BAF paper prepared for committee
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	N/A

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	BAF risks approved by Executives as the lead for the risk
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF paper which further links Tier 1 and CRR.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A

Camau Nesaf:

Next Steps:

1. Corporate Risk Management Team to continue to work with Executive leads to monitor and escalate any new BAF risks or updates to Executives for review.

2. Corporate Risk Management Team to work with Executive leads in completion of BAF Risks that are under development by 28 February 2024

3. Align the BAF with the Strategic Objectives of the Health Board when they are developed and approved by the Health Board.

Rhestr o Atodiadau:

List of Appendices:

Appendix 1- BAF Risk Overview
Appendix 2 - PFIG BAF Risk Reports

1. Introduction/Background

The purpose of the Board Assurance Framework (BAF) is to inform and assure the Board with controls and action plans for identified high-extreme risks that relate to any possibilities of not delivering on the Annual Strategic Priorities of the Health Board. The objective of this report is to provide the Committee with information and assurance of the management of the Board Assurance risks identified that it has oversight of.

Where risks are deemed to be high or extreme (above a risk score of 15) a risk report is produced for the Committee that has oversight of that risk. If risk is under that score it is not reported in this paper. Appendix 2 contains this information including controls/mitigations and action plans to address the risk.

2. BAF Risks with oversight from PFIG

The BAF risks reported in this report are those that have been fully developed by the Executive risk owner and have a risk score of 15 or over. These BAF risks are:

- **Strategic Priority P13 Digital, Data and Technology-Score remains the same**
- **Strategic Priority P3 Planned Care**

PFIG is also asked to note that work is underway with Executive Risk owners for the following risks that the Committee has oversight of and that a deadline of 28 February 2024 has been agreed with Executive Risk owners by which to complete this work;

- **SP4 Urgent and Emergency Care**
- **SP14 Estates and Capital.**

Finally, PFIG is also asked to note that the following BAF risk has been developed and is under a risk score of 15. This is:

- **SP2 Primary Care**

3. Key Updates for the Committee

Strategic Priority P13 Digital, Data and Technology has been reviewed and the score remains the same. Appendix 2 reveals that a number of mitigating actions have been completed and further reduction in score could be considered after April if further “amber and red” actions are completed.

Strategic Priority P3 Planned Care remains in development and has not been included in this paper. However, it received an initial review at Risk Management Group on the 6th February 2024 and informs this report.

This BAF risk initially had a score of 25 however since being reviewed with Planning teams it is recognised it has an Overall 'Green' Delivery Confidence with 1 priority delayed from Q2 to Q1 (24/25). 1 action completed, 0 Amber, 0 Red. Which no longer suggests it should be a high risks or not at a risk of 25. This needs to be reviewed in detail and reported back to the Executive Team for final review and approval prior to being presented to the next Committee. It should be noted that the Risk Management Group reviewed this at its meeting of the 6th February 2024 and supported the score at 20. It was also agreed with the Executive Team that the score should be moderated to 20.

4. Summary

PFIG is asked to receive assurance on the management of the one identified high (score of 15 or over) BAF risk to which the Committee has overall responsibility for. The details are provided in the Appendices

Appendix 1 - BAF Risk Overview - Strategic Priority P13 Digital, Data and Technology

Appendix 2 - BAF Risk Reports - Strategic Priority P13 Digital, Data and Technology

5. Next steps

1. BAF risks to be received regularly at Risk Management Group and Executive Team in line with the Committee cycles.
2. Ongoing monitoring of risks in relation to the Annual Plan Strategic Deliverables
3. Risk scores for all to be monitored and Board to be provided with full BAF risk report.

Appendix 1 - Strategic Priority Risk scoring and progress.

Title	Executive	Score	Revision	Annual Plan Analysis	Risk Management Commentary
Strategic Priority P13 Digital, Data and Technology	Chief Digital Information Officer	**20**	⟷	Overall 'Amber' Delivery Confidence With multiple priorities having red or amber delivery confidence. 5 actions completed, 4 Amber, 3 Red.	To remain and be reviewed in Q4.

Appendix 2

<table>
<tr><td rowspan="4">BAF
SP13</td><td colspan="2">Executive: Chief Digital Information Officer (CDIO)</td><td>Date Opened: July 2022</td></tr>
<tr><td colspan="2">Committee: Performance, Finance and Information Governance Committee (Will revert to Partnerships, People and Population Health Committee or equivalent once the meetings recommence)</td><td>Date Last Reviewed: February 2024</td></tr>
<tr><td>Strategic Priority: P13
Digital, Data & Technology</td><td>Link to CRR: Availability and Integrity of Patient Information
Link to Tier 1's: 2819, 3659, 4595, 4603, 4766</td><td>Last Date Reviewed at Committee: January Board</td></tr>
<tr><td colspan="2"></td><td>Target Risk Date: May 2024</td></tr>
<tr><td colspan="4">There is a risk of failing to meet the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.</td></tr>
<tr><td colspan="2">Mitigations/Controls in place</td><td>Gaps in Controls</td><td>Current Risk Score</td></tr>
<tr><td colspan="2">1. Minimal controls in place with the introduction of rigour and governance to the commissioning of new Digital, Data and Technology project requests through a Project and Portfolio Management function that will ensure prioritisation, impact assessment in terms of deliverability, best use of technology, interoperability, longevity and value for money. This includes insisting that for all new projects the business change element and service design aspect up front which includes the users is built in.
2. Where possible the Health Board will bring in the necessary expertise from external service providers that the Health Board do not currently possess.
3. To set the expectations with the Health Board and Welsh Government on the inability to effectively architect and deliver Digital, Data and Technology projects and realise benefits in line with the strategy of the Health Board.</td><td>1. Funding currently not secured to implement the new operating model.
2. Unable to deliver new models of care with local and national strategies.
3. No clear technology plan, future blueprints or architectural considerations with due regards for the whole.
4. No single integrated digital health care record to address the fragmented care record concerns to deliver the special measures framework requirements.
5. Unable to replace or decommission obsolesce systems due to no funding to manage replacement or consider new ways of working.
6, Significant gaps in workforce in specific patient records and IT areas, which is resulting in decreased</td><td>
<table>
<tr><th>Impact</th><th>Likelihood</th><th>Score</th></tr>
<tr><td>4</td><td>5</td><td>20</td></tr>
</table>
Movement since last Qtr:

Increased likelihood from 4 to 5 since August 2023.

