

# Bundle Performance, Finance & Information Governance Committee 25 June 2024

- 1 OPENING BUSINESS
- 2 PF24/59 Welcome and apologies for absence – Chair
- 3 09:30 – PF24/60 Declarations of Interest (Verbal)
- 4 09:31 – PF24/61 Minutes from the previous meetings held on 30.4.24 and 21.3.24 for approval – Chair
  - PF24.61a Minutes PFIGC 30.4.24 draft v.02 Public session
  - PF24.61b Minutes from PFIG Committee 21.03.24 V0.02 Draft
- 5 09:35 – PF24/62 Matters arising and Table of Actions – Chair
  - PF24.62 Table of Actions PFIGC public
- 6 FINANCE AND PERFORMANCE
- 7 09:38 – PF24/63 Finance Report 2024/25 Month 2 – Interim Executive Director of Finance
  - PF24.63a Month 2 Finance Report v2
  - PF24.63b 2024–25 M02 Finance Report
- 8 10:03 – PF24/64 Divisional Finance and Performance report – IHC West  
*IHC Director West and Chief Finance Officer IHC West in attendance*  
*Ffion Johnstone, Adrian Butlin and Jemma Orlik*
  - PF24.64a West IHC Deep Dive.3
  - PF24.64b Appendix 1 PFIG West IHC – 'Deep Dive' Report FINAL
- 9 10:33 – PF24/65 Business Case Tracker – Executive Director of Transformation and Planning
  - PF24.65a Business Case Tracker June 2024
  - PF24.65b Appendix 1 June 2024 Business Case Tracker Final
- 10 10:48 – Comfort break
- 11 10:58 – PF24/66 Chair assurance report: Transformation & Strategic Planning EDG
  - PF24.66 Chair's Assurance Report – Transformation and Strategic Planning EDG– 20240611
- 12 11:13 – PF24/67 Performance Report – Interim Executive Director of Finance
  - PF24.67a IPR
  - PF24.67b IPR\_PDF
- 14 INFORMATION GOVERNANCE
- 15 11:38 – PF24/69 Information Governance report – Assistant Director of Compliance and Business Management DDAT
  - PF24.69 Information Governance report
- 16 RISK
- 17 11:53 – PF24/70 Corporate Risk Register – Director of Corporate Governance
  - PF24.70 Corporate Risk Register Report June 24 v5
- 18 BUSINESS CASE
- 19 12:08 – PF24/71 All Ages Mental Health Digital Solution – Outline Business Case  
*Dylan Roberts and Marie Pierce joining via Teams*  
*Andrea Williams in attendance at Carlton Court*
  - PF24.71a All Ages Mental Health Digital Solution OBC 2024 V0.3
  - PF24.71b Appendix A MH Draft Case Final Draft v0.3
- 20 12:23 – CLOSING BUSINESS
- 21 PF24/72 Agree items for referral to Board/Other Committees – Chair (verbal)
- 22 PF24/73 Summary of Private business to be reported in Public – for information
  - PF24.73 Summary of items discussed in private PFIGC sessions
- 23 PF24/74 Review of meeting effectiveness – Chair (verbal)
- 24 PF24/75 Date of next meeting 27.8.24 – Chair (verbal)
- 25 12:28 – Resolution to Exclude the Press and Public  
*"Those representatives of the press and other members of the public be excluded from the remainder of the meeting which would take place after the Trustee 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 30.4.24 in the Boardroom, Carlton Court and via Teams**

<p><b>Present:</b> Gareth Williams Chris Field Rhian Watcyn Jones</p> <p>Dyfed Edwards</p>	<p>Vice Chair / Committee Chair Independent Member (IM) Independent Member</p> <p>Board Chair</p>
<p><b>In Attendance:</b> Nesta Collingridge Nick Graham Andrea Hughes Dr Nick Lyons Justine Parry</p> <p>Pam Wenger Ed Williams Philippa Peake Jones</p> <p><b>Observing</b> Dave Harries Andrew Doughton</p> <p><b>Remote access</b> Diane Davies</p>	<p>Head of Risk Management (part meeting) Associate Director Workforce Planning and Performance Interim Finance Director – Operational Finance Executive Medical Director Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT) Director of Corporate Governance Acting Director of Performance Head of Corporate Affairs – for note taking</p> <p>Head of Internal Audit Audit Wales Audit Manager</p> <p>Corporate Governance Manager (post meeting minute taking)</p>

Agenda item discussed	Action by
<p><b>Apologies were received from</b> Russ Caldicott, Interim Executive Director Finance for whom Andrea Hughes &amp; Ed Williams deputised and Jason Brannan, Deputy Director Workforce for whom Nick Graham.</p>	
<p><b>PF24/33 Draft minutes of the previous meetings held on 21.02.24 and 21.03.24 for approval</b></p> <p>The Committee approved the draft minutes of its meeting held on 21 March 2024 as a true and correct record. It was noted that due to staff sickness the minutes of 21 February 2024 meeting were not yet available.</p>	PW
<p><b>PF24/34 Matters arising and table of actions</b></p>	

To be addressed at a future meeting	
<b>PF24/35 Report of the Chair</b> None to be advised	
<b>PF24/36 Notifications of matters referred from other Committees</b> None advised	
<b>STRATEGIC PRIORITIES</b>	
<b>PF24/37 Information Governance (IG) Quarter 3 2023/24 Report</b>  <b>PF24/37.1</b> Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT drew attention to Freedom of Information (FOI) activity and the complexities of drawing together responses which spanned more than one department, however she was pleased to advise that General Practice responses were now being received in a timely manner. In addition, Access to Health Records performance and backlog clearance had significantly improved which the Committee acknowledged. Increased training was being delivered regarding incident reporting and general IG training compliance was being monitored and support provided to departments where appropriate.  <b>PF24/37.2</b> A discussion ensued on BCU’s process of dealing with data subject breaches, in which assurance was given that this took account of the Information Commissioner’s guidance and provided a considered response on an individual basis.  <b>PF24/37.3</b> The Board Chair highlighted the need to encourage making processes and interactions with our organisation as easy as possible for people to ask questions and lessen the burden of following the statutory FOI route where appropriate. A discussion ensued in which transparency and potential benefits of data access such as waiting times publication was raised. It was <b>agreed</b> that Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT) would provide a trend update to the Committee Chair on the increased quarter 4 volume of FOI requests following the meeting. She also took onboard Committee members’ comments regarding benchmark and target formatting which she <b>agreed</b> to introduce to future reports.  <b>PF24/37.4</b> In discussion of the Information Governance Group chair assurance report, the Director of Corporate Governance advised that she would be undertaking a review of executive group reporting to all the Committees and <b>agreed</b> to provide clarity in due course.  <b>It was resolved that the Committee Received</b> assurance on compliance with the Data Protection and Freedom of Information Legislation.	JP  JP  PW
<b>PF24/38 Finance Report</b>  <b>PF24/38.1</b> The Finance Director – Operational Finance provided a verbal update on the year end position which would be subject to audit. She reported that the Health Board commenced the 2023/24 year with a planned £134m deficit budget and had	

<p>received in year additional revenues of £101m (£76m which had been agreed by WG to be recurrent moving forward). This additional resource brought the planned deficit down to £33m but the Welsh Government had set a target control total of -£20m. In the event, the forecast out turn position was reported to be £-24.3m (subject to audit). She explained the position in regard to use of monies relating to Continuing Health Care (CHC), ring fenced covid budgets and controls introduced to non-pay. It was noted that a written report would be provided to the May Board meeting.</p> <p><b>PF24/38.2</b> The Finance Director – Operational Finance provided detail of positive progress in dealing with the underlying deficit position. The Savings target of £25.2m had been exceeded, with savings of £36m having been delivered. Of this £21m was recurrent, with a full-year effect of £26.2m, thereby achieving target. Payment target performance was reported at 94.5% with strong and robust processes introduced in year which will bode well for the coming financial year. The underspend in the Capital budget had been limited to £194k which was within the Capital Resource Limit (CRL) and Cash balance was reported at £5m.</p> <p><b>PF24/38.3</b> The Committee Chair commended the position and work undertaken by the Finance team given the immense challenges that had been faced in year.</p> <p><b>PF24/38.4</b> The Board Chair reflected on the effort that had been put in to achieve the position and the controls which had been required. He sought the Committee’s support through reflecting on these actions for the future and also acknowledged the effort of people within the organisation in responding to the need for financial control. He welcomed opportunities to reinforce this moving forward in order to make performance improvements from a position of financial strength.</p> <p><b>PF24/38.5</b> It was <b>agreed</b> that the Financial Efficiencies review being undertaken by Audit Wales would be provided to PFIG Committee as well as considered at Audit Committee. The Head of Internal Audit commented on the significant gap in regard to recurrent savings and it would be up to effective financial management by operational managers to deliver against their allocated budgets in order to achieve effective financial performance going forward. Accountability would be key to achieving all performance targets.</p> <p><b>It was resolved that the Committee</b>  <b>Noted</b> the verbal report  <b>Commended</b> the Finance Team’s performance</p>	PW
<p><b>PF24/39 Management Response to Independent Review – Planning Review</b></p> <p><b>PF24/39.1</b> The Executive Director of Transformation and Planning introduced the management response to the Independent Review which had previously been received at a private session of the Committee. He drew attention to the 3 themed recommendations, being the design of BCU’s planning systems; direction of the organisation &amp; strategy; and capacity &amp; capability to plan.</p> <p><b>PF24/39.2</b> A discussion ensued on the need to strengthen BCU’s multi partnership approach and consultation with external partners, notably the Regional Partnership</p>	

<p>Board and Public Service Boards going forward in developing BCU's annual plan. . The Executive Director of Transformation and Planning took onboard the Board Chair's comments in regard to also manifesting the report's message that 'planning is for everyone', he also reflected on current discussions taking place in regard to the future of the RPB and PSBs.</p> <p><b>PF24/39.4</b> The Director of Corporate Governance <b>agreed</b> to include Planning within the Board Development programme currently under development and schedule the Review's action plan update to the August PFIG Committee meeting.</p> <p><b>It was resolved that the Committee</b> <b>Approved</b> the action plan and management response for 2024/25.</p>	<p>PW</p>
<p><b>PF24/40 Chair's Assurance Report - Transformation &amp; Strategic Planning EDG</b></p> <p><b>It was resolved that the Committee</b> <b>Noted</b> the report <i>Nesta Collingridge joined the meeting</i></p>	
<p><b>PF24/41 Performance Report</b></p> <p><b>PF24/41.1</b> The Acting Director of Performance presented the report highlighting the good performance achieved in Adult Mental Health services, while noting that however planned and unscheduled care performance was deteriorating. He was disappointed to report that Cancer performance, which had previously been the best in Wales, was also deteriorating each month.</p> <p><b>PF24/41.2</b> The Executive Medical Director shared work being undertaken by the Executive Team to address Planned care, particularly in attaining a robust understanding of baselines and capacity that would provide a realistic gap analysis to inform choices. He emphasised the need to also address risk in consideration of waiting list initiatives and include the potential effect of staff working long hours. Quality and clarity of return on investment needed to form a robust part of the commissioning process. The Executive Medical Director stressed the need to improve the operating model in order to improve future performance especially in regard to Theatre utilisation.</p> <p><b>PF24/41.3</b> The Board Chair was pleased to hear of the meeting taking place to attain clarity and also work on improving the operating model however, whilst much of this would address medium and long term planning he also sought short term plans to immediately address patients' waiting for interventions. He asked the Committee to consider how it might more effectively monitor performance on behalf of the Board. A discussion ensued which included accountability monitoring, scheduling Board items on Planned and Unscheduled Care and also dealing with duplication of activity and reporting. The Executive Medical Director undertook to provide future reporting focussed on Dermatology, Ophthalmology, Cancer, Theatre utilisation and management of waiting lists, following a Quality Round Table session recently</p>	<p>PW/NL</p>

<p>undertaken with WG. It was <b>agreed</b> this would be scheduled into the PFIGC cycle of business.</p> <p><b>PF24/41.4</b> The Chair emphasised the need for patients to be able to understand their own pathway and easily access the length of their wait in real time. A discussion ensued on communication in this area.</p> <p><b>PF24/41.5</b> A diverse discussion ensued regarding addressing demand which included the appropriateness of referrals, effectiveness of Primary and Secondary Care interfaces, prevention agenda, communication and some surprising negative outcomes based examples were provided.</p> <p><b>PF24/41.6</b> In regard to the effectiveness of the current Performance report the Head of Internal Audit commented that the report failed to adequately provide information on what was being done in response to poor performance data. The Director of Corporate Governance advised that the Executive recognised this and were on a journey of improvement through Special Measures in which this would be addressed.</p> <p><b>PF24/41.7</b> The Committee Chair noted disappointment and concern for patients waiting extreme lengths of time and their potential harm.</p> <p><b>It was resolved that the Committee Noted</b> the report</p>	
<p><b>PF24/42 People Performance Report</b></p> <p>The Associate Director, Workforce Optimisation presented the item drawing attention to the key issues highlighted within the report. Discussion took place with regard to Agency and Bank staffing. It was noted that there were no longer any interim senior staff appointments in post and assurance was provided that robust processes were now in place to prevent this re-occurring. The Director of Corporate Governance clarified that a Welsh Health Circular had recently been issued in respect of Interim appointments and this would be dealt with through BCU's Remuneration Committee. In relation to discussion around flexible and agile working, this was understood to be scheduled to the next People and Culture Committee (PCC) agenda. The PFIGC Chair undertook to share the discussion with the PCC Chair.</p> <p><b>It was resolved that the Committee Noted</b> the report</p>	
<p><b>ISSUES RELATED TO KEY RISKS</b></p>	
<p><b>PF24/43 Board Assurance Framework related to the PFIG Committee</b></p> <p><b>PF24/43.1</b> The Head of Risk Management presented the report highlighting the newly developed estates risk in relation to non-deliverables in the annual plan. She</p>	

<p>explained the Board Assurance Framework would be aligned to the new objectives approved at Board and the plan for this work would be outlined to the Audit Committee for approval.</p> <p><b>PF24/43.2</b> The Committee accepted the Estates BAF risk noting a score of 20 and the current proposal of further work at the Board Development session for risk which would realign the BAF to objectives.</p> <p><b>It was resolved that the Committee</b> <b>Noted</b></p> <ul style="list-style-type: none"> <li>• the new Estates BAF risk at a score of 20 and would be highlighted at the next Board meeting</li> <li>• progress in developing the BAF</li> </ul>	
<p><b>PF24/44 Corporate Risk Register relating to Committee</b></p> <p><b>PF24/44.1</b> The Committee was asked to receive assurance on the 4 corporate risks to which the Committee is accountable for. The Head of Risk Management highlighted progress undertaken within all the risks. She provided further details on all the overdue actions, rationale and next steps which were all imminent, providing the Committee with assurance on the progression.</p> <p><b>PF24/44.2</b> The Head of Risk Management provided an update on the Financial corporate risk which would be updated to reflect the 24/25 financial plan, recognising the score would remain at 20.</p> <p><b>PF24/44.3</b> The Head of Internal Audit provided feedback on what was appropriate in terms of lines of defence and highlighted some concerns around the way in which controls were defined. The Head of Risk management noted the feedback for the risk authors and provided assurance to the Committee that further work had been done to further quality assure all risks and some of these issues had already been identified and updated in the master copy of the risk.</p> <p><b>PF24/44.4</b> The Committee thanked the Head of Risk Management in leading progress on the BAF and CRR over the past 12 months and looked forward to the further developments that were outlined by the Director of Corporate Governance to improve the effectiveness of these essential tools.</p> <p><b>It was resolved that the Committee</b> <b>Noted</b> the report and will continue to track the progress of the actions.</p>	
<p><b>CLOSING BUSINESS</b></p>	
<p><b>PF24/45 Agree Items for referral to Board / other Committees</b></p>	

<ul style="list-style-type: none"> <li>• Planning review to be moved forward by Partnerships, Population Health and Planning Committee</li> <li>• Note further clarity on interfaces with People and Culture Committee is required regarding the Workforce Performance report</li> </ul>	
<p><b>PF24/46 Review of Risks highlighted in the meeting for referral to Risk Management Group</b></p> <p>Great concern with the organisation's performance levels. Whilst there were part structural issues, there was a need to improve the level of detailed understanding of positions. It was recognised that work was underway however, there were wider cultural improvements required within the organisation to deal with in the longer term.</p>	
<p><b>PF24/47 Summary of Private Business to be reported in Public</b></p> <p>The report was <b>noted</b></p>	
<p><b>PF24/48 Review of Meeting Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Non Committee members participation was welcomed and productive</li> <li>• Good collegiate working had taken place which was enhanced by meeting mostly in the same room</li> <li>• The Board Chair <ul style="list-style-type: none"> <li>▪ was pleased that appropriate prioritisation was apportioned to timings of items which required lengthier discussion</li> <li>▪ stressed the importance of Executives taking forward Committee opinions and feedback to other appropriate meetings eg future round table discussions</li> <li>▪ expressed thanks for good chairing skills</li> </ul> </li> </ul>	
<p><b>Exclusion of the Press and Public</b></p> <p>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</p>	

**Betsi Cadwaladr University Health Board (BCUHB)**

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

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

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

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

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

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

<p>The organisation has 20,000 employees who all have family members living in North Wales and encouraging our staff and their families to lead healthy lifestyles could have a big impact on the health of the population: the Health Board could lead by example.</p>	<p>There is reference to BCU being an anchor institution and this could be enhanced in this section.</p>
<p>There needs to be more emphasis on what we can do in Primary and Community care – particularly outside GP Practice hours - to relieve the pressure on ED.</p>	<p>This will be reviewed.</p>
<p>Long waits for Mental Health service diagnosis can be very damaging for children: perhaps we could make clear adult assessments are a lower priority.</p>	<p>Pathway work is taking place which focuses on a specific cohort of the adult population and this section can be enhanced to reflect that.</p>
<p>Should there be a reference to endometriosis in the section on ‘challenged services’.</p>	<p>This was really an issue about service development but a reference could be added in the section on Women’s Health.</p>
<p>Review the finance section to make reference in the narrative to a three year vision.</p>	<p>Our intention is to get to a position relatively soon where we can submit a 3 year IMTP, so we need to review the section to set out our intention more clearly.</p>
<p>The template on access to GMS may be over optimistic as the various plans are not at the stage that the template implies.</p>	<p>This will be reviewed.</p>
<p>The targets for delayed transfers of care are ambitious.</p>	<p>This will be reviewed in terms of the numbers and the days lost.</p>
<p>Vascular section has list of bullet points consistently repeating “the organisation” Page 97.</p>	<p>This will be reviewed.</p>
<p><b>PF24/26.2</b> The Board Chair recognised that a lot of work has gone into the Annual Plan especially during a time when the organisation is in Special Measures. He welcomed the fact that the document appeared to be outcome focussed and emphasised that the delivery plan should highlight what we are trying to achieve in the long term. The Committee Chair recognised the progress made since the last meeting and made reference to the right tone being set. The Executive Director of Transformation, Strategic Planning and Commissioning stated that this is an improved Plan from last year and although it is not an IMTP, it does look further forward in terms of priorities. The Chief Executive highlighted the global challenge around workforce and the need to plan for the future.</p>	

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

## PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE

### TABLE OF ACTIONS LOG – ARISING FROM MEETINGS HELD IN PUBLIC – updated 20.06.24

Minute Reference	Lead Executive / Member	Agreed action	Original Timescale	Update (date)	Action status	RAG status
PF24/37	Justine Parry	IG Report Provide further detail on the increasing FOI Quarter 4 increasing trend to the Committee Chair Modify benchmark and target formatting in line with Committee discussion to future reports.	18.6.24	Completed - Full year analysis with trends, common themes identified and shared with Committee Chair.  Completed – Email sent to Committee Chair.	Closed	
PF24/33	Pam Wenger	Draft Minutes Draft minutes 22.2.24 to be submitted for approval	18.6.24	Draft minutes to be completed following the period of sickness absence and circulated to members. These will be provided at the next meeting for approval	Closed	
PF24/37	Pam Wenger	IG Report Provide clarity on governance routes of Executive Group/s reporting to Committees	18.6.24	All Executive Delivery Groups report directly to the Executive Team. These reports will be provided to the relevant committee for information.	Closed	

Minute Reference	Lead Executive / Member	Agreed action	Original Timescale	Update (date)	Action status	RAG status
PF24/38	Pam Wenger	Finance Report Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	18.6.24	To be provided once received by the organisation. No further update at this stage	Closed	
PF24/39.4	Pam Wenger	Independent Review Planning schedule Planning within the Board Development programme  schedule the Review's action plan update to the August PFIGC meeting	18.6.24	Initial session scheduled for July and further sessions to be included in the Board Development Plan  To be included on the forward work plans	Closed	
PF24/41.3	Nick Lyons / Pam Wenger	Performance Report Provide focussed performance reports to PFIGC on Dermatology, Ophthalmology, Cancer, Theatre Utilisation and management of waiting lists, following Quality Round Table session with WG based on scheduling agreed with Director of Corporate Governance	18.6.24	The business cycle for all the Committees are being reviewed to align with the Annual Plan Delivery Plan as agreed by the Board in March 2024.	Closed	



<b>Teitl adroddiad:</b>	<b>2024-25 Month 2 Finance, Capital and Savings Report</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	Performance, Finance & Information Governance Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Tuesday, 25 June 2024
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	<p>This report provides a briefing on the financial performance of the Health Board for the year to date position as at the end of Month 2 (May 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.</p>
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with a £48.0m recurrent savings requirement to deliver the £19.8m planned deficit for 2024/25. Both the savings requirement and the projected deficit are profiled equally across the financial year. The forecast outturn is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.</p> <p>The May position is reporting an in-month deficit of £4.8m, an increase of £0.5m from Month 1 and is £3.2m higher than the profiled Financial Plan deficit of £1.6m for Month 2.</p> <p>Year to date position at Month 2 is reporting a deficit of £9.1m. This represents a £5.8m adverse variance compared to 2/12<sup>ths</sup> of the planned deficit, which is driven through a further increase in out of area Mental Health referrals costs and a £5.3m shortfall in undelivered savings against profile.</p> <p>The 2024/25 Savings Programme is being developed through a Value &amp; Sustainability thematic model (CHC, Medicines Management, Workforce, Non Pay and Clinical Variation). The forecast delivery value of Green Finalised Schemes currently totals £13.3m. A number of further opportunities have been converted to Red schemes, which still need further work, totalling £6.2m. A further pipeline of costed opportunities total £8.1m, bringing the total Savings Opportunities to c £28m at Month 2.</p> <p><u>Capital Programme</u></p> <p>The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £41.910m and is forecast to be spent in full. Year to date expenditure is £0.5m against a year to date plan of the same value.</p> <p>A request to Welsh Government is being progressed for £1.64m fees for the development of a revised 'Royal Alexandra Hospital (RAH)' Full Business Case.</p>

	<p>Following the submission of the Prioritised Major Capital Bids to Welsh Government, £2.92m of Capital funding has been offered for the replacement CT scanner at Ysbyty Gwynedd (YG) - no business case required – minor additional revenue for maintenance of c£0.028m to be mitigated via the Divisions spending plans.</p> <p>Following the submission of Backlog Maintenance Bids to Welsh Government, £2.4m of Capital funding has been offered as part of a £30m investment offer across NHS Wales.</p> <p><u>Savings Report</u></p> <p>The Health Board’s financial plan has set a savings target of £48.0m to be delivered in 2024/25. The plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme is being developed through a Value &amp; Sustainability thematic model which is to be delivered within five core domains (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.</p> <p>Full year forecast value of Green Schemes totals £13.3m. Savings delivered in Month 2 totalled £2.2m, against a £2.1m Plan and £4.0m Target.</p> <p>A number of opportunities have been converted to Red schemes, which still need further work to convert to Green schemes, totalling £6.2m. A further pipeline of costed opportunities total £8.1m.</p> <p>Work is progressing well on identifying opportunities, particularly Medicines Management, Pay and Non Pay. There are further opportunities to be extracted from CHC and there is an ongoing review into the MH Out of Area Placements.</p>			
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>• <b>receive</b> and scrutinise this report</li> <li>• <b>note</b> the additional Capital Funding offered by Welsh Government for the CT Scanner £2.9m and Backlog Maintenance £2.4m</li> <li>• <b>note</b> the request to Welsh Government for fee funding support to develop the Royal Alexandra Hospital Full Business Case</li> </ul>			
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p><b>Awdur yr Adroddiad:</b></p> <p><b>Report Author:</b></p>	<p>Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>			
<p><b>Pwrpas yr adroddiad:</b></p> <p><b>Purpose of report:</b></p>	<p>I’w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p><b>Lefel sicrwydd:</b></p>	<p>Arwyddocaol <i>Significant</i></p>	<p>Derbyniol <i>Acceptable</i></p>	<p>Rhannol <i>Partial</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p>

<b>Assurance level:</b>	<input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>	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.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>	The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.			
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></b>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	<p>BAF – Financial Stability</p> <p>Current risks and mitigations are shown in Appendix A, Slide 13.</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>			

<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p><b>Appendix A &amp; B</b> <b>BAF risks</b> BAF - Financial Stability</p> <p><b>Corporate Risk Register:</b> CRR24-05, Financial Plan Delivery 24/25.</p> <p><b>Appendix C</b> <b>BAF risks</b> 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</p> <p><b>Corporate Risk Register:</b> 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</p>

<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> A - 2024/25 Finance Report (Revenue, Capital and Savings) - Month 2	

# Finance Report May- Month 2 2024/25

**Russell Caldicott**  
**Interim Executive Finance Director**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<p><b>Objective</b></p>	<ul style="list-style-type: none"> <li>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.</li> </ul>	
<p><b>Key Messages</b></p>	<ul style="list-style-type: none"> <li>The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with a £48.0m recurrent savings requirement to deliver the £19.8m planned deficit for 2024/25. Both the savings requirement and the projected deficit are profiled equally across the financial year.</li> <li>The Year to date position at Month 2 is reporting a deficit of £9.1m. This represents a £5.8m adverse variance compared to 2/12<sup>ths</sup> of the planned deficit, which is driven by an increase in out of area mental health referrals costs above the value built into the underlying position at the end of 2023/24 and a £5.3m shortfall in undelivered savings against profile.</li> <li>The 2024/25 Savings Programme is being developed through a Value &amp; Sustainability thematic mode (CHC, Medicines Management, Workforce, Non Pay and Clinical Variation). The full year forecast value of Green Finalised Schemes totals £13.3m. A number of opportunities have been converted to deliverable forecasts with Red schemes, which still need further work to convert to Green schemes, totalling £6.2m. A further pipeline of costed opportunities total £8.1m.</li> </ul>	
<p><b>Key Financial Targets</b></p>	<p><b>Revenue</b></p>	<ul style="list-style-type: none"> <li>In-Month Position is reporting a deficit of £4.8m and year to date deficit of £9.1m, which is £5.8m higher compared to 2/12ths of the planned deficit.</li> <li>The forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.</li> </ul>
	<p><b>Cash</b></p>	<ul style="list-style-type: none"> <li>The closing cash balance as at 31<sup>st</sup> May 2024 was £5.2m, which included £3.96m cash held for revenue expenditure and £1.26m for capital projects. The Health Board is currently forecasting a 2024/25 closing cash balance of (£14.7m), made up of (£17.2m) revenue cash and £2.45m capital cash. Movement in Working Balances Cash Support and Strategic Cash Support for the deficit, will be requested from WG later in the year, as per normal timeframes</li> </ul>
	<p><b>Savings</b></p>	<ul style="list-style-type: none"> <li>The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. Savings delivered in Month 2 totalled £2.2m, against a £2.1m Plan and £4.0m Target. The full year forecast value of Green Schemes totals £13.3m.</li> </ul>
	<p><b>Capital</b></p>	<ul style="list-style-type: none"> <li>The approved Capital Resource Limit (CRL) for 2024/25 is £41.190m and is forecast to be spent in full. Year to date expenditure is £0.5m against a year to date plan of the same value.</li> </ul>

# Key Performance Indicators



## Month 2 Position

In Month Spend: £176.4m against plan of £173.2m

**£3.2m adverse against £1.6m planned deficit**

YTD Spend: £353.1m against plan of £347.3m

**£5.8m adverse position against £3.2m year to date planned deficit**



## Forecast Position

Outturn held at planned deficit but this is subject to savings risk.

**£19.8m deficit**

## Month 2 Divisional Performance

West IHC	£3.6m adverse
Central IHC	£5.8m adverse
East IHC	£6m adverse
Womens	£0.2m adverse
MH & LD	£3.3m adverse
Commissioning Contracts	£3.6m adverse
ICD PrimaryCare	£0.8m favourable
ICD Regional Services	£1.5m adverse
Support Functions	£0.9m adverse
Other Budgets	£18.2m favourable



## Month 2 Savings

In-month delivery: £2.2m against target of £4.0m

**£1.8m adverse**

YTD delivery: £2.7m against a target of £8.0m

**£5.3m adverse**



## Savings Forecast

£13.3m against target of £48.0m

**£34.7m adverse**



## COVID-19 Impact

£1.6m YTD cost

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



## Year to Date Income

£26.0m against budget of £24.6m

**£1.4m favourable**



## Year to Date Pay

£173.9m against budget of £163.7m

**£10.2m adverse**



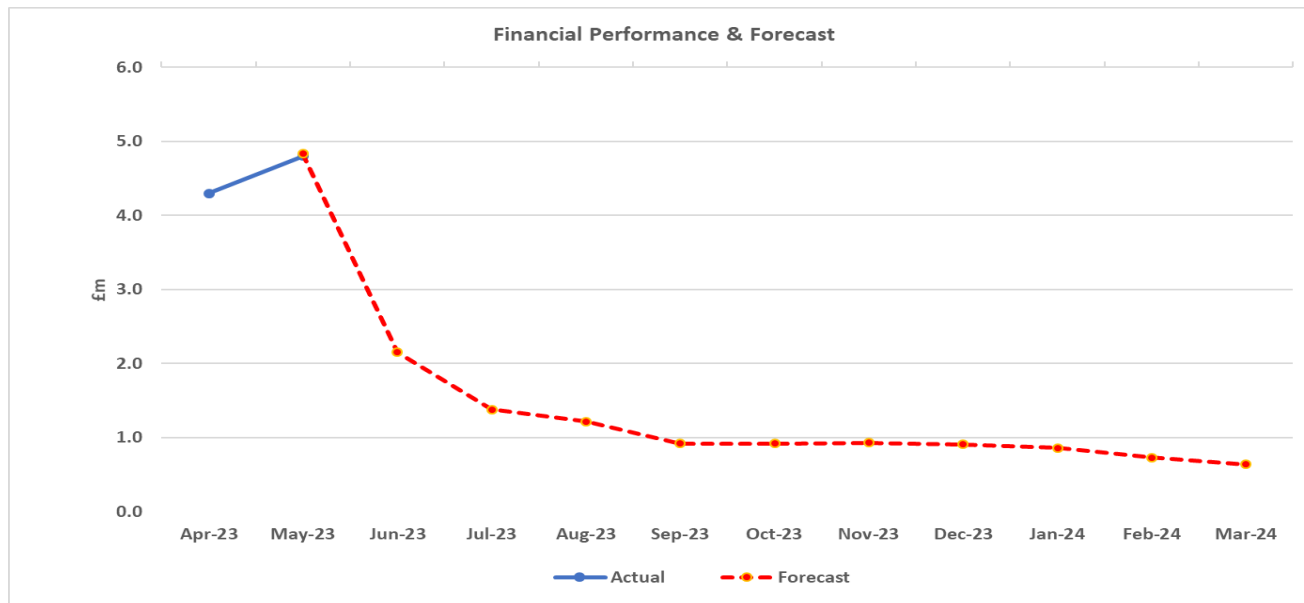
## Year to Date Non-Pay

£198.9m against budget of £201.8m

**£3.0m favourable**

# Revenue Position

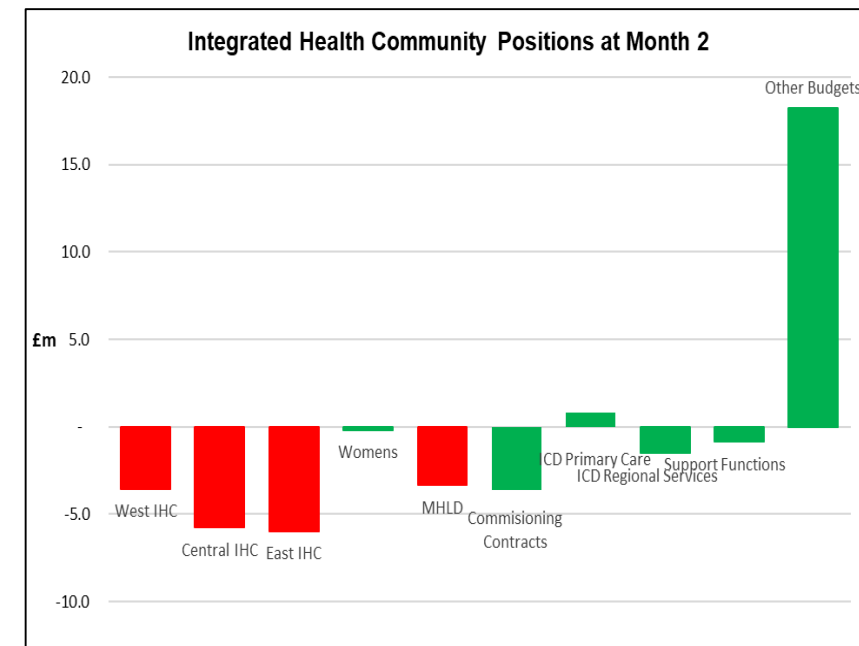
	Actual M01 £m	Actual M02 £m	2024/25 Cumulative against Plan				Actual Forecast
			Budget £m	Actual £m	Variance £m	Variance %	
Revenue Resource Limit	(172.4)	(171.6)	(344.0)	(344.0)	<b>0.0</b>	0.0%	(2,097.5)
Miscellaneous Income	(13.1)	(12.8)	(24.6)	(25.9)	<b>-1.3</b>	5.3%	(156.1)
Health Board Pay Expenditure	86.7	87.2	163.7	173.9	<b>10.2</b>	6.2%	1,061.7
Non-Pay Expenditure	103.1	102.0	204.9	205.1	<b>0.2</b>	0.1%	1,211.7
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>0.0</b>	<b>9.1</b>	<b>9.1</b>		<b>19.8</b>
Planned Deficit	<b>1.6</b>	<b>1.6</b>	<b>3.3</b>	<b>0.0</b>	<b>3.3</b>	<b>100%</b>	
<b>Total Deficit / (Surplus) above Plan</b>	<b>2.6</b>	<b>3.2</b>	<b>3.3</b>	<b>9.1</b>	<b>5.8</b>		



- The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding.
- Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis. Welsh Government have also confirmed that £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed as recurrent for 2024/25; therefore, the 2024/25 opening recurrent underlying deficit position is £178.2m.
- The Health Board is implementing a Value & Sustainability programme approach this year and will seek to deliver patient benefits and savings within five core domains of (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.
- The in-month position is reporting a deficit of £4.8m, an increase of £0.5m from Month 1 and is £3.2m higher than the profiled Financial Plan deficit of £1.6m for Month 2.
- Year to date position is reporting a deficit of £9.1m. This represents a £5.8m adverse variance compared to 2/12<sup>ths</sup> of the planned deficit, which is driven through an increase in out of area mental health referrals costs and a £5.3m shortfall in undelivered savings against profile.
- Forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.

# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan	
<b>WG RESOURCE ALLOCATION</b>	(171,570)	(171,570)	0	0%	(344,014)	(344,014)	0	0%	0
<b>WEST INTEGRATED HEALTH COMMUNITY</b>									
Management	105	89	15	-14%	209	179	31	-15%	78
West Area	15,671	16,142	(472)	-3%	31,262	32,349	(1,087)	-3%	(7,703)
Ysbytu Gwynedd	9,930	11,147	(1,217)	-12%	19,913	22,237	(2,324)	-12%	(13,180)
Facilities	1,043	1,138	(94)	-9%	2,089	2,269	(180)	-9%	(1,079)
<b>Total West</b>	<b>26,749</b>	<b>28,516</b>	<b>(1,768)</b>	<b>-7%</b>	<b>53,472</b>	<b>57,033</b>	<b>(3,561)</b>	<b>-7%</b>	<b>(21,885)</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>									
Management	91	25	66	-73%	181	111	70	-39%	8
Central Area	20,522	21,290	(768)	-4%	40,894	42,357	(1,463)	-4%	(11,305)
Ysbytu Glan Clwyd	12,434	14,492	(2,059)	-17%	24,670	28,834	(4,164)	-17%	(23,558)
Facilities	1,229	1,357	(128)	-10%	2,462	2,677	(215)	-9%	(1,288)
<b>Total Central</b>	<b>34,275</b>	<b>37,164</b>	<b>(2,889)</b>	<b>-8%</b>	<b>68,207</b>	<b>73,980</b>	<b>(5,772)</b>	<b>-8%</b>	<b>(38,143)</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>									
Management	87	87	(0)	0%	173	175	(2)	1%	(9)
East Area	22,700	23,841	(1,141)	-5%	45,390	48,053	(2,663)	-6%	(14,800)
Ysbytu Wrexham Maelor	10,720	12,129	(1,409)	-13%	21,485	24,466	(2,980)	-14%	(13,259)
Facilities	1,118	1,284	(167)	-15%	2,239	2,570	(331)	-15%	(1,979)
<b>Total East</b>	<b>34,624</b>	<b>37,341</b>	<b>(2,717)</b>	<b>-8%</b>	<b>69,288</b>	<b>75,263</b>	<b>(5,975)</b>	<b>-9%</b>	<b>(30,048)</b>
<b>Total Midwifery and Women's Services</b>	<b>3,835</b>	<b>3,946</b>	<b>(111)</b>	<b>-3%</b>	<b>7,648</b>	<b>7,823</b>	<b>(175)</b>	<b>-2%</b>	<b>(1,420)</b>
<b>Total Mental Health and LDS</b>	<b>14,066</b>	<b>15,773</b>	<b>(1,707)</b>	<b>-12%</b>	<b>27,747</b>	<b>31,089</b>	<b>(3,343)</b>	<b>-12%</b>	<b>(15,849)</b>
<b>Total Commissioning Contracts</b>	<b>21,470</b>	<b>23,420</b>	<b>(1,950)</b>	<b>-9%</b>	<b>42,940</b>	<b>46,548</b>	<b>(3,608)</b>	<b>-8%</b>	<b>(1,921)</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>									
Covid Programmes	800	683	117	15%	1,487	1,370	117	8%	(0)
Dental North Wales	2,839	2,290	549	19%	5,677	4,819	858	15%	4,000
Community Dental Services	515	589	(74)	-14%	1,034	1,151	(117)	-11%	(275)
Other Primary Care	1,587	1,622	(35)	-2%	3,173	3,245	(72)	-2%	(391)
<b>Total Integrated Clinical Delivery Primary care</b>	<b>5,741</b>	<b>5,184</b>	<b>557</b>	<b>10%</b>	<b>11,371</b>	<b>10,585</b>	<b>786</b>	<b>7%</b>	<b>3,334</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>									
Provider Income	(1,949)	(1,934)	(15)	1%	(3,897)	(3,841)	(56)	1%	(334)
Diagnostic and Specialist Clinical Support	7,118	6,816	302	4%	13,068	13,745	(676)	-5%	(6,841)
Cancer Services	5,132	5,600	(468)	-9%	10,112	10,885	(773)	-8%	(5,364)
<b>Total Integrated Clinical Delivery</b>	<b>10,302</b>	<b>10,482</b>	<b>(181)</b>	<b>-2%</b>	<b>19,283</b>	<b>20,788</b>	<b>(1,505)</b>	<b>-8%</b>	<b>(12,539)</b>
<b>Total Service Support Functions</b>	<b>12,453</b>	<b>12,138</b>	<b>315</b>	<b>3%</b>	<b>24,417</b>	<b>25,279</b>	<b>(861)</b>	<b>-4%</b>	<b>(9,041)</b>
<b>Total Other Budgets</b>	<b>9,702</b>	<b>2,440</b>	<b>7,262</b>	<b>75%</b>	<b>22,935</b>	<b>4,722</b>	<b>18,212</b>	<b>79%</b>	<b>125,513</b>
<b>Total Service Support Functions and Other Bud</b>	<b>1,647</b>	<b>4,834</b>	<b>(3,188)</b>		<b>3,294</b>	<b>9,097</b>	<b>(5,803)</b>		<b>116,472</b>
<b>Total</b>	<b>1,647</b>	<b>4,834</b>	<b>(3,188)</b>	<b>-194%</b>	<b>3,294</b>	<b>9,097</b>	<b>(5,803)</b>	<b>-176%</b>	<b>(0)</b>



- Pay expenditure has marginally increased in May, and is reporting an increase in agency, bank and overtime.
- Non pay decreased in month due to a reduction in Primary care Contractor expenditure against both GDS and GMS.
- Pressures continue within CHC due to an increase in packages of care and in Out of Area Mental Health referrals costs. Month 2 also includes the impact of the inflationary uplift agreed by the Board

# Expenditure – Pay & Non-Pay

Pay Costs	Actual						Cumulative			Full Year Forecast
	P09-24	P10-24	P11-24	P12-24	P01-25	P02-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	12.1	12.2	12.0	18.9	11.9	11.9	24.9	23.8	1.1	153.4
Medical & Dental	19.5	20.9	18.5	25.9	19.7	20.0	35.3	39.7	(4.4)	236.7
Nursing & Midwifery Registered	26.8	27.6	26.5	39.9	26.6	26.8	50.4	53.5	(3.0)	328.1
Additional Clinical Services	13.0	13.6	13.0	20.4	13.5	13.6	24.2	27.1	(2.9)	162.4
Add Prof Scientific & Technical	3.5	3.4	3.5	5.3	3.5	3.5	7.6	7.0	0.5	41.5
Allied Health Professionals	5.7	5.8	5.6	8.3	5.8	5.7	10.4	11.5	(1.1)	70.4
Healthcare Scientists	1.5	1.5	1.4	2.0	1.5	1.5	2.9	3.0	(0.1)	17.6
Estates & Ancillary	4.0	4.1	3.9	6.2	4.1	4.0	7.8	8.1	(0.4)	50.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	(0.0)	1.0
<b>Health Board Total</b>	<b>86.2</b>	<b>89.3</b>	<b>84.5</b>	<b>127.0</b>	<b>86.7</b>	<b>87.2</b>	<b>163.7</b>	<b>173.9</b>	<b>(10.2)</b>	<b>1,061.7</b>
Other Services (Incl. Primary Care)	2.7	2.7	2.7	3.4	2.6	2.6	4.4	5.2	(0.8)	31.3
<b>Total Pay</b>	<b>88.9</b>	<b>92.0</b>	<b>87.2</b>	<b>130.4</b>	<b>89.3</b>	<b>89.8</b>	<b>168.1</b>	<b>179.1</b>	<b>(11.0)</b>	<b>1,094.3</b>

Non-Pay Costs as per Monitoring Return Table	Actual						Cumulative			Full Year Forecast
	P09-24	P10-24	P11-24	P12-24	P01-25	P02-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor	18.6	19.3	19.5	19.5	19.6	18.6	38.8	38.2	0.6	232.8
Primary Care - Drugs & Appliances	10.5	10.4	11.4	11.0	10.9	10.5	19.5	21.4	(2.0)	130.7
Provider Services - Non Pay (excl drugs & depreciation)	16.1	14.9	15.6	14.6	19.0	16.1	46.7	35.1	11.7	178.6
Secondary Care - Drugs	8.2	8.3	8.4	8.4	7.9	8.2	14.0	16.1	(2.1)	102.2
Healthcare Services Provided by Other NHS Bodies	31.5	30.9	30.9	30.8	30.5	31.5	54.4	62.0	(7.7)	368.8
Continuing Care and Funded Nursing Care	11.9	10.7	11.1	11.1	10.6	11.9	21.8	22.5	(0.7)	131.1
Other Private & Voluntary Sector	1.5	2.2	2.2	2.2	1.2	1.5	2.4	2.6	(0.2)	24.4
Joint Financing and Other	0.3	0.3	0.3	0.3	0.0	0.3	0.4	0.3	0.2	2.8
Losses, Special Payments and Irrecoverable Debts	0.3	0.2	0.2	0.2	0.2	0.3	0.5	0.5	0.0	2.4
<b>Non-pay costs</b>	<b>98.8</b>	<b>97.2</b>	<b>99.6</b>	<b>98.0</b>	<b>99.9</b>	<b>98.8</b>	<b>198.5</b>	<b>198.7</b>	<b>(0.2)</b>	<b>1,173.7</b>
AME/DEL Depreciation	3.2	3.2	3.2	3.2	3.2	3.2	6.3	6.3	(0.0)	38.0
<b>Total non-pay</b>	<b>102.0</b>	<b>100.4</b>	<b>102.8</b>	<b>101.1</b>	<b>103.1</b>	<b>102.0</b>	<b>204.9</b>	<b>205.1</b>	<b>(0.2)</b>	<b>1,211.7</b>

## Health Board Pay:

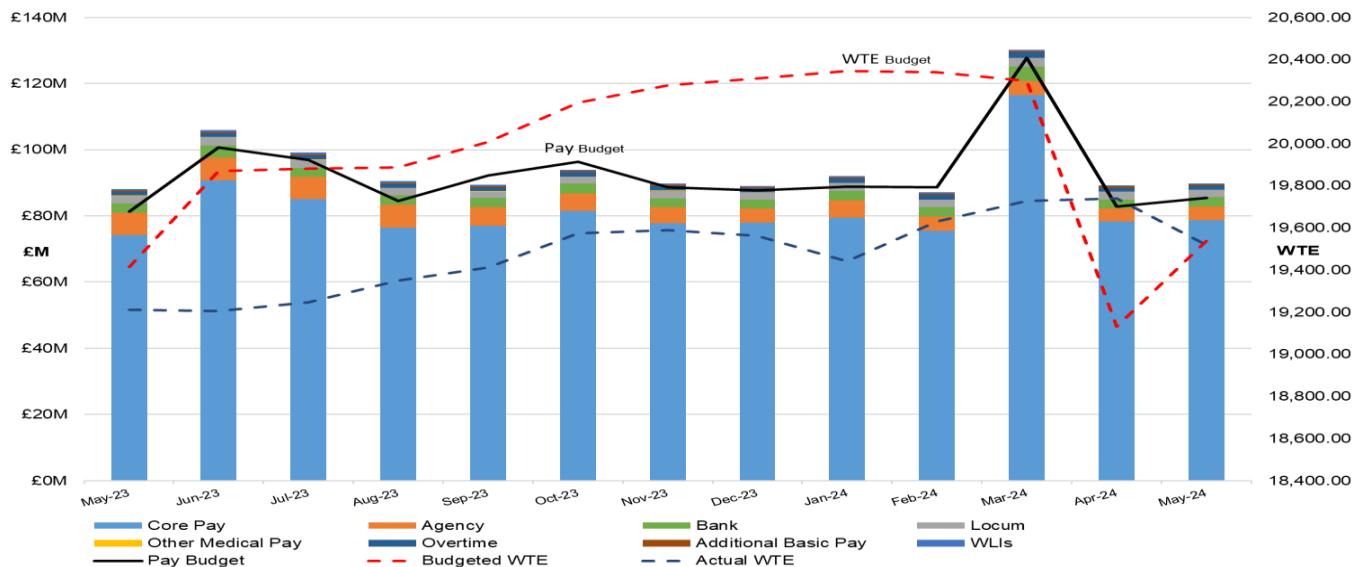
- Month 2 is reporting a net increase of c£0.5m from Month 1. An in-month increase has been reported against Agency (£0.2m), Bank spend (£0.3m) and Overtime (£0.2m) linked to the impact of 2 additional bank holidays in May.

## Non-Pay Expenditure (excluding Depreciation):

- Non Pay has decreased by £1.1m from previous month, of which £1.0m is a reduction in Primary Care Contractor spend due to both GDS contract performance adjustments and reduction in GMS Managed Practices Locum spend.
- The reduction in Provider Services Non Pay includes a £1.0m re-categorisation of spend to Healthcare Services provided by Other NHS Bodies.
- Further detail on Non-Pay expenditure movements are reported in Slide 10.

# Expenditure – Pay

Pay Costs



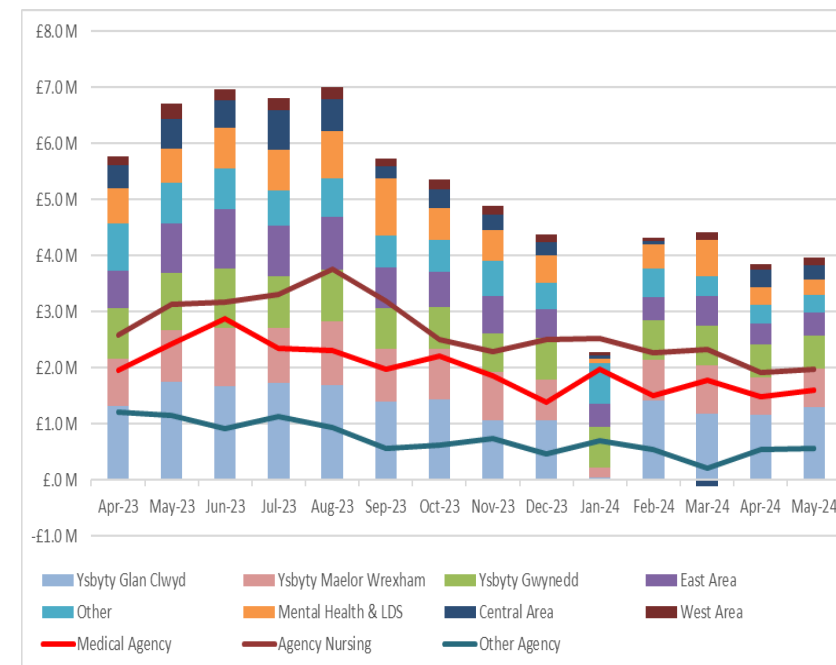
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
<b>Budgeted WTE</b>	20,309	20,345	20,340	20,298	19,130	19,537
<b>Actual WTE</b>	19,563	19,442	19,630	19,728	19,740	19,518

Variable Pay	Actual								YTD Total 24/25 £m
	23/24 Nov	23/24 Dec	23/24 Jan	23/24 Feb	23/24 Mar	24/25 Apr	24/25 May		
	£m	£m	£m	£m	£m	£m	£m		
Agency	4.9	4.4	5.2	4.3	4.3	4.0	4.2	8.1	
Overtime	1.3	1.1	1.4	1.5	1.7	1.1	1.3	2.4	
Locum	2.4	2.3	2.4	2.2	2.6	2.6	2.3	4.8	
WLI's	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.5	
Bank	2.6	2.6	2.8	2.8	4.3	2.6	2.9	5.5	
Other Non Core	0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	
Additional Hours	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.8	
<b>Total</b>	<b>12.1</b>	<b>11.1</b>	<b>12.5</b>	<b>11.6</b>	<b>13.8</b>	<b>11.1</b>	<b>11.1</b>	<b>22.2</b>	

- Budgeted WTE have been revised during M1 and M2 as part of the Opening Budget process incorporating the annual savings target and historic investment reprioritisation review exercises.
- Actual worked in May is 19,518 WTE, a decrease of 222 WTE from April .
- May Variable Pay totals £11.1m. Agency spend increased by £0.2m from April, Bank increased by £0.3m and overtime is also reporting an increase of £0.2m. Offsetting this, is a reduction of £0.3m in NHS Locum costs, and £0.1m reduction in both WLI's and Additional Hours in comparison to the previous month.
- The increase in both Bank and Overtime spend will have been impacted by the two bank holidays in May.

# Pay Costs – Agency

	Actual		Total Year to Date	Forecast										Total Forecast
	M01	M02		M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	82	131	212	131	131	131	131	131	131	131	131	131	131	1,306
Central Area	321	261	582	289	289	289	289	289	289	289	289	289	289	2,893
East Area	382	421	803	402	402	402	402	402	402	402	402	402	402	4,015
Ysbyty Gwynedd	577	586	1,163	586	586	586	586	586	586	586	586	586	586	5,864
Ysbyty Glan Clwyd	1,168	1,298	2,467	1,289	1,289	1,289	1,289	1,289	1,289	1,289	1,289	1,289	1,289	12,889
Ysbyty Maelor Wrexham	672	686	1,358	686	686	686	686	686	686	686	686	686	686	6,861
Mental Health & LDS	319	268	587	261	261	261	261	261	261	261	261	261	261	2,610
Womens	128	181	308	169	167	167	167	137	137	137	137	137	137	1,496
Other incl pan BCU Cancer Services and Corporate	321	319	639	405	405	402	402	402	402	348	348	348	348	3,809
<b>Total Agency</b>	<b>3,970</b>	<b>4,150</b>	<b>8,120</b>	<b>4,218</b>	<b>4,216</b>	<b>4,213</b>	<b>4,213</b>	<b>4,183</b>	<b>4,183</b>	<b>4,129</b>	<b>4,129</b>	<b>4,129</b>	<b>4,129</b>	<b>41,742</b>



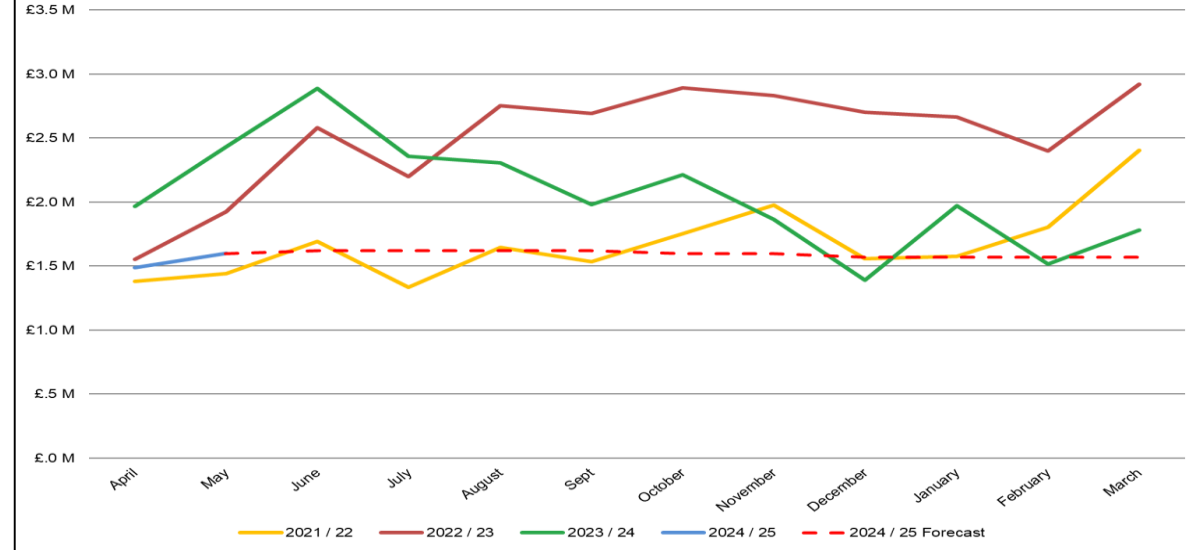
- Agency expenditure for Month 2 is £4.2m, representing 4.6% of total pay and an increase of £0.2m from April. The 2023-24 monthly average Agency expenditure was £5.6m. 2024/25 Agency year end forecast outturn is £49.9m, an increase of £2.2m from the £47.7m reported at Month 1. The forecast profile will be further refined in future months.
- Month 2 Medical Agency expenditure is £1.6m, an increase of £0.1m from previous month. The monthly average medical agency expenditure for 2023/24 was £2.1m.
- Nurse agency costs totalled £2.0m for the month, an increase of £0.1m from previous month, however expenditure is £0.8m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.8m), Ysbyty Maelor Wrexham (£0.5m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.2m), Central Area (£0.1m) and East Area (£0.1m). Nurse Agency costs continue due to covering vacancies and sickness and to ensure that Nurse Staffing Act Ward staffing levels are maintained.
- Other agency costs totalled £0.6m in Month 2, which is in line with previous month. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).

# Pay Costs – Agency

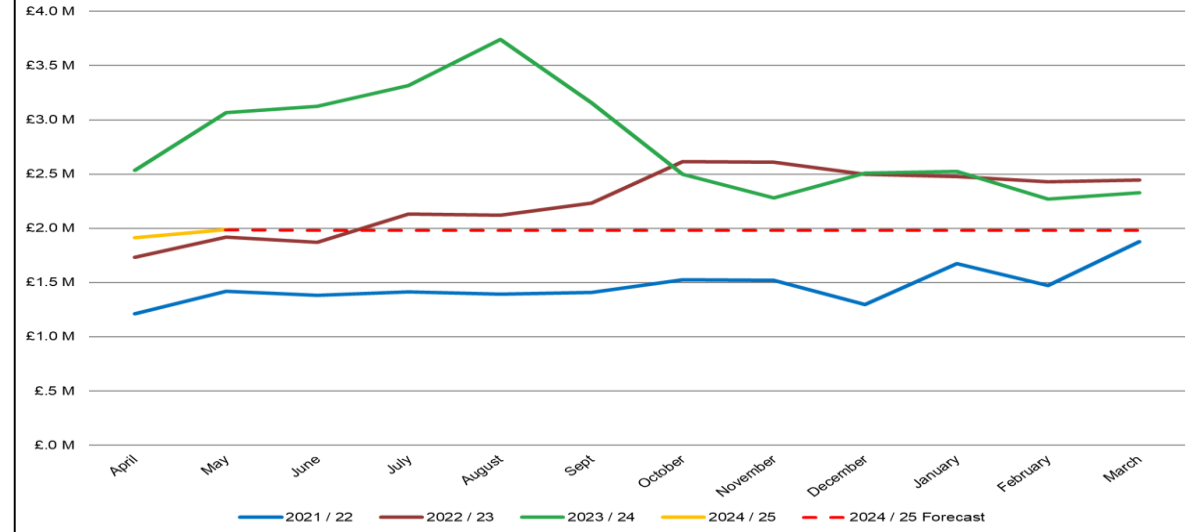
## Agency Costs



## Medical Agency Costs

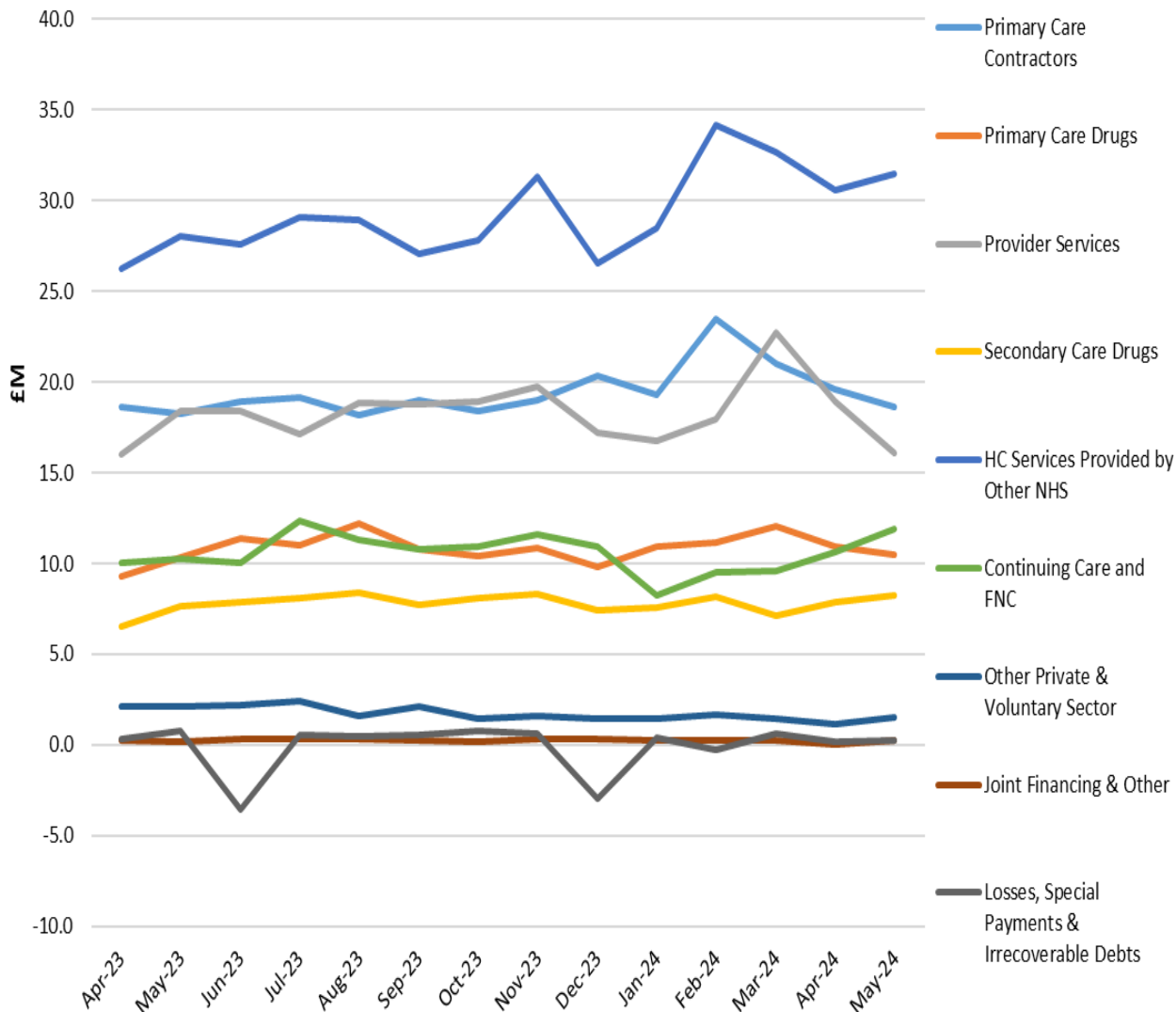


## Nursing Agency Costs



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** May expenditure is £1.0m (5.2%) less than April, of which £0.2m is a reduction in GDS spend due to Dental contract performance adjustments and £0.2m reduction in GMS Managed Practices Locum spend. Other movements also include a £0.2m reduction in the GMS Dispensing Cost of Drugs and Fees following receipt of the latest data and a £0.3m reduction in Other Primary Care Services.
- Primary Care Drugs:** Expenditure is £0.4m (4.0%) less than previous month. The number of prescribing days has decreased from 22 days in April to 21 days May.
- Secondary Care Drugs:** Expenditure is £0.3m (4.0%) higher than previous month, of which £0.2m relates to a catch up of Cancer Services Drugs Aseptic productions costs reported in Month 2.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.9m (3.1%) higher than previous month, of which £1.0m is recategorisation of DHCW expenditure from Provider Services Non-Pay to Healthcare Services provided by other NHS Bodies.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £1.2m (11.5%) higher than previous month, with an increase of £0.8m within Integrated Health Communities (IHC's) and an increase of £0.4m in Mental Health CHC packages, which is driven by both an increase in packages of care and the inflationary uplift agreed by the Board
- Other Private & Voluntary Sector:** Expenditure is £0.3m (29.5%) higher than previous month due to a delay in agreement of some Voluntary Sector contracts which resulted in Month 2 spend including backdated Month 1 spend in relation to CAIS, ICAN Primary Care and Marie Curie Voluntary sector contracts.

# Allocations

Description	£m
Allocations Received	2,020.0
<b>Total Allocations Received</b>	<b>2,020.0</b>

Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation - Impairment	1.6
Removal of IFRS-16 Lease (Revenue)	-4.7
Real Living Wage (Care Homes)	3.5
Substance Misuse	6.0
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
SDEC	1.6
5 percent A4C pay award	52.7
5 percent M&D Pay award	5.9
Increase in Real Living Wage – Band 2 and certain points band 3	1.4
CAMHS - SIF	2.7
CAMHS - Schools in Reach	1.9
MH - SIF	2.8
WRP top slice for 24/25 as per IMTP	-5.7
Early Years and Prevention 24/25	1.2
Funding for DoLS and MCA for financial year 2024/25	1.0
Other	2.7
<b>Total Allocations Anticipated</b>	<b>77.5</b>

	£m
Total Allocations Received	2,020.0
Total Allocations Anticipated	77.5
<b>Total Welsh Government Income</b>	<b>2,097.5</b>

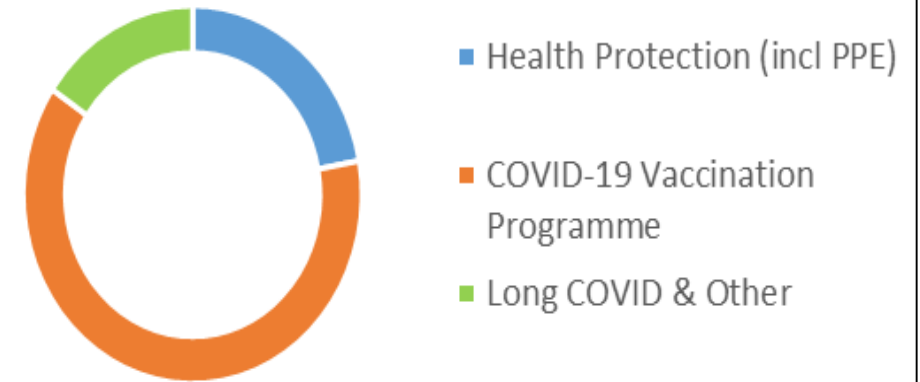
- The Health Board is funded in the main from Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is £2,097.5m. £344.0m of the RRL has been profiled into the cumulative position, which is £5.6m less than an equal twelfth.
- Confirmed allocations to date is £2,020.0m. This includes £12.2m allocation for COVID-19, with £1.6m of the COVID-19 funding profiled into the cumulative position.
- Further anticipated allocations in year totals £77.5m, consisting mainly of £52.7m 5% A4C Pay Award (23/24), £5.9m 5% M&D Pay Award (23/24), £6.0m Substance Misuse, £3.5m Real Living Wage (Care Homes), £2.8m MH SIF, £2.7m CAMHS SIF, £1.9m CAMHS School in Reach, £1.6m SDEC and £1.2m 24/25 Early years and Prevention.
- The anticipated income for Real Living Wage for CHC & FNC has been revised in month and is based upon a calculation of National Living Wage £11.44, and the Real Living Wage of £12.00 applied to the estimated affected hours.
- Also included within anticipated allocations is the removal of the £5.6m 24/25 Welsh Risk Pool (WRP) contribution top slice and £4.7m removal of IFRS-16 Leases revenue recovery.



# Impact of COVID-19

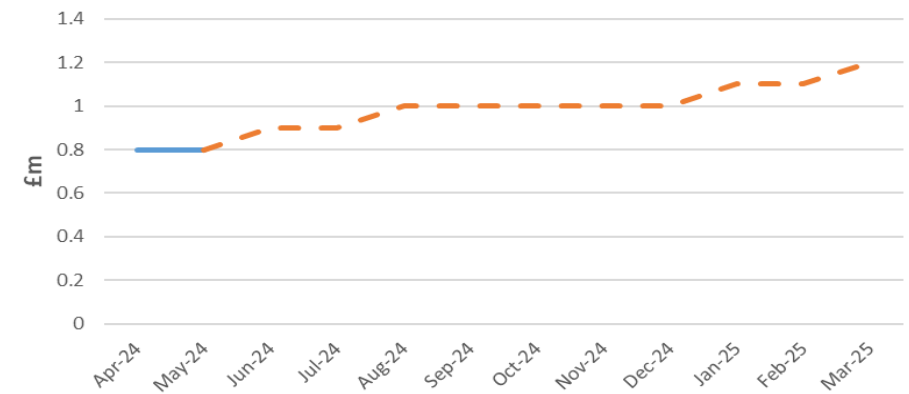
	Actual Month 01 £m	Actual Month 02 £m	Year to Date Expenditure £m	Forecast 2024/25 £m
Health Protection (incl PPE)	0.2	0.1	0.3	2.7
COVID-19 Vaccination	0.5	0.6	1.1	7.6
Long COVID & Other	0.1	0.1	0.2	1.9
<b>Total COVID-19 Expenditure</b>	<b>0.8</b>	<b>0.8</b>	<b>1.6</b>	<b>12.2</b>
Welsh Gov COVID-19 Income	0.8	0.8	1.6	12.2
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>

## COVID-19 Cost Distribution 2024/25



- Total COVID expenditure for WG funded programmes in Month 2 is £0.8m, against a COVID funding allocation of £12.2m for 2024/25. Total full year forecast is £12.2m.
- Health Protection expenditure in Month 2 is £0.1m with an annual forecast spend of £2.7m.
- COVID-19 Vaccination Programme expenditure for Month 2 is £0.6m and annual forecast spend is £7.6m. Discussions are ongoing in relation to a possible pressure against this allocation. Discussion will be required with WG Policy Leads if spend plans can not be contained within the COVID-19 Vaccination Programme allocation received.
- Month 2 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.9m. The plans for utilising the allocation in full are still being assessed and therefore at this early stage it is forecast that the funding allocation will be spent in full.

## Total COVID-19 Expenditure Per Month



# Risks and Opportunities (not included in position)

- The below are risks to the Health Board's financial position for 2024/25. Where we are clear of specific costs for both risks and opportunities, these are incorporated within the forecast position. We will consider including a risk in future months should the £4m Dental underspend materialise and the retention not be approved by WG Policy Leads (which would require other mitigation actions to be identified). The continuation of MH Out of Area placements, above the value including in the opening underlying position (24/25 Plan), is being targeted for corrective action. Should these cost continue, consideration will be given to include a risk next month. Mitigating actions will be required for any risks that crystalize, to maintain delivery of the planned deficit.

	Risks	£m	Level
1	Continuing Healthcare – growth above original plan expectation and risk to fee rates	£6.0m	Medium
2	Prescribing – growth above original plan expectation	£3.0m	Medium
3	Under Delivery against Savings Plan	£15.0m	Medium
	<b>Total Quantifiable Risks</b>	<b>£24.0m</b>	



- Balance Sheet Position to be reported at Month 3 (in line with MMR Requirements)

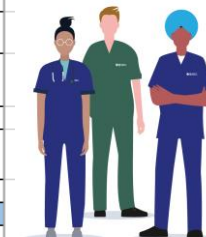


# Capital

The approved Capital Resource Limit (CRL) for 2024/25 is £41.910m and is forecast to be spent in full. Year to date expenditure is £0.5m against a year to date plan of the same value. The Regional Orthopaedic Hub at LLGH presents the highest risk to delivery of the CRL, progress will be closely monitored.

Additional allocations are expected from Welsh Government following recent confirmation of Prioritised Major Capital Bids submitted to Welsh Government - £2.292m offered for the replacement CT scanner at Ysbyty Gwynedd (YG) - no business case required – minor additional revenue for maintenance of c£0.028m to be mitigated via the Divisions spending plans and Backlog Maintenance £2.4m offered by Welsh Government following a £30m investment offer across NHS Wales

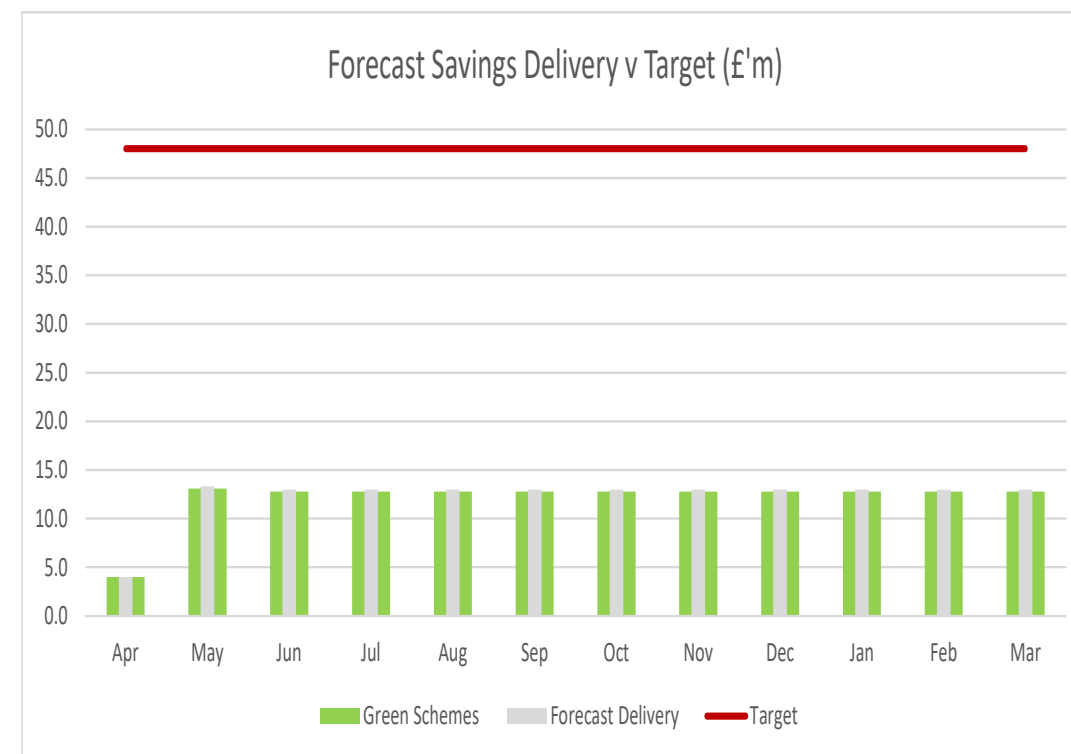
BUDGET 24/25					
1) Capital Resource Limit 2024/25	£m	Brief Overview / Update. The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	12.448				
All Wales Scheme	29.462				
<b>Total CRL</b>	<b>41.910</b>				
CAPITAL PROGRAMME 23/24	Initial Programme taking into account 25% reduction (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.924	0.000	6.099	-1.175	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works. The current over-commitment will be monitored on a month to month basis with a full review in October 2024.
Operational Estates	1.392	0.000	1.392	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
Medical Devices	1.897	0.000	1.897	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
Informatics	3.386	0.000	3.386	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
All wales funding brokerage to be re-provided from discretionary	0.849	0.000	0.000	0.849	Brokerage managed within the programme
<b>WG Discretionary Capital</b>	<b>12.448</b>	<b>0.000</b>	<b>12.774</b>	<b>-0.326</b>	<b>Over commitment</b>
MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment	Comments
Conwy & Llandudno Junction H	0.820	0.000	0.914	-0.094	The allocation is fees to develop a OBC business case. The details around the option appraisal is currently being agreed.
Efab - Infrastructure	2.770	0.000	2.616	0.154	Estate leads confirmed that projects have been assessed and tenders are issued and received to raise purchase orders. All planned works will be completed in year to meet the CRL.
Efab - Fire	0.710	0.000	1.322	-0.612	Estate leads confirmed that projects have been assessed and tenders are issued and received to raise purchase orders. All planned works will be completed in year to meet the CRL.
Efab - Decarbonisation	0.360	0.000	0.440	-0.080	Estate leads confirmed that projects have been assessed and tenders are issued and received to raise purchase orders. All planned works will be completed in year to meet the CRL.
Regional Orthopaedic Hub at	23.077	0.000	23.297	-0.220	Contractors on site and programme of works are progressing to handover in Quarter 4.
Substance Misuse Building, L	1.405	0.000	1.402	0.003	Current progress sees them completing for procurement and appointment/deployment of contractor on site. Completion of project in 25/26.
CAMHS Crisis Hub	0.320	0.000	0.320	0.000	Planning application submitted, procurement of modular supplier near completion. Project target completion
<b>All Wales Capital</b>	<b>29.462</b>	<b>0.000</b>	<b>30.311</b>	<b>-0.849</b>	<b>Under commitment</b>
<b>Total Capital Funding Available</b>	<b>41.910</b>	<b>0.000</b>	<b>43.085</b>	<b>-1.175</b>	



# Savings Performance against Target

- The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. The £48.0m target is profiled on an equal twelfth's basis.
- Savings reporting and monitoring has moved to a Value and Sustainability thematic model, with work underway to identify opportunities. Some of these opportunities have been converted to deliverable forecasts, with Green schemes (expected to be fully deliverable) totalling £13.3m and Red schemes which still need further work to convert to Green schemes totalling £6.2m. The full year value of further pipeline opportunities totals £8.1m.
- Of the £13.3m savings identified, £3.8m is non-recurring and £9.5m has been identified as recurring, with a full year effect of £12.4m.
- Savings delivered in Month 2 totals £2.2m, of which £1.5m is recurring, against a £2.1m Plan and £4.0m Target. Nil Accountancy Gains reported at Month 2.

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	2.3	6.4	1.4	0.4	1.1
Central Integrated Health Community	10.9	2.5	8.5	1.8	0.5	1.3
East Integrated Health Community	11.2	3.2	8.0	1.9	0.7	1.2
MHLD	4.2	1.9	2.3	0.7	0.3	0.4
Womens Services	1.4	0.0	1.3	0.2	0.0	0.2
Diagnostic and Specialist Clinical Support	2.1	0.6	1.5	0.4	0.1	0.2
Cancer Services	1.6	1.1	0.5	0.3	0.1	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.2	0.0	0.0	0.0
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Corporate & Support Services	3.7	1.7	2.0	0.6	0.5	0.1
Reserves	4.0		4.0	0.7		0.7
<b>Saving Total</b>	<b>48.0</b>	<b>13.3</b>	<b>34.7</b>	<b>8.0</b>	<b>2.7</b>	<b>5.3</b>



# Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target	Delivery									Delivery v Target (+ve = adverse)
		V&S Board Categories									
Service / Area		Workforce	Medicines Management	Procurement & Non-pay	CHC	Pathway	Other - Commissioning	Other - Primary Care	Income	Total	
West Integrated Health Community	8.7	0.3	1.5	0.3	0.0	0.0	0.0	0.0	0.2	2.3	6.4
Central Integrated Health Community	10.9	0.5	1.6	0.3	0.0	0.0	0.0	0.0	0.0	2.5	8.5
East Integrated Health Community	11.2	0.9	1.9	0.3	0.0	0.0	0.0	0.0	0.1	3.2	8.0
MHLD	4.2	0.2	0.1	0.1	1.5					1.9	2.3
Womens Services	1.4	0.0		0.0						0.0	1.3
Diagnostic and Specialist Clinical Support	2.1	0.0		0.6						0.6	1.5
Cancer Services	1.6	0.1	0.9	0.0						1.1	0.5
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.0		0.0						0.0	0.2
Other Primary Care	0.0			0.0						0.0	0.0
Corporate & Support Services	3.7	0.9	0.0	0.8	0.0	0.0	0.0	0.0	0.0	1.7	2.0
Reserves	4.0									0.0	4.0
<b>Saving Total</b>	<b>48.0</b>	<b>3.1</b>	<b>6.0</b>	<b>2.4</b>	<b>1.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>	<b>13.3</b>	<b>34.7</b>

Recurring Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
Recurring	48.0	9.5	38.5	8.0	1.5	6.5
Non Recurring	0.0	3.8	-3.8		1.1	-1.1
<b>Total</b>	<b>48.0</b>	<b>13.3</b>	<b>34.7</b>	<b>8.0</b>	<b>2.7</b>	<b>5.3</b>



# Savings Schemes (Green)

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Variance Forecast vs			Variance Achieved vs		
			Plan	Forecast	Plan	Plan	Achieved	Plan
Cancer	Enhanced mileage rates	R	848	879	31	141	173	31
Cancer	Enhanced Recruitment Control Savings	NR	139,029	139,029	0	46,343	46,343	0
Cancer	National agreed contracts for secondary care drugs	R	888,869	911,159	22,290	48,166	70,456	22,290
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	64,500	64,500	0
Corporate	Enhanced mileage rates	R	22,942	22,762	-180	3,824	3,644	-180
Corporate	Enhanced Recruitment Control Savings	NR	532,859	555,439	22,580	177,620	182,136	4,516
Corporate	Finance Department Staff Savings 24/25	R	60,988	60,988	0	8,728	8,728	0
Corporate	Finance Department Staff Savings 24/25	NR	239,477	239,477	0	65,098	65,098	0
Corporate	Telephone Line Rental	R	126	126	0	21	21	0
DSCS	Enhanced mileage rates	R	9,492	9,401	-91	1,582	1,491	-91
DSCS	Enhanced Recruitment Control Savings	NR	48,258	48,258	0	16,086	16,086	0
DSCS	LINC Project	NR	453,000	453,000	0	75,500	75,500	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	10,426	10,426	0
Estates	Disposal of Ala Road	R	60,738	40,476	-20,262	0	0	0
Estates	Disposal of Buildings - Ciln	R	4,969	4,969	0	0	0	0
Estates	Enhanced mileage rates	R	1,551	1,656	105	258	364	105
Estates	Enhanced Recruitment Control Savings	NR	29,136	29,136	0	9,712	9,712	0
Estates	Telephone Line Rental	R	201	201	0	34	34	0
HC - Centre	DOAC prescribing	R	1,227,700	1,227,700	0	294,238	294,238	0
HC - Centre	Enhanced mileage rates	R	48,288	49,309	1,021	8,048	9,069	1,021
HC - Centre	Enhanced Recruitment Control Savings	NR	532,456	532,456	0	177,485	177,485	0
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	135,968	0	9,912	9,912	0
HC - Centre	Polypharmacy medication reviews	R	300,000	250,000	-50,000	50,000	0	-50,000
HC - Centre	Telephone Line Rental	R	6,463	6,463	0	1,077	1,077	0
HC - East	DOAC prescribing	R	1,392,836	1,392,836	0	360,459	360,459	0
HC - East	Enhanced mileage rates	R	48,986	49,556	570	8,164	8,734	570

# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Variance Forecast vs			Variance Achieved vs		
			Plan	Forecast	Plan	Plan	Achieved	Plan
HC - East	Enhanced Recruitment Control Savings	NR	484,550	636,960	152,410	161,517	191,999	30,482
HC - East	Increase of catering income	R	88,698	88,698	0	14,782	14,782	0
HC - East	National agreed contracts for secondary care drugs	R	157,451	157,451	0	14,206	14,206	0
HC - East	Polypharmacy medication reviews	R	350,004	350,004	0	58,334	58,334	0
HC - East	Reduction in spend on Nursing Agency	R	240,000	240,705	705	40,000	40,705	705
HC - East	Telephone Line Rental	R	809	809	0	135	135	0
HC - West	DOAC prescribing	R	1,020,588	1,020,587	-1	194,839	194,839	-0
HC - West	Enhanced mileage rates	R	44,974	45,867	894	7,496	8,389	894
HC - West	Enhanced Recruitment Control Savings	NR	313,146	313,146	0	104,382	104,382	0
HC - West	Increase of catering income	R	218,024	230,824	12,800	36,336	49,136	12,800
HC - West	National agreed contracts for secondary care drugs	R	165,855	189,603	23,748	15,251	13,550	-1,701
HC - West	Polypharmacy medication reviews	R	250,000	250,000	0	41,667	0	-41,667
HC - West	Telephone Line Rental	R	4,364	4,364	0	727	727	0
MH&LDS	Enhanced mileage rates	R	41,891	43,308	1,416	6,982	8,398	1,416
MH&LDS	Enhanced Recruitment Control Savings	NR	177,613	208,179	30,566	59,204	65,318	6,113
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	71,965	0	0	0	0
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	60,996	0	10,166	10,166	0
MH&LDS	Right Care Programme	R	1,500,000	1,500,000	0	250,000	250,000	0
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	1,758	1,758	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	0	0	0
Midw & Womens	Enhanced mileage rates	R	3,365	3,338	-27	561	534	-27
Midw & Womens	Telephone Line Rental	R	951	1,018	67	158	168	10
Primary Care	Enhanced mileage rates	R	6,892	7,420	528	1,149	1,677	528
Primary Care	Enhanced Recruitment Control Savings	NR	15,203	15,203	0	5,068	5,068	0
<b>Subtotal</b>			<b>11,862,483</b>	<b>12,061,654</b>	<b>199,170</b>	<b>2,462,140</b>	<b>2,449,955</b>	<b>-12,185</b>
Procurement			1,208,051	1,246,221	38,169	288,991	230,140	-58,852
<b>Total</b>			<b>13,070,535</b>	<b>13,307,874</b>	<b>237,339</b>	<b>2,751,132</b>	<b>2,680,095</b>	<b>-71,037</b>



<b>Teitl adroddiad:</b> <b>Report title:</b>	West Integrated Healthcare Community (IHC) Finance, Performance & Workforce 'Deep Dive' Report – Month 1			
<b>Adrodd i:</b> <b>Report to:</b>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Tuesday, 25 June 2024			
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	This paper provides Committee members with an update of the West IHC Finance, Performance & Workforce position as at Month 1.			
<b>Argymhellion:</b> <b>Recommendations:</b>	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.			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Ffion Johnstone, IHC Director (West)			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

	<i>existing mechanisms / objectives</i>	<i>mechanisms / objectives</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><b>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:</b></p>		
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>	<p>The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.</p>	
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>		
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>	<p>The report has not been Equality Impact Assessed as it is reporting on actual performance.</p>	
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b></p>	<p>The report has not been assessed for its Socio-economic Impact as it is reporting on actual performance</p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>		
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>The delivery of the performance targets contained within report will have direct and indirect impact on the financial sustainability of the IHC/Board.</p>	
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>The delivery of the performance targets contained within our annual plan will have direct and indirect impact on our current and future workforce.</p>	
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>This report has been reviewed by the IHC Senior Leadership Team (incl. Finance &amp; Workforce)</p>	
<p><b>Cysylltiadau â risgiau BAF:</b></p>		

<p>(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <p><b>Implementation of recommendations:</b> Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.</p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <ul style="list-style-type: none"> <li>West IHC Performance, Finance &amp; Workforce 'Deep Dive' Report – Month 1</li> </ul>	

## **WEST IHC FINANCE & PERFORMANCE DEEP DIVE – MONTH 1 2024/25**

### **1 Introduction/Background**

This paper provides members with a summary of the West IHC Finance, Performance and Workforce position as at Month 1 of 2024/25.

### **2 Body of Report**

Please see attached Appendix 1 - West IHC Finance, Performance and Workforce position as at Month 1 of 2024/25.

#### **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*

➤ **2024/25 Financial Pressures**

Based on April's financial position IHC West's worse-case forecast deficit is £22.4m (7% of budget). The actions taken to mitigate this significant financial risk include:

- Savings Plans submitted by each Division by end of May and saving schemes implemented where possible. Savings Submission Document (SSD) paperwork to be completed by the end of Q1;
- IHC monthly Savings Review meetings are held;
- IHC W Savings Workshop took place on 11/6/24.
- Fortnightly medical agency review meetings with Recruitment support;
- Savings proposals requiring across BCU focus/ BCU support submitted to Value & Sustainability (V&S) workstreams;
- Monthly Divisional Accountability meetings;
- Vacancy control review meetings held twice a week;
- Monthly pharmacy meetings to review IHC drug saving opportunities;
- Enhanced requisition review process;
- Optimise Charitable funding opportunities;
- Financial governance training implemented locally.
- Efficiencies: weekly Theatre Planning Cell, monthly Theatre Efficiency Group

➤ **Funding made non-recurrent in 2024/25:**

- RIGA                    £17,397k

- Top slice           £4,891k
- **RIGA funding rejections/reductions (£2.45m).**
- **Hospital flow pressures – bed escalation.**
- **Recruitment and retention (*medical agency spend April = £356k*).**
- **Outsourcing Cystectomies – circa £20k per patient.**
- **Anaesthetist shortfall to deliver core activity (5.50wte).**
- **Acute NSA Ward funding shortfall (£2.8m).**
- **Community NSA Ward funding shortfall (£1.4m).**
- **Non pay inflationary pressures e.g. GP prescribing (£2.2m), Pacemakers (£1.3m).**
- **Theatre capacity for Robotic Assisted Surgery sessions for E and C.**
- **ED pay pressure from increased staffed rotas due to HIW report (£0.6m).**
- **Lease pressure from accommodating the ACCTS team (£90k).**
- **CHC fees challenge from Nursing Homes.**
- **Sustainability of Primary Care.**
- **BCU Support Required:**
  - Support from Value & Sustainability Work streams, Service Improvement and Transformation Team, and other corporate functions:
  - Standardisation of Job Planning approach;
  - BCU medical pay rate standardisation e.g. resident on call;
  - Major business case development and prioritisation;
  - Across BCU service integration;
  - Bed Modelling (Community & Acute);
  - Local Authority collaboration.

**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** – As of March 2024, the West IHC have a gap in the Director of Operations role.
- **IHC Governance Structure** – The IHC Director has established Delivery Groups & 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.
- **Closure of HiW Actions** – there remains open actions around staffing from the HiW ED inspection that took place in August 2023.
- **West IHC Communication & Engagement** – The IHC Director has established a task and finish group to develop and IHC Communication & Engagement plan. The aim of this plan is to have one co-ordinated IHC approach for Communications and Engagement across our system which involves staff, clinical groups, patient and public representatives and other stakeholders. The engagement activities outlined in the plan aim to inform and engage local stakeholders, ensuring an appropriate level of scrutiny, collaboration and co-production.
- **West IHC Annual Plan 2024/25** – The first Annual Plan as an IHC was developed for 2024/25 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.

The IHC West annual plan also supports the Health Board in meeting its requirements under Special Measures, Ministerial Targets and contributes to the delivery against A Healthier Wales.

**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. Where required, we meet with individual GP Practices who have cited financial pressures to advise and offer support through the sustainability process. Practices note significant increases in demand on primary care services post pandemic with no equivalent increase in funding, and the increase on holiday homes in our coastal areas has been noted as having an impact on capitation. We also support where premises issues are raised, something that is becoming more evident given the lack of dedicated capital funding for Primary Care.

Although the West IHC did not secure WG funding for Urgent Primary Care Centres, Transformation funding was made available to test a nurse-led model in Anglesey and Gwynedd, providing overflow support for our GMS practices. Latterly this has been adapted in the Tywyn area to integrate further with our community based services (e.g. MIU), as a means to develop a more sustainable offering for rural areas. An SDUCC (Same Day Urgent Care Centre) case is now in development by Primary and Community teams, which proposes to build on this model further to incorporate other services including emergency dental services (EDS), and roll out across the West.

The loss of GDS services in the West is a concern, and whilst a commissioning exercise was undertaken in 2023 there have been delays in awarding contracts, impacting on patient access.

A number of Cluster initiatives have been implemented to support Primary Care, through staff development, early health intervention, and prevention. These include:

- **Trainee Advanced Nurse practitioners**  
Supporting nurses through the ANP training programme to increase the available workforce and support GMS sustainability
- **Mental Health Occupational Therapists**  
Providing local, dedicated mental health support, improving access to lower level mental health services, and reducing pressure on both GP services and secondary care
- **Frailty OT for Care Homes**  
To support the practices with a high level of elderly population, including falls prevention work and improved management of frailty within the community and Care Homes
- **Advanced Physiotherapists**  
First contact practitioner to support GP practices with assessment of patients with musculoskeletal conditions, and to reduce referrals into secondary care
- **Leg Ulcer Service**

Early intervention and treatment of leg ulcers to release practice nurse capacity and reduce onward referrals to secondary care

➤ **Breastfeeding project**

Situated in an area of deprivation, and driving an increase in breastfeeding rates, to support better nutrition and child health

➤ **Care Co-ordination**

Providing a central point of contact for the CRT, and improving access for patients to health and social care services.

➤ **Holyhead**

Pilot launched in June 2023 following a piece of work carried out by BCU to identify the cohort of patients at high risk of admission. The first 9 months show a decrease in the ED attendances, ambulance conveyances, inpatient admission and length of stay of the high risk cohort in Holyhead.

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

- Re-prioritising Community Services (integrating Primary & Community Care)
- End to end pathway of care across the system – Primary to Secondary Care (Value Based Health Care VBHC)
- Partnerships, Engagement & 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 & Capacity Planning

**3 Recommendation**

Committee 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.

# West IHC

## Report to PFIG

### June 2024

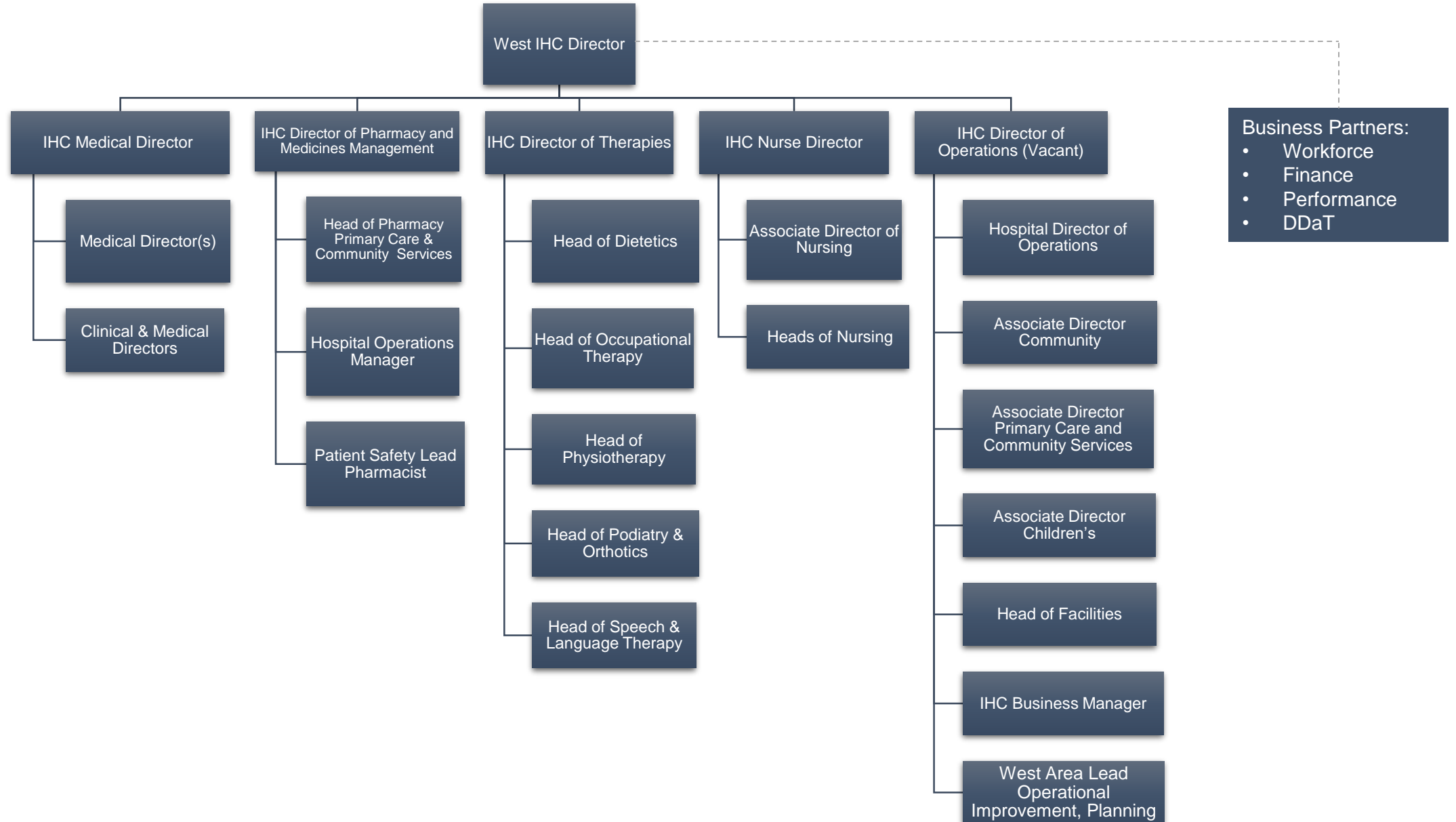


GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced by the Performance Directorate  
Betsi Cadwaladr University Health Board

# West IHC Structure



# West IHC Finance – Month 1



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced by the Performance Directorate  
Betsi Cadwaladr University Health Board

# Financial Position – Month 1

## Month 1 Position

In Month **£1,794k (7%) adverse**

Forecast **£22,422k (7%) adverse**

2023/24 outturn **£14,747k (4%) adverse**

## Material Budget Changes 24/25

- Riga 1 Budget Rejection (**£1,474k**)
- Riga 2 Budget Rejection/Reduction (**£976k**)
- 24/25 Savings Target (**£8,673k**)
- Covid, Renal Infl., NICE, PGME n/r 23/24 (**£615k**)
- Non recurrent Top Slice funding **£4,891k**
- **Total Net Budget Reduction (£6,847k)**

## Material Variances Month 1 (Forecast)

- IHC – W 2024/25 CIP **£723k (£8.7m)**
- Area – GMS Dispensing Practices **£188k (£2.3m)**
- Area - Managed Practices **£154k (£1.0m)**
- Area - GP Prescribing **£139k (£2.2m)**
- Area - Comm hospitals 'NSA' **£118k (£1.4m)**
- YG - B/F CIP **£126k (£1.5m)**
- YG - NSA Ward STF **£231k (£2.8m)**
- YG - Medical net agency pressure **£261k (£3.1m)**
- YG - Pacemaker pressure **£107k (£1.3m)**

## April 2024/25 Divisional

	April'24 Variance	
	£000	%
<b>IHC - W</b>		
AX02-Area Management West	-68	-45%
AX03-Medicines Management West	87	2%
AX04-Community Medicine West	124	5%
AX08-West Area - Non Recurrent Target	404	-100%
AX11-GMS West	260	7%
AX15-CHC West	-145	-6%
Other	-46	-1%
<b>Total West Area</b>	<b>615</b>	<b>4%</b>
<b>IHC Management</b>	<b>-15</b>	<b>-14%</b>
<b>Total West Facilities</b>	<b>86</b>	<b>8%</b>
HX02-Hospital Management YG	313	145%
HX03-Medicine YG	359	13%
HX05-Surgical YG	255	5%
HX10-Other YG	21	19%
HX11-Emergency Care YG	100	8%
HX12-YG Development	60	44%
<b>Total Ysbytu Gwynedd</b>	<b>1,108</b>	<b>11%</b>
<b>IHC West Total</b>	<b>1,794</b>	<b>7%</b>



# Key Financial Issues Specific to West IHC

## Financial Risks

- Delivery of 2.9% 24/25 savings target and b/f savings target (£10.2m).
- Non pay inflationary pressures.
- Savings target applied to ring fenced GMS (£1.1m)
- Recruitment & retention (Medical and GMS)
- CHC fees challenge by nursing homes.
- Outsourcing Cystectomy patients (£18.5k each).
- Core activity delivery (5.5wte anaesthetist gap).
- Hospital patient flow – bed escalation.
- Robot theatre capacity 2024/25 & funding shortfall 2025/26.
- GP Prescribing inflation (£2.2m p.a.).
- GS & Orthopaedic MGs business cases (£0.3m RIGA rejected).
- Underfunding of Acute hospital NSA establishment (£2.8m).
- Community Hospitals 'NSA' (RIGA £269k rejected) (£1.4m)
- HIW report – increase in staffing on ED rosters 10/3 to 12/6 (£0.6m).
- Sustainability of Primary Care
- Legal fees – employment and patient related.
- Non recurrent 2024/25 RIGA funding (£11m) TBC.
- Non recurrent 2024/25 funding; RIGA (£11m), RIF (£8m), Further faster (£0.75m)

## Major pipe line developments

- Orthopaedic Business Case (*approved – planned start date 25/2/25*)
- Holyhead SOC (WIP)
- Penrhos SOC (WIP)
- Bangor Regeneration SOC (WIP)
- Child Development Centre SOC (WIP)
- Waunfawr BJC (WIP)
- Penygroes Bro Lleu OBC (WIP)
- SDEC 7 day working
- YG Foyer Area (Charitable)
- YG Helipad (Pan BCU - Charitable)
- Wylfa Nuclear Power Station



## Savings 2024/25

In-month: £82k (target £723k) <Procurement & EEC  
**£649k adverse**

Forecast Savings £598k (target £8,673k)  
**£8,075k adverse**

## Savings delivery 23/24

£000

### Recurrent:

Nurse/Medical Agency	1,143
Other Marginal Pay	191
Drugs	1,467
CHC	1,415
Children Special Cases Review	160
Other	170
<b>Total Recurrent Savings Delivered</b>	<b>4,546</b>

### Non Recurrent:

ECR	296
Other Pay	418
CHC	510
C.Care packages accrual	805
Non Pay / Income	801
Other	154
<b>Total Non Recurrent Savings Delivered</b>	<b>2,984</b>
<b>Total Savings Delivered</b>	<b>7,530</b>

## Savings Proposals 24/25

### Pay:

- Reduction in Medical Agency costs (current spend = £4.3m p.a.).
- CLW Medical Rota management.
- Delivery of flexible job plan sessions.
- Posts held vacant/removed (DGM (£104k), Sen. Clinician Sickness retirement (£52k)).
- Pay Grip and Control – sickness management, job planning, role optimisation, effective rostering.
- Job planning and Medical Pay standardisation (V&S).