February 2024: 5 actions completed, 4 Amber, 3 Red.</td></tr>
</table>

	support for the Health Board which will impact on patient care.	

Actions and Due Date	
Action Detail	**Due Date**
1. Costed proposals (£1.7m recurrent) and plans have been produced, validated and presented to Partnerships, People and Population Health Committee and Board for the implementation of a new operating model for Digital, Data and Technology which requires new capabilities and capacity to effectively deliver. This includes new functions for: Intelligence and Insight, Digital Project Management Office, Architecture Software engineering, service design and clinical change. These proposals were dependent on funding £500K of which was provided by the Health Board with due regards to other priorities for investment. 2. Alternative plans to be developed within the current funding constraints that will have a small but positive impact over time. 3. Commission external service providers to fill the gaps in capabilities and skills to support the delivery of objectives and special measures requirements.	April 2023 April 2024 April 2024

Lines of Defence			**Overall Assessment**
1	**2**	**3**	**Next steps:**
1. Digital, Data and Technology Objectives and Operating Plan reviewed quarterly by Digital Senior Leadership Team. 2. Benchmarking the service against external assessments, e.g. Gartner Group IT Score. 3. National Cyber Security Centre. 4. Cyber Essentials+ 5. Information Governance Toolkit. 6. Access to external service providers to support in critical areas. 7. Government Digital Service Digital, Data and Technology roles and possibly SFIA assessments.	1. Regular Assurance Reporting to Chief Digital Information Officer and Executive Team as well as RMG	1. Internal Audit	Risk Remains at a score of 20 due to multiple Amber and Red actions outstanding.

Teitl adroddiad: ***Report title:***	Corporate Risk Register Report			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee (PFIGC).			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register on the risks that PFIG Committee has oversight of Two risks have been attached in Appendix 1. Partial assurance is noted as the Committee is yet to receive three further corporate risks to which it has overall accountability for. The report contains details of these.			
Argymhellion: ***Recommendations:***	The Committee is asked to **note and consider** the update of two corporate risks for which the Committee has oversight of **note** the work underway to update three corporate risks for which the Committee has oversight of.			
Arweinydd Gweithredol: ***Executive Lead:***	Phil Meakin, Acting Board Secretary			
Awdur yr Adroddiad: ***Report Author:***	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:N/A				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A *The final development and review of Corporate Risks that are underway*	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Links to the BAF detailed in respective CRR reports
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Links to the BAF detailed in respective CRR reports
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Individual Executive Sign off of CRR reports
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	See the individual risks for details of the related links to the Board Assurance Framework.

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: ***Next Steps:*** Completion of outstanding Corporate Risks by 28 February 2024 Quarterly Submission of Corporate Risks to the Board	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 Corporate Risk Register Report: • Financial Sustainability • Availability and Integrity of Patient Information	

1. Introduction and Background

The purpose of this report is to provide the Committee with information and assurance of the management of the significant Corporate Risks that it has oversight of.

Where risks are deemed to be high or extreme (above a risk score of 15) a risk report is produced for the Committee that has oversight of those risks. If a risk is under that score it is not reported in this paper. Table 1 below highlights a summary of risks that have are overseen by this Committee. Appendix 2 contains detailed information, including controls/mitigations and action plans to address the risk of the two risks that have been received and reviewed by the Risk Management Team.

2. Key Considerations for this Committee

Two corporate risks are detailed in full in the report below and the Committee is asked to note and consider the reports for assurance. Executive risk owners or their representative will be available to provide more detail if required at the Committee.

- **CRR 24-05 - Financial Sustainability (Interim Executive Director of Finance)**
- **CRR 24-07 - Availability and Integrity of Patient Information (Chief Digital and Information Officer)**

It should be noted that there is no proposed change to the previously reported risk score for CRR 24-05 (Financial Sustainability) although evidence of progress of the actions relating to controls and mitigations can be evidenced.

For CRR 24-07 – this is the first reported score to the Committee. Table 1 reflects that Action plan developed, the problem with the management of paper records is greater than thought and therefore the current score reflects the resultant risk of patient harm.

Three risks remain to be in development and subsequently yet to be approved by Executive Team. A completion date of 28 February 2024 has been set for this work to be completed.

- **CRR 24-06 - Suitability and Safety of Sites (Interim Executive Director of Finance)**
- **CRR 24-11 - Planned Care (Interim Executive Director of Operations)**
- **CRR 24-10 - Urgent and Emergency Care (Interim Executive Director of Operations)**

3. Summary of Recommendations and Next Steps

The Committee is asked to **note and consider** the update of these two corporate risks for which the Committee has oversight and **note** the work underway to update three corporate risks for which the Committee has oversight of.

Following this Committee's consideration of this report the work will be undertaken to complete the review of outstanding Corporate Risks by 28 February 2024 and will be

reviewed by the Executive Team. A Quarterly Submission of Corporate Risks will be made to the Board.

Table 1 Corporate Risk Register Dashboard - PFIG

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type / Appetite Level	Lead Board Committee	Head of Risk Management Comments
EDoF	CRR24-05	Financial Sustainability	5 x 4 = 20 ⟷	12	Financial / 2 – Cautious	PFIG	Action plan developed, risk score has remained at 20 since opened in March 2023. Score to be reviewed in light of actions now being completed.
EDoF	CRR24-06	Suitability and Safety of Sites	TBD	TBD	Quality / 3 – Open	PFIG	Risk remains under development by the service with no Exec approval to date. Risk score of 20 aims to be reduced to a 12 by April 2025
CDIO	CRR24-07	Availability and Integrity of Patient Information	5 x 4 = 20	12	Quality / 3 - Open	PFIG	Action plan developed, the problem with the management of paper records is greater than thought and therefore the resultant risk of patient harm.
EDoO	CRR24-10	Urgent and Emergency Care	TBD	TBD	Quality / 3 - Open	PFIG	Risk under development by the service.
EDoO	CRR24-11	Planned Care	TBD	TBD	Quality / 3 - Open	PFIG	Risk under further development by the service following a request for a review of the action plan by the Executive Team 17/01/23 and Risk Management Group on 6 February 2024.