### Non Pay/Income:

- Drugs (£2,455k) & GP Dispensing.
- Endoscopy - Switch from Moviprep to Plenvu
- Glove Saving Scheme (ITU 'Gloves Off' trial started).
- Conversion of Cryocool to Ice Machine ITU.
- Non Pay Grip & Control (travel, training, dressings, continence, review maint. Contracts, Supply X).
- Pacemaker review (to include devices contract, Omnicell)
- Income generation through Ophthalmology private practice
- De-escalation of unfunded beds
- Lease reviews e.g. relocation of CHC, Neuro Development and ACCTS (V&S) teams.
- NEPTS review (V&S)

### Efficiency/Effectiveness:

- Theatre Efficiencies Group – HVLC lists, standby patients, pathway reviews, weekly planning cell, Project Flow.
- MOPs delivery in DOSA.
- Standby patients to mitigate the impact of hospital initiated cancellations.
- LLGH Day Case decant.
- Reduction in Community Hospital beds (RIGA 1 funding removal £269k).
- OPMH step down to MH beds.
- Respiratory deep dive (GIRFT, Oxygen pathway, Sleep service, steroid use, Chronic Disease community support/Goal 1 Frailty links).
- Contracts review – VFM.
- Cease Hospital Acquired Thrombosis work.
- Flow efficiencies – Flow Team and 6 Goals.
- Service efficiency reviews (GIRFT etc): Cardiac Physiology, Endoscopy, Diabetes (V&S).
- CHC Packages of Care - efficiency and effectiveness review (V&S)
- Unscheduled Care service review – GPOOHs, UPCCs, MIUs, 111, SICAT. (V&S).
- Benchmarking opportunities (V&S)



# IHC Financial Governance

Ysbytu Gwynedd & West Area Conformance Report April 2024					
PO Breaches		Salary Overpayments		Over £5k (Capital) costs ordered against Revenue	
Total Number of PO Breaches	48	Total Number of Overpayments	13	Total number of entries confirmed as mis-classed as Revenue not Capital	0
Total Value breach	40,464	Total Value breach	£11,109	Total value of entries confirmed as mis-classed as Revenue not Capital	0
Random Sample of Oracle approvals		Accountability Agreements Status Report		Establishment Control DMT approval summary	
Total number of random samples reviewed	39	Number of AA's issued	Accountability Agreements 24/25 yet to be issued	Number of requests submitted without financial approval	
Total number of entries queried	0	Number of AA's signed and returned		Not yet available	
Total number confirmed as breach	0	Number of AA's outstanding		Estimated value	
Total value of breach	£0	Number of AA's with valid reason for outstanding		£	

# West IHC Finance – Performance



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced by the Performance Directorate  
Betsi Cadwaladr University Health Board

# Planned Care Performance

## Performance Report - West IHC

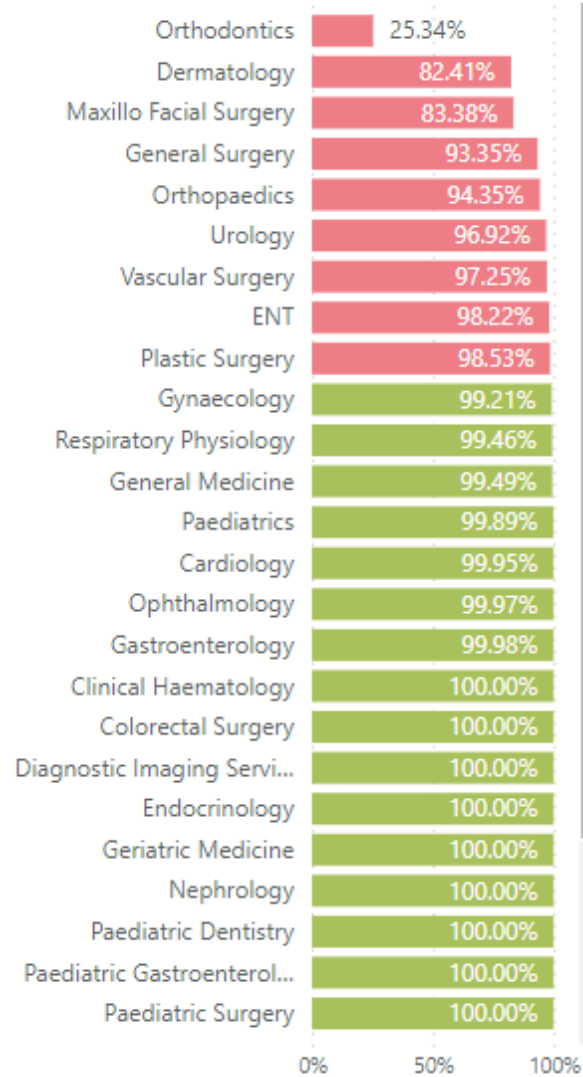
Betsi Cadwaladr University Health Board

				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	Apr-24	
Referral to Treatment and Diagnostics	Position Shown	Level																
Waiting list size (all RTT)	Monthly	West IHC (Local)	Target															
			Performance	55,602	57,816	59,037	58,961	58,556	58,000	57,704	57,927	58,151	57,759	56,230	57,864	58,845	60,438	
Over 156 weeks all stages	Monthly	West IHC (Local)	Target															
			Performance	1,023	941	807	644	590	499	451	394	337	324	311	304	439	356	
Over 104 weeks all stages	Monthly	West IHC (National)	Trajectory		2406	2299	2372	2446	2548	2649	2811	2974	3150	3290	3453	3626		
			Performance	2,396	2,444	2,374	2,191	2,088	1,980	2,053	2,026	1,998	2,080	2,072	2,146	2,248	2,507	
Over 52 weeks all stages	Monthly	West IHC (National)	Trajectory		10555	10080	10150	10292	10353	10700	10999	11652	12013	12631	12671	12794		
			Performance	10,678	11,045	11,516	11,306	11,283	11,049	11,194	11,274	11,567	12,012	11,574	11,818	12,497	13,346	
Outpatient waits: > 52 weeks for new appointment	Monthly	West IHC (National)	Trajectory		3033	2944	2945	3014	3078	3261	3420	3767	3980	4065	4177	4347		
			Performance	2,966	3,075	3,199	3,155	3,001	2,906	2,941	3,046	3,402	3,783	4,008	4,487	4,831	5,241	
Over 36 weeks all stages	Monthly	West IHC (Local)	Target															
			Performance	18,191	19,063	19,271	18,845	18,846	18,732	18,575	19,137	19,519	20,107	19,966	20,242	21,256	22,501	
Outpatient waits: > 36 weeks for new appointment	Monthly	West IHC (National)	Trajectory		6101	6244	6510	6662	6816	6618	6374	6320	6393	6411	6457	6478		
			Performance	6,215	6,685	6,869	6,649	6,536	6,557	6,678	7,110	7,607	8,006	8,583	9,080	9,651	10,403	
Outpatient waits: over 100% delay for follow-up appointment	Monthly	West IHC (National)	Trajectory		30992	29457	27926	26396	24867	23340	21813	20286	18759	17233	15707	14181		
			Performance	31,393	32,484	34,634	35,415	34,789	35,145	36,880	37,684	38,618	40,165	40,177	40,623	40,842		
Diagnostics: > 8 weeks	Monthly	West IHC (National)	Trajectory															
			Performance	8,119	3,057	3,367	3,843	3,462	3,440	3,016	2,579	2,433	2,749	2,964	2,843	2,853	3,092	
Therapies: > 14 weeks wait for a specific therapy (including audiology)	Monthly	West IHC (National)	Trajectory															
			Performance	611	634	689	658	699	742	769	773	761	832	784	707	655	545	
Therapies: > 14 weeks wait for a specific therapy (excluding audiology)	Monthly	West IHC (Local)	Trajectory		6	16	17	16	16	16	16	15	10	6	3	0		
			Performance	17	5	10	15	13	21	28	17	17	42	38	40	22	21	



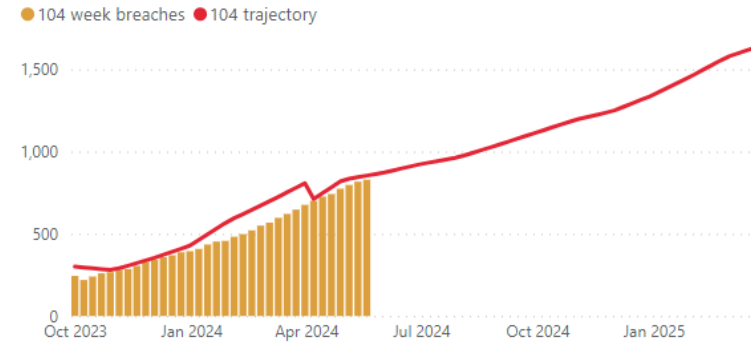
# Planned Care Performance – Long Waits

## 104 Weeks Performance % (Target 99%)



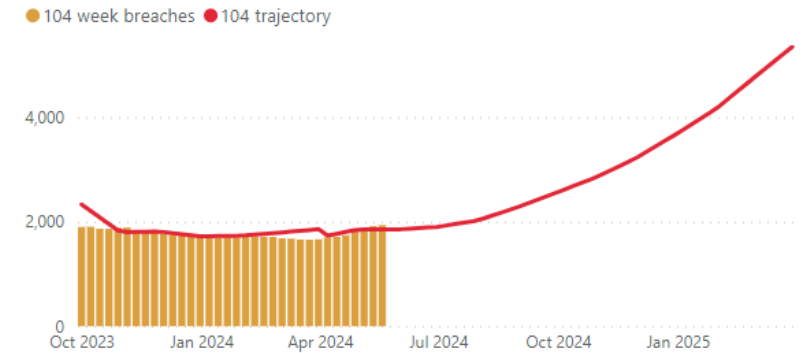
## West IHC – Medicine and Community

### All Stages 104 Week Actuals vs Trajectory



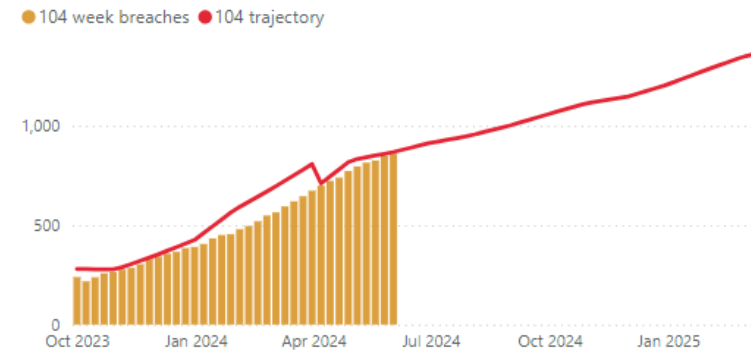
## West IHC – Surgery

### All Stages 104 Week Actuals vs Trajectory



## West IHC – Dermatology

### All Stages 104 Week Actuals vs Trajectory



# Performance Metrics – Planned Care

## Areas of focus:

- DDATS– Continue with Data Quality agenda focusing on the validation and accuracy of waiting lists. Continued internal validation of open RTT pathways and External validation programme for Stage 1 and 4
- Prioritise capacity aligned to the clinical urgency of patient pathways (Urgent Suspected Cancers for example) and length of wait whilst also continuing to explore and deliver opportunities for HVLC/ GIRFT standards
- Development and confirmation of a consistent pan BCU capacity/demand model for the delivery and monitoring of trajectories and activity plans aligned to ministerial priorities
- Continue the re-patriation of insourcing patients onto IHC waiting lists and continue pathways according to identified clinical priority and/or original referral waiting times
- Delivery of agreed additionality aligned to extreme waits for the reduction and maintenance of waiting list targets whilst continuing to implement solutions for the delivery of additional capacity through fallow theatre sessions within job plans
- Clinically led opportunities to support appropriate protocols for areas such as SOS/PIFU aligned to reductions in waiting lists such as the ‘Follow up Backlog’
- Progress GIRFT recommendations as per Elective Optimisation Agenda with continued transformation and efficiency work to deliver measurable outcomes. This includes the establishment of MOPs and delivery of Abergele/Llandudno as cold elective centres.
- Continued exploration and delivery of PAN BCU delivery opportunity for equitable waiting times across North Wales and the maximum delivery opportunity of centralised services such as Robotic Assisted Surgery.
- Dermatology – pan BCU solutions approved by Execs to be worked through (insourcing and development of primary care solutions.

# Urgent & Emergency Care Performance

## Performance Report - West 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	Apr-24
Emergency Care	Position Shown	Level															
ED&MIU performance 4 hrs (all)	Monthly	West IHC (National)	Trajectory	95%			59.5%	60.8%	62.1%	63.4%	64.7%	66.0%	67.3%	68.6%	70.0%	72.0%	
			Performance	66.9%	65.8%	69.9%	71.0%	68.4%	71.6%	70.6%	68.2%	68.8%	68.1%	68.9%	67.9%	68.6%	72.1%
ED&MIU performance 4 hours (non-admitted)	Monthly	West IHC (Local)	Trajectory	95%			69.0%	70.2%	71.4%	72.6%	73.8%	75.0%	76.2%	77.4%	78.8%	80.0%	
			Performance	77.0%	75.0%	79.0%	80.1%	77.7%	81.0%	81.4%	79.1%	79.5%	79.4%	80.0%	79.2%	78.6%	82.4%
ED&MIU performance 24 hour waits	Monthly	West IHC (Local)	Target	100%													
			Performance	92.9%	94.1%	95.6%	95.6%	95.8%	95.3%	95.3%	93.9%	93.4%	92.2%	92.2%	93.2%	93.9%	93.4%
ED&MIU number of 24 hour waits	Monthly	BCU (Local)	Trajectory	0		330	298	266	234	202	170	128	96	64	32	0	
			Performance	404	360	301	311	288	341	301	377	369	442	429	375	392	421
ED&MIU performance 12 hour waits	Monthly	West IHC (Local)	Target	100%													
			Performance	85.3%	84.8%	87.3%	88.0%	86.5%	87.5%	85.5%	85.0%	84.7%	84.2%	84.5%	85.2%	87.1%	86.8%
ED&MIU number of 12 hour waits	Monthly	West IHC (National)	Trajectory	0		883	846	809	772	735	698	661	624	587	550	696	
			Performance	835	937	870	842	917	902	924	929	855	887	854	819	832	845
Ambulance handovers over 1 hour	Monthly	West IHC (National)	Trajectory	0													
			Performance	615	548	498	488	495	485	466	610	499	709	692	536	534	781
Ambulance handovers over 4 hours	Monthly	BCU (Local)	Trajectory	0		140	120	100	80	60	40	20	0	50	45	40	35
			Performance	231	155	111	113	72	113	50	72	91	248	239	173	126	329
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Monthly	West IHC (National)	Target	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
			Performance	36.6%	48.8%	53.3%	46.1%	46.6%	46.2%	40.7%	44.8%	44.0%	43.5%	44.5%	49.0%	45.4%	41.4%
Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Monthly	West IHC (National)	Target														
			Performance	150.0	162.0	155.0	160.0	156.0	138.0	138.0	151.0	111.5	126.0	121.0	128.0	135.0	113.0
Median time from arrival at an emergency department to triage by a clinician	Monthly	West IHC (National)	Target														
			Performance	36.0	37.0	30.0	31.0	35.0	23.0	24.0	22.0	20.0	24.0	22.0	24.0	26.0	26.0



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

## Performance Report - West IHC

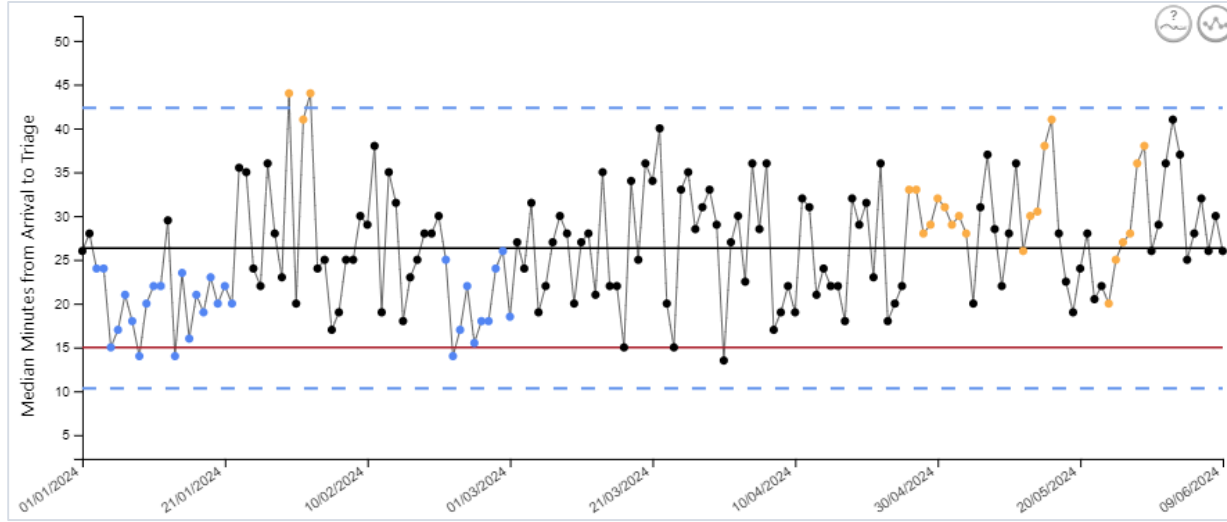
Betsi Cadwaladr University Health Board

				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	Apr-24
Emergency Care																	
	Position Shown	Level															
MIU performance 4 hrs	Monthly	West IHC (Local)	Trajectory														
			Performance	98.3%	99.4%	99.3%	99.3%	99.3%	98.1%	99.2%	99.7%	98.9%	99.3%	99.3%	99.3%	98.9%	99.5%
ED performance 4 hrs (all)	Monthly	West IHC (Local)	Trajectory	95%								59.0%	60.8%	62.5%	64.3%	66.0%	67.8%
			Performance	57.0%	54.1%	58.4%	59.0%	55.5%	58.9%	58.9%	57.3%	58.5%	58.1%	59.5%	57.9%	57.5%	60.8%
ED performance 4 hours (non-admitted)	Monthly	West IHC (Local)	Trajectory	95%								70.7%	71.9%	73.1%	74.3%	75.5%	76.7%
			Performance	68.2%	64.0%	68.6%	69.8%	65.9%	70.3%	71.7%	69.5%	70.8%	70.9%	72.1%	70.5%	68.8%	73.4%
ED performance 24 hour waits	Monthly	West IHC (Local)	Target	100%													
			Performance	92.9%	94.1%	95.6%	95.6%	95.8%	95.3%	95.3%	93.9%	93.4%	92.2%	92.2%	93.2%	93.9%	93.4%
ED number of 24 hour waits	Monthly	BCU (Local)	Trajectory	0		330	298	266	234	202	170	128	96	64	32	0	
			Performance	404	360	301	311	288	341	301	377	369	442	429	375	392	421
ED performance 12 hour waits	Monthly	West IHC (Local)	Target	100%													
			Performance	85.3%	84.8%	87.3%	88.0%	86.5%	87.5%	85.5%	85.0%	84.7%	84.2%	84.5%	85.2%	87.1%	86.8%
ED number of 12 hour waits	Monthly	West IHC (National)	Trajectory	0			883	846	809	772	735	698	661	624	587	550	696
			Performance	835	937	870	842	917	902	924	929	855	887	854	819	832	845

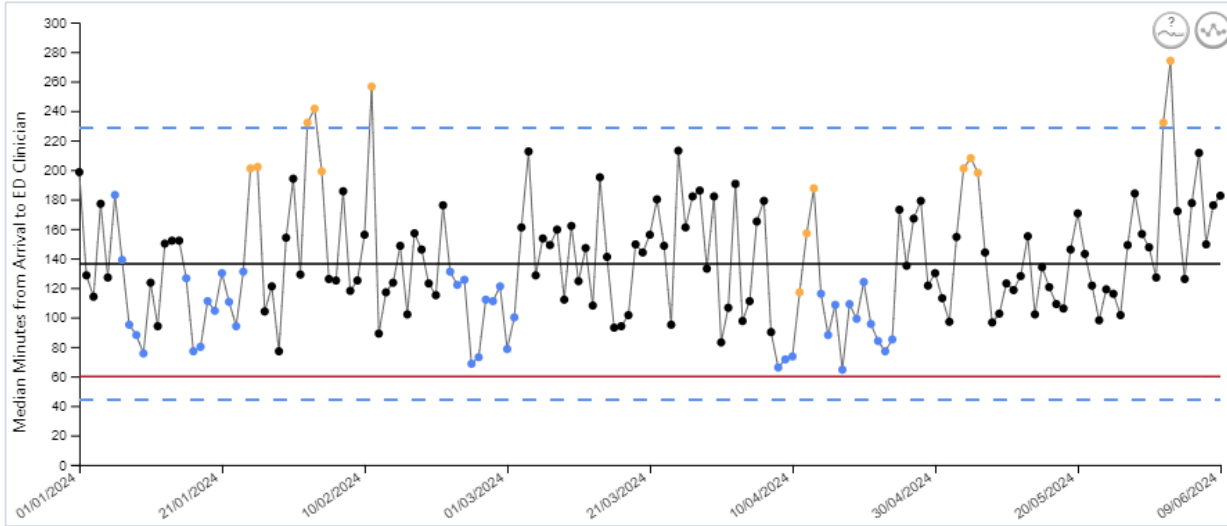


# Ysbyty Gwynedd – ED

## Median Minutes From Arrival in ED to Triage (January – June 2024)

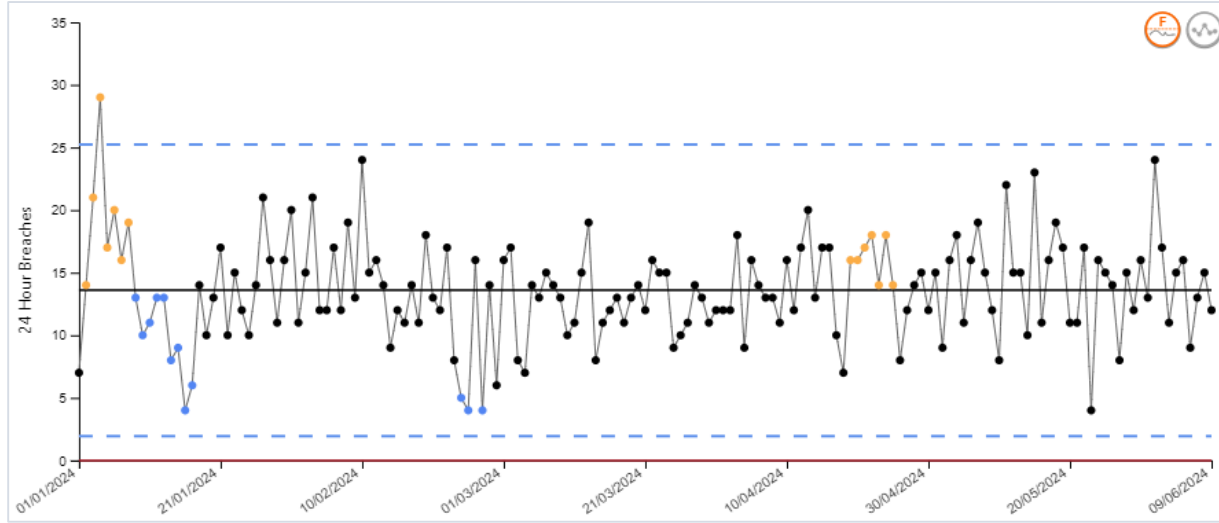


## Median Minutes From Arrival in ED to ED Clinician (January – June 2024)

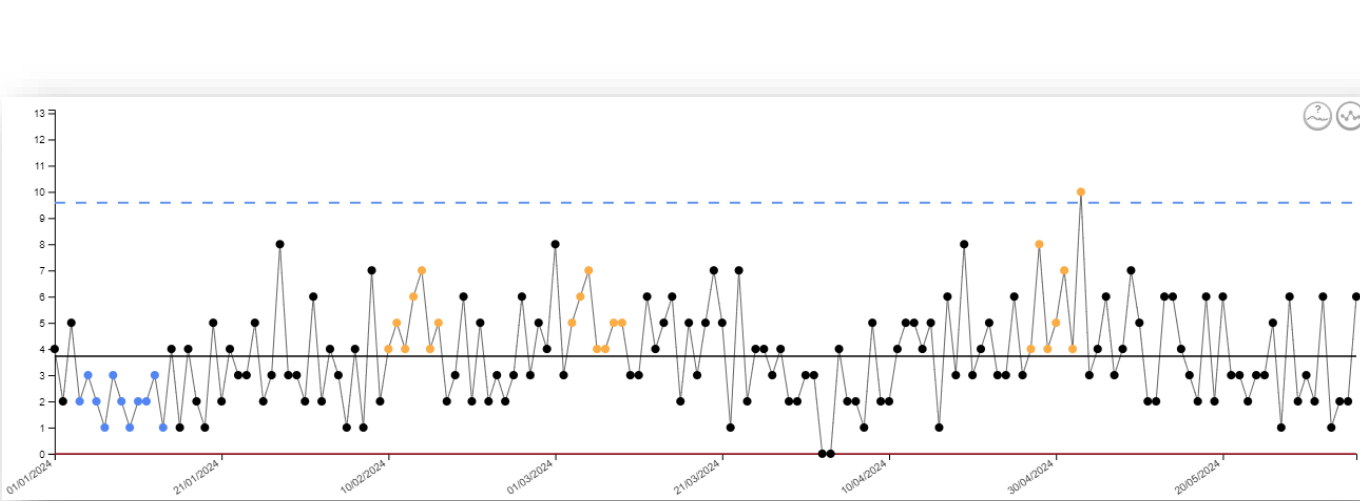


# Ysbyty Gwynedd – ED

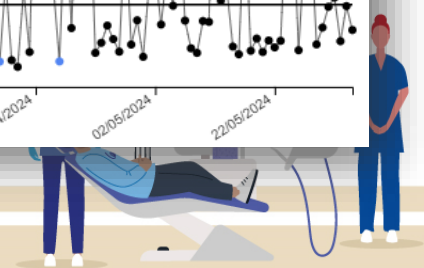
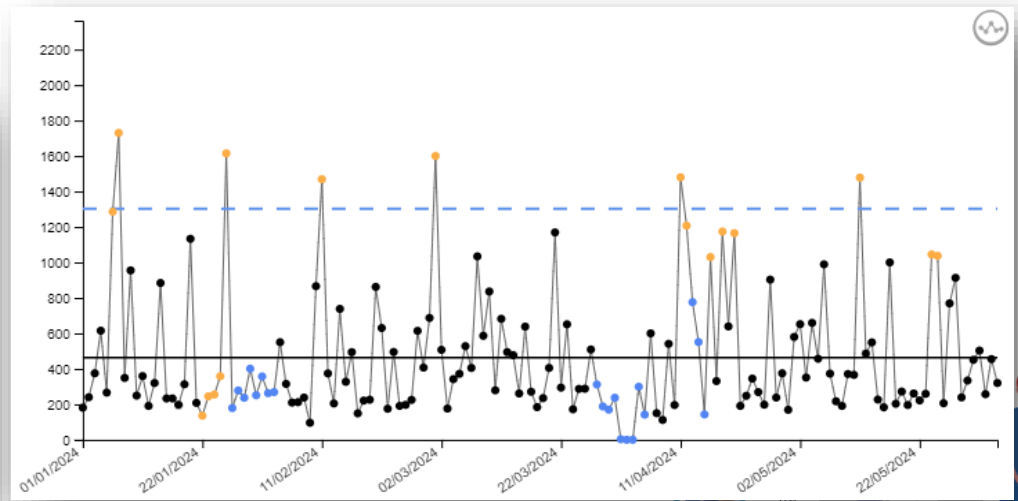
## Number of 24 Hour Breaches (January – June 2024)



## Number of MH Attendances (January – June 2024)



## Average Time in ED (minutes) (January – June 2024)



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

**West Urgent and Emergency Care Group** consolidates the work around the Six Goals for Urgent and Emergency Care.

Goal 1: Co-ordination, planning and support for people at greater risk of needing UEC	Outcome Measures	Risks
<ul style="list-style-type: none"> <li>• <b>Community Frailty Pilot</b> – To deliver a proactive rather than reactive patient-centred service that meets the health and social needs of high-risk individuals within their own community. Effective integration of the Community Resource Team (CRT) with the wider healthcare economy will maximise on the skillset, knowledge and resources available. Roll out to CRT1 has been completed with the next phase being roll out to CRT 2 &amp; 3 by the end of June.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in admissions from high risk cohort</li> <li>• Reduction in admissions, attendances and LoS from all adults in CRT</li> <li>• Better patient experiences (PREMS)</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement to use EMIS as health record</li> <li>• Domiciliary Care capacity</li> </ul>
GOAL 2 – Signposting, information and assistance	Outcome Measures	Risks
<ul style="list-style-type: none"> <li>• To include: Out of Hospital Urgent Care services; Development of EDS (Emergency Dental Services) within the West; Extend provision of direct professional support (practice development and frailty hub) to care homes to prevent ambulance conveyance; Development of the Safe at Home work-stream - CRT integration with Frailty Hubs and development of MDTs; Review of Palliative Care pathways; ACD networks to improve communication and awareness, and develop collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Urgent care capacity</li> <li>• Access to emergency dental care</li> <li>• Access to Pharmacy common ailments schemes</li> <li>• CRTs providing additional support to at-risk patients</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for Urgent Care development</li> <li>• CRT capacity and funding for frailty rollout</li> </ul>
GOAL 3 – Clinically safe alternatives to admission	Outcome Measures	Risks
<ul style="list-style-type: none"> <li>• <b>SDEC</b> – To de-escalate SDEC to maximise access to same day services for medical, surgical and orthopaedic patients that have been seen by primary care, Emergency Department, WAST and other primary care providers. SDEC mini refresh including reviewing all specialties going through SDEC to ensure right patients and specialties are using the service.</li> <li>• <b>IV Suite Service (with OPAT capabilities)</b> – To further develop this service in the community to include enhancing the service in Ysbyty Alltwen and the development of a service in Ysbyty Penrhos Stanley. A scoping exercise has been completed to understand which inpatients are on IVs and how many of these could receive care in the community, and a project team is now moving this work forward.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced hospital admissions; Number of patients seen in SDEC; ED Performance including 4 hour performance, ambulance handovers, 12 and 24 hour breaches. Agency costs; GP Referral to SDEC v AMU</li> <li>• Number of patients using the community OPAT service</li> </ul>	<ul style="list-style-type: none"> <li>• Bedding down of SDEC during times of escalation.</li> <li>• Current community IV service is person dependent</li> </ul>

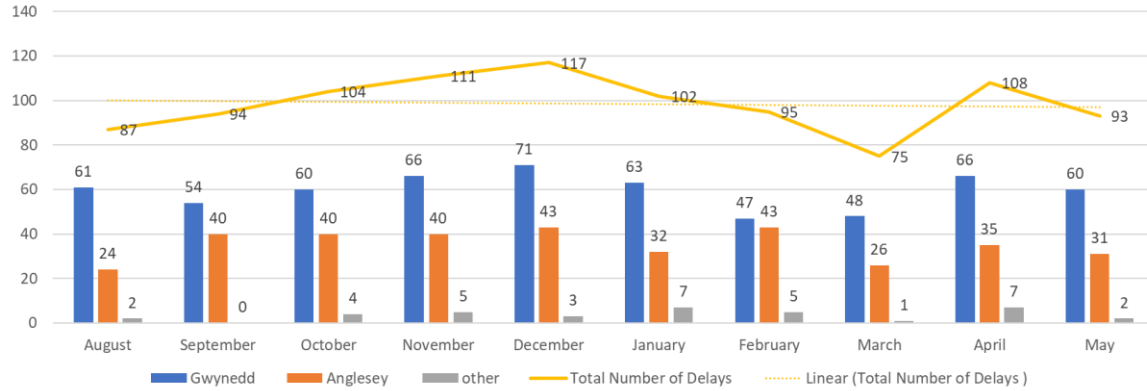
# Urgent & Emergency Care Improvement Programme – Short / Medium Term Projects

**West Urgent and Emergency Care Group** consolidates the work around the Six Goals for Urgent and Emergency Care.

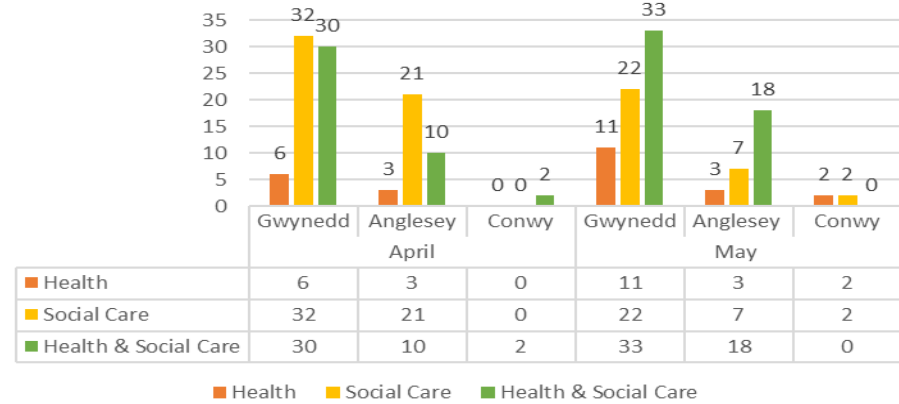
GOAL 4 – Rapid Response in a physical or mental health crisis	Outcome Measures	Risks
<ul style="list-style-type: none"> <li>• <b>Ambulance Handover</b> – continue to work on the trajectory to have a zero tolerance for 4 hour ambulance handover through initiative such as improved flow to creating capacity, supporting immediate releases, collaborative working through regular meetings with WAST colleagues, improved flow to SDEC, daily monitoring of the recently developed WAST Handover dashboard on IRIS to monitor progress against trajectories, focus on Expected Specialty Patients to ED and measure impact on performance and patient experience.</li> <li>• <b>Mental Health</b> – Work with Felin Fach Crises Service to develop a crises management service in ED to support patients with a non-clinical presentation. Business Case has been submitted for funding to provide and crises management service to support ED out of hours.</li> <li>• <b>Cancer Services</b> - work ongoing to ensure that patients suffering with acute complication of cancer or in treatment are able to pass ED where appropriate and quickly access acute oncology services.</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulance Handover – 4 hour target</li> <li>• 4 hour performance – ED</li> <li>• 12 hour and 24 hour breaches</li> </ul>	<ul style="list-style-type: none"> <li>• No capacity to offload in a timely manner</li> <li>• Awaiting confirmation for funding to set up Crises Centre</li> </ul>
GOAL 5 - Optimal hospital care and discharge practice from the point of admission	Outcome Measures	Risks
<ul style="list-style-type: none"> <li>• <b>System to Support Flow</b> – continue to progress the actions from the System to Support Flow Improvement plan with a focus on Rhythm of the Day, Good Communication and Escalation and De-escalation processes.</li> <li>• <b>Board Rounds</b> - Development of a Board Round improvement plan with a focus on a clear SOP, consistency and leadership, to ensure Board Rounds are action focused and support turning patient days from Red to Green.</li> <li>• <b>Stepdown Ward Pilot</b> - Review of the Tryfan Step Down ward pilot with clear recommendations about the future of the Ward.</li> <li>• <b>Preventing Deconditioning</b> – progress with local initiatives to support preventing deconditioning – lead identified and action plan to be developed.</li> </ul>	<ul style="list-style-type: none"> <li>• AVLOS and Clinically Optimised LOS</li> <li>• Earlier in the day discharges &amp; Weekend discharges</li> <li>• Outliers</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge delays that are impacted by factors outside of our direct area of influence.</li> </ul>
GOAL 6 – Home First Approach and reduce risk of readmission	Outcome Measures	Risks
<ul style="list-style-type: none"> <li>• <b>D2RA</b> - Implementation of the D2RA pathways across IHC - ensure recourses are aligned to provide support and monitoring is in place.</li> <li>• <b>Tuag Adref Service</b> - ongoing review and development of the Tuag Adref team to support D2RA, facilitating earlier discharges for patients awaiting domiciliary care and supporting the prevention of avoidable hospital admission.</li> <li>• <b>Delayed Pathways of Care</b> – focus on reduction of internal delays in discharge processes across IHC. Monitoring via DPOC Census, Daily Acute Clinically Optimised meeting, and Weekly Long Stay Tuesday in the Community.</li> <li>• <b>Discharge support focus</b> – including: Hospital Discharge Guidance; DPOC escalation protocol; Choice Protocol; Discharge Competency Workbook and Training to support.</li> <li>• <b>Trusted Assessor</b> – Development of the Roles within the Front Door Team, Tryfan Stepdown Ward, and linked to General Residential Homes.</li> </ul>	<ul style="list-style-type: none"> <li>• AVLOS and Clinically Optimised LOS</li> <li>• Decrease in internal assessment delays</li> <li>• Number of discharges</li> </ul>	<ul style="list-style-type: none"> <li>• Social Care Capacity</li> <li>• Funding of Tuag Adref</li> </ul>

# Pathways of Care (DPOC) Performance

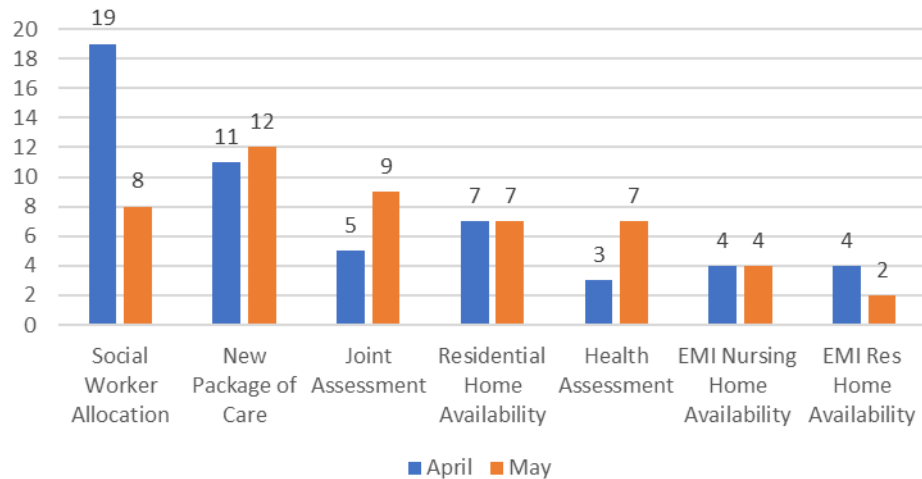
West IHC - Total Number of Delays  
August 2023 - February 2024



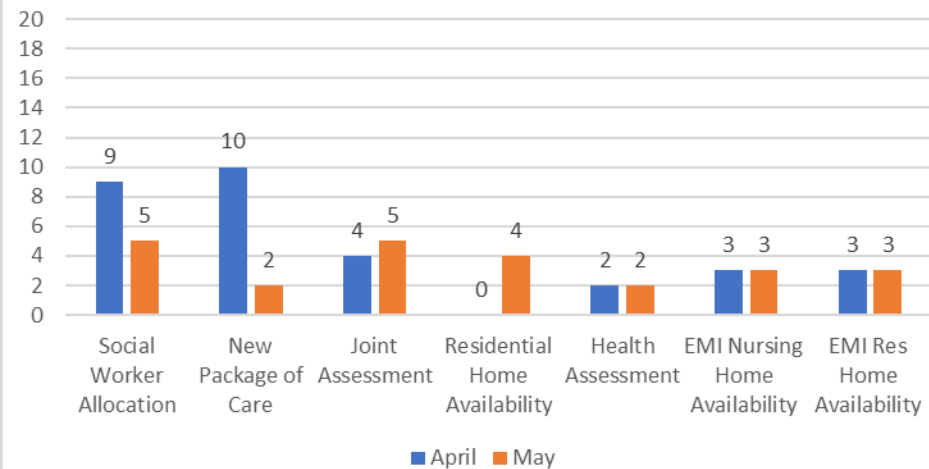
Delays by Service Lead



Top Reasons for Delay - Gwynedd

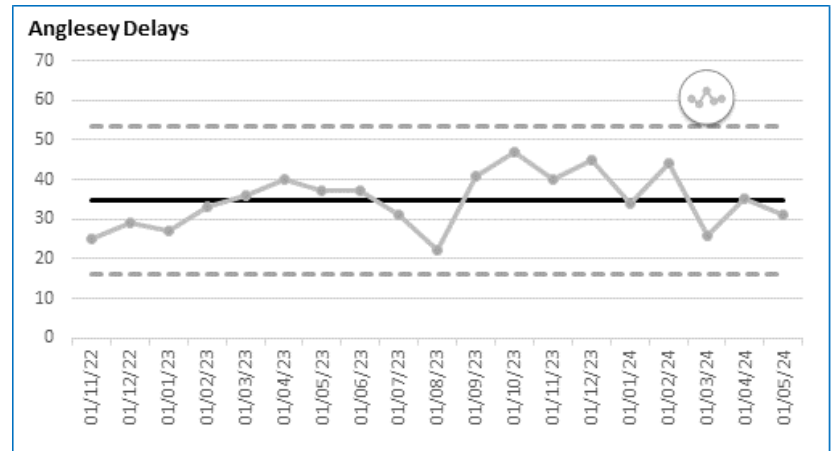
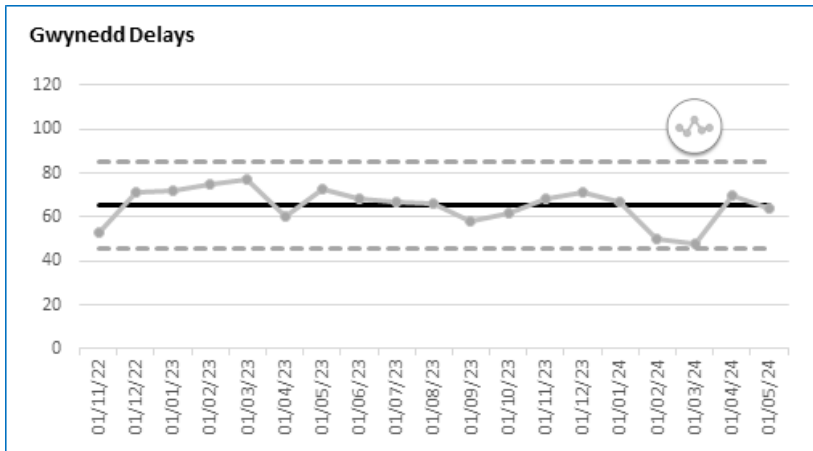


Top reasons for Delay - Anglesey



# Summary of West IHC Delays for the last 6 Months (Census Snapshot 3rd Wednesday of the Month)

- Average number of patients delayed in West IHC in-patient beds is 98
- Average number of bed days lost / month is 2240
- Average number of patients delayed more than 21 days is 37
- Total of bed days lost for patients delayed over 21 days is 10,410 (Accumulative number)



# Tryfan - Nurse Led Stepdown Ward

## **Background:**

The primary driver for establishing a stepdown ward was the number of medical outliers, 125 patients over and above the core medical bed base and allocated and available medical staffing. Many of these outliers were medically optimised awaiting dates for packages of care or placements and did not require ongoing medical input

3 month pilot agreed. SOP was developed detailing clear patient inclusion and exclusion criteria as well as process for managing patients who became non-medically optimised whilst on the stepdown ward. Tryfan became operational as a 24 bedded stepdown ward by 10<sup>th</sup> December 2024. Management and accountability aligned to Community Team.

## **Some measures of success:**

Reduced overall number of medical outliers across YG site - reducing burden on medical staff

AVLOS 5 days or under for just over 50% of patients - pathway 3 delays impacting

Longest stay 74 days, pathway 3 – awaiting placement - delays can be significant

Trusted Assessor role on ward – with agreement of LAs

Positive impact on Community Hospital waiting list and Community Hospital LOS - rehab patients prioritised

Pilot phase ended and Tryfan confirmed as a permanent nurse led stepdown ward. Workforce planning and review of skill mix and training needs progressing.



# Community Frailty Pilot (Holyhead)

Pilot launched in June 2023 following a piece of work carried out by BCU to identify the cohort of patients at high risk of admission. Holyhead was chosen as the pilot area. The aim of the project is to the **right care** by the **right person** at the **right time** and in the **right place**, through the delivery of a proactive rather than reactive patient-centred service that meets the **health and social needs** of high-risk individuals within their own community. Effective integration of the Community Resource Team with the wider healthcare economy will maximise on the skillset and resources available. Early intervention; accessible via a centralised streaming hub, will facilitate a seamless and co-ordinated pathway to support service users holistically, increase autonomy and minimise avoidable inpatient admission.

The first 9 months show a decrease in the ED attendances, ambulance conveyances, inpatient admission and length of stay of the high risk cohort in Holyhead.

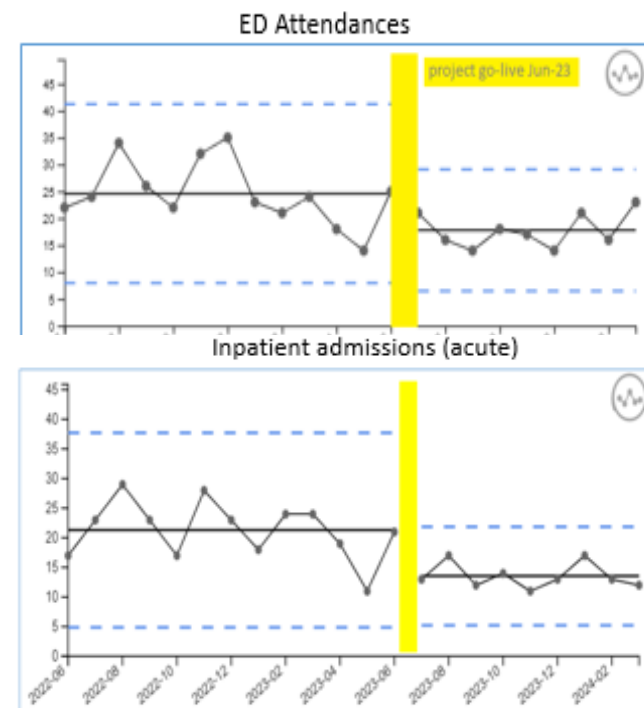
## Next steps:

- Roll out to further CRTs in the West – aim to get model in all 8 CRTs by March 2025
- Funding from Further Faster (pending confirmation from WG)
- Assess case for additional CRT members to increase community capacity to enable further admission avoidance
- Further patient and staff feedback and in-depth patient stories
- Community Frailty Forum set up for senior stakeholders within West IHC
- Link in with Inverse Care Law work on Anglesey
- CGA / ACP – progress further (approval for EMIS use as clinical record within CRT required)
- Care home pilot
- Potential for further spread into Centre and East IHCs

## POTENTIAL BENEFIT FROM ROLL OUT IN WEST:

2024/25 = 7,800 bed days / 21.4 beds

2025/26 = 10,800 bed days / 29.7 beds



# West IHC Finance – Workforce



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Produced by the Performance Directorate  
Betsi Cadwaladr University Health Board

# Workforce – Vacancies & Sickness - Month 1

Org L5	Budgeted FTE	Actual FTE (inc SLE Drs)	Vacancy FTE	Vacancy %	Under Establish ed FTE	Monthly Sickness %	Rolling Sickness %	Agency Spend	Bank Spend	PADR %	Training %	External Starters FTE	Internal Starters FTE	External Leavers FTE	Internal Leavers FTE	Agency Filled % (Hours)	Bank Filled % (Hours)	Unfilled % (Hours)
Facilities West (HCWF) L5	378.7	344.5	34.2	9.0%	43.0	7.65%	8.77%	0	-20,425	73.7%	90.2%	0.0	16.1	-0.9	-16.3			
Health Community West Management (HCWM) L5	8.0	5.1	2.9	36.3%	3.9		0.65%	0	0		66.2%				0.0			
West Area (AX01) L5	1495.0	1525.2	-30.2	-2.0%	270.3	5.92%	5.46%	57,134	101,155	82.6%	92.6%	6.9	8.9	-10.9	-11.9	19.2%	66.4%	14.3%
Ysbyty Gwynedd (HX01) L5	1851.9	1681.1	170.9	9.2%	303.8	6.39%	6.34%	601,244	499,644	74.7%	87.8%	12.8	21.3	-3.5	-23.4	24.5%	58.1%	17.4%
<b>Total</b>	<b>3733.7</b>	<b>3555.9</b>	<b>177.8</b>	<b>4.8%</b>	<b>620.9</b>	<b>6.30%</b>	<b>6.19%</b>	<b>658,378</b>	<b>580,374</b>	<b>78.2%</b>	<b>90.2%</b>	<b>19.7</b>	<b>46.4</b>	<b>-15.4</b>	<b>-51.7</b>	<b>23.8%</b>	<b>59.2%</b>	<b>17.0%</b>

- The number of staff in post increased in April to 3559 FTE a decrease of 14 FTE on the month previously and 134 FTE staff more than September 2022.
- Head count has increased from 3756 to 4042
- Vacancies decreased in month from 263.9 FTE to 177.8 FTE, this equates to a vacancy rate of 4.8%

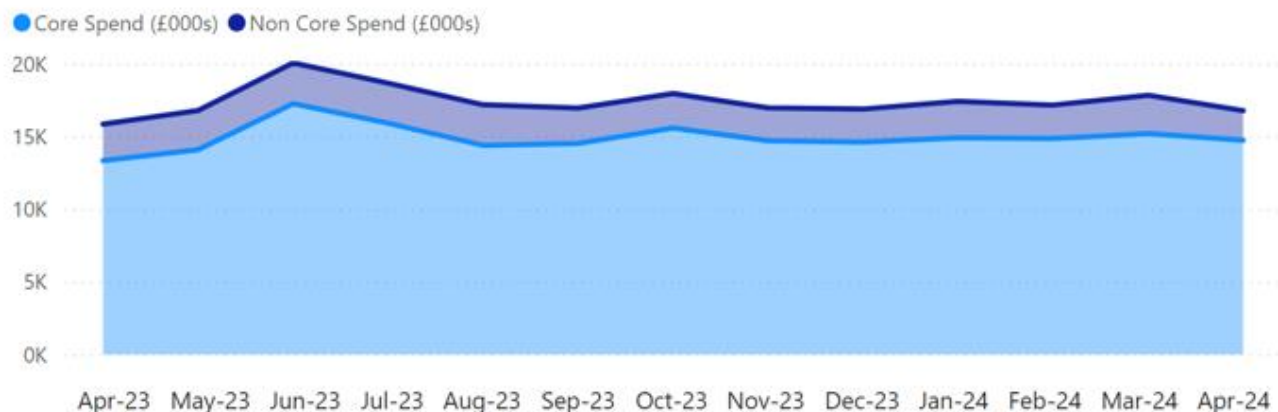
## Sickness

- Number of staff off sick increased from 231.5 per day in September 2022 to 264.2 per day in September 2023, mostly due to short and medium term sickness
- Approximately £369,247 in month was paid in sick pay
- **Monthly percentage has increased by 0.16% to 6.12% from the previous month of 5.96%. Short term absence has increased however there has been an overall decrease of 0.29% in long term absence.**
- Overall – average length of absence is 13.1 days

Sickness Absence Management remains a priority. This month the focus has been on long term absence with a slight decrease.