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

CRR 24-05	**Director Lead:** Executive Director of Finance			**Date Opened:** 13/03/2023
	Assuring Committee: Performance, Finance and Information Governance Committee			**Date Last Reviewed:** 30/01/2024
	Risk Title: 2023/24 Financial Plan	**Link to Datix IDs**	4861/4862	**Date Last Committee Review:** December 23
		Link to BAF	N/A	**Target Risk Date:** 310/3/2024

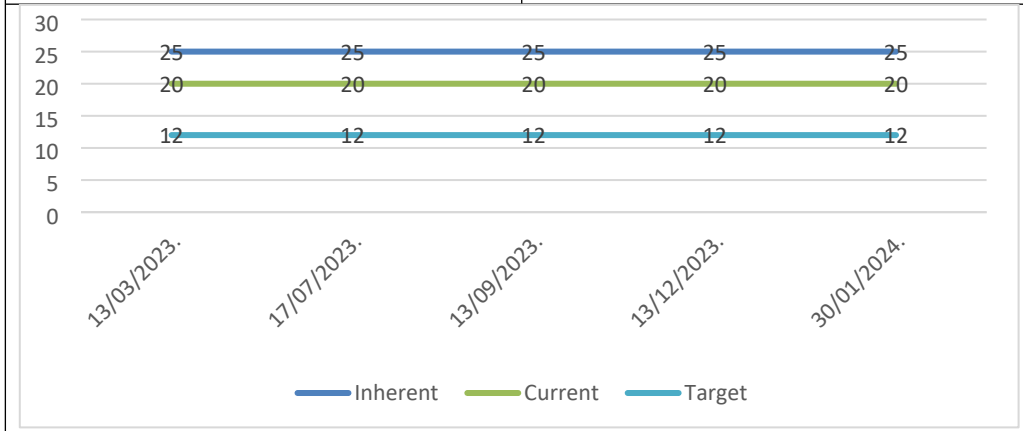
Failure to achieve the Annual Plan for 2023/24 (£134.2m deficit), due to non-delivery of planned level of financial improvement
The financial plan for 2023-24 has identified a forecast deficit of £134.2m. This includes a target for financial improvement of £38.7m, which is based on the following:

- Disinvestment identified £13.5m
- Savings Target £25.2m (Stretch Target £30m)

Failure to deliver the target for financial improvement could adversely impact on the achievement of the financial plan and increase the deficit.

Controls in place	Assurances	Additional Controls required-	Actions and Due Date
1. Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions has been agreed to meet at senior leadership team SLT and performance to be challenged at EDIPG. 2. Cross cutting themes with Executive leadership have also been agreed to support IHC/other delivery. 3. Introduction of the Recurrent Investment Group Assurance (RIGA) to assess the £100m Annual Plan investment (Phase 1). 4. Introduction of the Establish Control Group to review all requests for A&C posts and all Band 7+ posts (Non-Patient	1. EDIPG 2. Executive Team 3. Performance, Finance and Information Governance Committee /Audit Committee 4. Board Committee 5. External	**Gaps** 1. Welsh Government expectation to achieve a control total deficit of £20m. Delivery of control target may result in the £82m previous WG funding support plus the new 23/24 £76m investment, becoming recurrent funding in 2024/25.	1. Recurrent Investment Group Assurance (RIGA) to assess the £42m Investments Plan (Phase 2). **Due Date: 29/2/24** 2. Application of Control Totals to Divisions to reduce expenditure by 2% between November and March 24. M9 Year to date deficit above plan reduced to £19.4m (an improvement of £6.3m). M9 Savings Plans £25.2m Recurring Target. £18.5m Recurring Green Plans (£25.6m R and N/R). £19.6m Recurring Forecast Delivery (£28.6m R and NR Forecast Delivery). In addition, non budget releasing mitigating

Facing) and to obtain Executive approval before advertising and reduction of Interim Corporate Staff from 52 to 7. 5. Internal reporting by Department on a monthly basis including review of overspends and forecasts. 6. Financial reporting to Welsh Government on a monthly basis, with the MMR. 7. Financial (including Savings and Finance Special Measures Action Plan) oversight arrangements in place through the Performance, Finance and Information Governance Committee (PFIG) 8. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent rather than non-recurrent. 9. Additional £101m (£76m conditionally recurrent) provided by Welsh Government, reducing the deficit from £134m to £33m at Month 7. 10. Standing Financial Instructions updated to reflect the model issued by Welsh Government and Scheme of Reservation and Delegation (SoRD) strengthened.			actions (AGs £5.3m to date, £0.749m run rate reductions and £3.1m ECG Savings). **Due Date:31/3/24**



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	2 -cautious		

Overall Assessment

Likelihood of 5 to be reviewed following completion of action due dates.

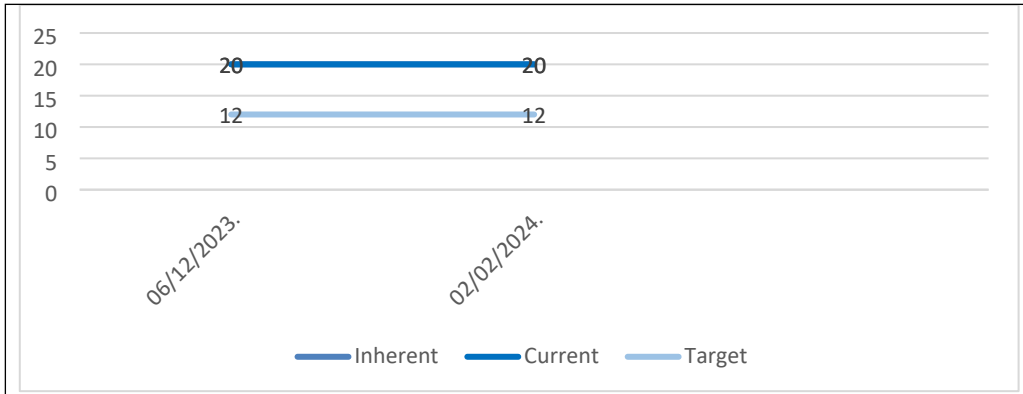
CRR 24-07	**Risk Title:** Availability and Integrity of Patient Information			**Date Opened:** 06/12/2023
	Assuring Committee: Partnerships, People and Population Health Committee (PPPH) / PFIGC			**Date Last Reviewed:** 02/02/2024
	Director Lead: Chief Digital and Information Officer	**Link to Datix IDs**	3659/4603/4766/4576 /4604/4902/4981	**Date Last Committee Review:** 19/01/2024 (stood down, next meeting 22/02/2024).
		Link to BAF	SP13	**Target Risk Date:** 31/03/2029

There is a risk that patient harm will be caused due to the lack of a joined up longitudinal Electronic Healthcare Record system that digitalises clinical workflow, alerts, hand overs and scheduling which could lead to deaths and harm.

Controls in place	Assurances	Additional Controls required	Actions and Due Date
1. Electronic Health Record Strategic Outline Business Case developed. 2. Current paper file identified as the Master Copy of the full record. 3. Access to current clinical systems to print clinical information ready to store in the Master File. 4. CiTo Contract in place as a potential document repository.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Information Governance Toolkit embedded with operational group oversight and monitoring. 3. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee. 4. Internal Audit Annual Information Governance Compliance Audit. 5. Information Commissioners Office Audit.	1. Establish and implement the governance arrangements for the actions identified.	1. Establish the cost and resource requirements to back scan all live records – January 2025 2. Undertake a review of national systems to ensure these can be integrated into the CiTO system – April 2025. 3. Seeking approval and funding for the Strategic outline case for Electronic Health Record - December 2024 4. Standardise the way in which using existing systems (paper and electronic) as part of the DDaT optimisation workstreams – March 2025. 5. Accelerating the business case, approvals, procurement and implementation of an Electronic Patient Record for Mental Health (minimum 2-year project) – April 2025.

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	low level		1-8

Overall Assessment



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

It is apparent that the discovery work across patient records in the acute and mental health divisions to date, the size of the problem with the management of paper records is greater than thought and therefore the resultant risk of patient harm.

Performance, Finance and Information Governance (PFIG)

Date: *22nd February 2024*

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

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Transformation & Strategic Planning EDG
Meeting date:	15th February 2024
Name of Chair:	Chris Stockport, Executive Director of Transformation & Planning
Responsible Director:	Paolo Tardivel, Director of Transformation and Improvement
Summary of business discussed:	Building upon the initial meeting in December, the group discussed a range of topics related to the strategic direction of the organisation. The group received a presentation from Dylan Williams regarding the 3-year plan. This outlined the structure, which is based on the five Special Measures outcomes, and how they will evolve into strategic objectives for the organisation. Attention was drawn to the common threads and the sub-groups beneath the five objectives, along with a high level view of the financial and workforce implications. Paolo Tardivel presented a key paper on the emerging approach to managing Major Change Programmes and the role of the group is developing proposals to the Executive Team. He outlined the opportunities this approach presents and the principles to follow to aid selection of the right programmes. Presentations and updates were also received on the following topics ▪ A verbal update on the Independent Review of Planning ▪ A report on the Annual Plan monitoring for Q3 ▪ A review of a selection of the Organisation's Improvement plans and recommendations for a revised approach ▪ A further update on the allocation of Transformation and Improvement resource and progress being made in the focus areas ▪ An overview of Special Measures progress ▪ The themes from the Special Measures Independent Reviews which fall under the remit of this group

Key assurances	**3 year plan**: The narrative plan, ministerial templates and minimum data sets are all progressing well, with the focus being ensuring the right triangulation between local plans, Special Measures content and Corporate input. The Special Measures outcomes are fully integrated into the strategic objectives of the plan, which will be at the core of everything we do in the organisation. An assessment of financial and workforce implications has taken place and there is a recognition that this process is about delivering change as opposed to expectations in previous years that it was a funding opportunity. **Planning Review**: The review has been received in draft form and remains at the factual accuracy checking stage. The headlines from the review are consistent with the internal diagnostic of the challenges facing us. There are three main recommendations which around a strategic route map, the Planning System, and capacity and capability across the organisation. Once the final version has been received it will be shared more widely. **Major Change Programmes**: The proposed approach to Major Change Programmes, in response to a request from the CEO, was well received by the group who were supportive of the approach. This direction of travel, as part of a wider change portfolio, was deemed logical and needs to be focused upon the high impact areas using appropriate sources of insight to aid the decision-making process. There was endorsement from within the group for taking a Centre of Excellence approach and implementing evidence based ways of working across the organisation. **Annual Plan Monitoring**: It was reported that 78% of the objectives were complete by the end of Q3. This had been a significant undertaking and areas of challenge have been identified, with corporate colleagues following up with individual areas to review the underlying risks. The importance of delivering upon our commitments was stressed to the group, both in terms of the importance of delivering for our population and recognising the importance of building confidence with our partners. **Improvement Plans**: A review of a selection of the improvement plans within Special Measures has been undertaken by the Head of Improvement. One of the over-arching findings was that many of the plans within the organisation were akin to an action plan, even where they were labelled as improvement plans. The important distinguishing factor around using data to demonstrate improvement was highlighted and a template proposed to begin transitioning the plans. Another key observation is that many of the plans are heavily balanced towards enabling activities that are absolutely necessary to stabilise the service, but won't necessarily deliver improvements to performance metrics. This was recognised as necessary work that would provide a foundation for subsequent measurable improvement. The group agreed this template in principle and colleagues were requested to work with the Head of Improvement on rolling out this standardised way of working across the