# Workforce – Pay Spend - Month 1

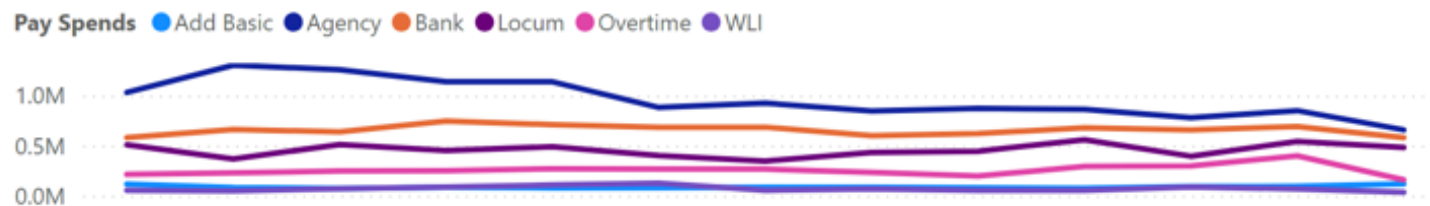
Pay Spends (£000s)



- Decrease in non core spend – lowest in 12 months - mostly due to a decrease in agency spend
- Bank usage, WLI, Locum and overtime all declined
- Additional Basic increased
- 177.8 FTE vacancies include
  - 67.6 nurses (42 at Band 5)
  - 13.1 HCSW
  - 41.8 estates and ancillary
  - 5.8 admin and clerical
  - 20.4 medical consultants

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Core Spend	13,334	14,088	17,255	15,907	14,382	14,512	15,583	14,696	14,610	14,894	14,848	15,187	14,737
Non Core Spend	2,502	2,690	2,796	2,754	2,790	2,435	2,358	2,262	2,267	2,519	2,305	2,641	2,032

Pay Spends



Spend	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Add Basic	115,858	81,437	71,441	83,764	77,394	78,566	83,828	85,246	78,646	73,696	91,007	92,736	118,029
Agency	1,031,759	1,304,083	1,258,604	1,139,596	1,138,179	881,114	924,495	846,725	872,938	862,240	780,058	849,492	658,378
Bank	580,484	661,329	638,221	744,634	709,793	683,649	684,495	599,397	621,069	678,181	657,589	691,022	580,374
Locum	508,782	366,731	511,466	450,361	489,348	400,118	345,956	431,530	444,610	559,452	394,208	542,496	481,761
Overtime	212,345	227,316	246,267	249,907	268,703	266,629	265,580	232,703	195,687	293,326	296,359	397,837	158,843
WLI	52,437	49,283	70,488	85,981	106,973	125,204	53,935	66,169	53,704	52,020	85,695	67,650	34,267

# Workforce – Vacancy



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Org L4

Health Community West ...

Org L5

All

Org L6

All

Org L7

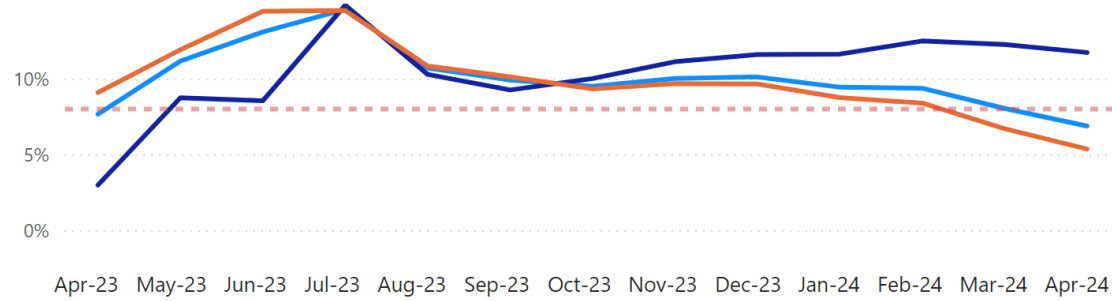
All

Organisation

All

## Vacancy %

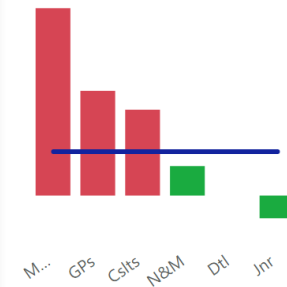
● Vacancy % ● Medical & Dental % ● Nursing & Midwifery %



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Vacancy % (All Staff Groups)	1.8%	3.0%	8.5%	9.4%	8.1%	7.5%	7.2%	7.8%	8.3%	7.7%	7.7%	6.9%	4.8%
Medical & Dental %	3.0%	8.7%	8.5%	14.9%	10.3%	9.3%	10.0%	11.1%	11.6%	11.6%	12.5%	12.3%	11.7%
Nursing & Midwifery %	9.1%	11.9%	14.5%	14.5%	10.8%	10.1%	9.3%	9.7%	9.7%	8.8%	8.4%	6.7%	5.4%

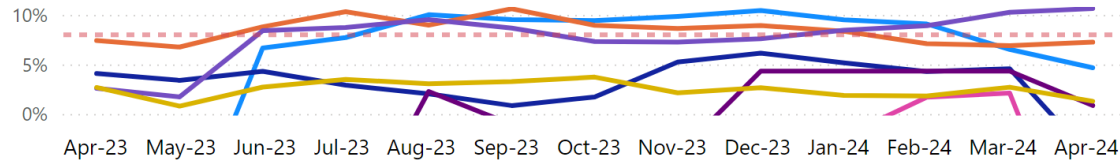
4.8%

Target: 8.0% (+3.2%)  
2024-04



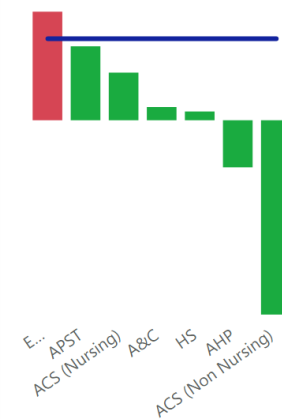
## Vacancy %

SG ● ACS (Nursing) ● AHP ● APST ● HS ● ACS (Non Nursing) ● E&A ● A&C



SG

SG	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
ACS (Nursing)	-14.5%	-14.1%	6.7%	7.7%	10.0%	9.5%	9.4%	9.9%	10.4%	9.5%	9.1%	6.5%	4.7%
AHP	4.1%	3.4%	4.3%	2.9%	2.0%	0.9%	1.7%	5.2%	6.1%	5.2%	4.3%	4.6%	-4.6%
APST	7.4%	6.8%	8.8%	10.3%	9.0%	10.6%	8.9%	8.6%	8.9%	8.4%	7.1%	6.9%	7.3%
HS	-9.7%	-6.0%	-13.3%	-13.3%	2.3%	-1.1%	-1.1%	-4.0%	4.3%	4.3%	4.3%	4.3%	0.9%
ACS (Non Nursing)	-13.0%	-24.8%	-16.0%	-18.1%	-17.7%	-19.1%	-19.6%	-7.5%	-4.0%	-2.3%	1.7%	2.1%	-19.1%
E&A	2.6%	1.7%	8.4%	8.7%	9.5%	8.7%	7.3%	7.3%	7.6%	8.5%	8.9%	10.3%	10.6%
A&C	2.7%	0.8%	2.7%	3.5%	3.1%	3.3%	3.7%	2.1%	2.7%	1.9%	1.8%	2.7%	1.3%



# Workforce – Developments & Challenges

## Upcoming Events

- Making meetings matter

## Developments

- Awaiting the results of the staff survey
- Focus on ensuring staff take annual leave for their wellbeing
- Focus on e roster compliance
- IHC ECR panels continue to meet
- Leadership development – work ongoing including a pathway for aspiring managers
- Development of IHC Communication & Engagement Plan (Internal / External)

## Actions going forward

- Develop IHC Recruitment & Retention Plan through People and Culture group
- Maintaining Nurse drop in sessions with DoN
- Supporting the savings scheme – workforce implications

## Areas of challenge

- Apprenticeships – to develop their usage particularly in facilities and admin areas
- Agency nurse debtors and self-billing queries
- Recruitment of international nurses – We have 4 coming in 24/25 but the recruitment position with Band 5 Nurses is fairly robust now with student streamlining plans
- Medical Leadership / job descriptions
- Medical job planning
- Enhanced ECR Process
- Implementing Just Culture and Restorative Justice with a focus on Compassionate Leadership
- Line manager training to support culture change
- Can not offer PAAR rates for additional work



<b>Teitl adroddiad:</b> <i>Report title:</i>	Business Case Tracker			
<b>Adrodd i:</b> <i>Report to:</i>	Performance Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 25 June 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper provides a briefing for PFIG on the status of the major business cases that are being developed by the Health Board.			
<b>Argymhellion:</b> <i>Recommendations:</i>	PFIG is asked to note the contents of the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Chris Stockport, Executive Director Transformation and Strategic Planning			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Ian Howard, Assistant Director of Planning			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<b>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:</b>				
<b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	The business cases outlined in the tracker support a range of strategic objectives.			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Some of the business case outlined in the tracker address issues of statutory compliance.			

<p><b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p>	<p>Individual business cases will include an EqlA assessment.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>Some of the business cases on the tracker are driven by the reduction of risk, particularly the risks associated with the condition of the Health Board's Estate.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The business cases are all seeking substantial capital investment, and some have revenue consequences. The individual cases will outline these in detail and will be scrutinised by PFIG and the Board. There are no financial implications as a result of implementing the recommendation of this paper.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The individual business cases will outline their workforce implications.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The business case tracker is presented monthly to the Capital Investment Group, which is chaired by the Executive Director of Finance. It is also periodically included in the regular capital update to the PFIG Committee.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Some of the business cases on the tracker are driven by the reduction of risk, particularly the risks associated with the condition of the Health Board's Estate.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable.</p>
<p><b>Next Steps:</b> The Committee is asked to note the contents of the report.</p>	
<p><b>List of Appendices:</b> The June 2024 Capital Business Case Tracker is attached.</p>	

**Business Case Tracker**  
**PFIG Committee**  
**June 2024**

**Purpose and Background**

This paper provides a briefing for PFIG on the status of the major business cases that are being developed by the Health Board.

It addresses capital schemes that are seeking funding by Welsh Government. This is split into two funding sources. The first is the Integration and Rebalancing Capital Fund (IRCF), which was set up to support the Programme for Government commitments to developing 50 integrated health and social care hubs and rebalancing the residential care market. The second is the all-Wales Capital Programme which covers all other elements of major capital expenditure. It does not cover the cases funded by the Health Board's discretionary capital which are agreed as part of the annual planning cycle and are reported on regularly as part of the capital report to PFIG. It also does not address the revenue business cases that are being developed by the organisation. The Board's approach to revenue business case development and tracking is currently being re-designed with the help of internal audit colleagues.

**Discussion**

The tracker groups the schemes based on their stage of development, with cases that are close to completion listed first.

For all-Wales Capital, the tracker lists all of the schemes which have been submitted to Welsh Government as part of the all-Wales prioritisation exercise. These schemes cover the Health Board's capital requirements over the next decade. The prioritised list was approved by PFIG and the Board in March 2024. The submissions by all the Health Boards and Trusts are currently being reviewed by WG and feedback is expected in late summer. It is anticipated that the main outcome of this exercise will be to reduce the number of cases the Health Board is developing, in line with the projected availability of capital funding over the next few years. Given that this prioritisation has not yet been completed, and that the requirement from Welsh Government was to include all capital requirements over the next decade, the tracker includes (under Additional Schemes) a number of schemes that are not currently active. This is made clear in the Comments/Updates section of the tracker. The organisation's primary focus is on schemes at Business Justification, Full Business Case and Outline Business case, as well as other key strategic projects that are at an earlier stage of their development, such as the Medical School.

For IRCF, the tracker lists all the schemes where the development of a business case has been approved by the Regional Partnership Board. It includes schemes where BCUHB is the lead, and ones (such as Denbigh Integrated Health and Care) where another agency is leading the scheme but the Health Board is a major partner. It should be noted that there is some concern, internally and within Welsh Government, that as with the all-Wales capital projects too many schemes are being pursued given the limited availability of capital. There is a significant cost, in terms of fees and staff time, to the development of these projects. A discussion about this is being held with Welsh Government at the end of June and it is

possible that a prioritisation exercise will need to be undertaken, either locally or nationally. Given the multi-agency nature of these projects this would be a very challenging exercise.

### **Conclusion and Recommendation**

The Committee is asked to note the contents of the report.

**BCUHB Estates Business Cases Tracker - June 2024**

Source of Funding	
All Wales Capital	The All Wales Capital schemes have been submitted to Welsh Government as part of the prioritisation exercise.
Integration & Rebalancing Capital Fund (IRCF)	The IRCF schemes have Stage 0 forms approved by the Regional Partnership Board.

Capital Estimate	
Under £4 million	<b>Band 1</b>
Between £4 million and £10 million	<b>Band 2</b>
Between £10 million and £25 million	<b>Band 3</b>
Between £25 million and £50 million	<b>Band 4</b>
Between £50 million and £100 million	<b>Band 5</b>
£100 million plus	<b>Band 6</b>

**Single Stage Business Justification Case:** A single stage business case for simple and/or lower cost schemes

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
YGC Electrical Infrastructure	Band 2 (Between £4m and £10m)	All Wales	SRO: Russell Caldicott, Interim Executive Director of Finance PD: Daniel Eyre, Head of Capital Development	This is an essential upgrade to the electrical infrastructure at Glan Clwyd Hospital. The Business Case is under development and is on track to be presented to the Board in September 2024.
Llandudno High Volume Low Complexity Surgical Hub Phase II	Band 2 (Between £4m and £10m)	All Wales	SRO: Chris Stockport, Executive Director of Transformation and Planning PD: Neil Windsor, Programme Director	The aim of this project is to expand protected elective capacity at Llandudno Hospital following on from the orthopaedic development that is currently under construction. The scope of the project is under discussion internally and with Welsh Government.
YG CT1 Replacement	Band 1 (Less than £4m)	All Wales	SRO: David Fletcher, Directorate General Manager, DSCSS PD: Helen Hughes, Professional Service Manager, Radiology	This is the replacement of an essential piece of medical equipment. Welsh Government have agreed in principle to fund the project based on an all-Wales prioritisation exercise -subject to confirmation that all expenditure will be completed in 2024/25. A short business case is under development.

**Full Business Case:** Gives the final cost based on a detailed design, outlines the specific commercial deal and categorically confirms that the scheme is deliverable and affordable. FBC approval allows a scheme to proceed to implementation.

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
Royal Alexandra Hospital (North Denbighshire)	Band 5 (Between £50m and £100m)	All Wales	SRO: Chris Stockport, Executive Director of Transformation and Planning PD: Libby Ryan-Davies, Integrated Health Community Director (Central)	This case proposes the creation of a healthcare and well-being campus on and around the site of the Royal Alexandra Hospital (RAH) in Rhyl. Agreement has been reached with Welsh Government about the approach to the procurement and the plan is to develop the business case for presentation to the January 2025 Board.
Wrexham Maelor Continuity Phase 1	Band 5 (Between £50m and £100m)	All Wales	SRO: Russell Caldicott, Interim Executive Director of Finance PD: Daniel Eyre, Head of Capital Development	The purpose of this project is to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the impact of any such failure on patient care. Welsh Government are looking to divide the case submitted by the Health Board into 2 phases. The internal review of phase 1 along with the proposed approach and scope for phase 2 will be submitted to the Executive Team in the next few weeks.
Wrexham Maelor Continuity Phase 2	Band 5 (Between £50m and £100m)	All Wales	SRO: Russell Caldicott, Interim Executive Director of Finance PD: Daniel Eyre, Head of Capital Development	The scope of phase 2 will be agreed with Welsh Government as part of the final approval of the phase 1 full business case.
Adult and Older Person's Mental Health Unit Glan Clwyd Hospital	Band 6 (£100 million plus)	All Wales	SRO: Teresa Owen PD: Jill Timmins, Programme Director Ablett Redevelopment	This case aims to improve the quality of care, and support service transformation, through the development of a new Adult and Older Person's Mental Health Unit at Glan Clwyd Hospital. Following a significant increase in the projected capital cost since the Outline Business Case, the Health Board is working with Welsh Government to reduce the final cost of the scheme and to provide assurance about the reasons for any remaining increase. This analysis is being prepared for discussion at the June 2024 Project Board.

**Outline Business Case:** Identifies the preferred option and gives a more robust cost based on high level design work. Approval on an OBC by WG allows a case to proceed to FBC.

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
Nuclear Medicine Reconfiguration (including PET)	Band 3 (Between £10m and £25m)	All Wales	SRO: TBC PD: David Fletcher, Directorate General Manager, NWMCS	This case proposes the development of a permanent PET scanner to North Wales in line with national recommendations, and consolidates the gamma camera service onto two acute hospital sites. Following a significant increase in the projected capital cost since the Strategic Outline Case an alternative design is being developed, and the potential for other cost reductions is being explored.
Conwy West Health and Wellbeing Centre	Band 4 (Between £25m and £50m)	IRCF	SRO: TBC PD: Alison Kemp, Associate Director, Primary Care & Community Services, Central	This case addresses challenges with the existing estate and the need to deliver more integrated health and care services in a modern, fit-for purpose environment in Conwy and Llandudno Junction. The case is being developed in partnership with Conwy County Borough Council (CCBC), the GP Cluster and the Third sector and is currently going through an option appraisal process exploring the preferred site and scope of services.
Canolfan Lleu Health & Wellbeing Hub	Band 5 (Total scheme) (Between £50m and £100m)  Band 3 (Health) (Between £10m and £25m)	IRCF	SRO: Chris Stockport, Executive Director of Transformation and Planning (TBC) PD: Chris Rudgley, West IHC Lead Operational Improvement / Capital Planning	This case proposes the development of a multi-faceted Well-being Centre to be situated within the heart of Dyffryn Nantlle valley in the village centre of Penygroes. It is being led by Grŵp Cynefin working in partnership with the Health Board, Cyngor Gwynedd, Theatr Bara Casws and the Welsh Art Council and the local community. Work on the outline business case is continuing, with all partners reviewing their schedules of accommodation. Grŵp Cynefin has arranged an affordability review meeting with the Health Board at the end of June 2024.

**Strategic Outline Case:** Makes the case for change and gives an indicative preferred solution and cost. Approval of a SOC by WG allows a case to proceed to OBC

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
Gwynedd Child Development Centre	Band 3 (Between £10m and £25m)	IRCF	SRO: Chris Stockport, Executive Director of Transformation and Planning (TBC) PD: Chris Rudgley, West IHC Lead Operational Improvement / Capital Planning	This case relates to a new purpose-built facility that will be able to deliver the current service level provision in a one stop shop with the addition of leisure and added value activities for the children and families that they service. This scheme is currently paused and is awaiting a review of partner prioritisation.
Penrhos Care Home - Public Sector Partnership	Band 3 (Between £10m and £25m)	IRCF	SRO: Angela Wood, Executive Director of Nursing and Midwifery (TBC) PD: Chris Rudgley, West IHC Lead Operational Improvement / Capital Planning	This case is being developed in partnership with Cyngor Gwynedd and Clwyd Alyn, and would see a new care home with nursing being built on the Penyberth, Penrhos site to accommodate residential dementia beds as well as nursing beds some of which would be prioritised for nursing dementia care. The Strategic Outline Case is being presented to the Welsh Government IRCF panel on the 19th of June 2024.
Bangor Health & Wellbeing Centre	Band 4 (Between £25m and £50m)	IRCF	SRO: Chris Stockport, Executive Director of Transformation and Planning PD: Ffion Johnstone, Integrated Health Community Director (West)	This case proposes the development of an integrated Health and Wellbeing Hub within Bangor City Centre. The Strategic Outline Case has been approved by the BCU Board and the Regional Partnership Board, and was submitted to Welsh Government for scrutiny on the 7th of June 2024.
Holyhead Health & Wellbeing Centre	Band 4 (Between £25m and £50m)	IRCF	SRO: Chris Stockport, Executive Director of Transformation and Planning PD: Ffion Johnstone, Integrated Health Community Director (West)	This case is being developed in partnership with Anglesey County Council, and proposes the development of an integrated Health and Wellbeing Hub in Holyhead. The Strategic Outline Case is complete and going through the governance process. It is planned to submit the case to the Board in September 2024.
Denbigh Integrated Health and Care	Band 5 (Total scheme) (Between £50m and £100m)  Band 3 (Health) (Between £10m and £25m)	IRCF	SRO: TBC PD: Alison Kemp, Associate Director, Primary Care & Community Services, Central	This case is being led by Denbighshire County Council, and proposes the integration of Health and Social Care services from multiple sites in Denbigh. Discussions are on-going between the Health Board, the Council and Welsh Government about the potential to split the case into separate elements.

**Programme Business Case:** A case which addresses a series of inter-related projects. It makes the case for change, and gives an indicative preferred solution and cost. It also outlines what detailed business cases (SOCs/OBCs/FBCs/BJCs) should be developed for each project within the overall programme. Approval of a PBC by WG allows those cases to be developed.

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance	Band 6 (£100 million plus)	All Wales	SRO: Russell Caldicott, Interim Executive Director of Finance PD: Daniel Eyre, Head of Capital Development	The purpose of this project is to substantially reduce the risk of physical infrastructure failure at Ysbyty Gwynedd, and so avoid the impact of any such failure on patient care. A Programme Board has been established and is currently reviewing the scope of the programme and developing a fee bid for agreement with Welsh Government.

**Scoping Document Stage:** Schemes where the Health Board has produced a scoping document, for agreement with Welsh Government. The scoping document: outlines the basic premise of the case; describes the depth of analysis that will be undertaken; defines the kind of case that will be produced (BJC or SOC/OBC/ FBC); and gives a timeline for the production of the case.

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
North Wales Medical School	Band 3 (Between £10m and £25m)	All Wales	SRO: Nick Lyons, Executive Medical Director PD: Lea Marsden, Programme Director North Wales Medical School	The case addresses the accommodation needs in Bangor University, BCUHB and in primary care to support the development of the North Wales School. A meeting is being held with Welsh Government at the end of June 2024 to agree the scope of the Business Case.

**In Development / Under Review:** IRCF cases where approval has been given by the RPB to develop a case, but the case has not yet reached SOC stage.

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
Waunfawr Primary Care Centre	Band 2 (Between £4m and £10m)	IRCF	SRO: Ffion Johnstone, Integrated Health Community Director (West) PD: Chris Couchman, Associate Director Of Primary Care	This project proposes the replacement of the existing GP surgery in Waunfawr, Gwynedd. Governance issues related to the ownership of the potential asset are currently under discussion within the Health Board.
Cefn Mawr Health & Well-being Centre	To be agreed	IRCF	SRO: Ian Donnelly, Director of Operations (East) PD: Shaun Taylor, Primary Care Planning & Commissioning Manager	This project proposes the development of a Health and Wellbeing Hub in South Wrexham. It is led by Wrexham Borough Council. The Council is currently engaged in discussions about potential capital options.
Northern Gateway Health Centre, North East Flintshire	To be agreed	IRCF	SRO: Ian Donnelly, Director of Operations (East) PD: Shaun Taylor, Primary Care Planning & Commissioning Manager	This case proposes the development of a new Health and Wellbeing Hub on the Northern Gateway development in North East Flintshire. The project is at the early stages of looking at potential sites and delivery options.

**Diagnostics / Radiology Scheme:**

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
Community DR X-Ray Rooms - Colwyn Bay and Alltwen Hospitals	Band 1 (Less than £4m)	All Wales	SRO: David Fletcher, Directorate General Manager, DSCSS PD: Helen Hughes, Professional Service Manager, Radiology	This is the routine replacement of essential equipment. A business justification case is being developed in anticipation of any ring-fenced resources being made available by Welsh Government.
YGC Mammography	Band 1 (Less than £4m)	All Wales	SRO: David Fletcher, Directorate General Manager, DSCSS PD: Helen Hughes, Professional Service Manager, Radiology	This is the routine replacement of essential equipment. A business justification case is being developed in anticipation of any ring-fenced resources being made available by Welsh Government.
Pharmacy Robots Programme	Band 1 (Less than £4m)	All Wales	SRO: Chief Pharmacist PD: Pharmacy Dispensary Managers in each region	This will be a rolling replacement programme for the pharmacy robots in the acute hospitals.
YGC Radio-pharmacy Unit Replacement	Band 2 (Between £4m and £10m)	All Wales	SRO: Chief Pharmacist PD: Lead QA and Technical Services Pharmacist	This is a replacement programme. A scoping paper is to be presented to the Capital Investment Group in July 2024.
MR Spend to Save	Band 2 (Between £4m and £10m)	All Wales	SRO: TBC PD: David Fletcher, Directorate General Manager, NWMCS	The case addresses the imbalance between supply and demand for MRIs. The Health Board is currently leasing 2 relocatable MR scanners. There is the potential to provide a more cost-effective solution. A project board is to be established.
North Wales Cardiac Centre, YGC, Cath Lab 2 Replacement	Band 2 (Between £4m and £10m)	All Wales	SRO: Deputy General Manager, Medicine Directorate PD: Strategic Manager For Cardiac Services	This is the routine replacement of essential equipment. A business justification case is being developed in anticipation of any ring-fenced resources being made available by Welsh Government.
Ultrasound Capacity	Band 2 (Between £4m and £10m)	All Wales	SRO: David Fletcher, Directorate General Manager, DSCSS PD: Helen Hughes, Professional Service Manager, Radiology	An Ultrasound Development Group has been established to review demand and capacity across the Health Board.
North Wales Cancer Treatment Centre Radiotherapy Linear Accelerator Replacement	Band 3 (Between £10m and £25m)	All Wales	SRO: Nick Lyons, Executive Medical Director PD: Geraint Roberts, Divisional General Manager, Cancer Services	This relates to the rolling replacement of the Health Board's linear accelerators. It is awaiting the outcome of the Cancer Services Review and a site visit to view newer technology prior to the completion of an option appraisal, including MR capacity and a transition to adaptive radiotherapy. The programme will be confirmed once this option appraisal is complete.
Pan-North Wales Community Based Regional Diagnostic Centre Project	Band 4 (Between £25m and £50m)	All Wales	SRO: TBC PD: David Fletcher, Directorate General Manager, NWMCS	This is a potential national project to create regional diagnostic services. It is at the early stages of development and the focus is likely to remain on other projects in the short and medium term.
Radiology Equipment Replacement Programme (excludes replacements with separate entries/ prioritisation forms)	Band 5 (Between £50m and £100m)	All Wales	SRO: TBC PD: David Fletcher, Directorate General Manager, NWMCS	This is not a specific scheme. It was included in the all-Wales prioritisation submission to highlight the ongoing need for the replacement of equipment.

**Additional Schemes:** These are schemes which have not yet reached any of the stages outlined above. The specifics vary by scheme.

Business Case	Capital Estimate	Source of Funding	Senior Responsible Officer & Project Director	Comments / Update June 2024
Comprehensive Regional Stroke Centre (CRSC) for North Wales	Band 1 - 3 (Between £0m and £25m)	All Wales	SRO: Gareth Evans, Interim Executive Director of Therapies & Health Sciences (TBC) PD: To be confirmed	This case proposes the development of a Hyper Acute Stroke ward at one North Wales site and the establishment of Emergency Assessment Facilities including enhanced radiology capability at other site(s). The project is awaiting the outcome of the capital prioritisation exercise.
Network Infrastructure Capacity & Replacement Programme	Band 2 (Between £4m and £10m)	All Wales	SRO: Dylan Roberts, Chief Digital Information Officer PD: Chief Technology Officer	This has been submitted to Welsh Government as part of the prioritisation exercise to highlight the scale of capital investment required to address the issue. In practice it will be addressed through a series of specific schemes.
Upgrade & Redevelopment of SCBU, Ysbyty Gwynedd	Band 2 (Between £4m and £10m)	All Wales	SRO: Ffion Johnstone, Integrated Health Community Director (West) PD: Associate Director Children (West), Child & Adolescent Health	The scheme proposes the extension and reconfiguration of the existing accommodation to meet the All Wales Neonatal Standards. Its development is awaiting the outcome of the capital prioritisation exercise.
Neuro Rehabilitation Services: Llandudno General Hospital	Band 2 (Between £4m and £10m)	All Wales	SRO: Gareth Evans, Interim Executive Director of Therapies & Health Sciences PD: Steven Grayston, Assistant Area Director Of Therapy Services	The proposal is to develop an inpatient level 2 neuro rehabilitation unit for people who have suffered a traumatic or non-traumatic brain injury or have had some exacerbation or deterioration of a degenerative neurological condition. Progress is awaiting the outcome of capital prioritisation exercise.
Posture & Mobility Services (Wheel Chair Services)	Band 3 (Between £10m and £25m)	All Wales	SRO: Gareth Evans, Executive Director of Therapies and Health Sciences PD: Nesta McCluskey, Director of Allied Health Professionals	This project proposes investment in the estate to improve the posture and mobility service. Progress is awaiting the outcome of capital prioritisation exercise.
Bryn Beryl Site Rationalisation	Band 3 (Between £10m and £25m)	All Wales	SRO: Ffion Johnstone, Integrated Health Community Director (West) PD: Chris Rudgley, West IHC Lead Operational Improvement / Capital Planning	This case proposes the resolution of the remaining site issues at Bryn Beryl Hospital to deliver modern, fit for purpose accommodation for patients and staff. Progress is awaiting the outcome of capital prioritisation exercise.
Hardware Replacement (Pan BCUBH)	Band 3 (Between £10m and £25m)	All Wales	SRO: Dylan Roberts, Chief Digital Information Officer PD: Chief Technology Officer	This has been submitted to Welsh Government as part of the prioritisation exercise to highlight the scale of capital investment required to address the issue. In practice it will be addressed through a series of specific schemes.
Anti-ligature Improvement Programme	Band 3 (Between £10m and £25m)	All Wales	SRO: Teresa Owen PD: Iain Wilkie, Director of Mental Health & Learning Disabilities	This scheme addresses anti-ligature issues across the Health Board. The approach to developing the scheme is to be reviewed.
Abergele Hospital	Band 4 (Between £25m and £50m)	All Wales	SRO: To be confirmed PD: To be confirmed	The future of the hospital will be considered as part of the continued development of the Health Board's Estates Strategy.
Residential Accommodation (includes Revenue Implication)	Band 5 (Between £50m and £100m)	All Wales	SRO: To be confirmed PD: To be confirmed	The existing portfolio of residential accommodation is generally in a poor state of repair and requires significant levels of investment to redevelop the estate to make it fit-for-purpose. Progress is awaiting the outcome of capital prioritisation exercise.
Mental Health Hergest Unit	Band 6 (£100 million plus)	All Wales	SRO: Teresa Owen, PD: Iain Wilkie, Director of Mental Health & Learning Disabilities	This is a long-term project to redevelop the Hergest Unit in Ysbyty Gwynedd to provide a fit for purpose adult and older persons' inpatients and a facility to incorporate a functional older adults' ward and the older person mental health inpatient footprint at Cefni Hospital.
Backlog Maintenance Scheme	Band 6 (£100 million plus)	All Wales	SRO: Russell Caldicott, Interim Executive Director of Finance PD: To be confirmed	This has been submitted to Welsh Government as part of the prioritisation exercise to highlight the scale of capital investment required to address backlog maintenance. In practice backlog will be addressed through a series of specific schemes.
Wrexham Maelor Redevelopment Programme	Band 6 (£100 million plus)	All Wales	SRO: To be confirmed PD: To be confirmed	This is a major scheme to resolve long-standing issues in the Wrexham Maelor that will not be addressed by the business continuity scheme, and to reconfigure the community / primary care / partnership estate. It is dependent on the further development of the Health Board's strategy.



**Date:** 25 June 2024

*To improve health and provide excellent care*

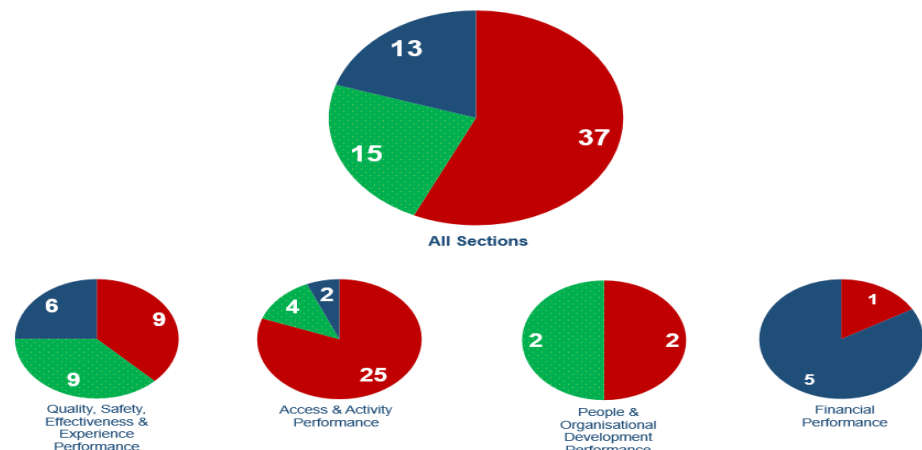
## Committee Chair's Report

<b>Name of Committee:</b>	Transformation & Strategic Planning EDG
<b>Meeting date:</b>	6 June 2024
<b>Name of Chair:</b>	Chris Stockport, Executive Director of Transformation & Planning
<b>Responsible Director:</b>	Paolo Tardivel, Director of Transformation and Improvement
<b>Summary of business discussed:</b>	<p>The group discussed a range of topics related to the strategic direction of the Health Board.</p> <p>Kathryn Lang presented the Data, Intelligence and Insight Strategy for the organisation, an important area for the group as it has oversight for this theme from the Special Measures Independent Reviews. The strategy presents plans to improve and embed the use of data, intelligence and insights across the organisation and outlines the key themes and workstreams which will enable BCUHB to become a proactive, data-led organisation.</p> <p>Kamala Williams provided an update on the ongoing exercise with colleagues from across the organisation to review the Planning Cycle for 23/24. This has involved a survey of over 100 planning stakeholders and workshops with operational colleagues and a review session at the Executive Team. A Board member session, planned for 12<sup>th</sup> June, will add further feedback to the current themes which will be used to improve on the planning cycle for next year.</p> <p>Updates were also received on the following topics:</p> <ul style="list-style-type: none"><li>▪ The Planning Review Action Plan was shared with the group, and regular updates on progress will be provided at future meetings</li><li>▪ An overview was provided on the monitoring arrangements for the Annual Delivery Plan which is currently with the services to provide updates. The</li></ul>

	<p>Special Measures de-escalation criteria was also shared with the group so that members were clear on Welsh Government expectations.</p> <ul style="list-style-type: none"> <li>▪ The latest position regarding “taking a managed approach to change” was provided by Paolo Tardivel who updated members on the Programme Initiation Documents (PID’s) for the three Tier 1 (aka ‘Major Change’) programmes, along with an update on the recent mapping exercise for Tier 2 programmes.</li> <li>▪ An update was provided on recent discussions in relation to the Patient Reported Outcome Measures (PROMs) platform following a recent prioritisation exercise within DDaT.</li> <li>▪ The Decarbonisation Programme Board has been postponed to 9<sup>th</sup> July, at which point a detailed update paper will be circulated.</li> </ul>
<p><b>Key assurances</b></p>	<p><b>Data, Intelligence and Insight:</b></p> <p>By having a clear strategy in place, it will enable BCUHB to become a data-led organisation that can be more proactive in using data, intelligence and insights to make the right healthcare decisions for the people of North Wales.</p> <p>Underpinned by four enabling workstreams, the three key themes of the strategy of Culture, Confidence and Capability will focus on changing the way information is delivered and used within the organisation. This will increase internal and external confidence in the Health Board’s abilities to plan and make data-led decisions and ensure that there are the right abilities in place to interpret information to make those informed decisions, with particular benefits for demand and capacity modelling. Working in this way will also allow for greater emphasis on the prevention agenda and improved population health management, linking to core Public Health priorities across North Wales.</p> <p>Aligned to the Annual Delivery Plan, a number of key actions will take place over the next financial year with those for Q1, and some for Q2, already well underway.</p> <p><b>Review of Planning Cycle:</b></p> <p>A stakeholder feedback exercise has been carried out to understand how the planning cycle may be improved for the next financial year with colleagues directly involved in the development, scrutiny and oversight of plan development. Key areas of feedback to date have been around:</p> <ul style="list-style-type: none"> <li>• Ensuring clarity of the ‘ask’</li> <li>• Process undertaken</li> </ul>

	<ul style="list-style-type: none"> <li>• Improvement opportunities</li> </ul> <p>All feedback will allow a strengthened matrix approach to planning, aligning all programme-level, local and BCU-wide plans towards the core strategic objectives. A draft planning timetable was presented and discussed for 2025/26 with ongoing input and feedback encouraged.</p> <p><b>Annual Delivery Plan:</b></p> <p>The BCUHB Annual Delivery Plan has been to Board and circulated to colleagues with letters from the CEO to Executives/directorates formally issued. There is a change this year in that the Annual Delivery Plan will be fully embedded into all work, with reporting via an updated portal (which colleagues have used for Special Measures reporting previously). Reporting will commence from July, Board Committees will be embedding elements of the Annual Delivery Plan to ensure embedded assurance at all levels.</p> <p>Work is ongoing to ensure de-escalation criteria for Special Measures is also aligned within existing performance reporting mechanisms.</p> <p><b>Taking a Managed Approach to Change:</b></p> <p>An update on proposed Tier 1 or Major Change Programmes has been presented to the Executive Team with feedback being incorporated into individual Project Initiation Documents (PIDs) which scope, objectives, success criteria and the multi-disciplinary approach that will be needed to any confirmed programme.</p> <p>A mapping exercise is also being undertaken for Tier 2 programmes, the “middle tier” of the overall change portfolio, before a prioritisation exercise is carried out for officially recognised programmes to be agreed by Executives and Board. Following this exercise, Transformation and Improvement resource will be allocated accordingly.</p>
<p><b>Key risks and issues</b></p>	<p><b>Data intelligence and insight:</b> Becoming a data-led organisation will require strong leadership, engagement and clinical buy-in to ensure success, culture change towards the use of data and capability of using data to make informed decisions. As with any ‘change’, this is a challenge and the risk of not achieving it will lead to the inconsistency of approach and potential benefits not being fully realised.</p> <p><b>Review of the planning cycle:</b> Timescales in relation to concluding and collating all feedback from the previous process and redesigning the process to develop plans for 2025/26 are a challenge. There is a risk that if not concluded, approved and implemented quickly enough, that this year’s planning cycle will not fully benefit from the learning.</p>

	<p><b>Taking a managed approach to change:</b>  Dependant on the prioritisation exercise of Tier 2 programmes, the potential impact of the re-allocation of resource will need to be considered for existing programmes of work.</p> <p><b>PROMS:</b>  There is currently no sustainable funding to deliver the PROMS platform across BCUHB and therefore a foundation impact assessment is needed. Resourcing to support the Business Justification Case remains a challenge, leading to a risk that the PROMS platform implementation is delayed or not completed at all.</p>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	N/A
<b>Issues to be referred to another Committee</b>	N/A
<b>Matters requiring escalation to the PFIG Committee:</b>	N/A
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	N/A
<b>Planned business for the next meeting:</b>	Standard agenda, as per summary of business discussed
<b>Date of next meeting:</b>	30/07/2024 @ 14:00

<b>Teitl adroddiad:</b> <b>Report title:</b>	Integrated Performance Report – Month 1 (with Month 2 Finance) 2024/25																								
<b>Adrodd i:</b> <b>Report to:</b>	Performance, Finance & Information Governance Committee																								
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Tuesday, 25 June 2024																								
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>This report relates to the 2024/25 financial year and month 1 performance for all quadrants except finance which references month 2 position and performance.</p> <p>The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF).</p> <p>The three Frameworks support the Board Assurance Framework (BAF) and will align with the Quality Surveillance Strategy as it is developed. The purpose of Our Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"> <li>1. Key deliverables from the Annual Plan (IMTP)</li> <li>2. NHS Wales Performance Framework (Quadruple Aims)</li> <li>3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures.</li> </ol> <p>The Health Board has 65 measures included in this report, 15 (24%) are on target and 37 (57%) are off target. As indicated within the below graphic;</p> <div data-bbox="446 1254 1372 1702" data-label="Figure">  <table border="1"> <caption>Performance Metrics by Section</caption> <thead> <tr> <th>Section</th> <th>On Target (Green)</th> <th>Off Target (Red)</th> <th>On Target (Blue)</th> </tr> </thead> <tbody> <tr> <td>All Sections</td> <td>15</td> <td>37</td> <td>13</td> </tr> <tr> <td>Quality, Safety, Effectiveness &amp; Experience Performance</td> <td>9</td> <td>9</td> <td>6</td> </tr> <tr> <td>Access &amp; Activity Performance</td> <td>25</td> <td>2</td> <td>4</td> </tr> <tr> <td>People &amp; Organisational Development Performance</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>Financial Performance</td> <td>0</td> <td>1</td> <td>5</td> </tr> </tbody> </table> </div> <p>The Framework supports the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities.</p> <p>The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement (utilising available industry benchmarks to assess performance) and builds on the commitment for all levels of the organisation to improve. Our Framework is firmly based on our values: -</p>	Section	On Target (Green)	Off Target (Red)	On Target (Blue)	All Sections	15	37	13	Quality, Safety, Effectiveness & Experience Performance	9	9	6	Access & Activity Performance	25	2	4	People & Organisational Development Performance	2	2	0	Financial Performance	0	1	5
Section	On Target (Green)	Off Target (Red)	On Target (Blue)																						
All Sections	15	37	13																						
Quality, Safety, Effectiveness & Experience Performance	9	9	6																						
Access & Activity Performance	25	2	4																						
People & Organisational Development Performance	2	2	0																						
Financial Performance	0	1	5																						

	<ul style="list-style-type: none"> <li>• Put patients first</li> <li>• Work together</li> <li>• Value and respect each other</li> <li>• Learn and innovate</li> <li>• Communicate open and honestly</li> </ul> <p>The Framework reflects the Health Board’s current level of performance escalation with Welsh Government. The Framework implementation approach will be subject to review should escalation levels change.</p> <p>The Framework requires the production of an Integrated 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.</p> <p>The Committee should note the framework is continuing to be developed. Future reports will also outline the implementation and engagement arrangements for embedding the IPF and 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.</p> <p>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 2024-25 and identifies where metrics fall within the Special Measures Framework for BCUHB or within the Ministerial Priorities. Performance is RAG rated against the targets set within the NHS Wales Performance Framework 2024-25, or as set by Welsh Government in the Special Measures Framework for BCUHB or outlined in the Ministerial Priorities. However, where appropriate, BCUHB’s internal improvement trajectories as submitted and agreed by Welsh Government have also been included</p> <p>Key areas of escalation are identified within the ‘Escalated Performance Measures’ section at the beginning of the report, with the Executive identifying within a one-page summary and further detailed escalation reports key performance within the four quadrants of workforce, quality, performance and finance.</p> <p>Statistical Process Control (SPC) charts have been included where appropriate, with the cover report including reference to theatres utilisation, in future reporting these measures will be included (with improvement trajectories) within the main IQPR for members as reported local metrics.</p>
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Committee is asked to:</p> <p>Review the contents of the report and identify additional assurance work or actions it would recommend Executive colleagues to undertake.</p>
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>Russell Caldicott, Interim Executive Director of Finance</p>
<p><b>Awdur yr Adroddiad:</b></p>	<p>Ed Williams, Acting Director of Performance</p>

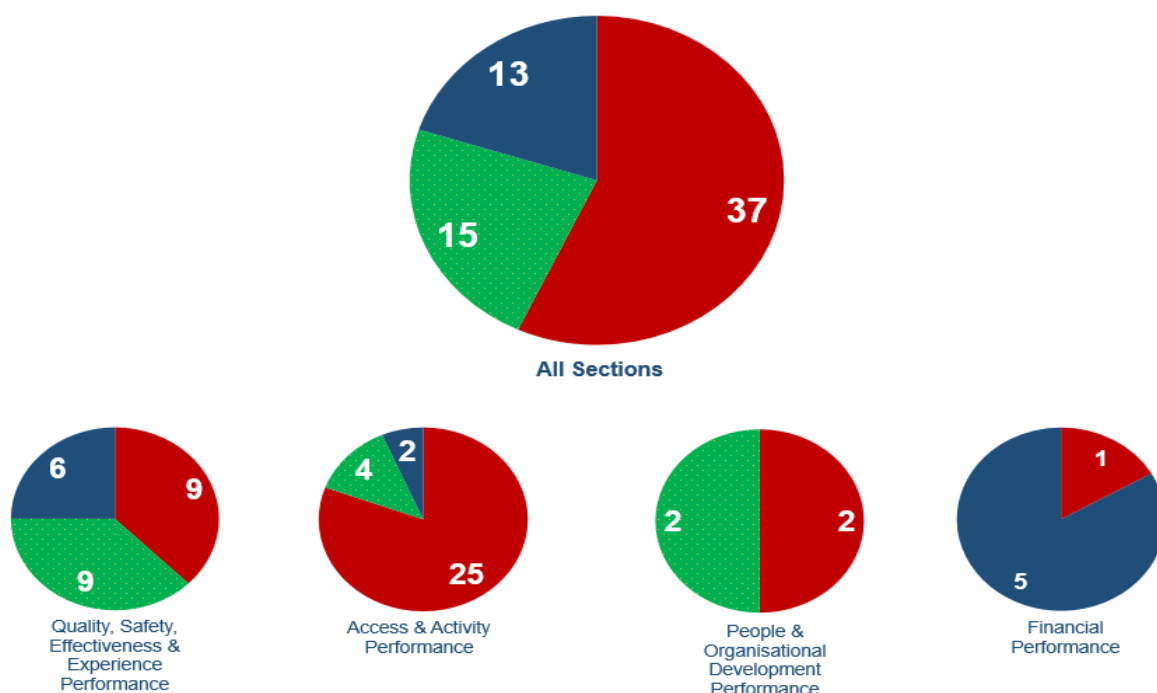
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad: Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd: Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		The performance measures included in this report are from the NHS Wales Performance Framework 2023-24 and 2024-25.		
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>		This report will be available to the public once published for Performance, Finance and Information Governance Committee		
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>		N  The Report has not been Equality Impact Assessed as it is reporting on actual performance.		
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>		N  The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance		

<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>There remains a number of risks to the delivery of care across the healthcare system due to the legacy impact the COVID-19 Pandemic had upon planned care delivery between 2020 and 2022.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>The delivery of the performance indicators within our IPR will directly/ indirectly impact upon the financial recovery plan of the Health Board.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>The delivery of the performance indicators within our IPR will directly/ indirectly impact on our current and future workforce.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>The report is reviewed by Executives and the Integrated Performance Executive Delivery Group (IPEDG). The full report has been reviewed by the Acting Director of Performance and Executive Director of Finance (interim)</p>
<p><b>Cysylltiadau â risgiau BAF:</b>  (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b>  <i>(or links to the Corporate Risk Register)</i></p>	<p>This report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	<p>Amherthnasol  Not applicable</p>
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b>  <b><i>Next Steps:</i></b>  <b><i>Implementation of recommendations:</i></b> Continued focus on any areas of under-performance where assurance is not of sufficient quality to believe performance is or will improve as described. The Performance Directorate in partnership with Digital, Data &amp; Technology (DD&amp;T) Department and Transformation &amp; strategic Improvement Department colleagues have organised development sessions on use of data and Statistical Process Control Charts (SPC). The first session was held with Independent Members on 28.05.2024 and was well received. The sessions will be rolled out across the Health Board throughout 2024-25. This is one work-stream within the Digitally Led Organisation portfolio.</p>	
<p><b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices: 1</i></b>  <i>The Integrated Performance Report in PowerPoint/ PDF</i></p>	

**Committee;** Performance, Finance & Information Governance Committee  
**Report title;** Summary of Integrated Performance Report (Month 1 of 2024/25)  
**Report Author;** Director of Performance

**1. Overall Summary**

Of the 65 measures included in the report, 16 are on target, 36 are off target and 13 are a cumulative basis. For the remit of the Performance, Finance & Information Governance Committee, Section 1, Quality, Safety, Effectiveness & Experience Performance, is included for information only. This section falls within the remit of the Quality, Safety & Experience Committee (QSE).



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

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

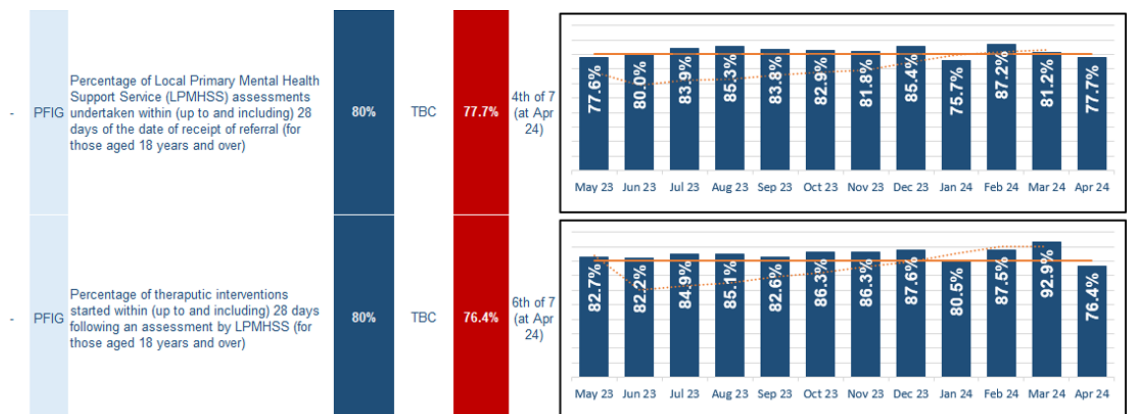
## 2. Key outputs from oversight of Access & Activity Performance

This quadrant contains the greatest number of measures within the report, with the 31 measures within this section requiring oversight through PFIG. It is noted that based on latest information BCUHB is not achieving the national target rate for 25 (81%) of these measures.

### 3.1 Adult Mental Health Measures Performance

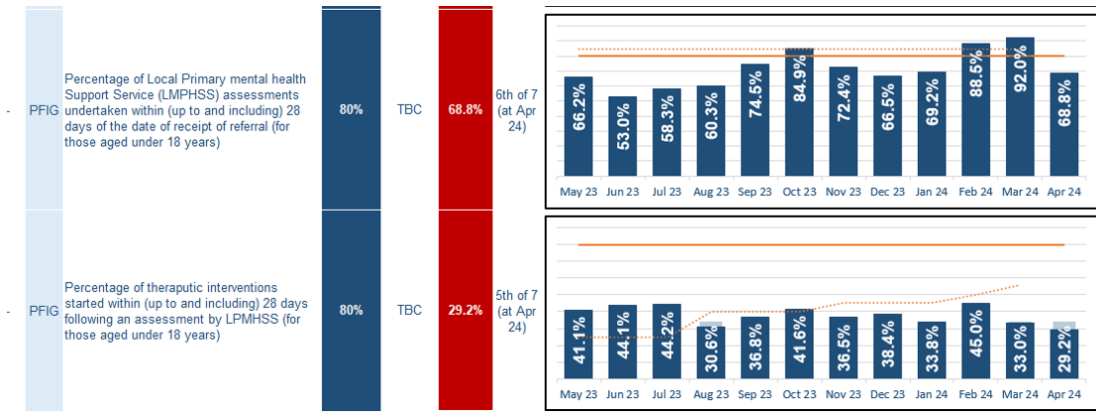
Performance in this area has consistently been above the 80% Welsh Government targeted levels. However, for April 2024 this moved below the 80% for both the number of assessments and therapeutic interventions undertaken. This reduction is linked to addressing some of the backlog patients waiting in excess of 29 days in some of the local authority areas and performance is forecast to improve accordingly for May 2024.

The waiting list reduction is positive for our patients and services, though as noted did result in a reduction in our compliance level during April 2024 and whilst IHC East is performing very well there is further opportunity to enhance performance and reduce waiting times within the other areas, which will improve reported metric compliance.

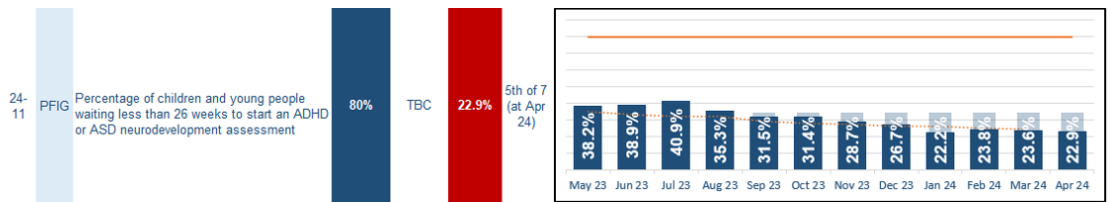


### 3.2 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

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

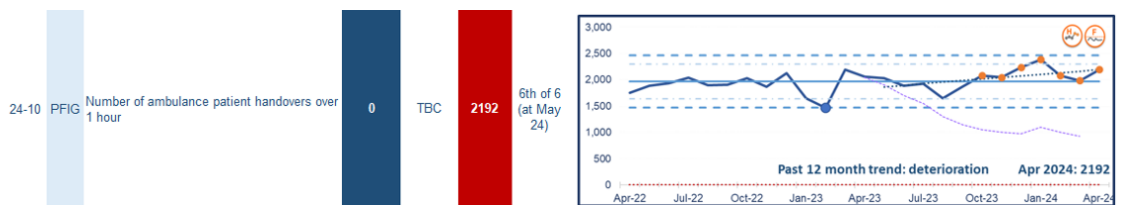


Neurodevelopment waiting times continue to deteriorate and remain a concern, with the Health board currently ranked as 5<sup>th</sup> of 7 in Wales. This is of concern owing to national indicators that articulate this to be of concern across the Health Boards.

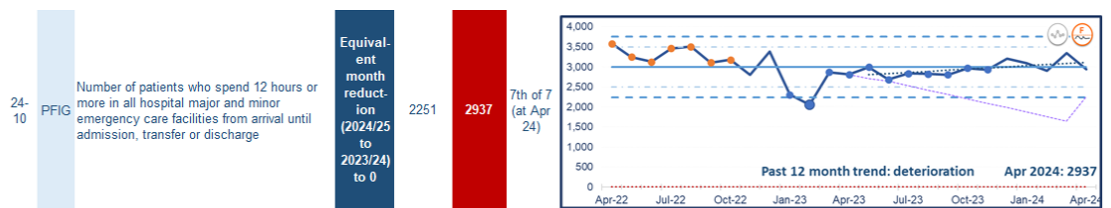


### 3.3 Urgent & Emergency Care Performance

Overall, BCU was ranked 6<sup>th</sup> of 6 Health Boards in Wales with regards to the number of ambulance patient handovers over 1 hour in April 2024. The number of ambulance handovers over 1 hour during April stood at 2,192 with 821 ambulance handovers being in excess of 4 hours.



Patients experiencing over 12 hours wait for emergency care remains within expected standard deviation. However, this is high and therefore an area of escalation within the service. The April performance of 2,937 patients waiting beyond 12 hours was 72 patients higher than prior year April performance.

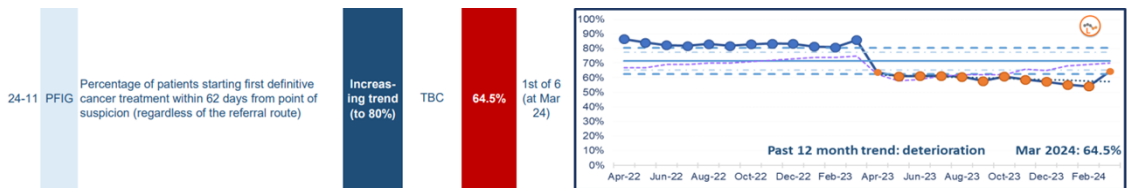


Delayed pathways of care remain a key concern for the Health Board with no improvement in the overall number of patients delayed in hospital or number of bed days lost. The monthly figure of 414 pathways in April 2024 is the

highest number over the last 12 months. Reducing delays due to assessment remains a priority and a trajectory for reduction in the number of people, bed days lost and assessment delays identified as part of the Ministerial priorities.

### 3.4 Planned Care Performance

Performance against the Suspected Cancer Pathway target improved in March to 64.5% patients treated in target with strong performances by the breast and haematology teams and use of WLI in dermatology. Since March, the backlog of patients over 62 days has risen sharply. Recovery is dependent on the use of WLI whilst longer sustainable solutions are implemented and improved demand management which incorporates improvement of communication with primary care.



The Diagnostic waits for April maintained the improvements (whilst slightly higher than March) with the number of patients waiting over 8 weeks for a diagnostic test at 6,608. This is over 2,000 patients less patients waiting over 8 weeks than at the same point in the previous year.

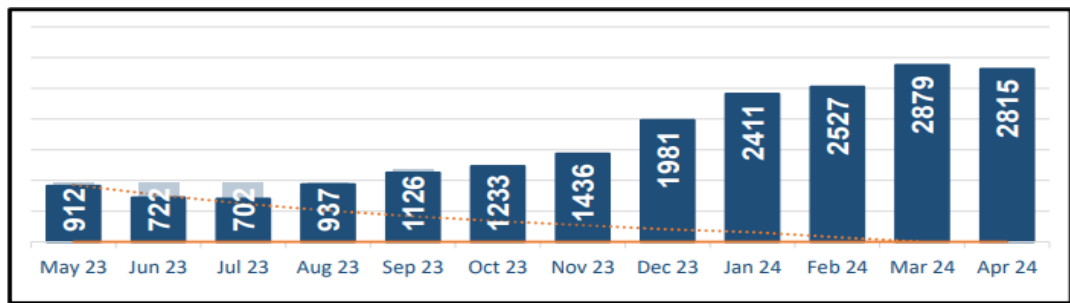


Over the past twelve months, there has been a deterioration in the number of patients waiting over 52 weeks for a new appointment, with the end of April position at 20,049 patients whereas the national expectation is for this to move to zero waiting by close of the financial year.



The number of patients waiting more than 14 weeks for a specified therapy (excluding audiology) increased during 2023/2024 with the position at April

2024 of 2,815 waiting beyond 14 weeks being over twice the number at the same time prior year. This position is driven by physiotherapy waits and a recovery plan has been sought from the speciality to improve access.



The number of patients experiencing a delay of over 100% of their waiting time for a follow up outpatient appointment increased significantly during 2023-2024 with a position at the end of April 2024 of 90,843 compared to c80,000 at the same point prior year.



Whilst there have been some improvements in the elective care performance during 2023-2024 with reductions in the number of patients waiting over 156 weeks, the position as at the end of April 2023 illustrates that further improvements are required during 2024-2025.

- 156 weeks – whilst a significant reduction was delivered during prior year (approximately 25% reduction) there remains a further cohort of patients which require review and treatment as 1,635 patients were waiting beyond the 3-year mark at the end of April against a national target of zero.
- 104 weeks – whilst an overall reduction in year during 2023-2024 the end of April 2024 position of 9,236 is similar to the same point of 9,434 in 2023 and the new targeted performance is for there to be zero by close of March 2025.
- 52 weeks wait for a new appointment – stage 1 of the referral to treatment pathway is waiting for a new appointment. The number of patients waiting beyond 12 months for a new appointment shows a trend deterioration over the last 12 months with circa 8,000 additional patients waiting beyond this milestone compared to same period in 2023.

This position is concerning when the target is to reduce this cohort to zero for close of the financial year.

### 3. Summary

At the start of the 2024-2025 financial year, the Health Board is facing many challenges. The level of delayed pathways of care is compounding system flow pressures and overall system capacity has impacted upon planned care performance and elective care recovery. The Health Board has key areas of challenge, centred upon;

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

There is an expectation (as detailed within the Health Board May 2024 report) for substantial improvements in performance associated with patients waiting times for treatment. However, the Health Board in the short term is facing substantial challenge in achieving targeted performance within;

- Outpatients – Patients waiting over 52 weeks
- Referral to treatment - Patients waiting greater than 104 weeks

Whilst the SPC charts reflect improved performance over historic periods, a flattening of the improvement has been seen in recent months, and in particular for outpatients an increase in the numbers waiting over recent months realised.

A focused piece of work has been agreed to support improvements in all areas of performance, with for planned care a particular focus being placed upon;

- Treat in turn
- Use of premium working for 2024/25
- Enhanced utilisation of theatres and outpatients

Reported performance verse targeted improvements in theatre utilisation will be included as local metrics for presentation to July 2024's Health Board, current performance articulated below;

Ref	Measure	Performance	Target
1	Utilisation of theatres	66%	85%
2	Cases to be seen per theatre list	1.9	2.5
3	Cancellations at short notice or on the day	<5%	24.8%
4	Theatres starting greater than 15 minutes late	44.5%	<10%
5	Theatres finishing earlier than 60 minutes	20.3%	<10%

The Health Board has a Theatre Optimisation Group and is placing greater emphasis upon attainment of improved utilisation of theatres through Planned Care escalations,

with performance oversight to be provided through the Integrated Performance – Executive Delivery Group.

#### 4. Our People & Organisational Development

At 4.4%, this has increased from March 2024, with continued focus on reduction of off contact agency being undertaken. There is work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

PADR rate at 79.4% at the end of month 1 remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

At 5.6%, Sickness absence rate remains similar to prior month performance in line with ongoing staff wellbeing work, this is a key area of focus for ensuring officers are available to support patients and colleagues.

The latest turnover rate of 1.9% 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. The Health Board is 2<sup>nd</sup> best performing in Wales as at latest benchmarking.

#### 5. Our Financial Performance (Month 2)

##### 5.1 Revenue Position

The Health Board is experiencing financial pressures associated with cost overruns, an example being Out of Area Mental Health placements, in addition to a shortfall in identified savings delivery (annual target £48m, phased in equal twelfths for the 2024/25 year) financial performance is as detailed below;

	Actual M01 £m	Actual M02 £m	2024/25 Cumulative against Plan				Actual Forecast
			Budget £m	Actual £m	Variance £m	Variance %	
Revenue Resource Limit	(172.4)	(171.6)	(344.0)	(344.0)	0.0	0.0%	(2,097.5)
Miscellaneous Income	(13.1)	(12.8)	(24.6)	(25.9)	-1.3	5.3%	(156.1)
Health Board Pay Expenditure	86.7	87.2	163.7	173.9	10.2	6.2%	1,061.7
Non-Pay Expenditure	103.1	102.0	204.9	205.1	0.2	0.1%	1,211.7
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>0.0</b>	<b>9.1</b>	<b>9.1</b>		<b>19.8</b>
Planned Deficit	1.6	1.6	3.3	0.0	3.3	100%	
<b>Total Deficit / (Surplus) above Plan</b>	<b>2.6</b>	<b>3.2</b>	<b>3.3</b>	<b>9.1</b>	<b>5.8</b>		

The Health Board has endorsed a model for savings achievement through issuing out the £48m savings ask to all service areas (this reflecting a 2.8% reduction in

expenditure) with accountability letters issued out to all officers responsible for budgets.

A Value & Sustainability approach to delivery of savings has been initiated, with the targeted identification of opportunity for each of the five themes (Workforce, Clinical Variation, Non-Pay, Medicines management and Continuing Healthcare) with these areas presenting an opportunity for cross cutting savings initiatives.

The Health Board has £13.3m of green schemes, a further £6.2m of red schemes and pipeline opportunities of £8.1m. Until the red and pipeline schemes can be classified as green the savings performance is as detailed below;

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	2.3	6.4	1.4	0.4	1.1
Central Integrated Health Community	10.9	2.5	8.5	1.8	0.5	1.3
East Integrated Health Community	11.2	3.2	8.0	1.9	0.7	1.2
MHLD	4.2	1.9	2.3	0.7	0.3	0.4
Womens Services	1.4	0.0	1.3	0.2	0.0	0.2
Diagnostic and Specialist Clinical Support	2.1	0.6	1.5	0.4	0.1	0.2
Cancer Services	1.6	1.1	0.5	0.3	0.1	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.2	0.0	0.0	0.0
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Corporate & Support Services	3.7	1.7	2.0	0.6	0.5	0.1
Reserves	4.0		4.0	0.7		0.7
<b>Saving Total</b>	<b>48.0</b>	<b>13.3</b>	<b>34.7</b>	<b>8.0</b>	<b>2.7</b>	<b>5.3</b>

Further work is progressing on reduction in cost overruns (in particular the out of area mental health placements) with controlling costs and savings delivery needed to provide assurance over attainment of the financial plan for 2024/25.

## 5.2 Capital

The Health Board has set a capital programme of £41.910m, including the central allocation of £23.077m for Llandudno.

The program reflects the endorsed expenditure prioritisation undertaken for the 2024/25 financial year, with further endorsed schemes that can be brought forward from 2025/26 should in year allocations be made available.

The Health Board is to bid for and/or receive;

- £2.40m for backlog maintenance (Welsh Government further £30m allocation)
- £1.64m to support the Royal Alex development of the business case

- £2.29m to support the replacement of a CT Scanner

The active management of the program will be essential to deliver the expenditure planned at close of the 2024/25 financial year

## **6. Appendix**

Appendix 1 – Integrated Performance Report March 2024



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# **Integrated Performance Report**

Reporting Period: to 30.04.2024

Presented to

**Performance, Finance & Information**

**Governance Committee**

**Tuesday, 25<sup>th</sup> June 2024**

Title	Page	Title	Page
<b>Cover</b>	<b>1</b>	<b>Section 1: Quality Safety, Effectiveness &amp; Experience Performance</b>	<b>18</b>
<b>Table of Contents</b>	<b>2</b>	<b>Section 2: Access &amp; Activity Performance</b>	<b>27</b>
<b>Performance Escalation Report</b>	<b>3</b>	<b>Section 3: People &amp; Organisational Development Performance</b>	<b>38</b>
<b>The Integrated Performance Report</b>	<b>10</b>	<b>Section 4: Financial Performance</b>	<b>41</b>
<b>NHS Wales Performance Framework 2023-24</b>	<b>11</b>	<b>Additional Information</b>	<b>47</b>
<b>About this Report</b>	<b>12</b>	<b>Introduction to Integrated Performance Report (IPR)</b>	<b>48</b>
<b>Overall Summary of Performance</b>	<b>15</b>	<b>Reporting Governance Structure</b>	<b>49</b>
<b>All Wales NHS Performance Dashboard</b>	<b>16</b>	<b>Performance Directorate Outputs</b>	<b>51</b>
		<b>Appendix</b>	<b>53</b>

# Performance Escalations Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# A Summary of Escalated Performance Measures

## Access & Activity Performance

- Cancer Treatment
  - Whilst performance remains below plan, use of Planned Care funds is expected to attain the Welsh Government ask of a 70% delivery by March 2025.
- ED waits and Ambulance Handovers
  - Ambulance handover times and patients waiting 12 hours to be seen an area of focus.
- Pathways of Care Delays
  - A particular focus placed upon 104 weeks Referral to Treatment and over 52 week outpatients waiting times.
- Therapies Waiting Times

## People & Organisational Development Performance

- Sickness absence rate stayed below 6.5% for all of 23/24, in line with ongoing staff wellbeing work
- Turnover rate for nursing being aligned with the national and local retention work now being put in place with a dedicated retention lead coming on-board for the organisation funded by HEIW,
- Focus on off-contract agency with the latest rate at 4.4% (a slight increase over March 2024). Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme continues.
- PADR rate increased steadily over last 12 months with and end of March position 79.1% is slightly up on March 2024 (though below the WG target of 85%). This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

## Quality, Safety, Effectiveness & Experience Performance

Reported via Quality, Safety and Effectiveness Committee

## Financial Performance

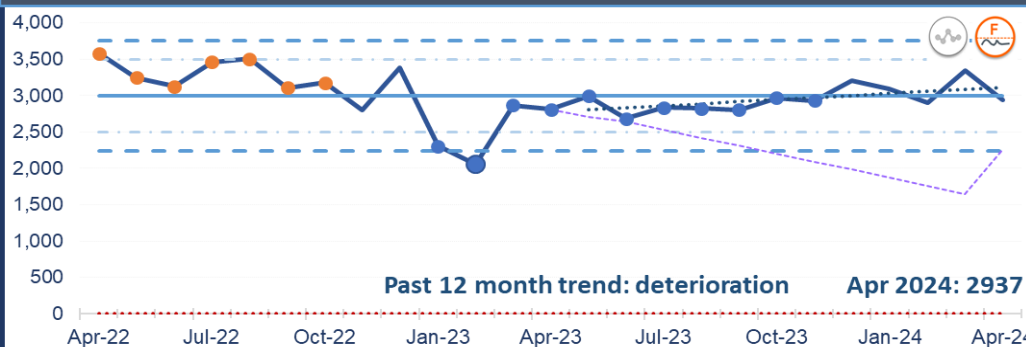
The 2024/25 financial performance at month 2 is a deficit of 9.1m, this being £5.8m adverse to plan, as detailed below;

	Actual M01 £m	Actual M02 £m	2024/25 Cumulative against Plan				Actual Forecast
			Budget £m	Actual £m	Variance £m	Variance %	
Revenue Resource Limit	(172.4)	(171.6)	(344.0)	(344.0)	0.0	0.0%	(2,097.5)
Miscellaneous Income	(13.1)	(12.8)	(24.6)	(25.9)	-1.3	5.3%	(156.1)
Health Board Pay Expenditure	86.7	87.2	163.7	173.9	10.2	6.2%	1,061.7
Non-Pay Expenditure	103.1	102.0	204.9	205.1	0.2	0.1%	1,211.7
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>0.0</b>	<b>9.1</b>	<b>9.1</b>		<b>19.8</b>
Planned Deficit	1.6	1.6	3.3	0.0	3.3	100%	
<b>Total Deficit / (Surplus) above Plan</b>	<b>2.6</b>	<b>3.2</b>	<b>3.3</b>	<b>9.1</b>	<b>5.8</b>		

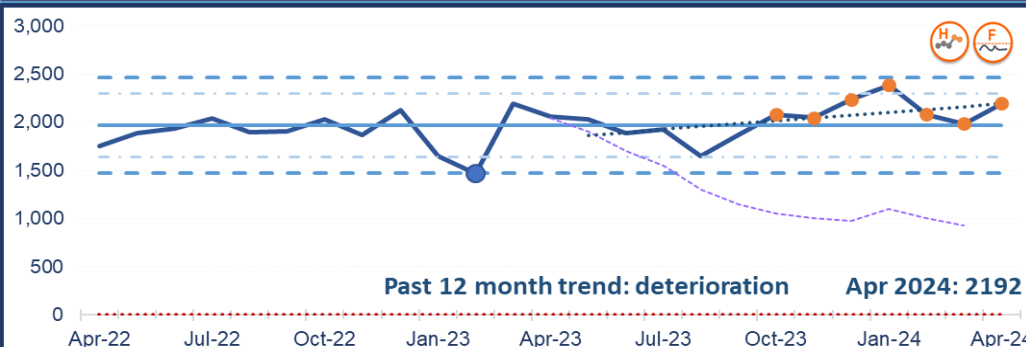
The key drivers of adverse financial performance centre upon savings under delivery and increased costs associated with Out of Are Mental Health placements

# Access & Activity: Escalated Performance Measures Urgent & Emergency Care

Number of 12 hour ED wait breaches



Number of 1+ Hour Ambulance Handover Breaches



Number of 4+ Hour Ambulance Handover Breaches



## Headlines

Current performance remains significantly adverse to expected levels with the chart showing a deterioration in the 1+ hour ambulance handover breaches with 2,192 breaches in April and a continued 12 month deterioration in the number of patients waiting over 12 hours in ED.

## Focus Area

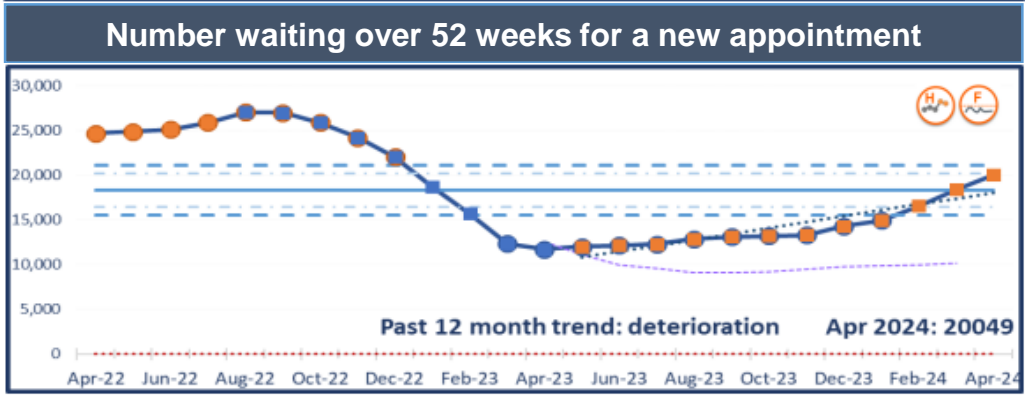
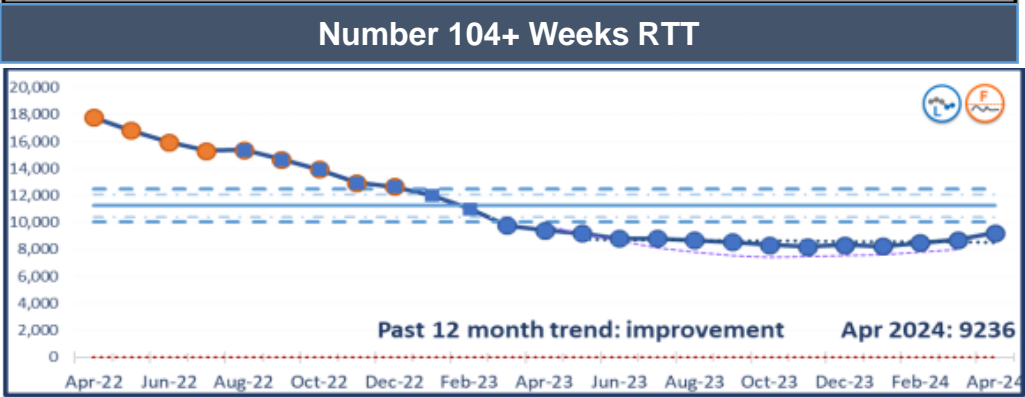
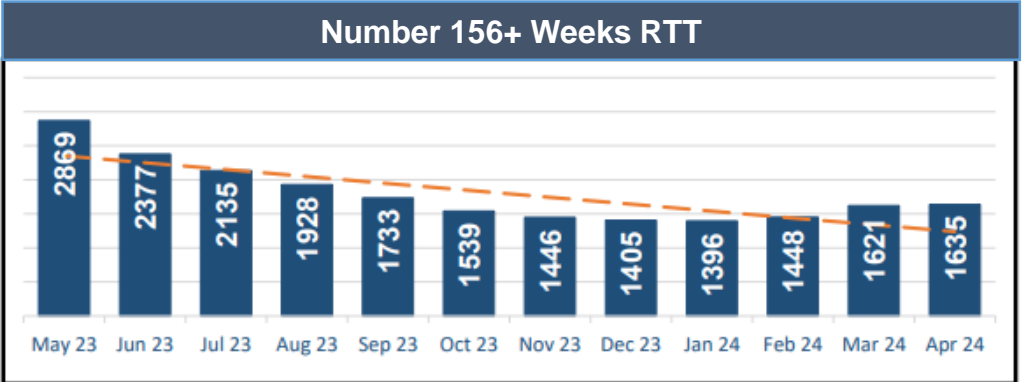
The Health Board is currently in the process of implementing a triumvirate of senior representatives from the established UEC 6 goals programme board supported by business partners from within the organisation. The agenda for this group will consist of 4 themes linking to national 6 goals programme

- Admissions Avoidance
- Discharge & Transfer
- Front Door inc WAST
- Inpatients

In agreement with NHS Executive and Welsh Government representatives the focus for the next 3 months will be:-

- Pathway Deep Dive (Grip and Control)
- Front Door (Enhanced Community Support Service)
- ED Emergency Quadrant (SDEC and Specialty doctor reviews)
- Hospital Flow – specifically decision to discharge
- Back door – packages of care

# Access & Activity: Escalated Performance Measures Planned Care



## Headlines

Whilst the number of patients waiting over 156 weeks decreased considerably during 2023/24, the key specialties contributing towards this cohort are General Surgery, Gastroenterology, Maxillo Facial Surgery and Orthodontics. There is a deteriorating trend in the number of patients waiting beyond 52 weeks for a new appointment with performance at end of April 2024 of 20,049 patients circa eight thousand patients higher than prior year performance.

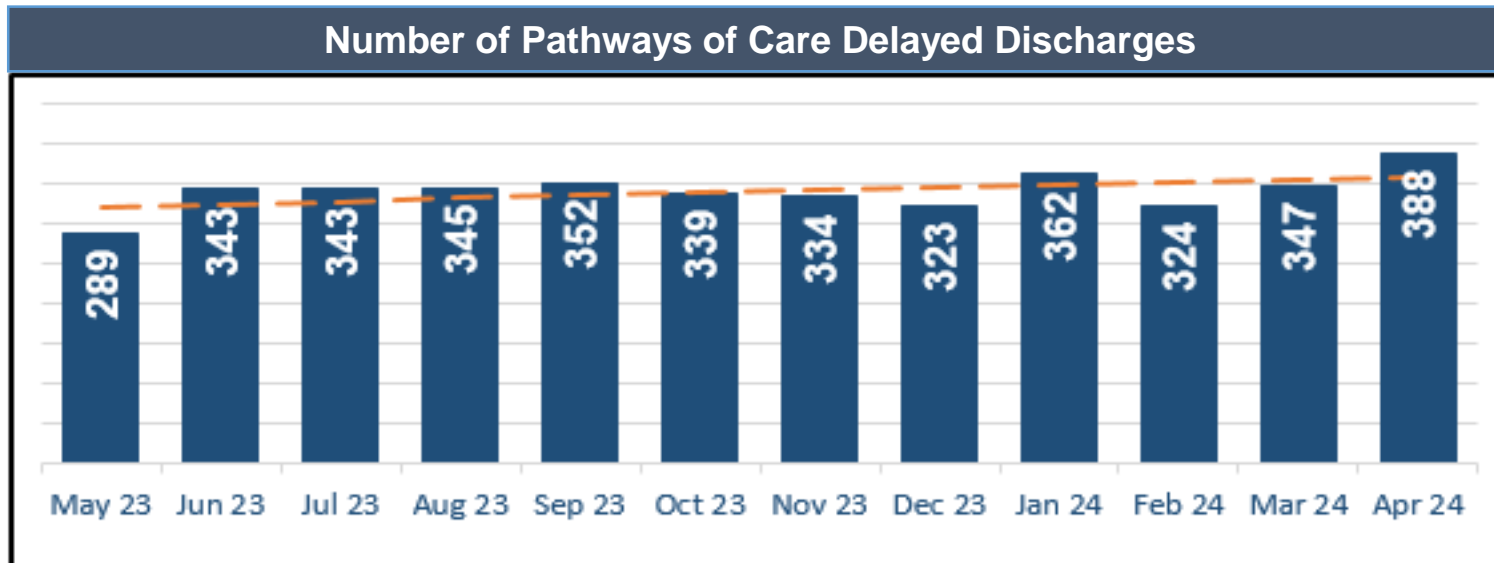
## Focus Areas

As referenced in the Planned Care Fund presentation to the Health Board committee at the end May, the Health Board will place focus on improved performance on long waits and specialities in escalation, combining;

- a) a change in philosophy that further aligns to Emergency and then ‘treat in turn’
- b) Initial use of premium working from resource issued to the Health Board 2024/25
- c) improved productivity of in house available capacity during 2024/25 and for future years.

A Theatre Optimisation Group has been established which will report into the Intergrated Performance – Executive Delivery group focusing on delivery of targeted improvements on improvement and optimisation of theatre utilisation.

# Access & Activity: Escalated Performance Measures Pathways of Care Delays



## Headlines

The Pathways of Care Delay metric provides information relating to patients in an inpatient bed 48 hours post-clinically optimised. Despite efforts to date, the actions for reducing assessment delays have not had the impact needed and further work is taking place with the Regional Partnership Board to develop more targeted / focused actions. Assessment delays remain the highest delay reason accounting for 44.7% of all delays. POCs have reduced to 347 in May.

## Focus Areas

**Assessment Delays** – Joint assessment, Nursing Assessment and AHP assessment will be the key focus for the next 3 months as they are repeatedly the highest. Social Care and Social worker allocation need greater scrutiny to identify actions as they remain high in some IHCs (East)

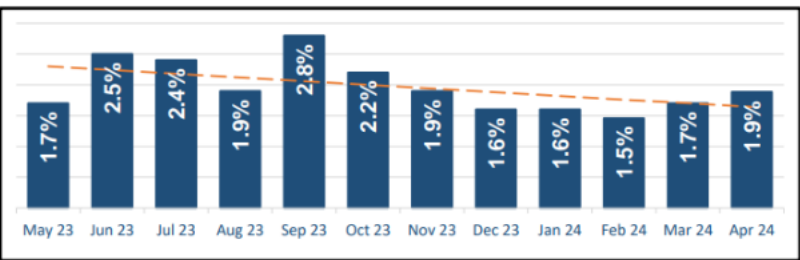
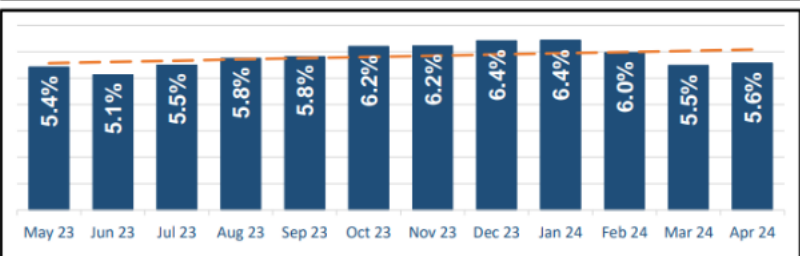
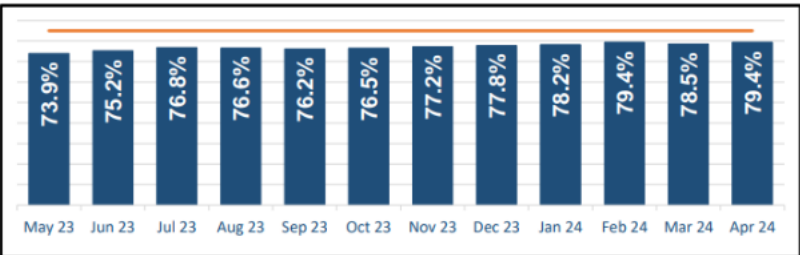
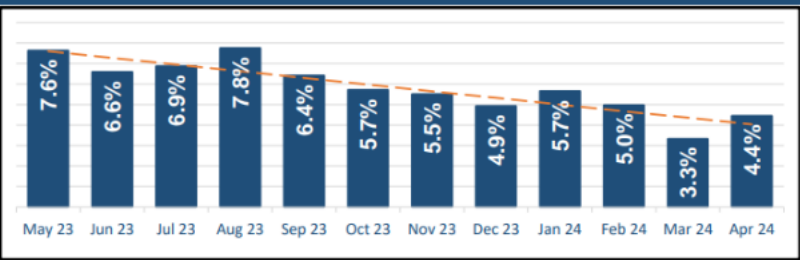
**Care Home Delays** – consistently the second highest reason for delay.

**New Packages of Care** – consistently the third highest reason for delay (initiatives linked to Further Faster and Enhanced Community Care)

**Length of Stay** – Increased actions to reduce length of delays i.e. over 21 days

# People & OD: Escalated Performance Measures

CRR Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	4.4%	10th of 12 (at Feb 24)
-	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	79.4%	3rd of 13 (at Feb 24)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	5.6%	6th of 12 (at Feb 24)
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreasing trend against 2019/20	TBC	1.9%	2nd of 11 (at Jan 24)



- At 4.4%, focus continues on reduction of off contact agency. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.
- **PADR rate at 79.4%** at the end of month 1 an remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.
- **At 5.6%, Sickness absence rate** remains similar to prior month performance in line with ongoing staff wellbeing work.
- **2<sup>nd</sup> best performing in Wales as at latest benchmarking. The latest turnover rate of 1.9%** 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

# Finance: Escalated Performance Measures

The Health Board has been issued with a control target for the 2024/25 financial year of a £19.7m deficit, as detailed below;

The Health Board is experiencing financial pressures associated with cost overruns in regards to Continued Healthcare and Out of Area Mental Health placements, in addition to a shortfall in identified savings delivery (annual target £48m, phased in equal twelfths for the 2024/25 year) financial performance is as detailed below;

	Actual M01 £m	Actual M02 £m	2024/25 Cumulative against Plan				Actual Forecast
			Budget £m	Actual £m	Variance £m	Variance %	
Revenue Resource Limit	(172.4)	(171.6)	(344.0)	(344.0)	0.0	0.0%	(2,097.5)
Miscellaneous Income	(13.1)	(12.8)	(24.6)	(25.9)	-1.3	5.3%	(156.1)
Health Board Pay Expenditure	86.7	87.2	163.7	173.9	10.2	6.2%	1,061.7
Non-Pay Expenditure	103.1	102.0	204.9	205.1	0.2	0.1%	1,211.7
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>0.0</b>	<b>9.1</b>	<b>9.1</b>		<b>19.8</b>
Planned Deficit	1.6	1.6	3.3	0.0	3.3	100%	
<b>Total Deficit / (Surplus) above Plan</b>	<b>2.6</b>	<b>3.2</b>	<b>3.3</b>	<b>9.1</b>	<b>5.8</b>		

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	2.3	6.4	1.4	0.4	1.1
Central Integrated Health Community	10.9	2.5	8.5	1.8	0.5	1.3
East Integrated Health Community	11.2	3.2	8.0	1.9	0.7	1.2
MHLD	4.2	1.9	2.3	0.7	0.3	0.4
Womens Services	1.4	0.0	1.3	0.2	0.0	0.2
Diagnostic and Specialist Clinical Support	2.1	0.6	1.5	0.4	0.1	0.2
Cancer Services	1.6	1.1	0.5	0.3	0.1	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.2	0.0	0.0	0.0
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Corporate & Support Services	3.7	1.7	2.0	0.6	0.5	0.1
Reserves	4.0		4.0	0.7		0.7
<b>Saving Total</b>	<b>48.0</b>	<b>13.3</b>	<b>34.7</b>	<b>8.0</b>	<b>2.7</b>	<b>5.3</b>

Further work is progressing on reduction in cost overruns (in particular the out of area mental health placements) with controlling costs and savings delivery required improvements needed to provide assurance over attainment of the financial plan 2024/25.

The Health Board Capital programme totals £41.910m, including £23.077m for Llandudno. The program reflects expenditure prioritisation undertaken for the 2024/25 financial year. The Health Board is to bid for and/or receive (a) £2.40m for backlog maintenance (Welsh Government further £30m allocation) (b) £1.64m to support the Royal Alex development of the business case and © £2.29m to support the replacement of a CT Scanner. The active management of the program will be essential to deliver the expenditure planned at close of the 2024/25 financial year

# About the Integrated Performance Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

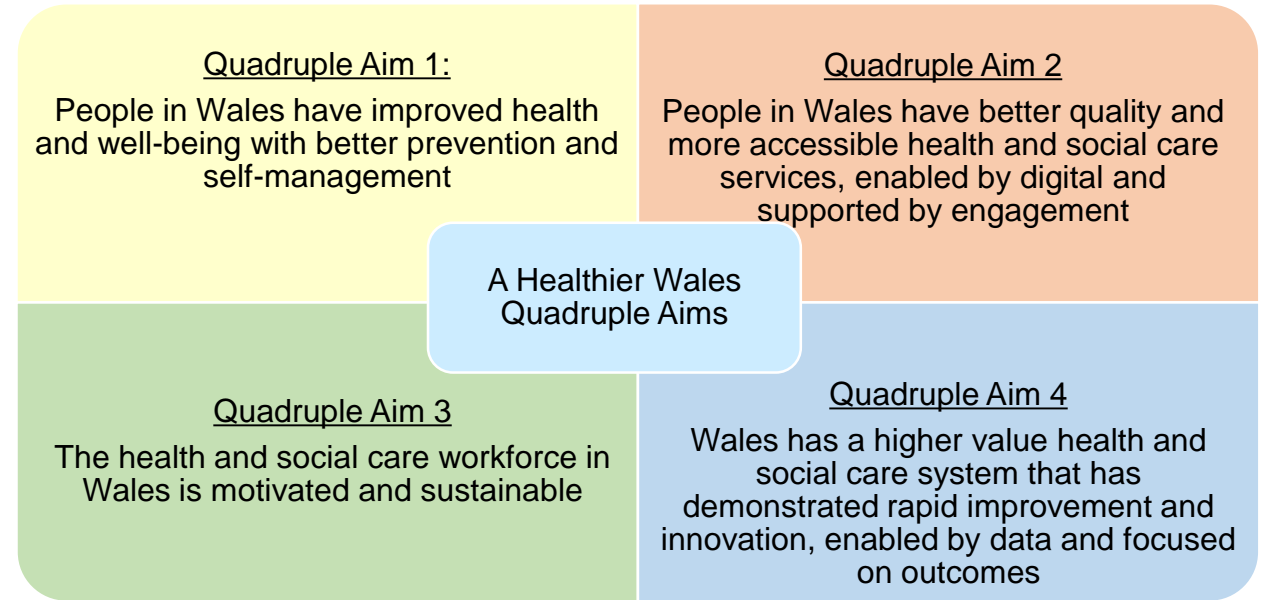


# NHS Wales Performance Framework 2024-25

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

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

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



## Integrated Performance Report

Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

Financial Performance

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

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

# About this report: Rating System

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

**Green**

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

**Red**

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

**Blue**

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

**Grey**

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

## Exception

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

### Criteria of an exception

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

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

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

## Escalation

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

### Criteria for escalation

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






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

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

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





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

## Variance

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

**Orange** icons indicate negative occurrence  
**Blue** icons indicate a positive occurrence  
**Grey** icons indicate no significant data occurrence

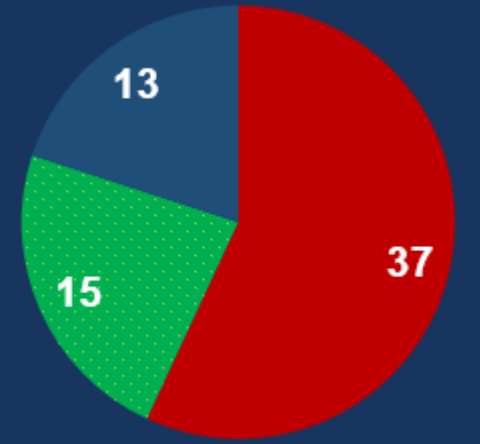
## Assurance (\*based on data presented in the SPC only)

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

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

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

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



# Integrated Performance Report

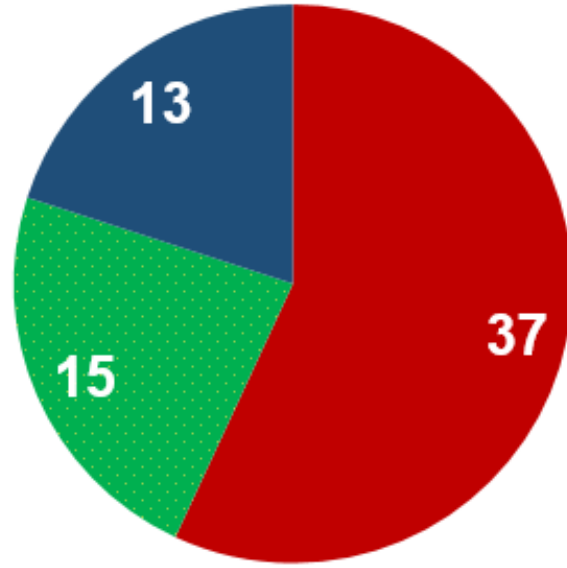


GIG  
CYMRU  
NHS  
WALES

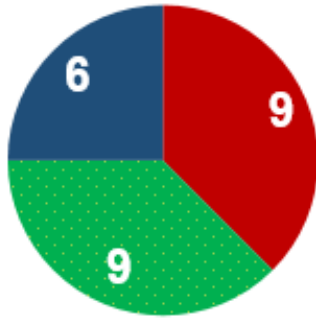
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



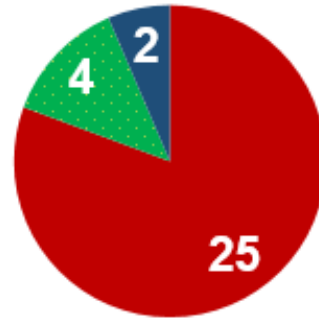
# Summary of Performance to Month 1



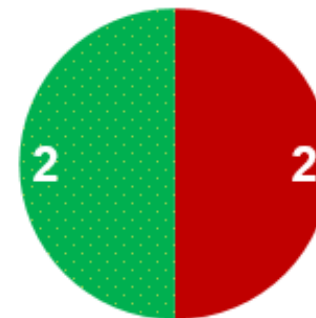
All Sections



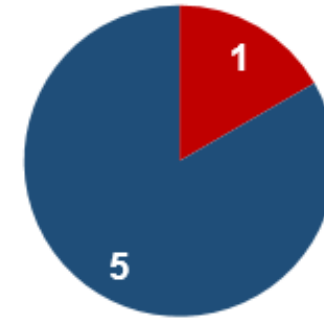
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



People & Organisational Development Performance

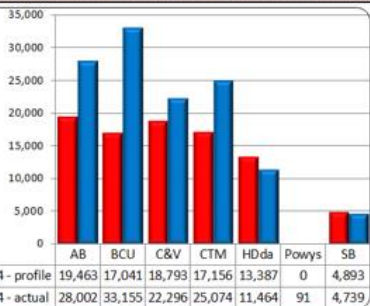


Financial Performance

# NHS Wales Performance Dashboard- part 1

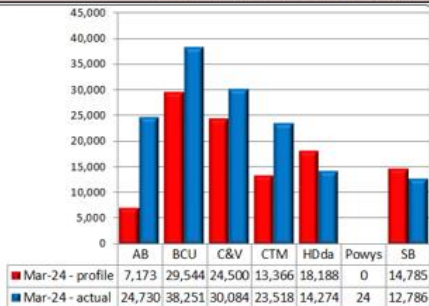
## PERFORMANCE DASHBOARD

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



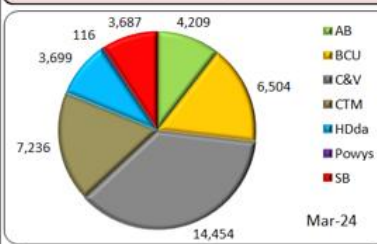
- In Mar-24, HDda and SB achieved their trajectories for the number of patients waiting over 36 weeks for a new outpatient appointment.
- HDda and Powys saw a reduction in Mar-24 when compared to the previous month.
- At an all Wales level, the number of patients waiting over 36 weeks for a new outpatient appointment has increased in Mar-24 when compared to the previous month by 4,657 to 124,821, a 3.9% increase.
- Powys had the lowest number of patients waiting over 36 weeks for a new outpatient appointment in Mar-24 at 91, BCU had the highest number of waits at 33,155 (26.6% of the total).

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

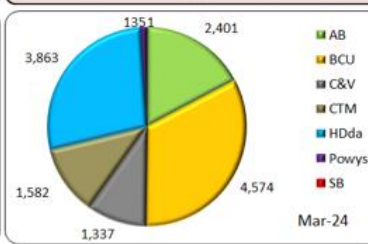


- In Mar-24, HDda and SB achieved their trajectories for the number of patients waiting over 52 weeks for referral to treatment.
- CTM, HDda, Powys and SB have all seen a reduction in Mar-24 when compared to the previous month.
- At an all Wales level, the number of over 52 week referral to treatment waits has increased in Mar-24 when compared to the previous month by 2,732 to 143,667, a 1.9% reduction.
- Powys had the lowest number of patients waiting over 52 weeks for referral to treatment in Mar-24 at 24, BCU had the highest number of waits at 38,251 (26.6% of the total).

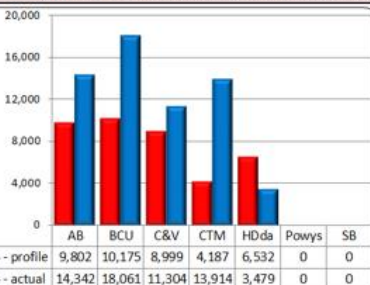
### Number of patients waiting more than 8 weeks for a specified diagnostic



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

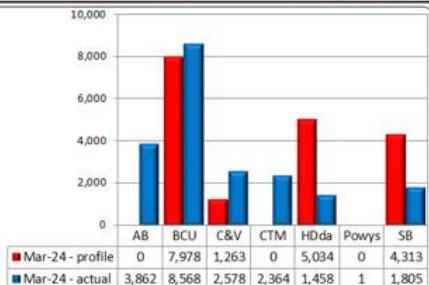


### Number of patients waiting more than 52 weeks for a new outpatient appointment



- In Mar-24, HDda, Powys and SB achieved their trajectory for the number of patients waiting over 52 weeks for a new outpatient appointment.
- C&V, CTM, HDda and Powys all saw a reduction in Mar-24 compared to the previous month.
- At an all Wales level, the number of over 52 week new outpatient waits has increased in Mar-24 when compared to the previous month by 1,135 to 61,100, a 1.9% increase.
- SB have had no over 52 week new outpatient waits since Oct-23, BCU had the highest number of waits at 18,061 (29.6% of the total).

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



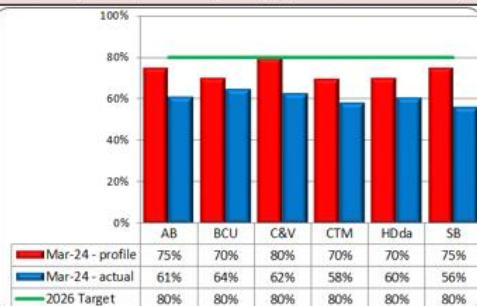
- In Mar-24, HDda and SB achieved their trajectories for the number of patients waiting over 104 weeks for referral to treatment.
- All HBs, except BCU and Powys, have seen a reduction in Mar-24 when compared to the previous month.
- At an all Wales level, the number of over 104 week referral to treatment waits has reduced in Mar-24 when compared to the previous month by 2,344 to 20,636, a 10.2% reduction.
- Powys had the lowest number of patients waiting over 104 weeks for referral to treatment in Mar-24 at 1, BCU had the highest number of waits at 8,568

- In Mar-24, no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 8 weeks for a specified diagnostic.
- AB did not provide an 8 week diagnostic trajectory.
- All HBs, except BCU and C&V, saw a reduction in Mar-24 when compared to the previous month.
- At an all Wales level, the number of over 8 week waits for specific diagnostics has reduced in Mar-24 when compared to the previous month by 2,175 to 39,905, a 5.2% reduction.
- Powys had the lowest number of over 8 week waits for specific diagnostics in Mar-24 at 116, C&V had the highest at 14,454 (36.2% of the total).

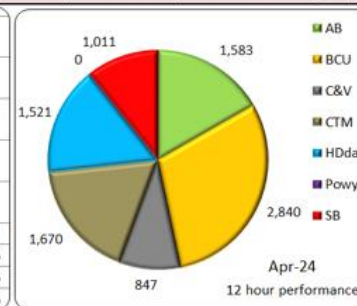
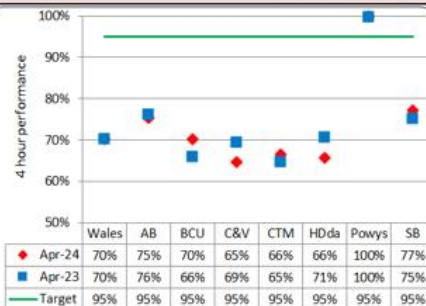
- In Mar-24 no HB achieved the target of an improvement trajectory towards a national target of zero by 31 March 2024 for the number of patients waiting over 14 weeks for a specified therapy.
- CTM did not provide a 14 week therapy trajectory.
- C&V, Powys and SB all saw a reduction in Mar-24 when compared to the previous month.
- At an all Wales level, the number of over 14 week waits for specific therapies increased in Mar-24 when compared to the previous month by 1,134 to 13,893, an 8.9% increase.
- SB had the lowest number of over 14 week waits for specific therapies in Mar-24 at 1, BCU had the highest at 4,574 (32.9% of the total).