	organisation. The Executive Director of Transformation and Strategic Planning stressed the importance of colleagues directly engaging with this process. **Transformation and Improvement Team Resource allocation:** A reminder was provided on the process agreed as part of a Special Measures deliverable for prioritising how this resource was allocated. Work is underway to track milestones and outcomes associated with each piece of work, but requires engagement and support from the Clinical and Operational teams to do this properly. This information will be an important part of this EDG's and ultimately PFIG's oversight. An update was provided as to what the resource is currently allocated to, along with an update on Improvement Training approach and numbers (c.230 on the new course as at end of January). **Special Measures:** The Closure report for Cycle 2 was shared with the group outlining that two thirds of milestones had been completed, with the remaining milestones rolled forward and tracked alongside Cycle 3 milestones. This was supplemented by a progress update on Cycle 3 outlining progress to date and a forward look to the end of the cycle. Attention was drawn to areas which require some additional focus before the end of the cycle. An update was provided on the Comms and Engagement activity associated with the "Special Measures One Year On" update that the Minister is due to give on 27th February. **Independent Review Themes:** A reminder was provided as to the agreed oversight process for these, which is that each EDG (or equivalent) has been allocated a theme/themes to oversee. This EDG has been allocated the Data Intelligence and Insight and Integrated Planning themes. An overview of the recommendations within each of the Themes was provided as part of a standing agenda item to track progress to completion.
Key risks and issues	**3 Year Plan:** Additional information is required for Planned Care in relation to activity profiles and demand and capacity analysis, which is required to inform the development of trajectories. Within Urgent and Emergency Care further details are required regarding the 6 goals programme and delivery plans for the year that align to the level of funding available. **Annual Plan Monitoring:** There are some risks to delivery by the end of Q4, with requests to re-profile work into Q1 of the next financial year. Extra scrutiny is being applied in these areas with requests for mitigation plans to keep on track within Q4. **Improvement Priorities:** There are multiple requests for improvement and pathways work across the organisation which outstrip available resource. Vacancies are currently being held due to the enhanced establishment control in place and collective discussions are required across clinical and corporate services to agree the balance between opportunities for improvement and financial constraints. There is also a risk that parts of the organisation expect

	a member of the Transformation and Improvement team to deliver improvements on their own. This is proven not to work, which is why the T&I team's remit is to support the organisation to transform and improve itself, working with teams on clinically led improvements. **Special Measures:** There are some risks to milestone delivery within Cycle 3. These are being managed via a mid-cycle review at the Executive Team, which took place in January, with a final Executive Team scrutiny session taking place on the 21st February.
Targeted Intervention Improvement Framework Domain addressed	N/A
Issues to be referred to another Committee	N/A
Matters requiring escalation to the PFIG Committee:	N/A
Well-being of Future Generations Act Sustainable Development Principle	N/A
Planned business for the next meeting:	Standard agenda, as per summary of business discussed
Date of next meeting:	02/04/2024 @ 9am

Performance, Finance and Information Governance (PFIG)

Date: *22nd February 2024*

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Transformation & Strategic Planning EDG
Meeting date:	5th December 2023
Name of Chair:	Chris Stockport, Executive Director of Transformation & Planning
Responsible Director:	Paolo Tardivel, Director of Transformation and Improvement
Summary of business discussed:	An initial 'refocusing' meeting occurred on 5th December 2023 after a pause due to the need to prioritise efforts around Special Measures co-ordination. The group remit includes Transformation and wider Strategic Planning. This reflects alignments with the Planning process and the need to agree the overall strategic change portfolio. The group received a high-level presentation from Chris Stockport, outlining a proposed approach to running the EDG and with the intention to stimulate collective thinking around the priority changes the group will need to oversee. Presentations and updates were also received on the following topics ▪ A verbal update on the Independent Review of Planning ▪ The allocation of Transformation and Improvement resource and focus areas ▪ An update on the Annual Plan for 2023/24 following the end of Q2 report ▪ A presentation on Digital priorities and challenges ▪ An overview of Special Measures progress
Key assurances	**Portfolio Approach**: There was a consensus within the group regarding the importance of taking a Portfolio approach to delivering transformational change with major change programmes receiving officer oversight via the EDG. This will be balanced with operational teams continuing to undertake continuous improvement. In coming EDG meetings we will continue to shape how the EDG will coordinate oversight of the Portfolio of major change in a way that ensures Board and

	organisational input in timely ways. Reporting lines to Exec Team are being explored to support EDG in discharging this function. The organisational Portfolio Management Office (PMO) will be critical to overseeing this change, and supporting the organisation with the right tools and methodology as part of a Centre of Excellence approach (that works well elsewhere). **Transformation & Improvement Resource Allocation**: Transformation and Improvement team expertise has been allocated directly across the organisation in consultation with divisional Directors, to ensure focus on the priority areas that the Operational Leadership Team (OLT) had agreed with IHC's. The EDG will continue to hold an oversight that this change is having the intended benefits. **Annual Plan Monitoring**: It was reported that 75% of the objectives were complete by the end of Q2 with some work required to ensure Q3/Q4 priorities are delivered. Reporting mechanisms are in place with iterative improvements planned. A review of the Q2 process has highlighted opportunities to strengthen based on learning from Special Measures, and ensure the organisation remains in the assurance space and doesn't regress into reassurance. **Digital**: A "twin track" approach is in place which has been socialised extensively across the organisation, including at recent BCU wide Senior Leadership team. This is intended to ensure short term improvements to business-as-usual activities whilst also focusing on transformative work. **Special Measures:** An overview of Special Measures cycle 2 demonstrates that two thirds of milestones were achieved. This reflects the "ambitious but realistic" approach the Health Board is taking, and whilst slightly lower than aspired does demonstrate that good strides are being made in all areas. Stronger foundations are now in place via Board appointments and a substantial reduction in the use of agency interims, which is down to 2 and demonstrates that the systemic reliance has been removed. The Health Board has also made good progress in processing each of the Independent Reviews which have been received with committees of the Board receiving presentations from the report authors and a subsequent management response.
Key risks and issues	**IHC's:** Although the resource allocation from improvement and pathways is welcomed and necessary, IHCs continue to report a gap in project management skills within the organisation which creates risks to delivery. The EDG assessment of this risk is that a prioritised approach to allocating resource will therefore be especially important, alongside support to IHCs to upskill existing team members.

	Digital: Resource and capacity remains an issue along with financial constraints which will lead to a review of projects underway. A significant proportion of the current resource is focused upon the Essential Services Programme and "keeping the lights on", and will mean that some projects will need to be de-prioritised. **Special Measures:** Whilst the Health Board is making good progress in processing those reviews received, some reviews are delayed. This is impacting upon the pace at which the Health Board can move in some areas, and also the delivery of some milestones agreed by the Board.
Targeted Intervention Improvement Framework Domain addressed	N/A
Issues to be referred to another Committee	N/A
Matters requiring escalation to the PFIG Committee:	N/A
Well-being of Future Generations Act Sustainable Development Principle	N/A
Planned business for the next meeting:	Standard agenda, as per summary of business discussed
Date of next meeting:	15/02/2024 @ 9am

Teitl adroddiad: ***Report title:***	Committee Terms of Reference and Cycle of Business 2024/25			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The Office of the Board Secretary has worked with Chairs and Committee Executive Leads through December 2023 and January 2024 to ensure that the Health Board has appropriate Terms of Reference and a Cycle of Business for all of the Committees and Advisory Groups of the Health Board. The Health Board approved the Terms of Reference and Cycles of Business for all Committees at its meeting on 25 January 2024. The PFIGC Terms of Reference are attached as Appendix 1. It is proposed that the Terms of Reference will be reviewed on an annual basis as scheduled within the annual Cycle of Business. The PFIGC Cycle of Business is attached as Appendix 2. These are being mapped to ensure that governance flows from Executive Team meetings, through the Committees and to Board. It is proposed that the Cycle of Business is included on each agenda and kept as a live document. During Committee Meetings agenda items may be requested as ad hoc items to a future meeting. A record of these will be maintained by the Committee Secretariat			
Argymhellion: ***Recommendations:***	The Committee is asked to **note** • the Committee Terms of Reference • the Committee Cycle of Business 2024/25			
Arweinydd Gweithredol: ***Executive Lead:***	Phil Meakin, Acting Board Secretary			
Awdur yr Adroddiad: ***Report Author:***	Diane Davies Corporate Governance Manager			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decison* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

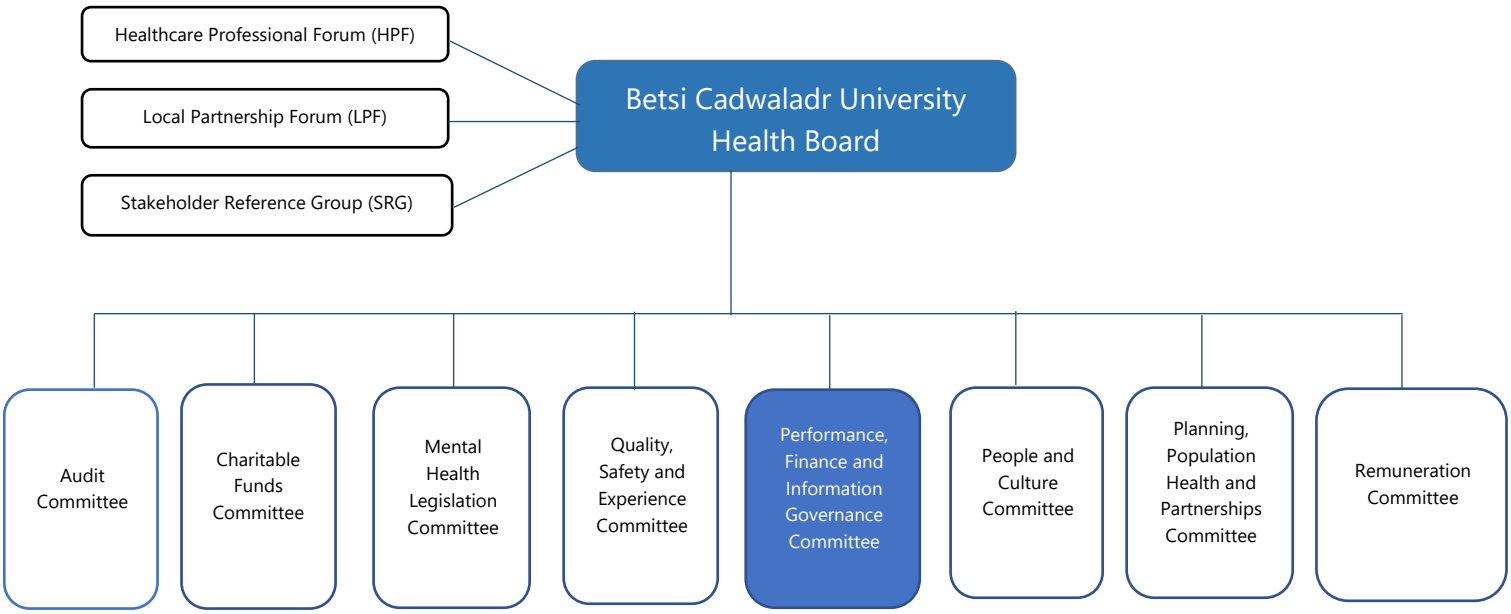
	delivery of existing mechanisms/objectives	*existing mechanisms / objectives*	*existing mechanisms / objectives*	

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:N/A ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Strategic Priority P16 Board leadership and governance
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	It is essential that the Health Board has robust arrangements in place to meet the requirements of the Standing Orders
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Links to the BAF detailed above
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The effective and efficient governance of an organisation provides positive financial dividend for the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Failure to have clear decision making can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Terms of Reference attached reflect updates from Audit Committee and Board Meetings
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Strategic Priority P16 Board leadership and governance

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: ***Next Steps:***	
Appendices **Appendix 1 PFIGC Terms of Reference** **Appendix 2 PFIGC Cycle of Business 2024/25**	

PERFORMANCE, FINANCE & INFORMATION GOVERNANCE COMMITTEE

TERMS OF REFERENCE



Version	Issued to	Date	Comments
V0.01 Draft	Audit Committee	16/11/23	Developed as a first draft for review by Audit Committee on 16/11/23
V0.02 Draft	TOR meeting with Committee Chair & Executive Lead	22/12/23	Developed as a draft for review with Committee Chair and Executive Lead.
V0.03 Draft	Health Board	18/01/24	Final Draft for consideration by the Health Board to be held on 25/01/24
V3.0 Approved		25/01/24	Approved at Health Board

1) Introduction

1.1 The Betsi Cadwaladr University Health Board (BCUHB) shall establish a Committee to be known as the Performance, Finance and Information Governance Committee. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The detailed operating arrangements in respect of this Committee are set out below.

2) Purpose

The purpose of the Performance, Finance and Information Governance Committee is:

2.1 To advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance.

2.2 Oversight, delivery and monitoring of financial strategy, planning, policies and performance including capital and external contracting.

2.3 Oversight, delivery and monitoring of performance strategies, framework, policies, WG / local targets and performance reports.