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

- In Mar-24, none of the HBs achieved their trajectory for the percentage of patients starting 1st definitive cancer treatment within 62 days.
- All HBs saw an improvement in performance in Mar-24 when compared to the previous month.
- At all Wales level, the percentage of patients starting 1st definitive treatment within 62 days has seen an improvement in performance in Mar-24 when compared to the previous month of 7.1 percentage points to 60.5%.
- The best performing HB in Mar-24 was BCU with performance at 64.5%, SB had the lowest performance at 55.9%.



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

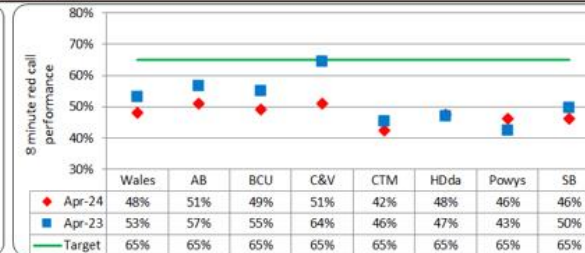
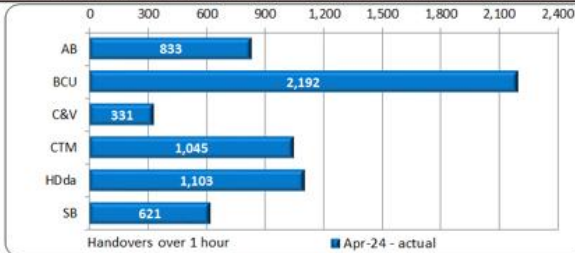


- In Apr-24 BCU, CTM, Powys and SB achieved the target of an improvement compared to the same month in the previous year, towards the national target of 95% for the percentage of patients who spent less than 4 hours in A&E.
- All HBs saw an improvement in performance in Apr-24 when compared to the previous month.
- At all Wales level, the percentage of patients who spent less than 4 hours in A&E has seen an improvement in performance in Apr-24 when compared to the previous month of 2.6 percentage points to 70.3%.
- The best performing HB in Apr-24 (exc. Powys) was SB at 77.3%, C&V had the lowest performance at 64.7%.
- In Apr-24, CTM, Powys and SB achieved the target of a reduction compared to the same month in the previous year, towards the national target of zero 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 847, BCU had the highest at 2,840 (30% of the total).

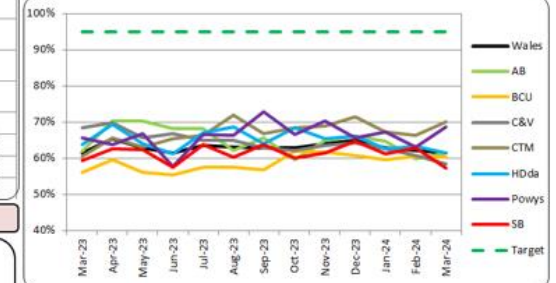
# NHS Wales Performance Dashboard – part 2

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

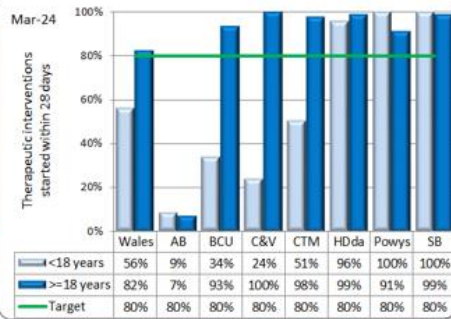
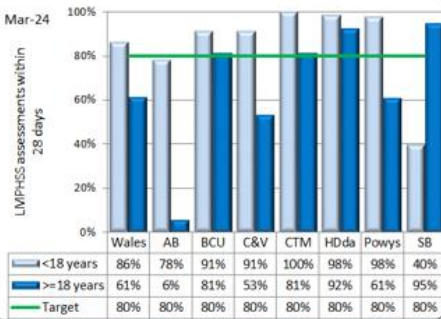
- C&V had the lowest number of over 1 hour handovers in Apr-24 with 331 over 1 hour handovers, BCU had the highest at 2,192 (35.8% of the total).
- Over the last 12 months, AB, C&V and SB saw an improvement trend in performance.
- In Apr-24, no HB achieved the 65% target for the percentage of emergency responses to red calls within 8 minutes.
- C&V were the best performing HB in Apr-24 with performance at 51%, CTM were the lowest with performance at 42.4%.
- Over the last 12 months all HBs saw a deterioration trend in performance. HDda and Powys saw an improvement in performance in Apr-24 when compared to the previous month.



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



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



### <18 years

- In Mar-24, all HBs, except AB and SB, achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was CTM at 100%, SB had the lowest performance at 40%. Over the last 12 months, all HBs, except BCU, saw an improvement trend in performance.
- In Mar-24, HDda, Powys and SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HBs were Powys and SB at 100%, AB had the lowest performance at 8.6%. Over the last 12 months, all HBs, except BCU, saw an improvement trend in performance.

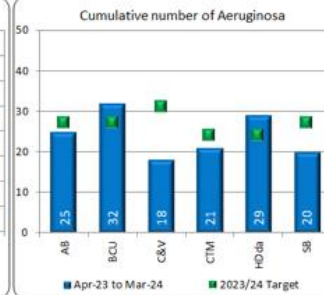
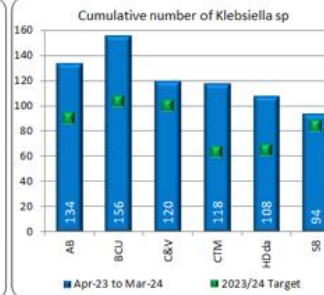
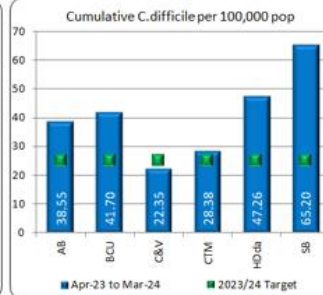
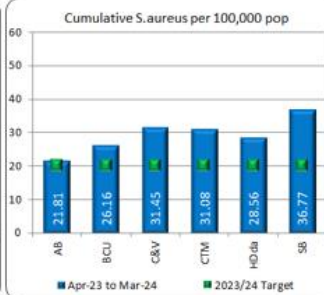
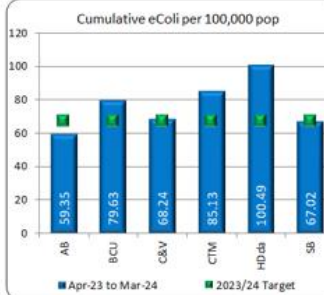
### >=18 years

- In Mar-24, BCU, CTM, HDda and SB all achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 94.5%, AB had the lowest performance at 5.8%. Over the last 12 months, all HBs, except AB and C&V, saw an improvement trend in performance.
- In Mar-24, all HBs, except AB, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V at 100%, AB had the lowest performance at 7%. Over the last 12 months, BCU, C&V, CTM and SB all saw 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.

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

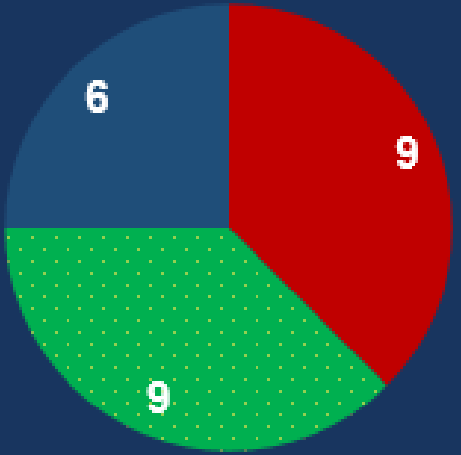
## Health Care Acquired Infections - HCAIs (provisional data)



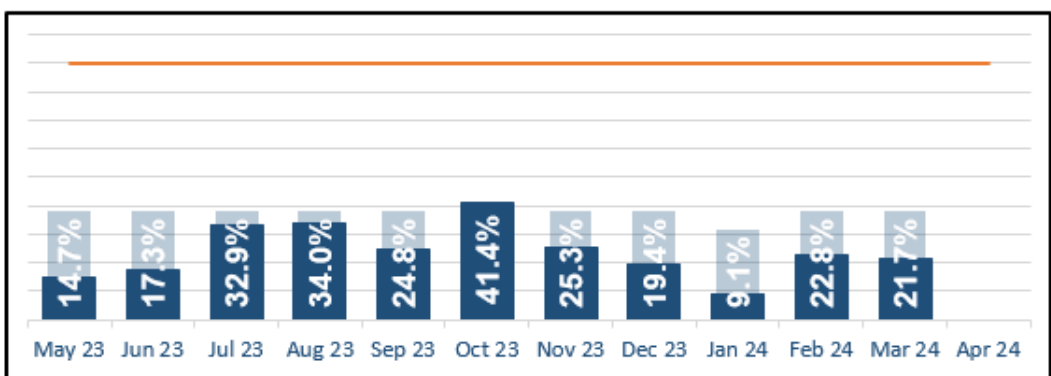
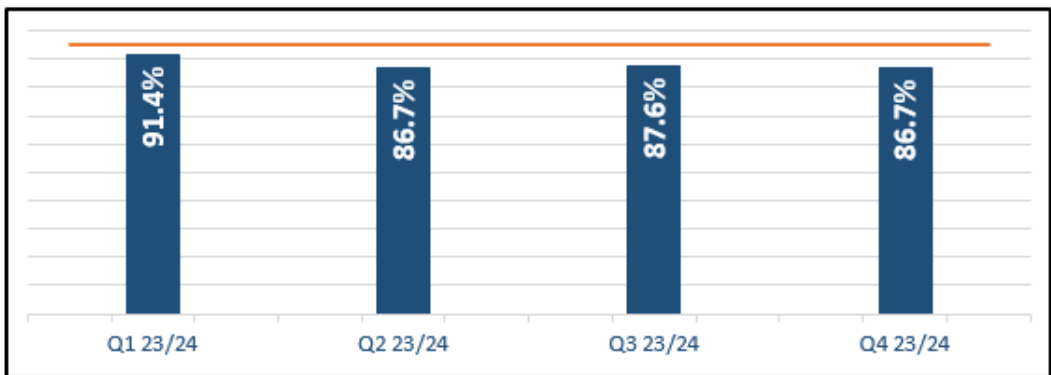
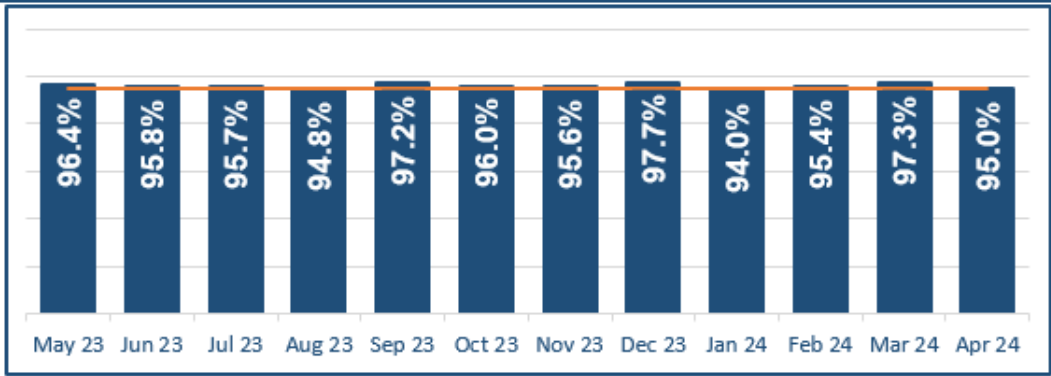
- For eColi, only AB have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, HDda had the highest rate of eColi at 100.49 per 100,000 population compared to AB who had the lowest rate at 59.35 per 100,000 population.
- For S.aureus, none of the HBs have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, SB had the highest rate of S.aureus at 36.77 per 100,000 population compared to AB who had the lowest rate at 21.81 per 100,000 population.
- For C.difficile, only C&V have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, SB had the highest rate of C.difficile at 65.20 per 100,000 population compared to C&V who had the lowest rate at 22.35 per 100,000 population.
- For Klebsiella, none of the HBs have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, BCU had the highest number of cases of Klebsiella at 156 compared to SB who had the lowest number at 94.
- For Aeruginosa, all HBs, except BCU and HDda, have provisionally achieved the 2023/24 cumulative target. In the Apr-23 to Mar-24 period, BCU had the highest number of cases of Aeruginosa at 32 compared to C&V who had the lowest number at 18.

# Section 1

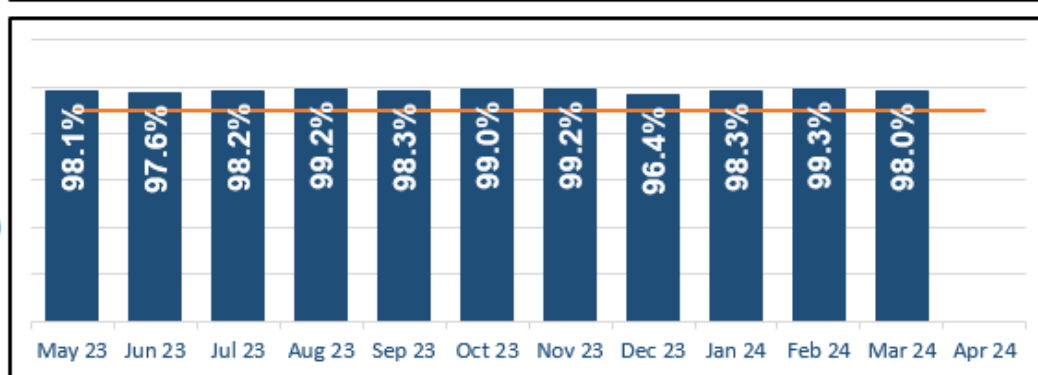
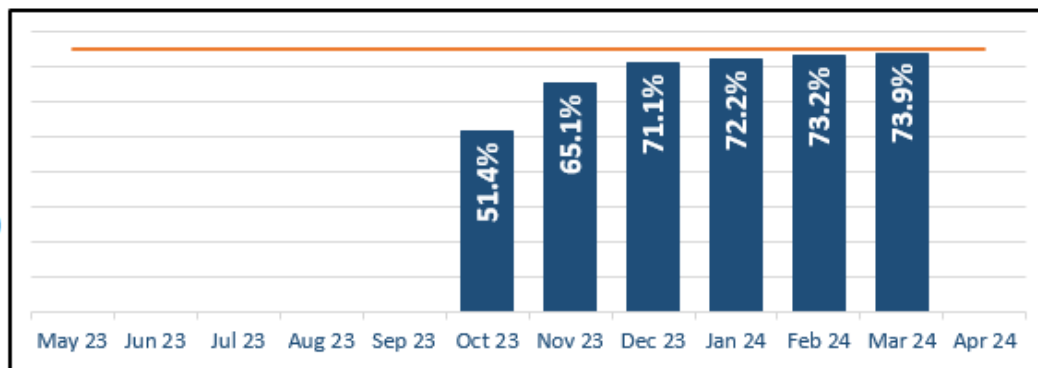
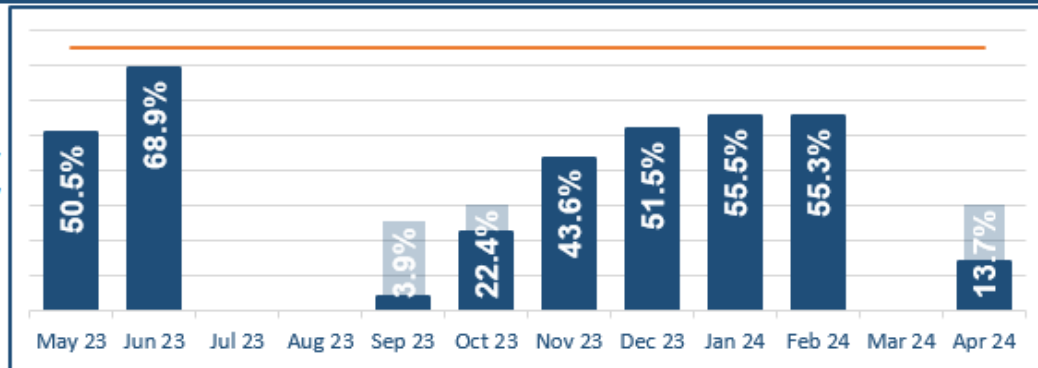
# Quality, Safety, Effectiveness and Experience Performance



CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of eligible newborn babies who have a conclusive bloodspot screening result by day 17 of life	95%	TBC	95.0%	7th of 7 (at Apr 24)
-	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%	2nd of 7 (at Mar 24)
-	QSE	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	TBC	21.7%	4th of 7 (at Mar 24)



CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	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	13.7%	6th of 7 (at May 24)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	73.9%	2nd of 7 (at Mar 24)
-	QSE	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	TBC	98.0%	2nd of 7 (at Mar 24)



CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	TBC	79.1%	5th of 7 (at Mar 24)
-	QSE	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual	TBC	6.35%	2nd of 7 (at Dec 23)
-	PFIG	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	TBC	12.9%	

Quarter	Percentage
Q1 23/24	84.21%
Q2 23/24	85.09%
Q3 23/24	79.11%
Q4 23/24	-

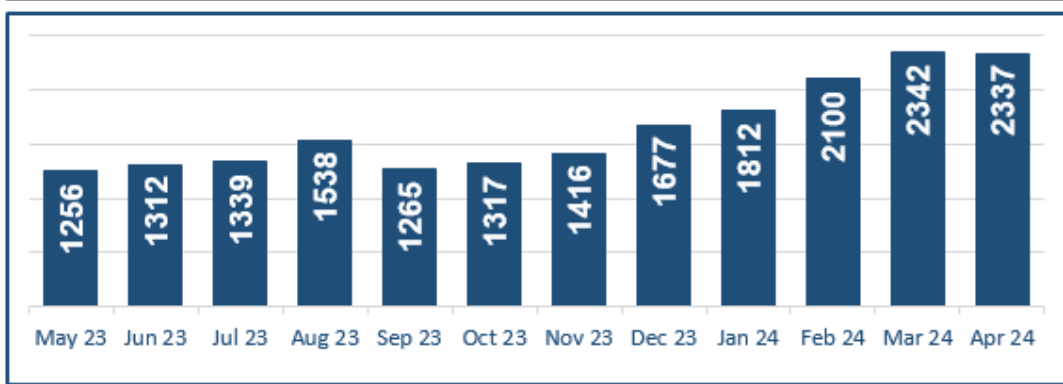
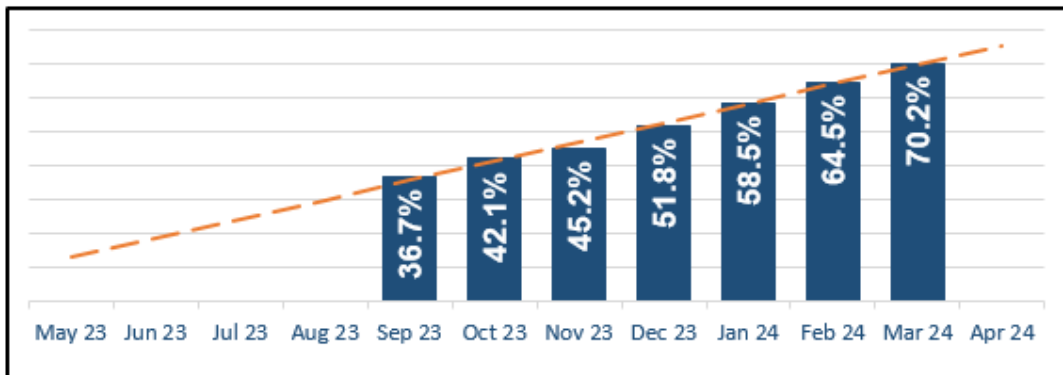
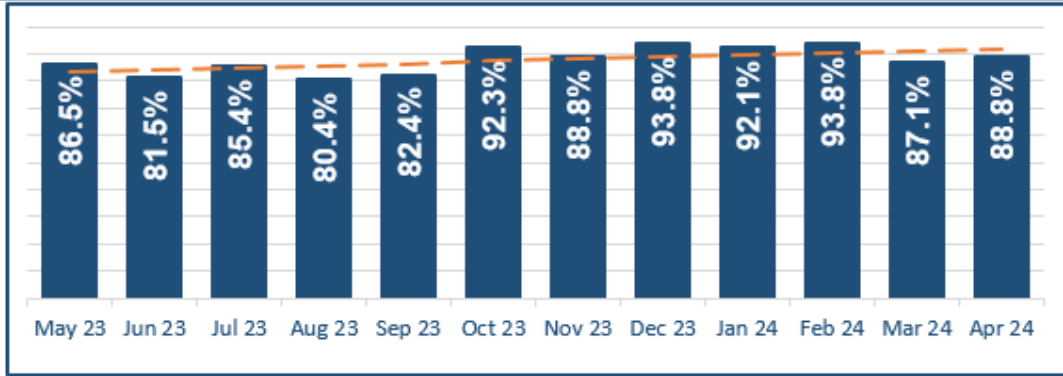
  

Quarter	Percentage
Q1 23/24	1.4%
Q2 23/24	3.2%
Q3 23/24	4.9%
Q4 23/24	6.4%

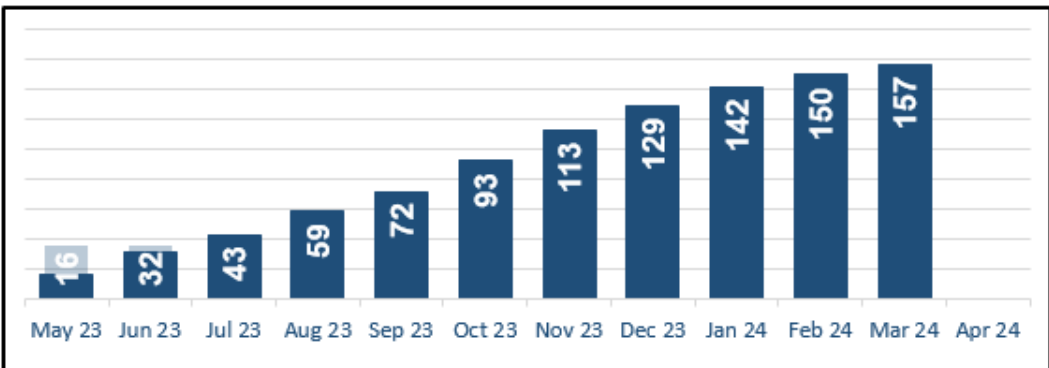
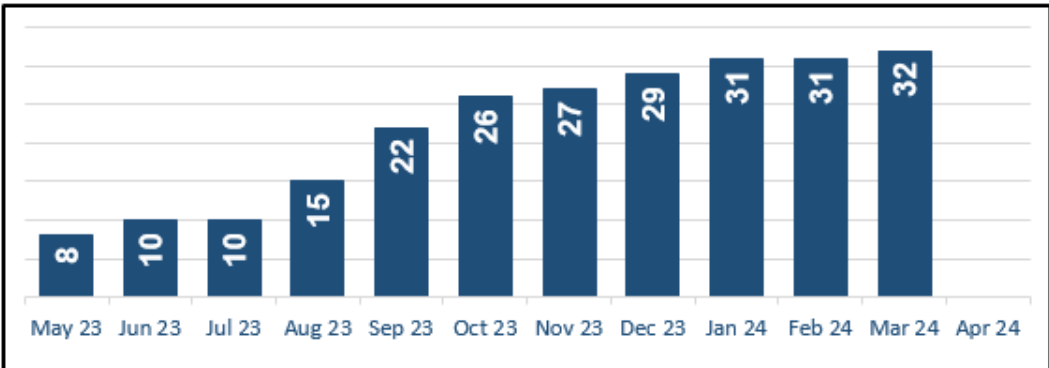
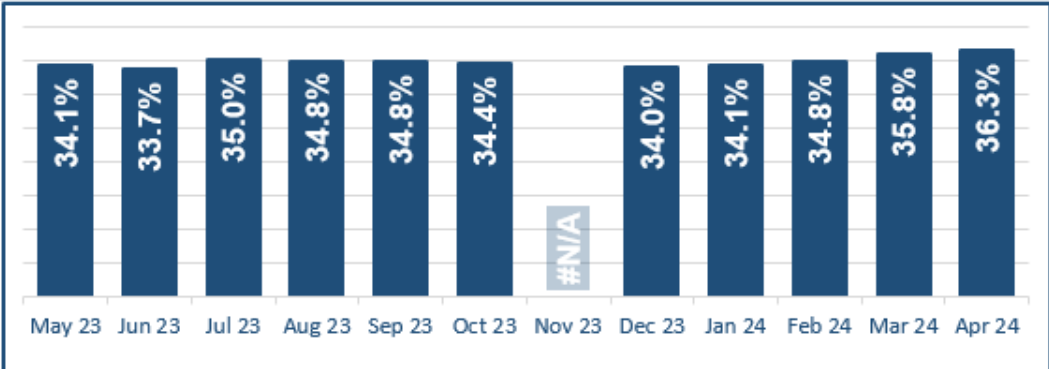
  

Quarter	Percentage
Q1 23/24	11.5%
Q2 23/24	12.1%
Q3 23/24	11.9%
Q4 23/24	12.9%

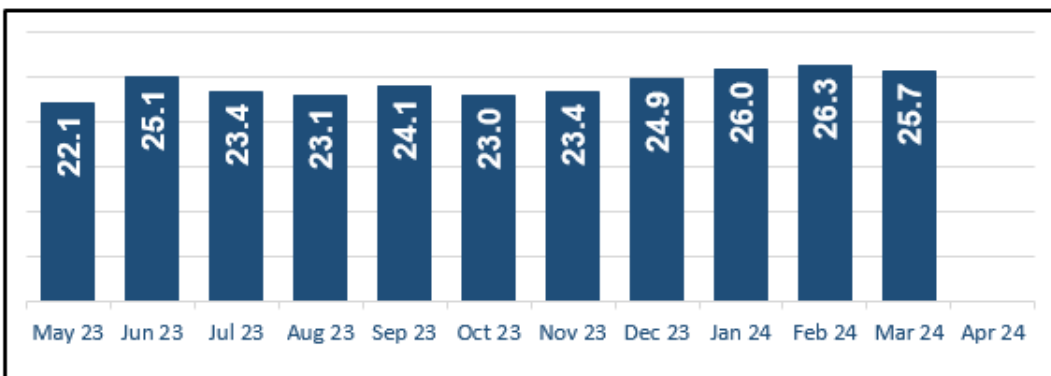
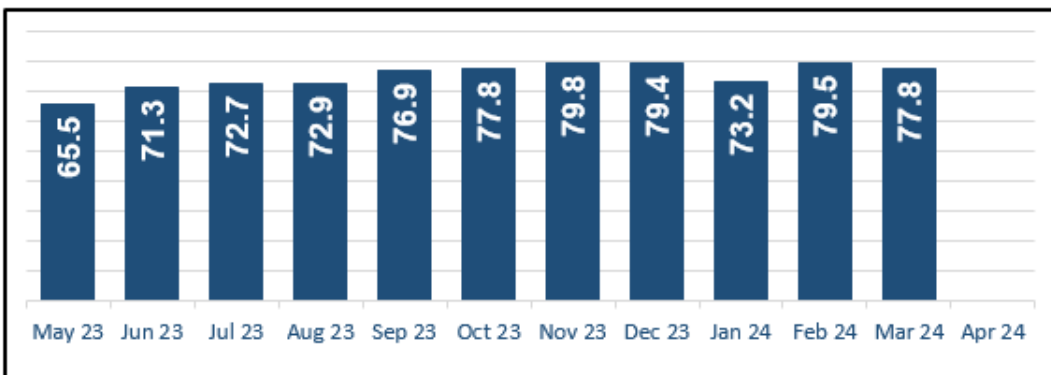
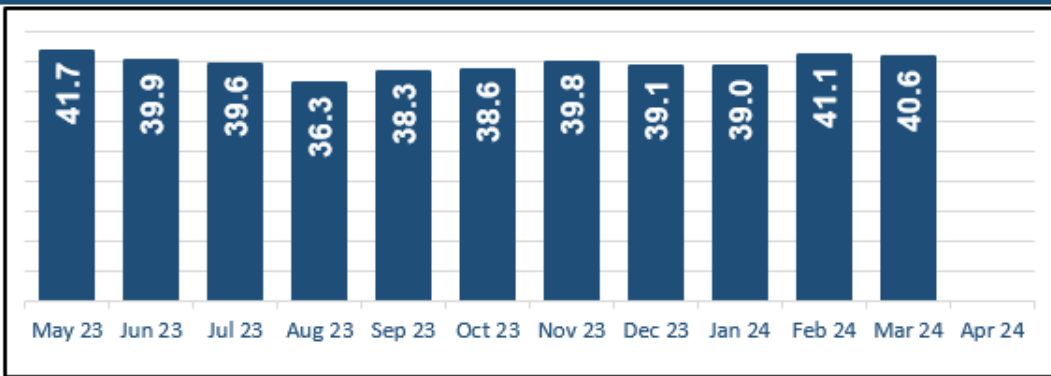
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	88.8%	2nd of 7 (at Mar 24)
-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increasing trend (to 30% (end Sept), then 100% (end Mar))	TBC	70.2%	7th of 7 (at May 24)
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2024/25 to 2023/24)	TBC	2337	1st of 7 (at Apr 24)



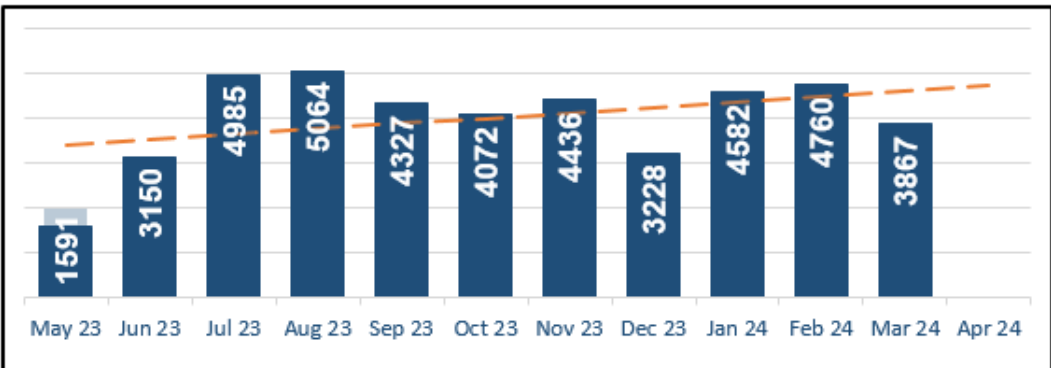
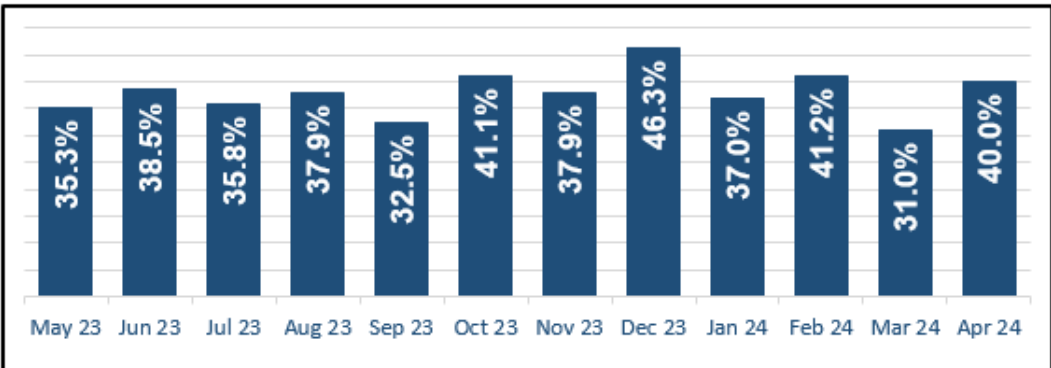
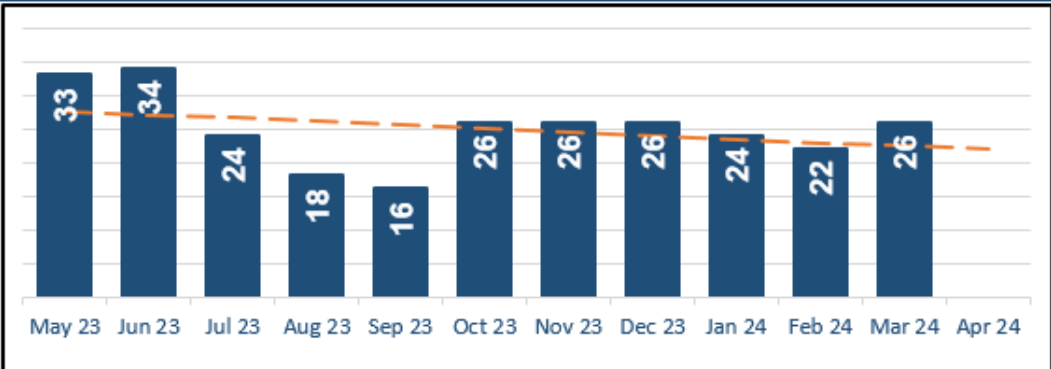
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	36.3%	7th of 7 (at Apr 24)
24-04	QSE	The cumulative number of laboratory confirmed Pseudomonas Aeruginosa in reporting month	Not available	TBC	32	1st of 6 (at May 24)
24-04	QSE	The cumulative number of laboratory confirmed Klebsiella in reporting month	Not available	TBC	157	2nd of 6 (at May 24)



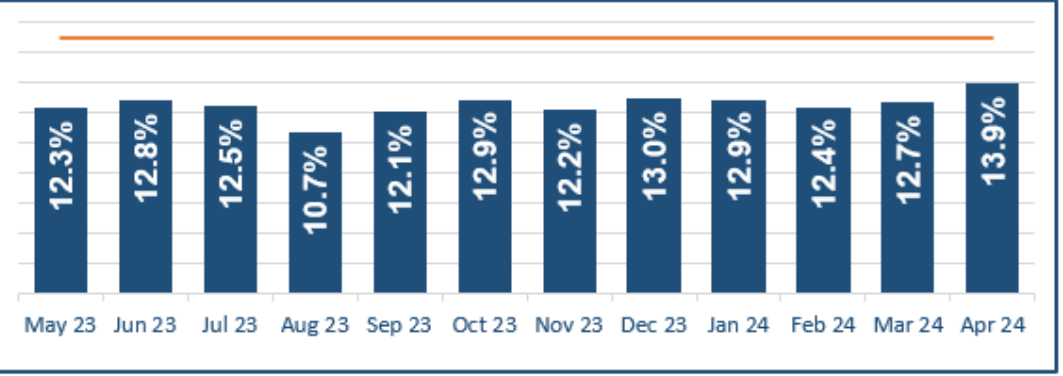
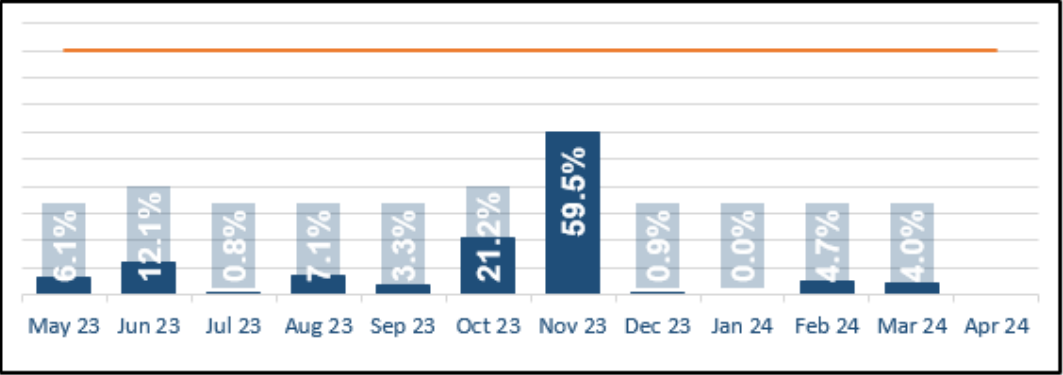
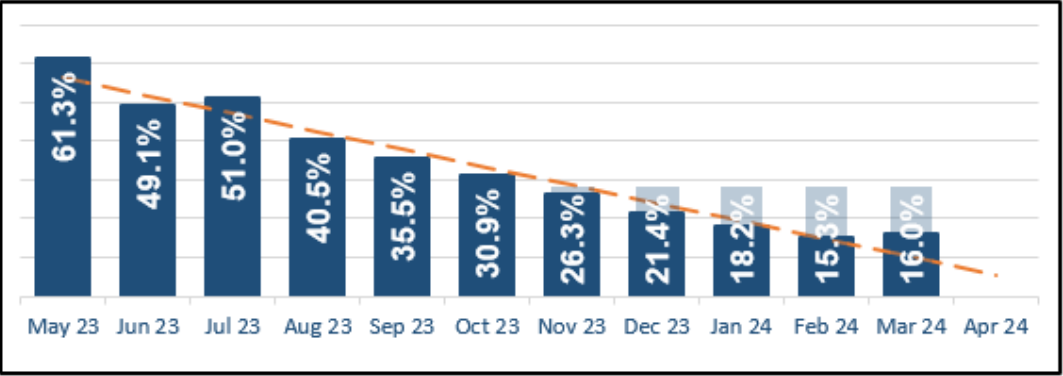
CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Not available	TBC	40.6	3rd of 6 (at May 24)
24-04	QSE	The cumulative rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population	Not available	TBC	77.8	5th of 6 (at May 24)
24-04	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Not available	TBC	25.7	2nd of 6 (at May 24)



CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
24-04	QSE	Number of National Reportable incidents that remain open 90 days or more	Decreasing trend	TBC	26	5th of 10 (at May 24)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Equivalent month reduction (2024/25 to 2023/24)	TBC	40.0%	2nd of 6 (at May 24)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC	3867	2nd of 10 (at Mar 24)

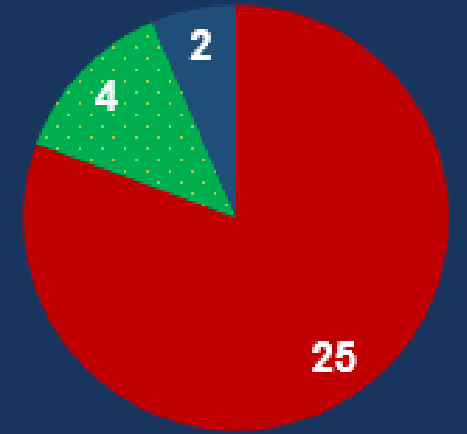


CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	16.0%	8th of 8 (at Feb 24)
-	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	4.0%	7th of 8 (at Mar 24)
-	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	13.9%	5th of 7 (at Apr 24)



# Section 2

## Access & Activity Performance



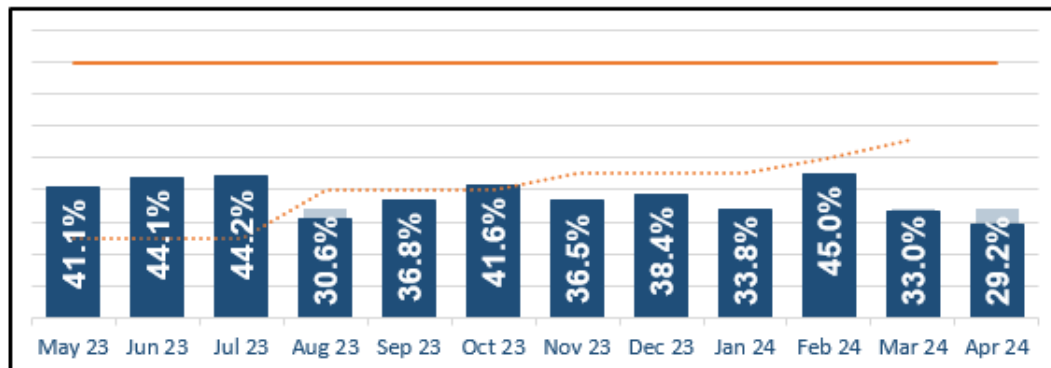
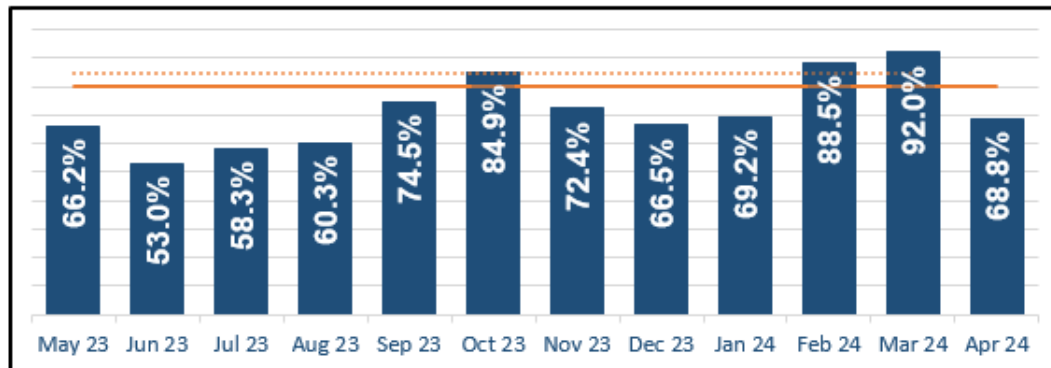
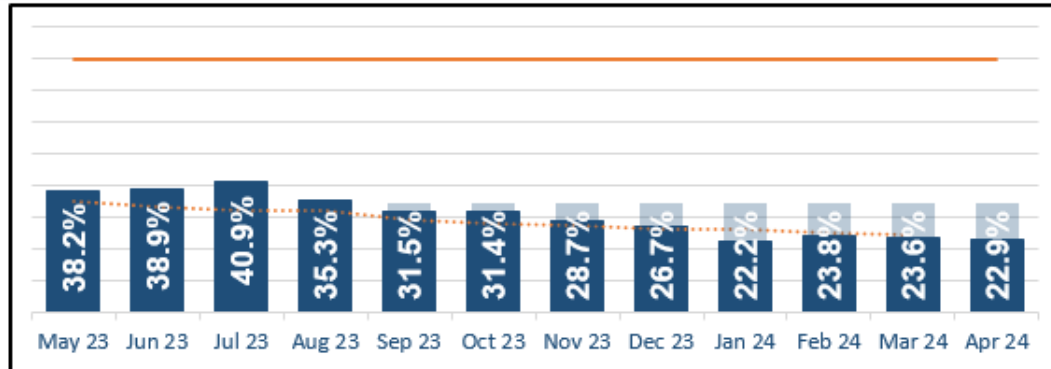
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

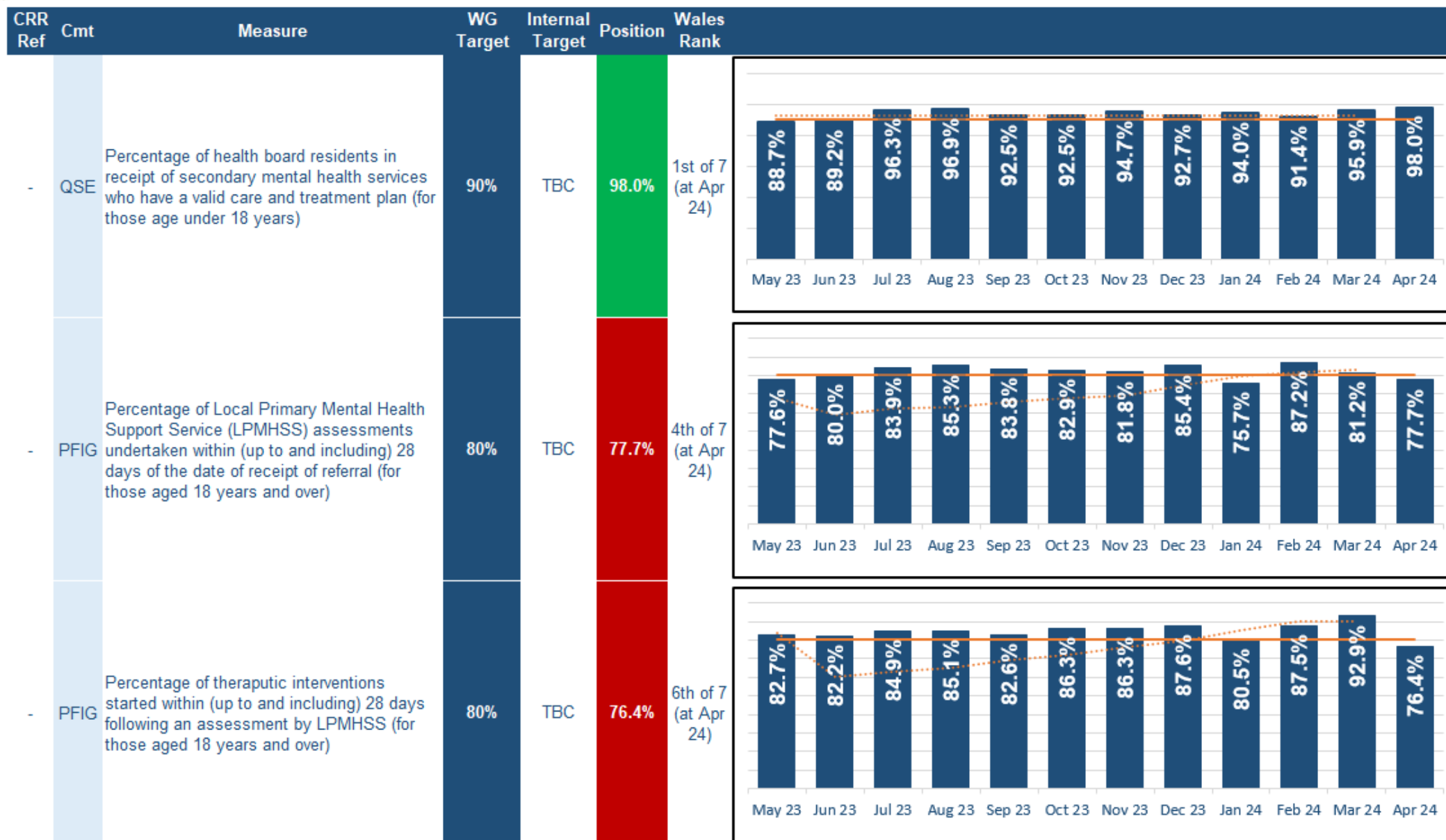


# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
24-11	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	TBC	22.9%	5th of 7 (at Apr 24)
-	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%	TBC	68.8%	6th of 7 (at Apr 24)
-	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	TBC	29.2%	5th of 7 (at Apr 24)

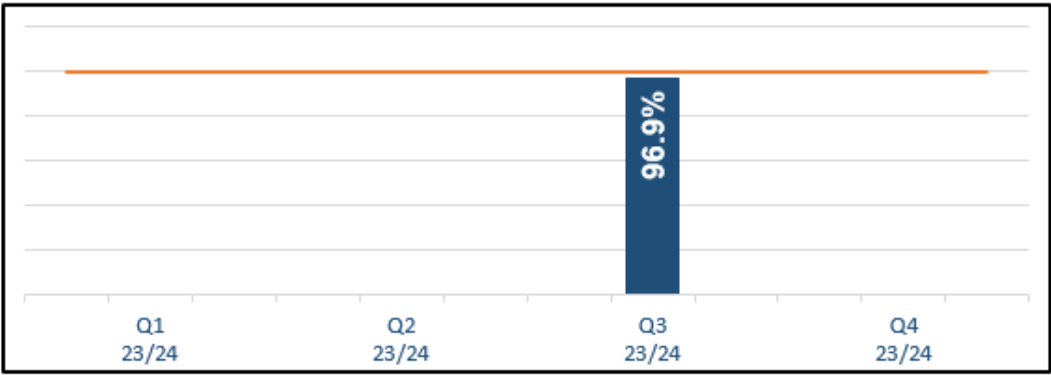
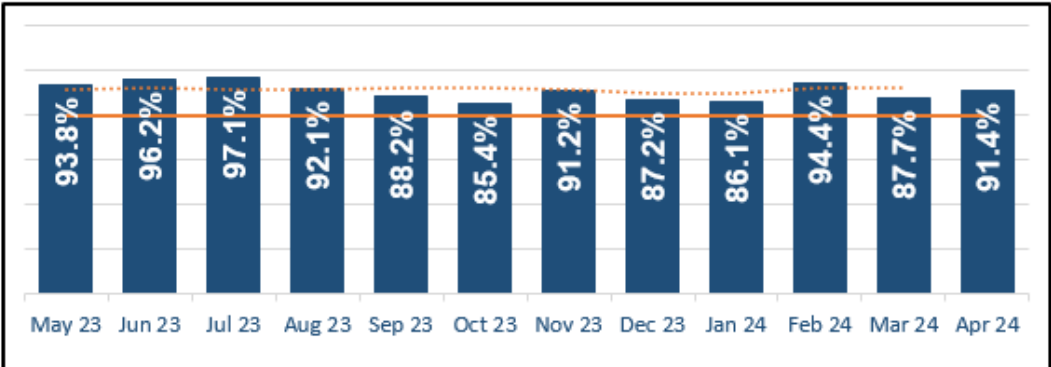
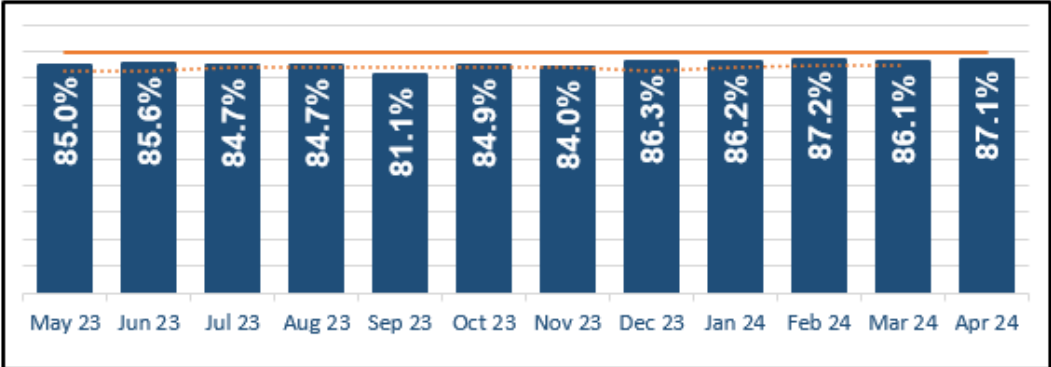