2.4 Monitoring the performance of external contracts including shared services and primary care. The Committee will provide advice on the adoption of a set of key indicators of quality of care against which the Health Board performance will be regularly assessed and reported on.

2.5 To seek assurance on the management of principle risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

2.6 To monitor the performance and oversight of Information Governance.

3) Responsibilities of the Committee and Delegated Powers

3.1 The Performance, Finance and Information Governance Committee is required by the Board to:

3.1.1 Provide evidence based and timely advice to the Board on the development of finance and performance related strategies and the Integrated Medium Term Plan/Annual Plan.

3.1.2 Provide evidence based and timely advice to the Board on the delivery of Strategies/aspects of strategies relating to finance, performance and information governance.

3.1.3 Oversee and provide evidence based and timely advice to the Board on relevant risks and mitigation.

3.1.4 Provide relevant and timely advice to the Board on developing the Integrated Medium Term Plan in relation to:

- The financial performance of the Health Board.
- The operational performance of the Health Board and associated impact on Improvement Plans.
- Evidence based assurance on the financial position, forecasting, and the capital programme.
- Evidence based assurance to the Board and Accountable Officer on whether effective arrangements are in place through the operation of the governance framework for data processing and information management.

3.1.5 Receive the results of relevant investigations and provide the Board with assurance around the implementation of accepted recommendations.

3.1.6 Seeking assurance in relation to the compliance with relevant national practice and mandatory guidance and healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management in relation to the business of the committee.

3.2 Financial Management

3.2.1 Seek assurance on the Financial Planning process.
3.2.2 Monitor financial performance and cash management against revenue budgets and statutory duties.
3.2.3 Consider submissions to be made in respect of revenue or capital funding and the service implications of such changes, including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions.
3.2.4 Monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans.
3.2.5 Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
3.2.6 Determine any new awards in respect of Primary Care contracts.

3.3 Performance Management and Accountability

3.3.1 Review and endorse revisions to the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).

3.3.2 Ensure scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP)
3.3.3 Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets.
3.3.4 Review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP)
3.3.5 Review and monitor performance against external contracts.
3.3.6 Receive assurance reports arising from Performance and Accountability Reviews of individual teams.
3.3.7 Receive assurance reports in respect of the Shared Services Partnership.
3.3.8 Review post implementation, the extent to which benefits from business cases have been realised.

3.4 Capital Expenditure and Working Capital

3.4.1 Approve and monitor progress of the Capital Programme.

3.5 Workforce

3.5.1 Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
3.5.2 Consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

3.6 Information Governance

3.6.1 Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
3.6.2 Oversee the direction and delivery of the Health Board's information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation using information and technology.
3.6.3 Consider the information governance implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners.
3.6.4 Consider the information governance implications for the Health Board of internal and external reviews and reports.
3.6.5 Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).
3.6.6 Oversee the direction and delivery of the Health Board's Cyber security policy (details of which will be taken in private session of the committee)

3.6.7 Oversee the direction and delivery of the Health Board's Patient records management.

3.6.8 Oversee the direction and delivery of the Health Board's National systems and programmes.

4) Membership

4.1 Formal membership of the Committee shall comprise of the following:

MEMBERS
Independent Member (Chair)
2 x Independent Members (one of whom will be designated as Vice Chair)

4.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Finance (Executive Lead)
Executive Director of Operations
Chief Digital and Information Officer
OTHER ATTENDEES
Other Executive Directors as Required by the Chair
Other Senior Managers as required by the Chair

4.3 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

4.4 Membership of the Committee will be reviewed on an annual basis.

5) Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, together with a third of the In Attendance members. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also attend. In the event of a vote which is tied, the Committee Chair shall have a casting vote.

5.2 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.

5.3 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.4 Should any 'in attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

5.5 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6) Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Lead (Executive Director of Finance) at least six weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.

6.3 All papers must be approved by the Executive Lead.

6.4 The agenda and papers will be distributed/published seven days in advance of the meeting.

6.5 A draft table of actions will be issued within two working days of the meeting. The minutes and table of actions will be circulated to the Committee Chair and Executive Lead within seven days to check the accuracy, prior to sending to Members to review within the next seven days.

6.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the Committee Chair for final review.

7) In Committee and Sub Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8) Meetings

8.1 The Committee will meet bi-monthly and an annual schedule of meetings will be determined by the corporate calendar.

8.2 The Committee may be convened at short notice if requested by the Chair.

8.3 Any additional meetings will be arranged under exceptional circumstance and shall be determined by the Chair of the Committee in discussion with the Executive Lead.

8.4 The Committee may, subject to the approval of the Health Board, establish groups to carry out on its behalf specific aspects of Committee Business.

8.6 Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

8.7 The Committee Secretary shall be determined by the Director of Corporate Governance.

9) Reporting

9.1 The Committee, through its Chair and members, shall work closely with the other Committees to provide advice and assurance to the Board through joint planning and co-ordination of Board and Committee business including sharing of information.

9.2 The Committee Chair, supported by the Committee Secretary, shall:

- Report formally, regularly and on a timely basis to the Board on the Committees activities.
- Bring to the Board's specific attention any significant matter under consideration by the Committee.
- Ensure appropriate escalation arrangements are in place to alert the Health Board's Chair, Chief Executive and/or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

9.3 The Committee will undertake an annual review on the effectiveness of its arrangements and responsibilities. The Director of Corporate Governance will oversee this review.

10) Accountability, Responsbility and Authority

10.1 Although the Board has delegated authority to the Committee for the exercise of certain functions, as set out in these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

10.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

10.3 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10.4 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business
- Sharing of information

10.5 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

10.6 The Committee shall embed the corporate goals and priorities, e.g, equality and human rights through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the well-being of Future Generations Act.

10.7 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee
- Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

10.8 It may also obtain outside legal or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

10.9 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.