# Access & Activity: Performance

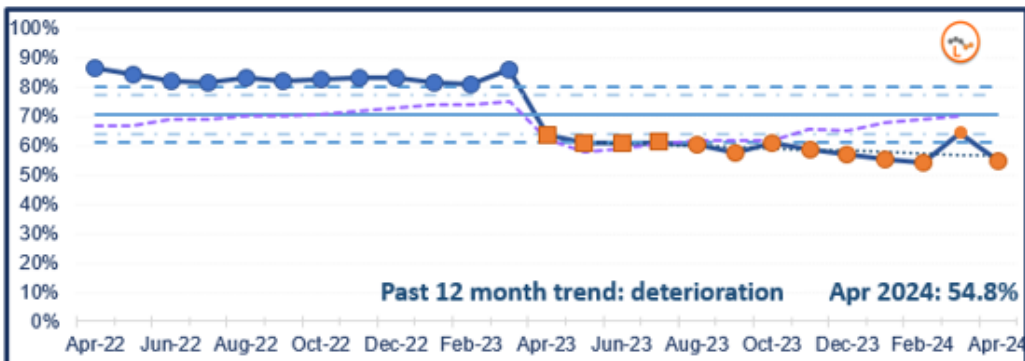




# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	87.1%	3rd of 7 (at Apr 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	91.4%	1st of 7 (at Apr 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	96.9%	6th of 7 (at Mar 23)

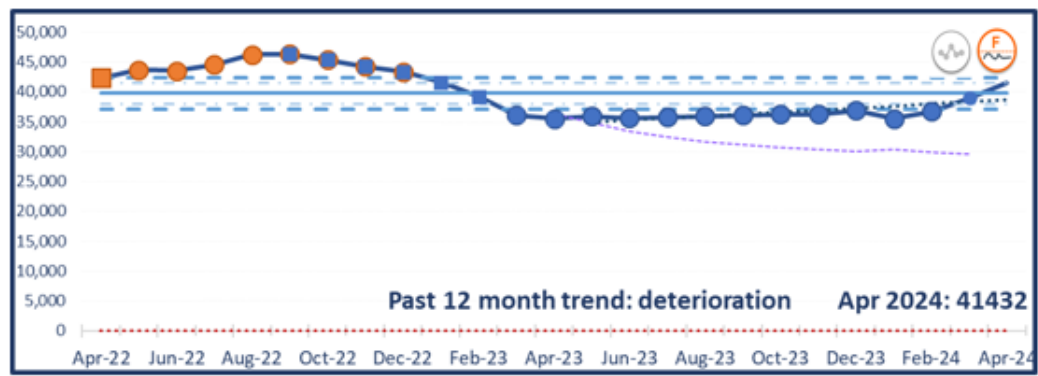
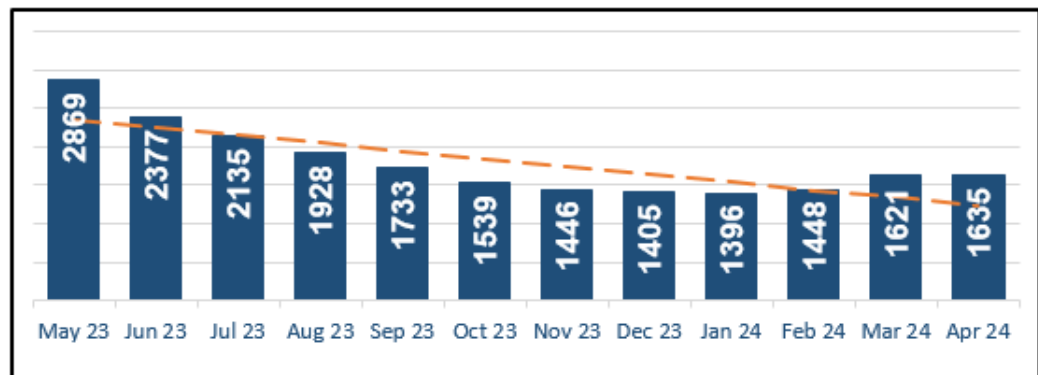


# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	Figure
24-11	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Increasing trend (to 80%)	TBC	54.8%	4th of 6 (at Apr 24)	 <p>Past 12 month trend: deterioration    Apr 2024: 54.8%</p>
24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	85914	7th of 7 (at Apr 24)	 <p>Past 12 month trend: deterioration    Apr 2024: 85914</p>
24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	TBC	20049	7th of 7 (at Apr 24)	 <p>Past 12 month trend: deterioration    Apr 2024: 20049</p>

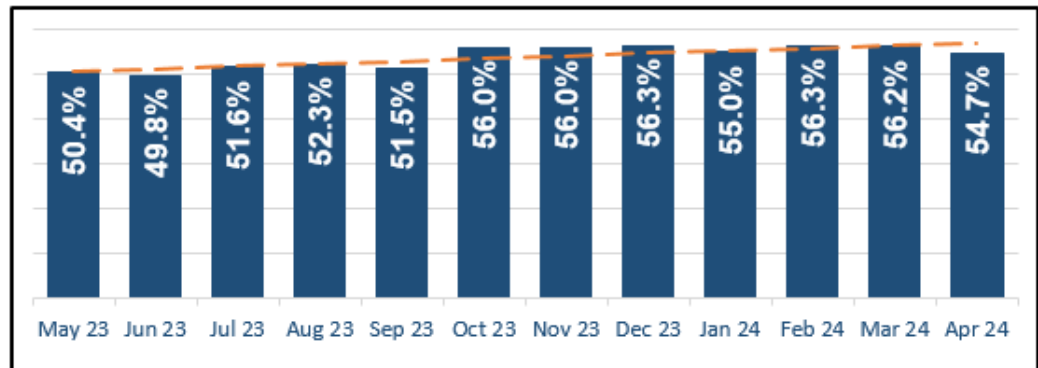
# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
24-11	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	TBC	9236	7th of 7 (at Apr 24)
24-11	PFIG	Over 156 weeks all stages	N/A	TBC	1635	N/A
24-11	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	TBC	41432	7th of 7 (at Apr 24)



# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100%	TBC	95.9%	4th of 7 (at Apr 24)
24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	54.7%	6th of 7 (at Apr 24)
24-13	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	TBC	6608	6th of 7 (at Apr 24)



# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	2815	7th of 7 (at Apr 24)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	1353	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	388	8st of 8 (at May 24)

Month	Value
May 23	912
Jun 23	722
Jul 23	702
Aug 23	937
Sep 23	1126
Oct 23	1233
Nov 23	1436
Dec 23	1981
Jan 24	2411
Feb 24	2527
Mar 24	2879
Apr 24	2815

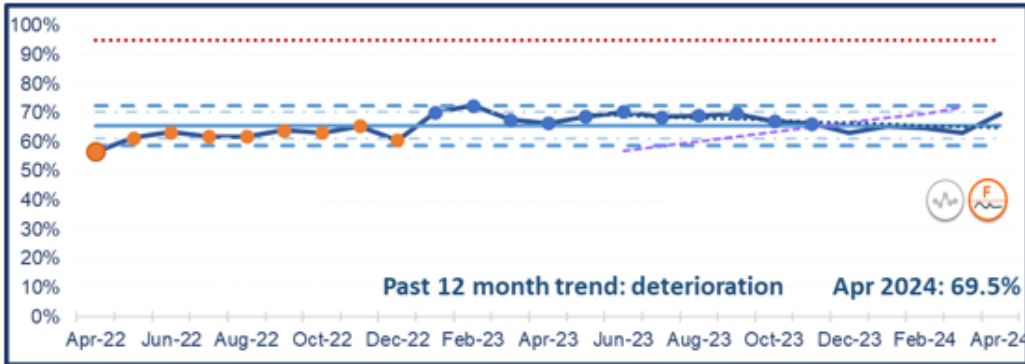
Month	Value
May 23	792
Jun 23	829
Jul 23	955
Aug 23	1201
Sep 23	1363
Oct 23	1597
Nov 23	1674
Dec 23	1776
Jan 24	1857
Feb 24	1751
Mar 24	1695
Apr 24	1353

Month	Value
May 23	289
Jun 23	343
Jul 23	343
Aug 23	345
Sep 23	352
Oct 23	339
Nov 23	334
Dec 23	323
Jan 24	362
Feb 24	324
Mar 24	347
Apr 24	388

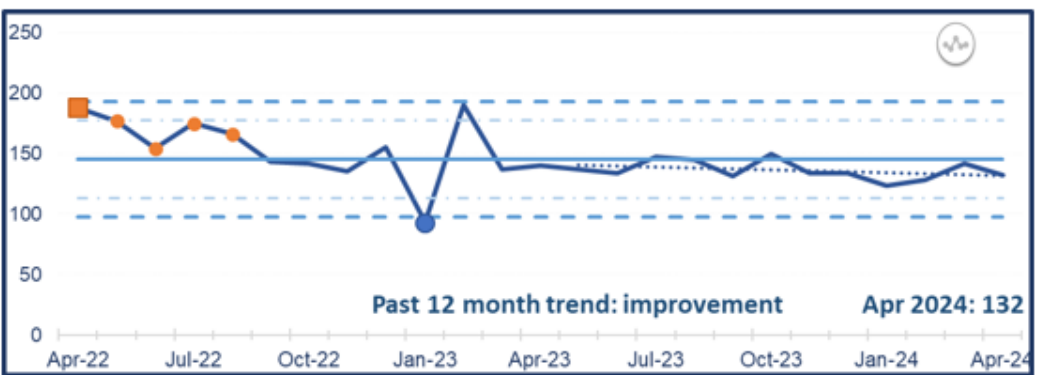
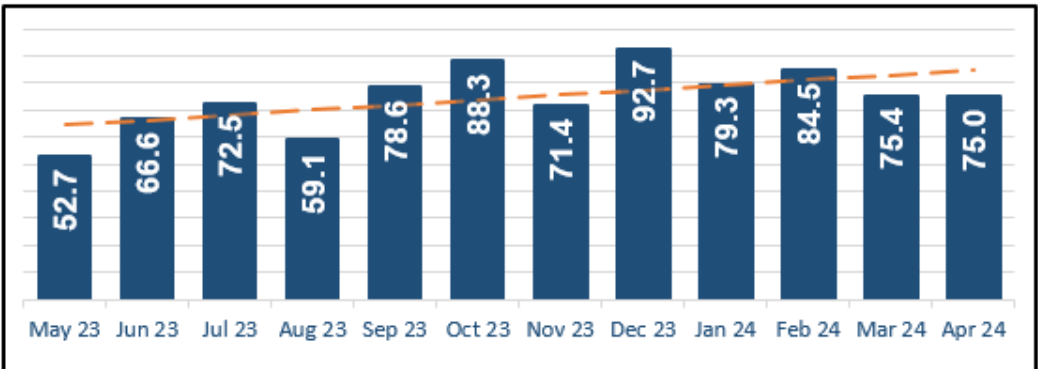
# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1381	
24-10	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2251	2937	7th of 7 (at Apr 24)
24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	69.5%	4th of 7 (at Apr 24)



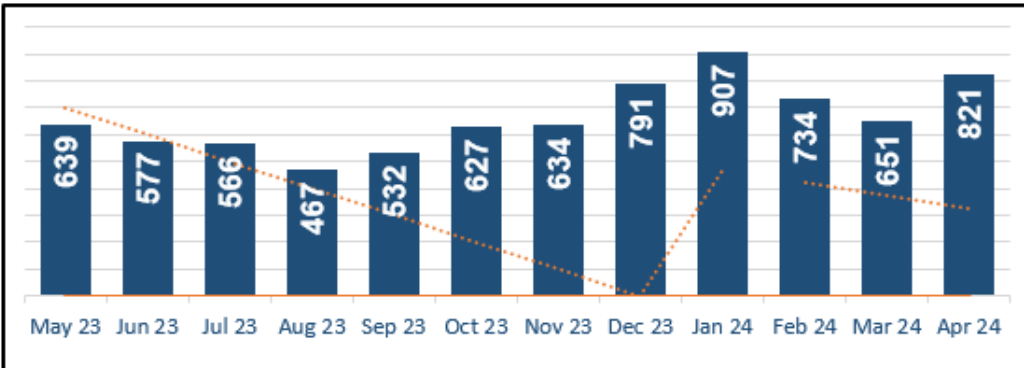
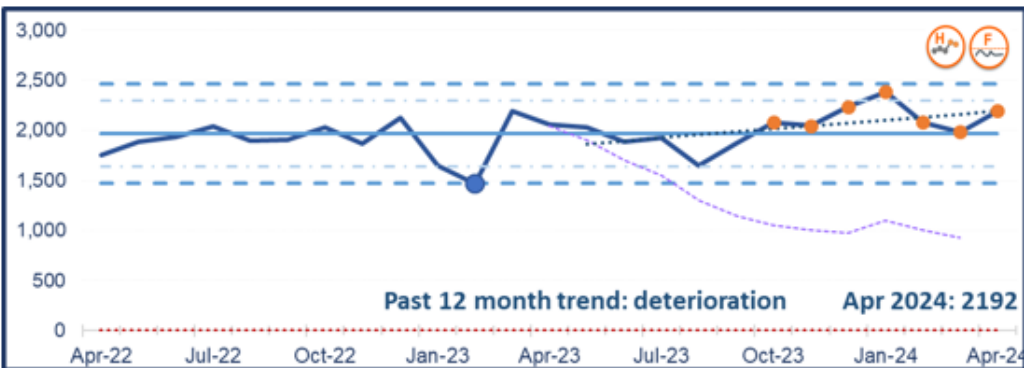
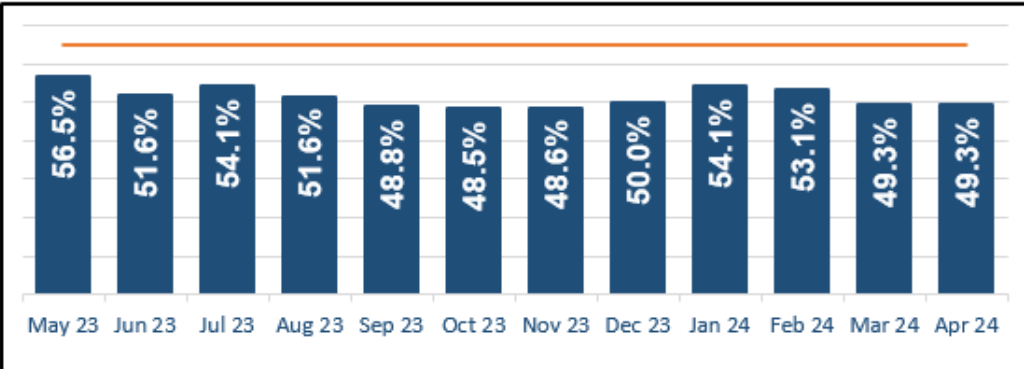
# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	75.0	5th of 7 (at May 24)
24-10	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	132.0	5th of 6 (at Apr 24)
24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	20.0	3rd of 6 (at Apr 24)

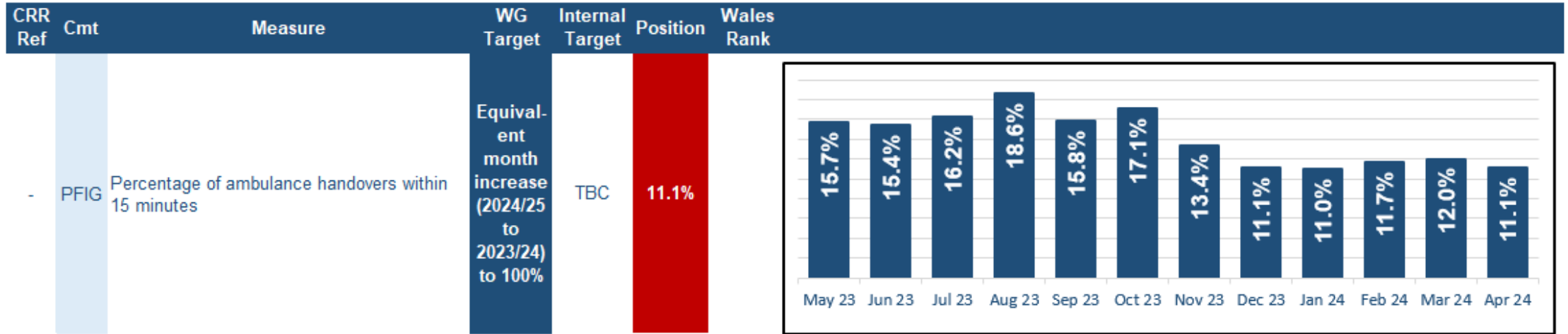


# Access & Activity: Performance

CRR Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
24-10	PFIG	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	TBC	49.3%	5th of 7 (at May 24)
24-10	PFIG	Number of ambulance patient handovers over 1 hour	0	TBC	2192	6th of 6 (at May 24)
24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	326	821	

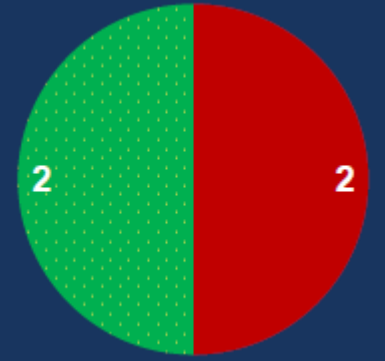


# Access & Activity: Performance



# Section 3

# People & Organisational Development Performance

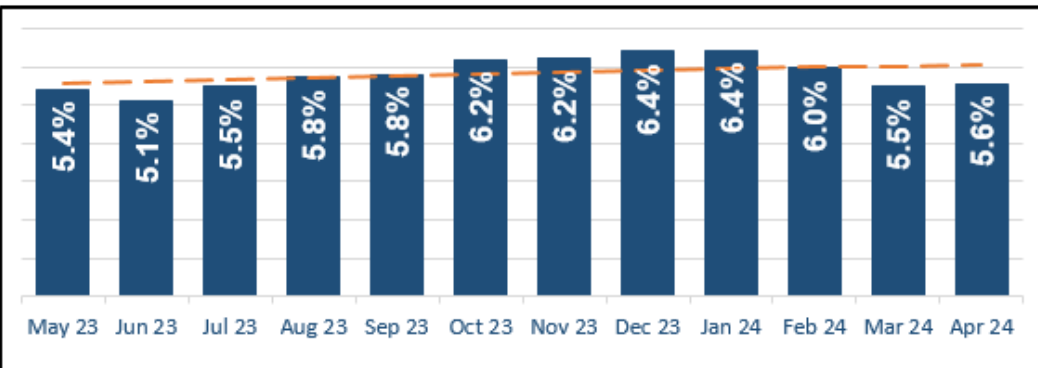
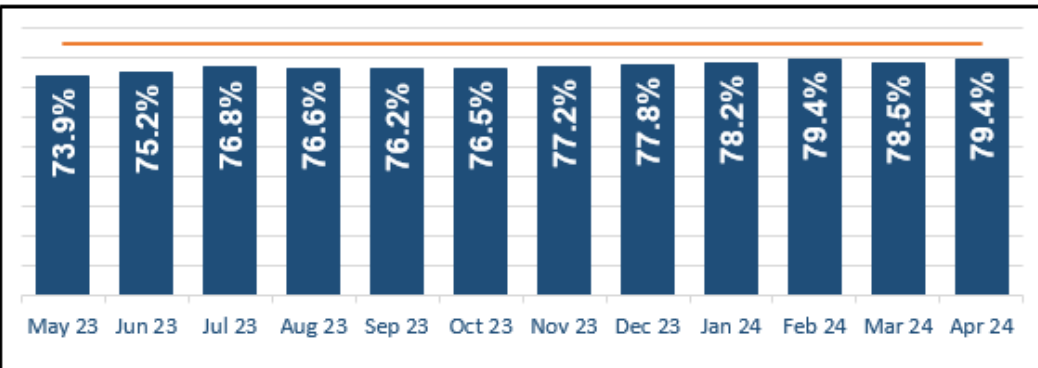
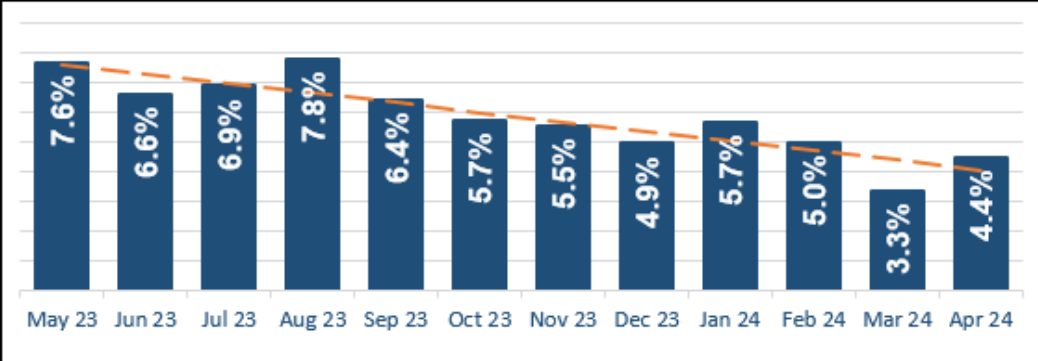


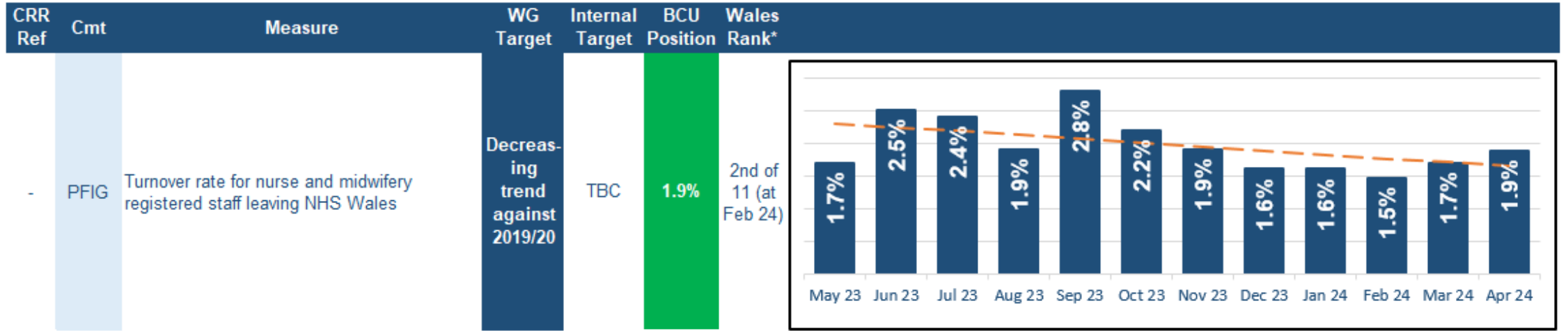
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



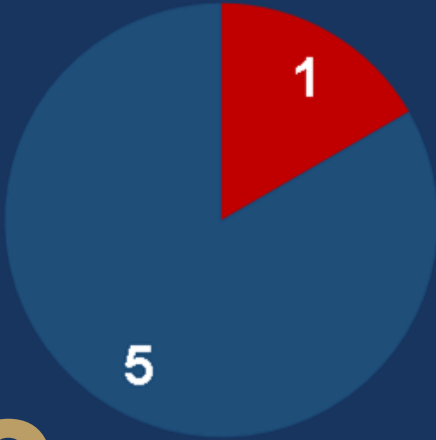
CRR Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	4.4%	9th of 12 (at Mar 24)
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	79.4%	1st of 13 (at Mar 24)
-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	5.6%	7th of 13 (at Mar 24)



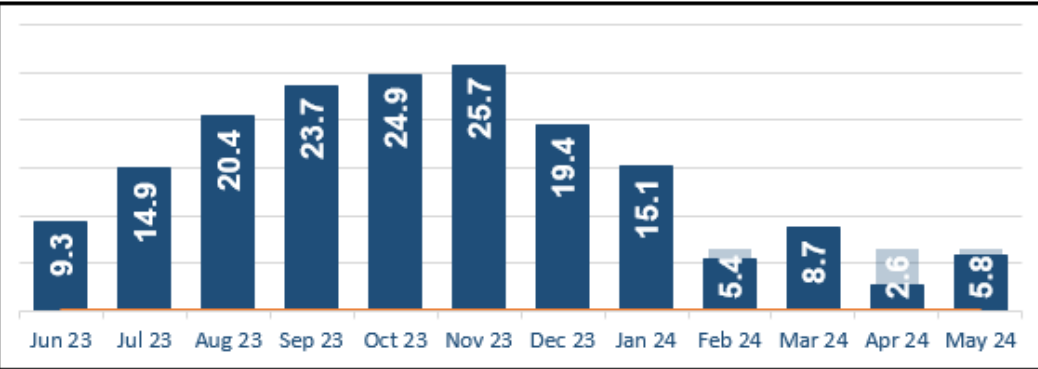
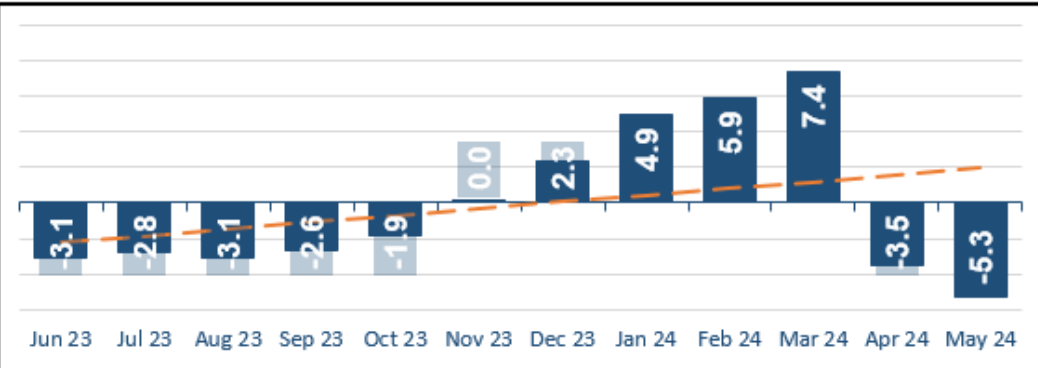
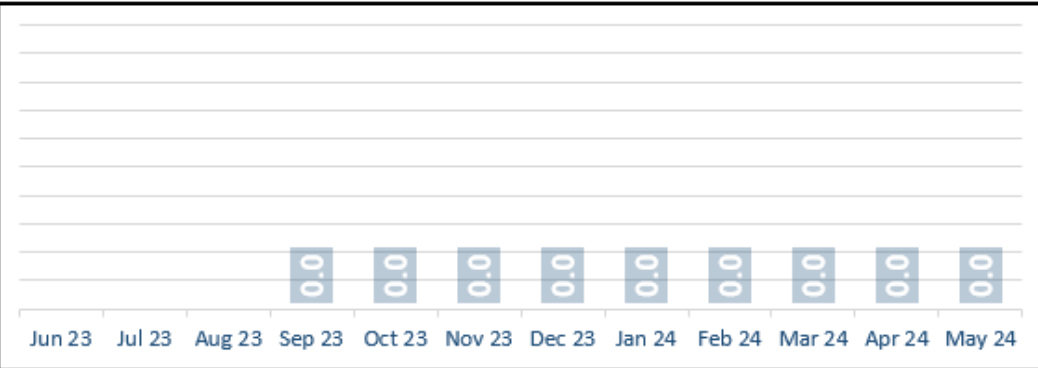


# Section 4

# Financial Performance



CRR Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	
24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-5.3	
24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	5.8	





BCU Wide and Divisional Positions (Red = overspend against plan)			
	April £m	May £m	YTD £m
West IHC	(1.8)	(1.8)	(3.6)
Central IHC	(2.9)	(2.9)	(5.8)
East IHC	(3.3)	(2.7)	(6.0)
Womens	(0.1)	(0.1)	(0.2)
MH & LD	(1.6)	(1.7)	(3.3)
Commissioning Contracts	(1.7)	(1.9)	(3.6)
ICD Primary Care	0.2	0.6	0.8
ICD Regional Services	(1.3)	(0.2)	(1.5)
Support Functions & Other Budgets	9.8	7.6	17.4
<b>BCU Wide</b>	<b>(2.6)</b>	<b>(3.2)</b>	<b>(5.8)</b>

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	2.3	6.4	1.4	0.4	1.1
Central Integrated Health Community	10.9	2.5	8.5	1.8	0.5	1.3
East Integrated Health Community	11.2	3.2	8.0	1.9	0.7	1.2
MHLD	4.2	1.9	2.3	0.7	0.3	0.4
Womens Services	1.4	0.0	1.3	0.2	0.0	0.2
Diagnostic and Specialist Clinical Support	2.1	0.6	1.5	0.4	0.1	0.2
Cancer Services	1.6	1.1	0.5	0.3	0.1	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.2	0.0	0.0	0.0
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Corporate & Support Services	3.7	1.7	2.0	0.6	0.5	0.1
Reserves	4.0		4.0	0.7		0.7
<b>Saving Total</b>	<b>48.0</b>	<b>13.3</b>	<b>34.7</b>	<b>8.0</b>	<b>2.7</b>	<b>5.3</b>

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	49	62	56	54	50	50	44	44	44	44	44	44	111	585
2	Medical & Dental	1,489	1,597	1,620	1,620	1,620	1,620	1,596	1,596	1,568	1,568	1,568	1,568	3,086	19,030
3	Nursing & Midwifery Registered	1,912	1,985	1,978	1,978	1,979	1,979	1,979	1,979	1,979	1,979	1,979	1,979	3,897	23,685
4	Prof Scientific & Technical	10	10	11	11	11	11	11	11	11	11	11	11	20	130
5	Additional Clinical Services	19	23	21	21	21	21	21	21	21	21	21	21	42	252
6	Allied Health Professionals	467	449	505	505	505	505	505	505	479	479	479	479	916	5,862
7	Healthcare Scientists	25	15	18	18	18	18	18	18	18	18	18	18	40	220
8	Estates & Ancillary	-1	9	9	9	9	9	9	9	9	9	9	9	8	98
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	<b>TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE</b>	<b>3,970</b>	<b>4,150</b>	<b>4,218</b>	<b>4,216</b>	<b>4,213</b>	<b>4,213</b>	<b>4,183</b>	<b>4,183</b>	<b>4,129</b>	<b>4,129</b>	<b>4,129</b>	<b>4,129</b>	<b>8,120</b>	<b>49,862</b>
11	<b>Agency/Locum (premium) % of pay</b>	<b>4.45%</b>	<b>4.60%</b>	<b>4.60%</b>	<b>4.60%</b>	<b>4.60%</b>	<b>4.60%</b>	<b>4.60%</b>	<b>4.60%</b>	<b>4.50%</b>	<b>4.50%</b>	<b>4.50%</b>	<b>4.50%</b>	<b>4.50%</b>	<b>4.60%</b>

*The Agency forecast are being reviewed.*

# Additional Information

## 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 28<sup>th</sup> 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.

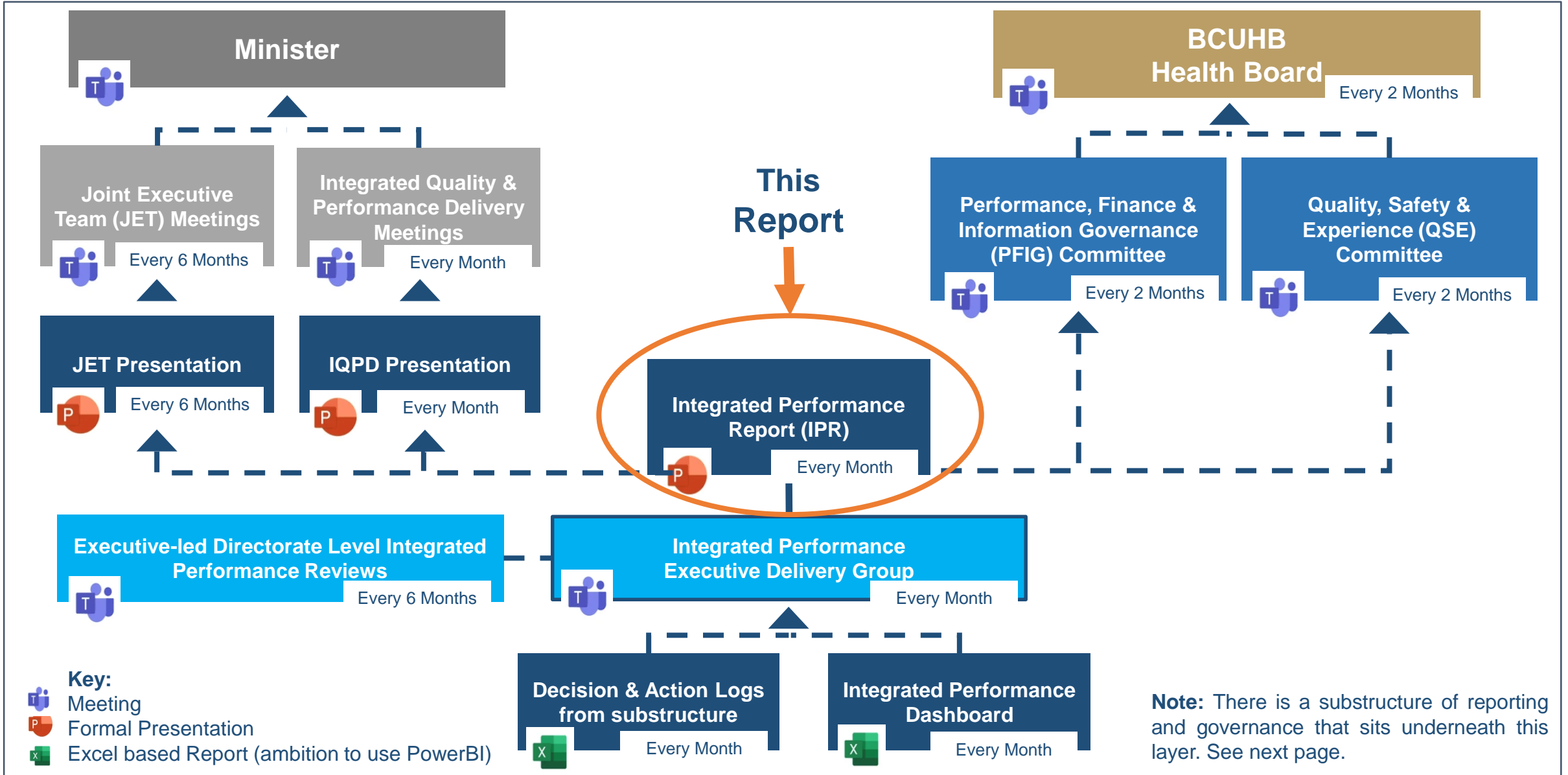
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28<sup>th</sup> September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring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

## Where does the IPR feature within the Performance Governance Structure

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

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

# The Integrated Performance Reporting & Governance Superstructure

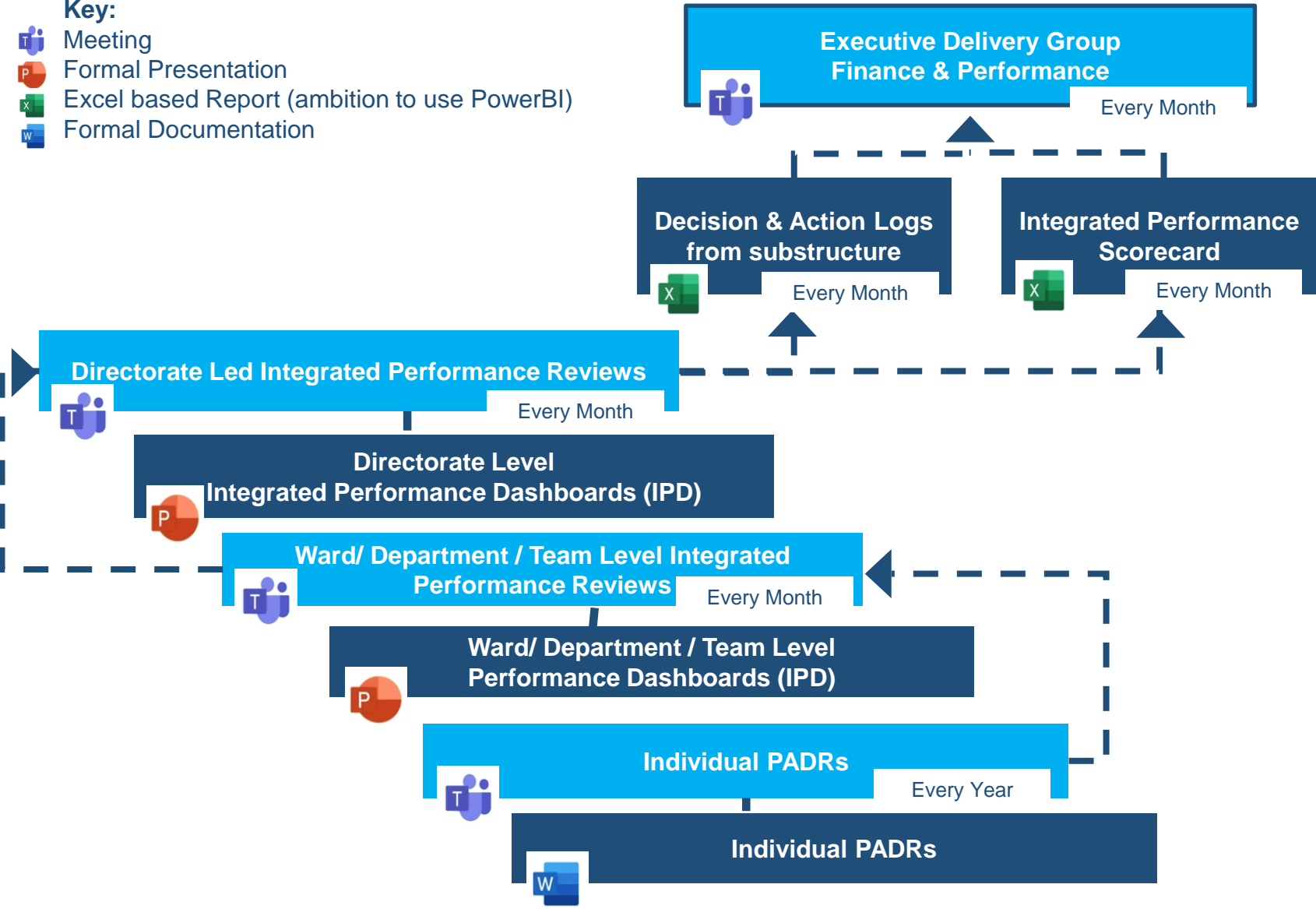


# The Integrated Performance Reporting & Governance Substructure

**Key:**

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

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



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

## Integrated Performance Reports



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

## Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

## Integrated Performance Dashboards



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

## Deep Dive Reports



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

## Ad-hoc Reports



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

# 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](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

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



follow @bcuhb



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



# Appendix

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

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

This report has been produced on behalf of the **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

<b>Teitl adroddiad:</b> <i>Report title:</i>	Information Governance Quarter 4 2023/24 Key Performance Indicators (KPI) Report/ Information Governance Group Chairs Report May 2024			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 25 June 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect patient, personal and corporate information.</p> <p>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.</p> <p>This Quarter, Freedom of Information Compliance has increased by 5%, and Information Governance Mandatory Training Compliance has met the national target of 85%.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to receive assurance on compliance with the Data Protection and Freedom of Information Legislation.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dylan Roberts - Chief Digital and Information Officer			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Carol Johnson – Head of Information Governance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>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:</b>				

**Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:**

<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>	<ul style="list-style-type: none"> <li>• Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016;</li> <li>• Ensure Information Governance Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation;</li> <li>• 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;</li> <li>• Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working;</li> <li>• Maintain Information Governance Training Compliance in line with the national target of 85% to raise staff understanding and awareness;</li> <li>• Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register;</li> <li>• Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence.</li> </ul>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>	<p>Data Protection Act and Freedom of Information Act</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b></p>	<p>Not applicable</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b></p>	<p>Not applicable</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p>	<p>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.</p>

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

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

	Register System				
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.				
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable				
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	<p><b>Information Governance – Quarter 4 KPI 2023-24 Report</b> presented and approved during Information Governance Group meeting May 2024</p> <p><b>Information Governance Group Chair's Assurance Report May 2024 V0.1</b> Approved by James Risley 06/06/2024</p> <p>Approved by Dylan Roberts, Chief Digital and Information Officer and Justine Parry, Data Protection Officer on the 06/06/2024</p>				
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	<p><b>Board Assurance Framework</b> BAF-SP13 - There is a risk of failing to meeting the Health Board's strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled projects and change.</p> <p><b>Corporate Risk Register</b> CRR24-07 – Availability and Integrity of Patient Information CRR24-17 – ICT Failure and Cyber</p>				
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable				
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b>	<ol style="list-style-type: none"> <li>1) Data Protection Impact Assessment's to be published on the Internet.</li> <li>2) Teams to review new reporting tools with the Freedom of Information and Subject Access Request system.</li> <li>3) Teams to implement and use Information Asset Register System Quarter 4.</li> </ol>				
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b>	<p>Appendix 1 – Information Governance Quarter 4 2023/24 Key Performance Indicators (KPI) Report.</p> <p>Appendix 2 – Information Governance Group Chairs Assurance Report – May 2024.</p>				

# Atodiad 1 - Dangosyddion Perfformiad Allweddol

Chwarter 4 – Ionawr i Mawrth 2024

# Appendix 1 - Key Performance Indicators

Quarter 4 – January to March 2024



**Appendix 1 - Key Performance Indicators: Quarter 4 – January to March 2024**

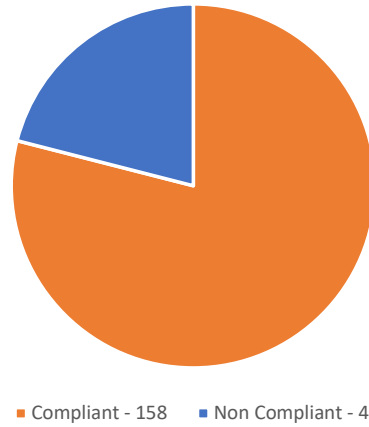
**Freedom of Information (FOI) Compliance**

Increase in total number of Freedom of Information requests received from previous quarter. A total of 200 FOI's were received during Quarter 4. Compliance has increased to 79% from 72% reported during Quarter 3.

**2024/25 Improvement Actions**

During Quarter 1 of 2024/25 the Information Governance Team have set a target of 85% compliance. This will be achieved by escalating delays in a more timely manner and increasing the amount of information published that requestors can be directed to.

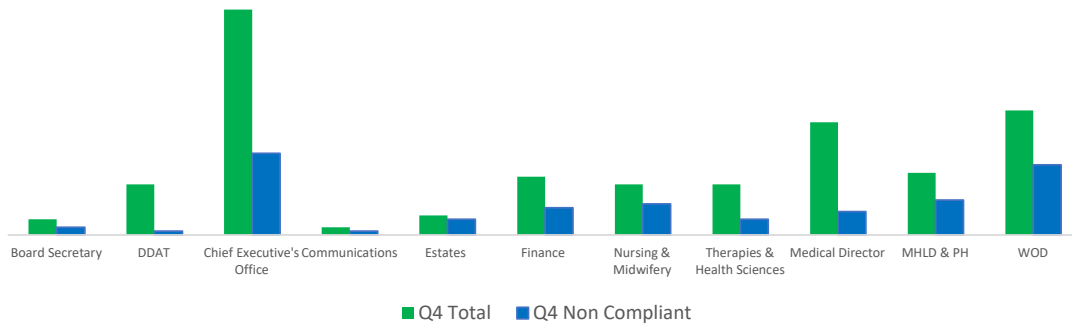
FOI Compliance Q4  
Compliant 79% Non Compliant 21%



**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	4	1	Upheld
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	5	1	Upheld
Section 22 – Intended for future publication	Absolute – No Public Interest Test Required	0	0	
Section 31 - Law Enforcement	Public Interest Test applied	0	0	
Section 40 - Personal Information	Absolute – No Public Interest Test Required	3	1	Upheld
Section 43 – Commercially Sensitive	Public Interest Test applied	1	0	
No Exemption applied	N/A	187	4	2 Overturned 2 Upheld
<b>Total</b>		<b>200</b>	<b>7</b>	

Number of requests per Executive Area and their non-compliance Q4



### FOI: Three highest reported reasons for delays/breaches

- 12 delays reported due to receiving the information from Divisional Leads.
- 10 delays due to Executive approval.
- 6 delays due to Divisional staff members being absent or unavailable to provide responses.

### The Divisions with the highest percentage of non-compliance

- Estates – Non-compliance 80%
- Nursing & Midwifery – Non-compliance 62%
- Mental Health & Learning Disabilities & Public Health and Workforce & Organisational Development – Non-compliance both at 50%

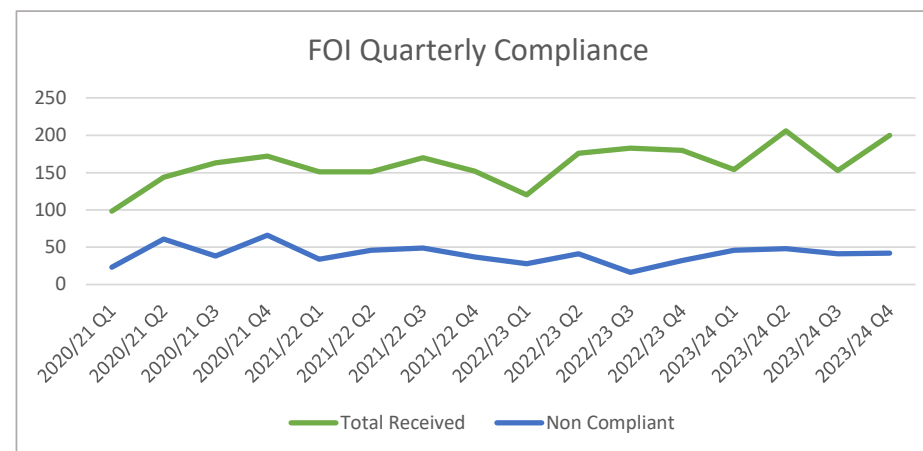
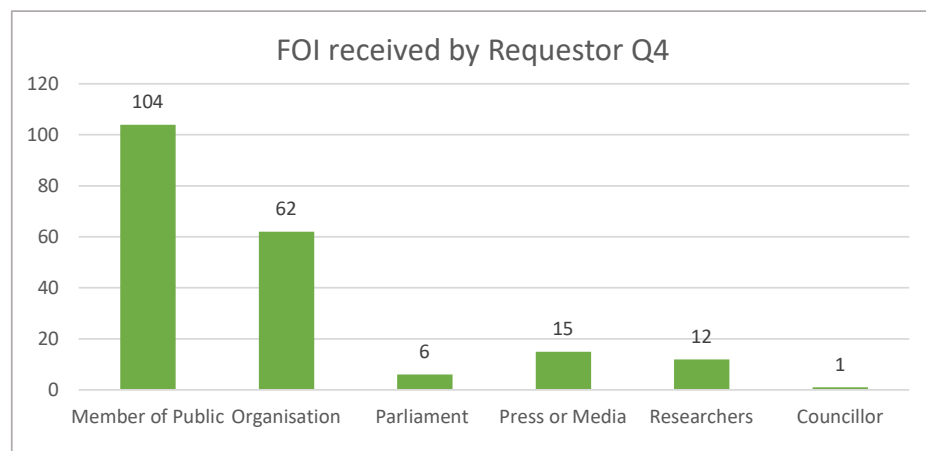
Non-compliance of divisions is monitored continuously and meetings are put in place to support teams with the requests and meeting the legislative deadlines.

### Trends in FOI Subject

- 23 requests regarding use of drugs and numbers prescribed for specific diagnosis.
- 16 requests regarding the Health Board's spend on agency staff.
- 13 requests regarding referrals made to the Mental Health Department for Attention deficit hyperactivity disorder and Autism assessments.
- 6 requests regarding the training sessions BCUHB has provided to staff members.

The Information Governance Team have been unable to publish FOI responses since the launch of the new FOI/SAR system due to redacting issues, however this will be rectified from Quarter 1 2024/25 and responses will recommence being published on the BCUHB Disclosure Log.

- The total hours spent processing FOI requests this Quarter was 640 hours. This included time spent by the Information Governance Team, Divisional Leads and Executive Directors.
- There were no trends identified that would attract media attention or to have a negative effect the Health Boards reputation.



**Following previous Committee feedback, the Subject Access Request figures reported in Quarter 4 now incorporate figures provided by HMP Berwyn, BCUHB Managed Practices and the Access to Health Records Department.**

**Subject Access Request Compliance**

During Quarter 4, the compliance for Subject Access Requests (SAR) was 97%. This has increased from Quarter 3, however please note this quarter has combined departments who previously reported separately.

The requests received during this quarter included requests for full medical notes from a large data range which occurred delays due to obtaining all records requested. There was also a large number of mailbox searches received.

The Information Governance Team plan to maintain the high compliance rates throughout 2024/25. Further information on how this will be achieved will be included in the Information Governance Annual Report.

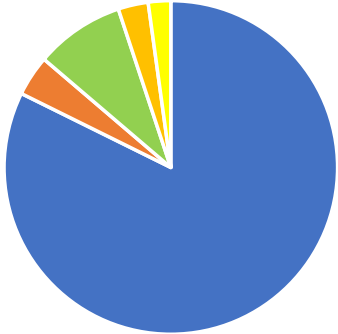
**2024/25 Improvement Actions**

The Information Governance and Access to Health Records Teams are looking at utilising the redacting tools within the new FOI/ SAR system to reduce the need to download information outside of the system and upload to different software. This will reduce the risks occurred when having to store information for brief periods of time on shared drives when redacting.

In order to reduce the time taken for mailbox searches, Information is regularly circulated via the BCUHB Bulletin to inform staff members of the importance of using mailboxes correctly. The team also communicate with departments on how to appropriately direct SAR's received to avoid delays in the request being actioned.

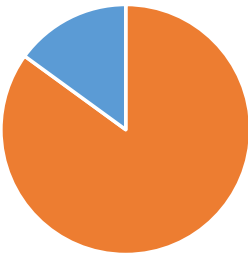
**Data Protection Subject Access Requests (SAR) by type Q4**

Compliant: 98% Non Compliant: 2%



- Subject access request - 1615
- Verbal request - 77
- Third party request- Solicitors/ Local Authority - 170
- Third party request- Police - 57
- Third party request- Other - 43

**Subject Access Requests AHRA (Deceased) Compliance Q4**



- Compliant- 85%
- Non-Compliant - 15%

This data is for the Subject Access Requests processed under the Access to Health Records Act (AHRA) for deceased patients. It is not captured within the above Data Protection Act Subject Access Requests due to this act applying only to the personal information of a living individual.