10.10 It will review risks from the Board Assurance Framework and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

11) Review Date

11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Performance, Finance & Information Governance Committee Cycle of Business (April 2024 – March 2025)

Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
Opening Business									
Apologies			✓	✓	✓	✓	✓	✓	
Declarations of Interest			✓	✓	✓	✓	✓	✓	
Minutes from the Previous Meeting			✓	✓	✓	✓	✓	✓	
Matters Arising & Table of Actions			✓	✓	✓	✓	✓	✓	
Report of the Chair: • Chair's action • Feedback from Board	This can be used as a placeholder if required (by exception)		✓	✓	✓	✓	✓	✓	
Notification of matters referred from other Committees			#	#	#	#	#	#	
Strategic Priorities									
Tier 1 Strategies for Board approval that require review by PFIG -Financial / Sustainability Strategy -Information Governance Strategy Annual Review			✓			✓	✓		
Tier 2 Strategies for Committee approval/review -Estates -Performance Management Framework									

Performance, Finance & Information Governance Committee Cycle of Business (April 2024 – March 2025)									
Item of Business	**Purpose**	**Lead**	**April 2024**	**June 2024**	**August 2024**	**Oct 2024**	**Dec 2024**	**Feb 2025**	**Notes**
Special Measures Report			✓	✓	✓	✓	✓	✓	
Special Measures – Finance			✓	✓	✓	✓	✓	✓	
Annual Financial Plan							✓	✓	
Corporate Strategy – Financial				✓					
Financial Planning process Budget Setting (BS)					BS	✓	✓		
Financial Instructions Review							✓		
Draft Annual Capital Programme 2024/25							✓		
Finance Report incl appendices Finance report Welsh Government Monthly Monitoring Return Savings Capital programme monitoring			✓	✓	✓	✓	✓	✓	
Divisional Finance and Performance reports in rotation				Deep Dive Discussion		C	W		
External Contracts Assurance Report			✓			✓			
Capital and Estates Business Cases (See below)			#	#	#	#	#	#	

Performance, Finance & Information Governance Committee Cycle of Business
(April 2024 – March 2025)

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

Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
Business Case Benefits Realisation Gateway Reviews			#	#	#	#	#	#	
Business Case Tracker				✓			✓		
IMTP Development					✓	✓	✓	✓	
BCUHB Draft Integrated Medium Term Plan 2024-2027	There will be a short meeting in Jan & March 2025 to consider the Plan only								There will be a short meeting in Jan & March 2025 to consider the Plan only
Transformation and Improvement Programme inc T&I EDG chair assurance report			✓	✓	✓	✓	✓	✓	
Performance Report			✓	✓	✓	✓	✓	✓	
People Performance Report Incl People plan monitoring report			✓		✓		✓		
Assurance reports on Particular Areas of Concern – time limited • As requested by Committee									
Shared Services Partnership Assurance Report									For short meeting in March 2025

Performance, Finance & Information Governance Committee Cycle of Business
(April 2024 – March 2025)

Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
Modified to twice annual reporting supported by NWSSP representative in attendance [June decision]									
Information Governance									
Information Governance KPI report inc IGG Chair assurance report as appendix				✓		✓		✓	
Information Governance Annual report					✓				
Information Governance Toolkit Assessment					✓				
Issues Related to Key Risks									
Board Assurance Framework related to Committee		Director of Corporate Governance	✓	✓	✓	✓	✓	✓	
Corporate Risk Register related to Committee		Director of Corporate Governance	✓	✓	✓	✓	✓	✓	
Placeholder for any agenda items deriving from the BAF & CRR		Director of Corporate Governance	#	#	#	#	#	#	
For Assurance									
Primary Care Panel - new GP practices recommendations			#	#	#	#	#	#	
Chairs Assurance Reports (for assurance) • Integrated Performance EDG (CEO)					✓	✓	✓	✓	

Performance, Finance & Information Governance Committee Cycle of Business
(April 2024 – March 2025)

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

Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
• Financial Oversight Group (EDOF)									
Endorse relevant policies reserved for Board approval			#	#	#	#	#	#	
Agree relevant polices reserved for Committee approval			#	#	#	#	#	#	
Closing Business									
Agree Items for referral to Board / other Committees			✓	✓	✓	✓	✓	✓	
Review of Risks highlighted in the meeting for referral to Risk Management Group			✓	✓	✓	✓	✓	✓	
Agree items for Chairs Assurance Report			✓	✓	✓	✓	✓	✓	
Summary of Private Business to be reported in Public			#	#	#	#	#	#	
Review of Meeting Effectiveness			✓	✓	✓	✓	✓	✓	
Date of Next Meeting			✓	✓	✓	✓	✓	✓	
Private Business									
Leases – commercial sensitivity			#	#	#	#	#	#	
Tenders – commercial sensitivity			#	#	#	#	#	#	
Contracts – commercial sensitivity			#	#	#	#	#	#	

Performance, Finance & Information Governance Committee Cycle of Business
(April 2024 – March 2025)

Item of Business	Purpose	Lead	April 2024	June 2024	August 2024	Oct 2024	Dec 2024	Feb 2025	Notes
Business Cases – commercial sensitivity			#	#	#	#	#	#	
Consultant Frameworks – commercial sensitivity									For short meeting in March 2025
Part B Rolling Programme of Ad-hoc Items (Timing of agenda items to be agreed by the Chair & Executive Lead)									
Corporate Strategy – financial monitoring									
Planned Care Strategy									
Financial Planning – budget setting									
Finance Strategy									
External Review of Information Governance and Corporate Records Management									
Bangor Well Being Centre BC									
Hanmer Medical Practice Business Case									
Helipad YG includes Charitable Funds									
# = As Required									

Teitl adroddiad: ***Report title:***	**Summary of business considered in private session to be reported in public**			
Adrodd i: ***Report to:***	Performance, Finance and Information Governance Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 22 February 2024			
Crynodeb Gweithredol: ***Executive Summary:***	The Finance, Performance and Information Governance Committee considered the following matters in private session at the 2.11.23 meeting and • approved 4 dental contract novations • approved a lease extension • agreed further information was needed to enable consideration of a potential Memorandum of Understanding			
Argymhellion: ***Recommendations:***	The Committee is asked to note the report			
Arweinydd Gweithredol: ***Executive Lead:***	Russell Caldicott Interim Executive Director Finance			
Awdur yr Adroddiad: ***Report Author:***	Diane Davies Corporate Governance Manager			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***				
Goblygiadau rheoleiddio a lleol:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private			

Regulatory and legal implications:	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? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential Committee (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations*** Advised in private session reports where appropriate	
Rhestr o Atodiadau: Dim ***List of Appendices:*** None	