**Incidents and Complaints Quarter 4 – March to January 2024.**

<b>Incident Category</b>	<b>Sub Category</b>	<b>Number of incidents</b>	<b>Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)</b>	<b>Number of complaints</b>
Confidentiality Breach (External)	Data Loss			
	Email	16	1	
	External Mail	19		3
	Inappropriate Access			
	Records	16		2
	Prescription Error	3		
	Text Messaging	1		
Confidentiality Breach (Internal)	Data Loss			
	Email	5		
	Internal Mail	1		
	Records	19		
	Other	1		
Information Management & Technical Security	Hardware	6		
	ID Badge Loss	8		
	Records	6		
	Other	5		
	Inappropriate Access	3		
Non Compliance with Policies & Procedures		23		
<b>Total</b>		<b>132</b>	<b>1</b>	<b>5</b>

Decrease in number of incidents reported from 162 in Quarter 3 however there has been an increase in the non-compliance with a number of policies and procedures. The Information Governance Team continue to monitor trends in reported incidents and disseminate information to staff members and also include when undertaking audits.

## Incidents-Lessons Learnt

- Following recent incidents in relation to emails being sent to incorrect recipients, a reminder has been issued to staff on the appropriate use of the email system.
- Staff have been reminded to be vigilant and adhere to the Standard Operating Procedures when transporting notes.
- Follow up checks are being completed to ensure any members of the staff who are not compliant with their Information Governance Training, complete this training as a matter of urgency.
- A reminder to all staff has been issued on the importance of checking addresses are correct on any letters that are to be sent out to patients. This includes a reminder to use Health Board Patient Administration Systems wherever possible to generate these letters.

## Near Misses

1 near miss was reported in Quarter 4, this has decreased from 2 reported in Quarter 3.

This was regarding to a disc being purchased online that contained documents relating to a number of BCUHB Managed Practices. The Datix Team arranged a meeting with Governance Manager and a member of the Information Governance Team and are awaiting the outcome of initial investigation to establish further facts.

## Legal Claims

4 legal claims were made during Quarter 4, all of these are still being investigated.

- A patient's medical history disclosed to another by way of a misplaced handover sheet.
- Medical records allegedly accessed and passed onto third parties within the hospital.
- Another person receiving letters incorrectly, containing sensitive and personal health matters of another patient.
- A further data protection breach regarding patient records and information inappropriately divulged.

## Complaints

5 Data Protection complaints were made during Quarter 4. This has decreased from the 10 reported in Quarter 3. 1 of these complaints has been closed with the remaining 4 ongoing, Please see below for further information regarding the complaints received.

## Complaints Received

- Patient received a letter for another patient for the second time – Ongoing.
- Reports incorrectly filed in notes causing distress to patient as it contained highly sensitive information – Ongoing.
- Highly sensitive safeguarding report was disclosed to the two people who the report was raised about – Ongoing.
- Individual received appointment letter for another patient – Closed.
- Subject Access Request request not directed to the Information Governance Team and therefore not processed within the legal timeframe – Ongoing.

## Information Commissioners Office (ICO) Complaints

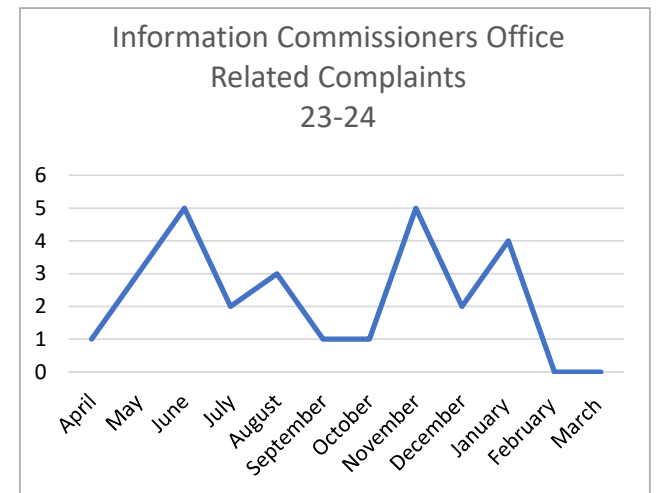
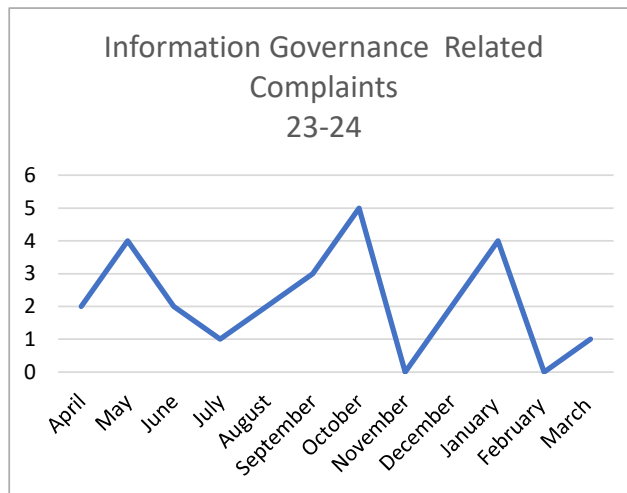
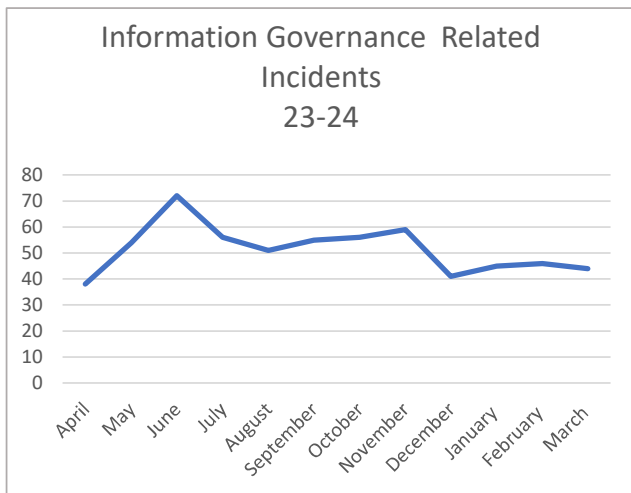
### Self-reported incidents to the ICO Q4

During Quarter 4, there has been 1 self reported incident to the ICO. This was regarding a patient being mistakenly copied into an email with information of referrals for other patients. This incident is still being investigated and a further update will be provided during Quarter 1 for 2024-25 report.

### Complaints received from the ICO Q4

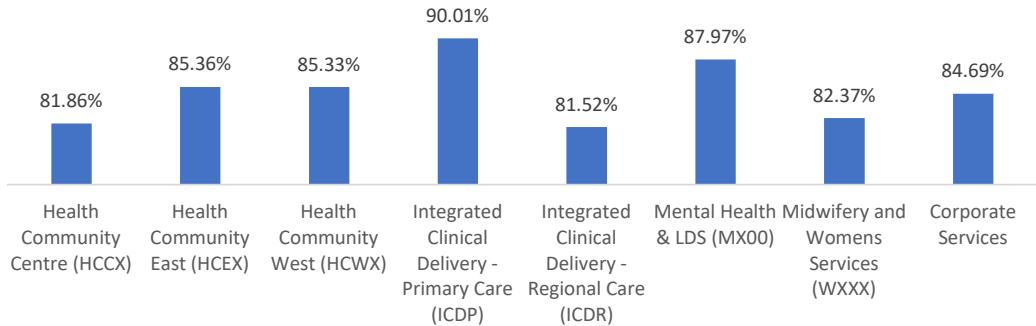
During Quarter 4, there has been a decrease in the number of complaint notifications received from the ICO from those reported in Quarter 3. There were a total number of 3 complaint notifications this quarter, of these, one has been closed with the remaining two undergoing investigation.

- A complaint regarding repeated rights for rectifications exercised – closed.
- A complaint regarding the leak of a report – under investigation.
- A complaint regarding further breach of personal data – under investigation.



**Information Governance Training and Budget Information Quarter 4 – January to March 2024**

**IG Mandatory Training Compliance by Area**  
Average Total Compliance = 84.86%



**Information Governance Mandatory Training**

Virtual mandatory training sessions have continued via MS Teams with 9 taking place in Quarter 4 and a total number of 91 staff attending. This is a slight decrease from the 95 who attended in Quarter 3. Training sessions have now changed to run fortnightly, changing from the current weekly sessions to help increase the number of attendees in each session and in turn increase interaction between delegates.

The overall compliance of mandatory Information Governance training across BCUHB was 84.86% for Quarter 4. Compliance is monitored and departments are repeatedly reminded to ensure staff members undertake Information Governance training in order to meet the national target.

The Information Governance Team were able to deliver a training session to Board Members during Quarter 4. This had been a priority for the team to complete as part of the recommended actions following the external Information Governance and Records Management review, the session was well attended with follow up sessions planned.

The Information Governance Team plan to monitor divisions with repeatedly low compliance rates and offer training sessions to increase compliance. Non compliance with Information Governance training with also be monitored via site audits and added to recommendations to action.

**E-Learning Training**

The ongoing issue with staff members being able to complete the Information Governance online module continued during Quarter 4. The issue remains to be reviewed and functionality issues raised with the National Team.

The number of staff members who enrolled onto the module during this Quarter was 938, however only 178 successful completions were recorded.

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of December 2023	Year To Date Variance
T410	830,315 (reduction from 885,969 in Quarter 3)	633,920	196,395 (not a true reflection, please see below comments)

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

- 1) Staff turnover, Establishment Control Processes and time to recruit to remaining vacancy;
- 2) Contiued agile / home working thus reducing travel costs;
- 3) £194,395 still showing in General Reserves which requires transfer for staff moves, monies to the FOI /SAR system and Information Asset Register, Data Protection Registration and increase in Confidential Waste Budget Annual Contract.

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.

## National Intelligent Integrated Auditing Solution (NIIAS), Service Desk and IG10 Information Quarter 4 – January to March 2023

### IG10

4 of the 10 approved IG10's approved in Quarter 4 were for CCTV footage. The total number of IG10's approved has decreased from the 13 reported in Quarter 3. The IG10's approved in this Quarter were from a number of different areas and no trends were identified. The total number of requests have been broken down into area below:

East – 0      Central – 6      West – 4

### Service Desk – Information Governance Portal

The total number of service desk queries significantly decreased from 105 reported in Quarter 3 to 34 in Quarter 4. This is because during this Quarter the new HALO system was introduced and queries were directed to the Information Governance via the new system. The team will work closely with Informatics to ensure queries continue to be directed appropriately. The Information Governance Team also continuously look at trends identified in queries received and publish guidance on our intranet pages. We are also reviewing the information available to staff members on our BetsiNet site to provide further guidance and incorporate this into the Information Governance training sessions.

### NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 4 there was a national issue which prevented notifications coming through for action. This was due to clinical systems moving to new data centres and was resolved by Digital Health Care Wales at the end of March 2024. The total number of notifications during this Quarter increased slightly from the 70 reported in Quarter 3.

Information to avoid notifications occurring is regularly circulated via the BCUHB Bulletin and managers are encouraged to discuss with their teams. The Information Governance Team have included up to date videos of how these notifications occur in the new training presentation. Following the implementation of the new training presentation, the team will monitor the notifications received to determine whether further input is needed on training staff members of the severity of these notifications.

#### IG10- Process for requesting, approval and review of information systems accessed by an employee

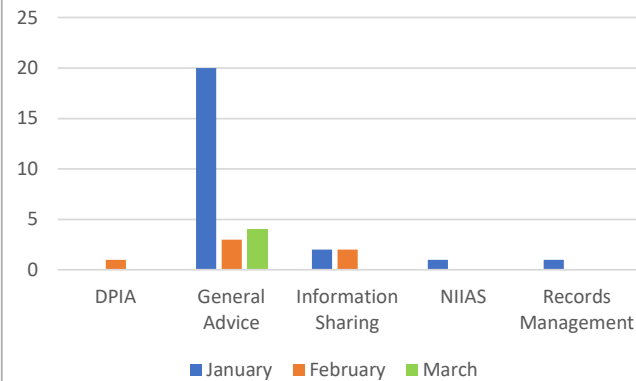
Total: 10



- CCTV: 4
- System Access: 1
- Login Audit: 3
- Outlook Access: 1
- Call Recordings: 1

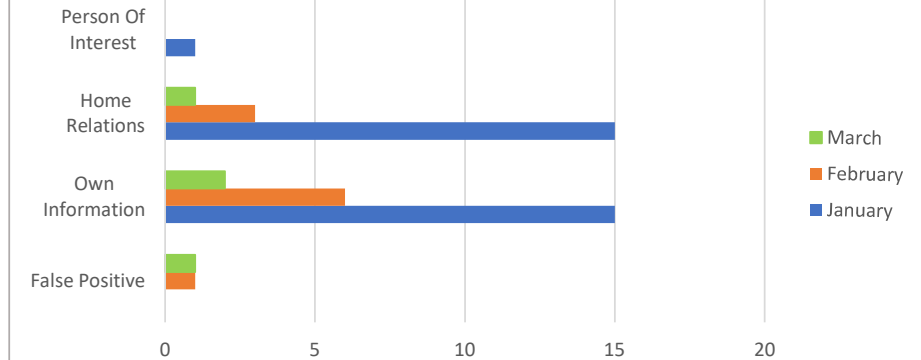
#### IG Service Desk Queries Q4

Total 34



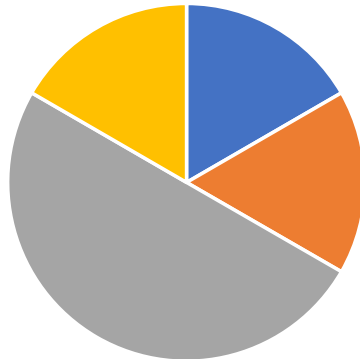
#### Q4 NIIAS notification by type

Total = 72



**Caldicott Guardian Decisions, Data Protection Impact Assessments, Compliance Audits & Asset Register Quarter 4 – January to March 2024.**

**Caldicott Guardian Decisions/Authorisations on behalf of the Board  
Total - 6**



- Data Processing Contract : 1
- Controller to Controller : 1
- Data Disclosure Agreement : 3
- Awaiting Approval: 1

**Asset Register**

The implementation of the new Information Asset Register was originally delayed due to issues identified once live data had been uploaded. A new platform is now being developed to meet the demands on capacity in the system and meet the requirements of both Cyber and I.T. Teams.

This will take approximately 6-8 weeks to complete with User Assessment Testing being performed throughout the build.

**Compliance Audits**

During Quarter 4, there have been no compliance audits completed. This is due to current staffing levels within the Information Governance Team and the need for further work on an audit schedule to take place.

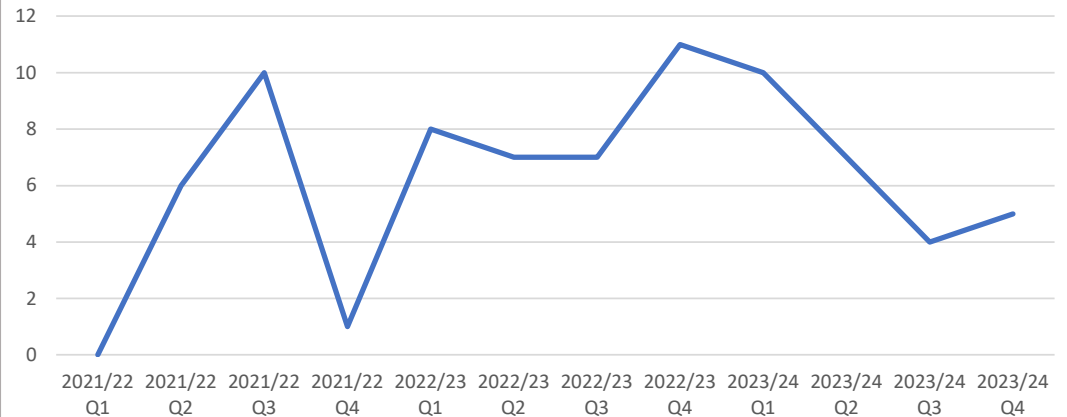
Pre-assessments should re-commence during Quarter 1 2024/25 as new Information Governance Administrator is due to start on 22nd April thus freeing resource within the team.

**Data Protection Impact Assessments (DPIAs)**

There have been 5 DPIAs approved during Quarter 4, this is an increase to the 4 reported in Quarter 3. In addition to the approved number of DPIA's, there are currently 17 under review and 3 awaiting approval.

The Information Governance Team plan to improve the number of DPIA's approved during Q1 2024/25 and continue to maintain these figures throughout 2024/25. This will be achieved by reviewing the approval process and the team being at full capacity.

**Number of Approved DPIAs**



## Appendix 2

Performance, Finance & Information Governance (PFIG)  25 <sup>th</sup> June 2024	 Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board  <i>To improve health and provide excellent care</i>
<h3>Committee Chair's Report</h3>	

<b>Name of Group :</b>	Information Governance Group
<b>Meeting date:</b>	23 <sup>rd</sup> May 2024
<b>Name of Chair:</b>	Dr James Risley - Deputy Executive Medical Director
<b>Responsible Director:</b>	Dylan Roberts – Chief Digital and Information Officer
<b>Summary of business discussed:</b>	<p>The Information Governance Group (IGG) met on the 23<sup>rd</sup> May 2024.</p> <p>The Information Governance Group (IGG) was quorate. The meeting was deputised in the absence of the Chair (Executive Medical Director) in May by the Deputy Executive Medical Director.</p> <p>Three outstanding actions on the IGG Action Tracker were closed with updates provided prior to the meeting, with one remaining open.</p> <p>This report summaries the activity of the Information Governance Group and members noted:</p> <ol style="list-style-type: none"> <li><b>1. Information Governance Workplan</b> – Continued good progress had been made for the majority of activity in the work plan and business as usual with the outstanding areas below, not already on the agenda:             <ol style="list-style-type: none"> <li>a. Publication Scheme – The Publication scheme was reviewed by the Information Governance Team however a further review of the content is required by all departments.</li> <li>b. Compliance Audits – Audits are currently on hold due to limited resources within the Information Governance team. However new administrator is due to start within the team in and once induction phase is complete, there will be more resource within the team to develop a schedule and enable the audits to recommence.</li> </ol> </li> <li><b>2. External Information Governance Review Findings - Report submitted</b> – This report recommended 48 actions for improvements. 30 actions are now complete, 16 actions have work underway, and two remain outstanding. There are plans in place to meet deadline dates and progress with outstanding actions with a further progress report being presented at the next Information Governance Group meeting in August.</li> </ol>

**3. Information Governance Key Performance Indicator Report Quarter 4**

– FOI Compliance increased from 72% to 79%. Continued main reasons for delays was in receiving information from leads, delays in Executive approval, and delays due to divisional staff being absent or unavailable. No requests identified to attract media attention or which have a negative impact on reputation. The total hours spent on dealing FOI requests this quarter was 640 hours.

As per the feedback from previous PFIG meetings, the Subject Access Request (SAR) data for the Information Governance Team, Access to Health Records Team, HMP Berwyn and BCUHB Managed Practices has now been collated and presented together. The SAR compliance for Quarter for stood at 97%. The requests during this quarter included requests for full medical notes from a large data range and also a large number of mailbox requests.

There was a decrease in total number of incidents reported to 132 however there has been an increase in the number of incidents with non-compliance of policies and procedures which will be addressed in future site audits.

Five Data protection complaints were made during Quarter 4, one of these has been closed with the remaining undergoing investigation. In addition, there was one self-reported incident to the Information Commissioners Office (ICO) regarding a patient being mistakenly copied into an email containing details of sensitive patient data for another patient. There were also three complaint notifications from the ICO, one of which has been closed with the remaining two undergoing investigation.

Nine MS Teams sessions took place to deliver the Information Governance Training with good attendance. Compliance has increased to meet the National target of 85%. The Information Governance team were able to deliver a training session to Board members with a follow up session being arranged for those who could not attend.

**4. Information Governance Toolkit** – The Information Governance Toolkit was successfully submitted on the 25<sup>th</sup> March 2024, meeting the agreed deadline. The evidence submitted was firstly reviewed by the Information Governance Managers and then by the Data Protection Officer who agreed final sign off. The minimum expectations for Record of Processing Activities were not met meaning an overall achievement status of “Minimum Expectations Not Met” was

given. Priorities on this area alongside others have been added to the 2024/25 Work Plan to improve the status achievement in the next submission.

**5. Information Governance Service Improvement** – Report was presented to include the below project:

**a. Asset Register** – It has been agreed with the system supplier that the Asset register would be rewritten to include better functionality and improve issues found in the round of User Acceptance Testing (UAT). These changes will take eight weeks and UAT will be undertaken throughout.

**6. Information Governance Risk Register** – Report was presented and the risks reviewed. The closure of IG19 Management of Corporate Records and creating of two new risks to better manage outstanding actions on corporate records was agreed.

**7. Access to Health Records Update** – Compliance for Subject Access Requests are included in the overall key performance indicators above. In addition, there have been four rectification requests during this quarter, one inaccuracy was agreed with three being rejected. Six formal concerns were received, three regarding data breaches and three regarding the Subject Access Request process.

The following procedures were reviewed and approval granted:

**a. HR1s – Guidance on the management of Adoption records**

**b. HR4 – ATHR Procedure**

**c. HR4a – ATHR Guidance on the management of receiving and responding to requests for Police Medical Witness Statements**

**8. Data Protection and Digital Information Bill** – A report was provided to give an update on the key expected amendments of the Bill and how they will affect the organisation. The Bill is currently going through the House of Lords and a final report of the amendments will be presented once all have been agreed.

**9. Training Plan and Training Needs Analysis 23/24** – The updated training plan was circulated prior to the meeting. The plan had been updated in April and is due to expire March 2025. The main points to highlight were that the new Information Governance training package has now been developed and is now being used in training sessions. A new group has been convened across the Health Board to look at

all the workbooks currently in place and standardise the content. This is for individuals who do not have I.T access. Information Governance will now appear on the mandatory training days due to start in September. The next priority to progress is to develop a process of how agency and locum staff members are trained once appointed.

**10.Policies and Procedures** – The below policies were circulated prior to the meeting for review by all members to which comments received have been actioned:

**a. IG29 Social Media Procedure** – The procedure was recirculated following the last IGG meeting due to further comments requiring action. These were around how the procedure aligned with other policies and procedures. The procedure was discussed and approved.

**b. IG02 Records Management Procedure** -The procedure has been updated to include the current retention schedule, information on OneDrive and USB storage. The procedure was approved during the meeting.

**11.Incidents for Discussion** – This item was used for highlighting the continuous issue with sending mail in the post. In particular, there was a recent incident which the Information Governance Team self-reported to the ICO whereby an envelope containing referral letters for 40 patients was sent to one patient. The letters were retrieved and guidance given to the department in which this occurred. The ICO were happy the incident had been contained and dealt with appropriately however, they did highlight the need to double check information leaving the Health Board.

**12. MS Office 365 Update** – The number of SharePoint sites is continuing to increase which will be reviewed following the implementation of the new Asset Register. The number now stands at 359 sites. The National team are reviewing the end of Co-Pilot which has been piloted for some time in BCUHB. They are also looking into how third-party users access our data via our systems. For example, this may be used by Liverpool hospitals to access our data via a laptop provided by us. The process is continuing to be reviewed.

**13.Cyber Security Report** – The main highlights of the report were presented as the report had been circulated to members prior to the meeting. There has been a significant increase in the number of phishing emails with one including a link redirecting staff members to a site hosted by Russia where they were asked to download malware. The team were able to

## Appendix 2

	<p>block and contain the email by deleting from mailboxes of anyone who had received it. Staff awareness of phishing emails is continuing to be tested by sending out test emails to staff members to see who recognises the content. Currently, 9% of staff members are failing the test email so awareness of phishing emails is continuing to be published via the bulletin. The Cyber Security and Compliance Manager also wished to highlight the increased usage of PDF converter websites being used by staff members. The usage of this is seeing corporate documents uploaded onto websites. The sites are blocked by Microsoft Defender and the team are writing to staff members to raise awareness of the impact this could have. Awareness of Cyber security has now been included in the training package.</p> <p><b>14. Issues of significance from Information Governance Management Advisory (IGMAG) –</b> The last meeting took place on 16<sup>th</sup> April 2024. One of the items discussed was the National issue with National Intelligent Integrated Auditing Solution (and how reports are not being produced, this means notifications are not being sent to organisations creating a back log.</p> <p>A discussion took place during the meeting around the Data Protection Officer service DHCW provide to 83% of practices across Wales. DHCW are also being approached by community pharmacies to provide a similar service. An in-depth update on the National Resource Data will be provided at the face-to-face meeting taking place in June.</p>
<p><b>Key assurances provided at this meeting:</b></p>	<ul style="list-style-type: none"> <li>• Continued progress made with the Information Governance Work Programme.</li> <li>• Improved compliance rates for FOI and Non-Clinical SARs.</li> <li>• Maintained compliance rate with Mandatory Information Governance Training.</li> <li>• Cyber Security Update.</li> </ul>
<p><b>Key risks including mitigating actions and milestones</b></p>	<ul style="list-style-type: none"> <li>• Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.</li> </ul>
<p><b>Targeted Intervention Improvement Framework Domain addressed</b></p>	<ul style="list-style-type: none"> <li>• Strategy, planning and performance.</li> <li>• Leadership (including governance, transformation and culture).</li> <li>• Engagement (patients, public, staff and partners).</li> </ul>
<p><b>Issues to be referred to another Committee</b></p>	<p>None</p>

## Appendix 2

<b>Matters requiring escalation to the Board:</b>	None
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by:</p> <ul style="list-style-type: none"> <li>• Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics.</li> <li>• Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services.</li> </ul>
<b>Planned business for the next meeting:</b>	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> <li>• Quarterly Information Governance Key Performance Indicator Report.</li> <li>• Information Governance Work plan.</li> <li>• External Information Governance Review Findings</li> <li>• Service Improvement Progress Report.</li> <li>• MS Office 365 Update report.</li> <li>• Cyber Security Report.</li> <li>• Information Governance Risk register – update report.</li> <li>• Management of Corporate Records.</li> </ul>
<b>Date of next meeting:</b>	Wednesday 28 <sup>th</sup> August 2024

V1.0 Final



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIGC)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 25 June 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which PFIGC has oversight.</p> <p>Key changes to note in report:</p> <p>CRR24-05: Financial Sustainability – Risk has been updated from last financial year to reflect the current financial year.</p> <p><b>N.B This report has not yet been approved by Risk Management Group 11/06/24 nor Executive Team Meeting 19/06/24 in line with the normal cycle of report</b></p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>receive assurance</b> for the four corporate risks to which the Committee has overall accountability.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>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:</b></p>				



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



<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable for this report
<b>Camau Nesaf:</b>  <b>Next Steps:</b> 1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle. 2. Submission of Corporate Risks to Board.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> Appendix 1 – Corporate Risk Dashboard - Performance, Finance and Information Governance Committee  Appendix 2 – Corporate Risk Register Report - Performance, Finance and Information Governance Committee <ol style="list-style-type: none"><li>1. <b>Financial Sustainability</b></li><li>2. <b>Suitability and Safety of Sites</b></li><li>3. <b>Urgent and Emergency Care</b></li><li>4. <b>Planned Care</b></li></ol>	

## Corporate Risk Register Report

### 1) Introduction and Background

---

#### What Is a Corporate Risk?

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

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

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

### 2) Key Highlights

---

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

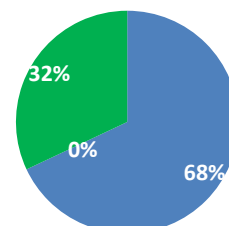
The Committee is asked to note:

CRR24-05: 2024/25 Financial Sustainability - Risk has been updated from last financial year to reflect the current financial year.

Out of the 4 corporate risks, 27 actions have been developed to mitigate the risks. 8 actions has been completed, 17 actions are progressing.

#### ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ Overdue ■ Completed



#### Next steps

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

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

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoF	CRR24-05	Financial Sustainability	4 x 5 = 20 ↔	12	Financial	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, updated to reflect current Financial year. 2 actions identified and progressing.
					3 - Open		
EDoF	CRR24-06	Suitability and Safety of Sites	4 x 5 = 20 ↔	12	Quality	Performance, Finance and Information Governance Committee	Opened March 24, 7 actions identified, 2 completed, 5 progressing, 2 <b>revised dates</b> . Backlog maintenance costs <b>£348m</b> .
					3 - Open		
EDoO	CRR24-10	Urgent and Emergency Care	4 x 5 = 20 ↔	12	Quality	Performance, Finance and Information Governance Committee	Opened Feb 24, 10 actions identified, 7 progressing and 3 completed now displaying as new controls.
EDoO	CRR24-11	Planned Care	5 x 4 = 20 ↔	8	Quality	Performance, Finance and Information Governance Committee	Newly developed strategic risk Feb 24, 8 actions identified, 3 completed, 5 progressing. <b>4 revised dates</b> .
					4 - Seek		

**Key:**

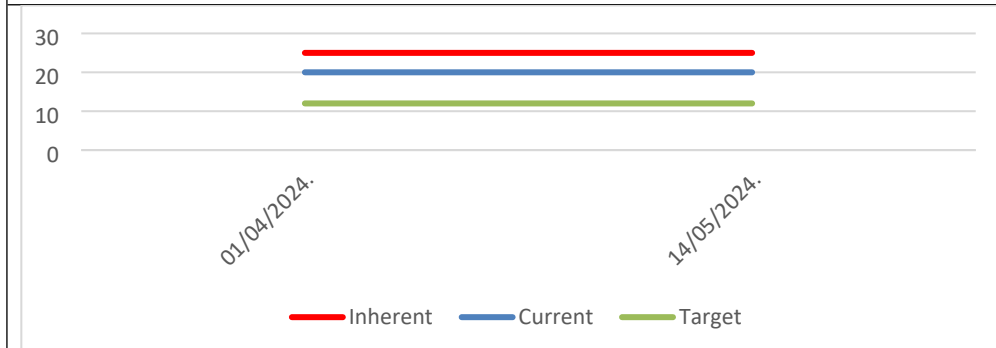
Executive	
Executive Director of Workforce	EDoW
Executive Director of Nursing & Midwifery	EDoN
Executive Director of Finance	EDoF
Chief Digital Information Officer	CDIO
Executive Director of Public Health	EDoPH
Executive Director of Operations	EDoO
Executive Director of Therapies and Allied Health Professions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

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

CRR 24-05	<b>Risk Title:</b> 2024/25 Financial Plan		<b>Date Opened:</b> 01/04/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 30/04/2024
<b>Date Last Reviewed:</b> 14/06/2024	<b>Director Lead:</b> Executive Director of Finance	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2025
<p>Failure to achieve the Annual Plan for 2024/25 (£19.7m deficit), due to non-delivery of planned level of financial improvement  The financial plan for 2024-25 requires the achievement of financial improvement (expenditure savings) totalling £48.0m.  Failure to deliver the target for financial improvement could adversely impact the achievement of the financial plan and increase the deficit.</p>			
Mitigations/Controls in place	Lines of Assurances		Additional Controls required
<ol style="list-style-type: none"> <li>Core Savings targets for IHCs, Non-IHC Directorate and Corporate functions have been issued and performance to be challenged at Integrated Performance Executive Delivery Group – chaired by the Chief Executive.</li> <li>Value and Sustainability programme approach to 2024/25 savings has been endorsed by the Executive and Board. Executive Leads have been assigned and a flow chart issued setting out the governance process for sharing of costed savings opportunities and Divisional delivery.</li> <li>Continuation, for a period of at least six months, of the Enhanced Establishment Control Group (executive approval before advertising) to review all requests for A&amp;C posts and all Band 7+ posts (Non-Patient Facing), moratorium on requests for Permanent recruitment to Band 8D and above (non clinical posts) and minimising interim staff appointments.</li> <li>Internal scrutiny by Central Finance Team, of the Divisional financial assumptions, overspends and forecasts.</li> <li>Financial reporting to Welsh Government on a monthly basis, with the MMR.</li> <li>Financial Position (including Savings) oversight arrangements in place through the Performance, Finance and Information Governance Committee (PFIG)</li> </ol>	<b>1<sup>st</sup> – eg. Operational:</b>		<ol style="list-style-type: none"> <li>Welsh Government (WG) expectation to achieve financial balance, due to the financial settlement/allocations to Health Boards and to enter into financial stability. (The 24/25 Annual Plan and forecast financial outturn is currently based on a level of expenditure controls and savings delivery that the Health Board considers to be sufficiently challenging and deliverable, whilst maintaining quality and patient care. At the current time, there are no plans for further additional controls; however, these will be considered should the further mitigating actions be required to achieve the planned deficit)</li> </ol>
	<ol style="list-style-type: none"> <li>Divisional Directors holding Budget Mangers to Account for spending within delegated budgets and delivering the savings targets.</li> <li>CEO led, Divisional Performance Management of Directors at IPEDG and individual performance reviews</li> <li>Regular review of Risks and Opportunities for mitigation</li> <li>Regular Check and Challenge meetings between FD's and CFOs and Divisional Directors on in-month\forecast outturn and savings delivery</li> </ol>		
	<b>2<sup>nd</sup> – eg. Risk and Compliance:</b>		
	<ol style="list-style-type: none"> <li>Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation – defining expectations, roles and responsibilities.</li> <li>IPEDG setting goals for Directors, for implementation.</li> <li>Risk management group &amp; Executive Team</li> </ol>		
	<b>3<sup>rd</sup> – eg. Independent:</b>		
	<ol style="list-style-type: none"> <li>Internal Audit</li> <li>WG in the form of a monitoring return submission – detailing for example, expenditure run rates and reasons for movements, savings profile delivery and risks and mitigating actions.</li> </ol>		

<p>7. Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent rather than non-recurrent.</p> <p>8. Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements.</p> <p>9. Monitoring the adequacy and effectiveness of internal control, accuracy and completeness of financial reporting and forecast, compliance with laws and regulations, and timely remediation of deficiencies.</p>	<p>3. Fortnightly performance meeting with the WG and NHS Executive.</p>	
--	--	--

<b>Actions</b>	<b>Due Date</b>	<b>Progression Analysis</b>
Value and Sustainability Programme approach to savings – assign Exec Leads and Support Teams to each theme and cost up Opportunity Plans for consideration by the Divisions.	31/06/2024	Progressing
Progress Savings Opportunities by generating Saving Scheme Documents setting out the planned delivery agreed by Executive Lead or Divisions and monitor actual delivery.	31/03/2025	Progressing



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

**Rationale for Corporate Risk**

M1 - Year to date deficit above plan of £2.6m.

CRR 24-06	<b>Risk Title: Suitability and Safety of Sites</b>		<b>Date Opened:</b> 04/01/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 30/04/2024
<b>Date Last Reviewed:</b> 13/06/20224	<b>Director Lead:</b> Executive Director of Finance	<b>Link to BAF:</b> SP14	<b>Target Risk Date:</b> 31/03/2026 (10 year capital investment requests aligns with the capital prioritisation form that will be submitted to Welsh Government – completion target date 2035).

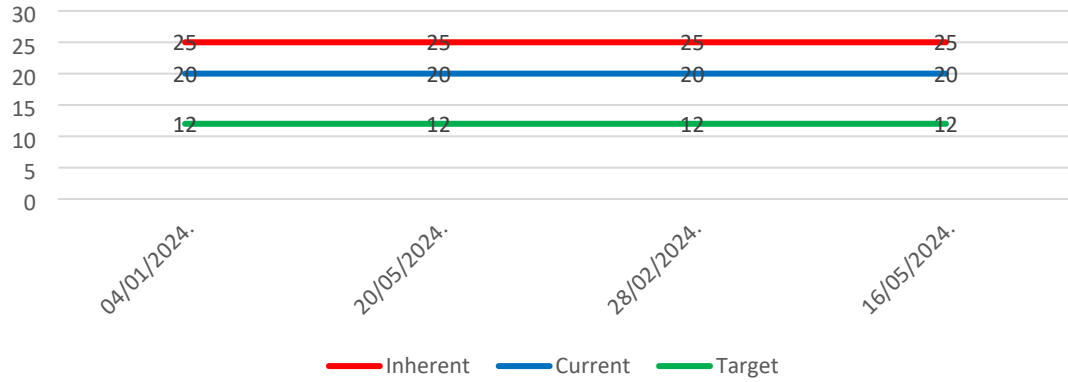
There is a risk that the suitability and safety of the estates and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and unsuitable buildings, backlog maintenance issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.

Mitigations/Controls in place	Lines of Assurances	Additional Controls required
<ol style="list-style-type: none"> <li>1. Estates Strategy developed and approved by the Health Board in January 2023.</li> <li>2. Internal Governance for capital allocation in place within the Health Board.</li> <li>3. Business Cases to Welsh Government to resolve major infrastructure issues in line with the Estates Strategy</li> <li>4. Priority bids against Welsh Government Estates Funding Advisory Board (EFAB) for the allocation and prioritisation of funding in relation to infrastructure funding, decarbonisation, fire and Mental Health and Learning Disability.</li> <li>5. Discretionary Capital Allocation of £12.448m for 24/25 approved by Welsh Government with an allocation of approximately £3.208m aligned to improvements within the Estates. Prioritisation is based on Operational Estates Risk Register</li> <li>6. Regular Welsh Government /Health Board Capital Meetings – which provides a direct link with Welsh Government to raise concerns regarding the funding available to effectively manage the condition of the estate and ensure safety of patients and staff.</li> <li>7. Operational Estates Safety Groups in place to provide assurance, the safety groups are as detailed below</li> </ol>	<p><b>1<sup>st</sup></b> – eg. Local Assurances:</p> <p>Existing groups in operation within the Health Board where capital prioritise are reported:</p> <ol style="list-style-type: none"> <li>1. Capital Planning Management Team</li> <li>2. Capital Investment Group</li> <li>3. Risk Management Group</li> <li>4. Executive Team meeting</li> </ol> <p>Existing groups in operation within the Health Board where environmental issues and safety are escalated:</p> <ol style="list-style-type: none"> <li>5. Strategic Occupational Health and Safety Group</li> <li>6. Strategic Infection Prevention Group</li> <li>7. Risk Management Group</li> <li>8. Executive Team meeting</li> <li>9. Internal Audit</li> </ol>	<ol style="list-style-type: none"> <li>1. 6 facet survey to be undertaken to obtain an updated report of the condition of the Estate.</li> <li>2. Assurance around the development control plan aligned with both the Estates strategy and the Clinical strategy.</li> <li>3. Business Case Review Group to be set up to review all business cases to provide scrutiny prior to submission to Executive team.</li> <li>4. Standardised approach by the Health Board in relation to management of Estates and Capital between the Integrated Health Community IHC's) and other services and the Estates/Capital teams.</li> <li>5. Ensure that the Health Board Capital prioritisation plan is shared with Welsh Government (WG) to identify required investment. The end date is dependant of how much capital investment is provided to the Health Board from WG. The 10 year capital investment requests aligns with the</li> </ol>



<p>a) Fire Management b) Asbestos Management c) Water Safety, d) Ventilation Safety e) Electrical Safety 8. Welsh Government Capital Resource Meetings in place to provide route for escalation. 9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance</p>	<p><b>2<sup>nd</sup> – eg. Board/Committee Assurances:</b></p>	<p>capital prioritisation form that we will submit to Welsh Government. 6. Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance. 7. Updated agreed protocol for use of Annual Discretionary Slippage to be put in place by developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.</p>
	<p>1. Performance, Finance and Information Governance Committee</p>	
	<p><b>3<sup>rd</sup> – eg. External Assurances:</b> Internal Audit External Audits undertaken by NHS Wales Shared Services Partnerships, Specialist Estates Services, Authorising Engineers in the following disciplines: a. Fire b. Water Safety c. Ventilation d. Electrical (HV / LV) e. Medical Gases f. Decontamination  Inspections by the North Wales Fire and Rescue service within inpatient areas.</p>	

<b>Actions</b>	<b>Due Date</b>	<b>Progression Analysis</b>
<p>Business Case Review Group to be developed by Health Board. Development of Business Case Review Group agreed in principle by the Health Board. To be progressed in conjunction with a multi disciplinary team representing service and technical support leads and has been trailed on a recent Business Case. The process is being finalised and will be presented to Capital Investment Group for ratification.</p>	30/09/2024	Revised from Feb 24 Progressing
<p>Completion of Welsh Government Prioritisation exercise. Welsh Government Prioritisation exercise completed and approved by the Health Board</p>	31/03/2024	Completed
<p>Undertake action to deliver an Health Board Estates Rationalisation Programme Estates Rationalisation Programme being developed and in draft format. This will be in conjunction with the new Director of Environment, once appointed. A Draft will be submitted to a multi disciplinary group for initial comment, with a final version to be ratified by Capital Investment Group .</p>	30/09/24	Revised from March 24 Progressing
<p>Agreed protocol for use of Annual Discretionary Slippage to be put in place. Protocol for the use of Annual Discretionary Slippage in place and approval route is through the Capital Investment Group.</p>	31/03/2024	Completed
<p>Review / Standardisation of IHC's / Mental Health Learning Disability Estates and Capital Group 'Terms of Reference' and escalation process</p>	30/09/2024	Progressing
<p>Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years</p>	31/03/2026	Progressing
<p>Review and update Development Control Plans</p>	30/04/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	2	4	12
Risk Appetite	Quality		3

**Rationale for Corporate Risk**

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

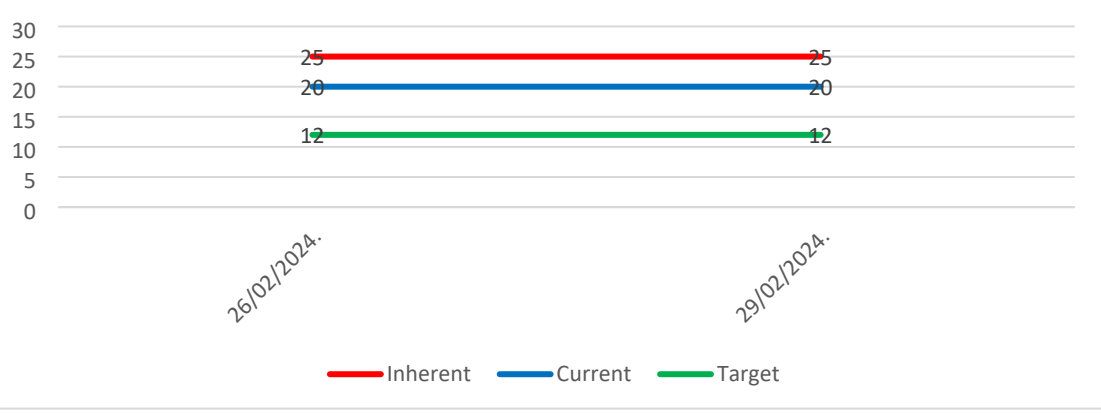
Our estate is facing significant risks and challenges and severe limitations on expected future funding. The current estate is not sustainable or viable in the long term and will not support the implementation of key BCUHB strategies and is a significant risk to the Board.

To aid with supporting a Capital Programme the Health Board will commence with a programme to deliver a 6 facet survey for the Estates, these surveys will commence in 2024 focussing on Acute sites and then community hospitals with a target to complete within 2 years. This will be a significant part of the estates portfolio and backlog maintenance cost. As sites are completed the cost associated with backlog maintenance will be identified and capital funding requested. The end date is dependant of how much capital investment is provided to the Health Board from Welsh Government. The 10 year capital investment requests aligns with the capital prioritisation form that we will submit to Welsh Government.

CRR 24-10	<b>Risk Title:</b> Urgent and Emergency Care		<b>Date Opened:</b> 26/02/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 30/04/2024
<b>Date Last Reviewed:</b> 07/06/2024	<b>Director Lead:</b> Executive Director of Operations (Executive Director Therapies & Health Science)	<b>Link to BAF:</b> N/A	<b>Target Risk Date:</b> 30/03/2025
<p>There is a risk of mortality in relation to <b>critically ill</b> patients being seen in a <b>timely</b> manner through unscheduled <b>care</b> routes. This may be caused by delayed dispatching of ambulances, ambulance queues at emergency departments, Out of Hours access and EDs and UTCs being at capacity. This could impact on pressures for other services, reputation and litigation implications.</p>			
Mitigations/Controls in place	Lines of Assurances		Additional Controls required
<p>Daily management system in place to manage patient flow including multiple daily local and national calls.</p> <p>Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.</p> <p>Regular reviews of long stay patients in acute &amp; community hospitals to reduce average length of stay.</p> <p>Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team.</p> <p>System lead management 5/7 to have a singular point of escalation with external agencies and internal IHC concerns.</p> <p>Single Integrated Clinical Advice Triage (SICAT). Ambulance escalation process to support peak periods of demand.</p> <p>Hospital full protocols to support rapid de-escalation during peak periods of demand.</p> <p>Care Home risk and escalation plans to support care home capacity with community team's support.</p>	<p>1<sup>st</sup> – eg. Local Assurances:</p> <ol style="list-style-type: none"> <li>Operational Meetings ensure a Pan North Wales approach for managing daily UEC demand with external stakeholders</li> <li>Clinically optimised reviews across all IHCs take place on a regular basis with access into social care providers for support on getting patients care closer to home.</li> <li>IHC Management team led reviews with clear focus on action to support reducing LoS with a full multi-disciplinary team representation.</li> <li>Nurse led discharges being rolled out across North Wales to support timely discharges and utilisation of STREAM (IT System) to track planning.</li> <li>Senior operational managers managing daily demand across North Wales and being a singular point of escalation when Unplanned and Emergency Care (UEC) demand and capacity increases.</li> <li>Each Acute site has a process of internal escalation when delays occur with ambulance handovers occur with triggers for escalation and actions to be completed.</li> <li>Each IHC has a bed escalation process that supports triggers for escalation and gives triggers to support de-escalation in a timely fashion.</li> </ol>		<ol style="list-style-type: none"> <li>Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.</li> <li>Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.</li> <li>Resources – System lead runs alongside staffs day to day roles and is extremely fragile in the current climate and requires either extending criteria of staff to support or development of the a permanent hub similar to that of IA.</li> <li>Funding spot purchasing of beds to assist with stepping up of patient care rather than hospital admissions.</li> <li>Vacant essential roles across BCUHB that will impact on patient care and operational management resulting in inability to drive system change.</li> </ol>

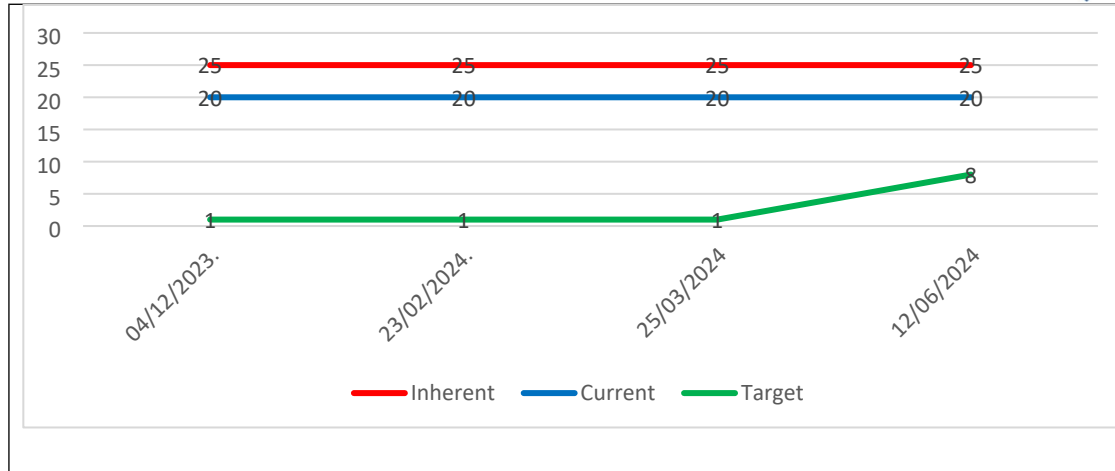


<p>Winter Plan developed to manage whole system pressures. Urgent review of escalation options in development between health and social care to increase community care capacity and to reduce delays.</p> <p>Industrial action command and control structure in place to manage service impact and to minimise disruption to services. Winer plan reviewed and signed off by Executives/Board December 2023, with planning under way to commence resilience planning from April 2024 for season 2024/2025, planning is inclusive of local authorities and voluntary sectors to support a North Wales approach</p> <p>0800-2000hrs funded GP service working alongside WAST/111 to reduce ambulance responses and manage patients through alternative pathways reducing the need for ambulance attendances</p> <p>Monthly updates from WAST to confirm care home at risk for escalation, with regular reviews and training to support managing the patients care closer to home, this is further expanded by Immedicare (Remote advice) being in place across 15 care homes across North Wales.</p> <p>Increasing periods of industrial action occurring, IHCs planning continues along with weekly Silver and Gold reviews to ensure accurate communication with all stakeholders along with assurance for national agencies</p> <p>Review of Complex Care arrangements in place to improve system improvements and to reduce delays, this is now managed via Goal 6 of the six goals programme and also via each IHC's Clinically optimised weekly meetings.</p> <p>Industrial action (IA) management plans in place and require review for sustainability in light of on going planning for IA throughout 2024</p> <p>Urgent escalation plan to secure additional system impact to improve community care capacity and flow, amended from lessons learnt</p>	<p><b>2<sup>nd</sup> – eg. Risks/Compliance:</b></p> <ol style="list-style-type: none"> <li>1. Escalation to Executive Team</li> <li>2. Risk Management Group</li> </ol> <p><b>3<sup>rd</sup> – eg. External Assurances:</b></p> <ol style="list-style-type: none"> <li>1. Regulatory inspections and investigations – HSE, HIW, CIW, PSOW.</li> <li>2. WG performance monitoring and assurance</li> <li>3. Welsh Government Reviews</li> <li>4. Royal College Reviews</li> <li>5. National Trauma Peer REVIEW.</li> <li>6. Internal Audit</li> </ol>	<ol style="list-style-type: none"> <li>6. Trusted assessors development, ongoing work for the last 18months, support required to progress at pace.</li> <li>7. Review of system lead/on call to support a 24/7 provision with an equal service provision. That amends the narrative from On call to shift focus.</li> <li>8. Winter resilience, earlier national feedback on any support available over the winter periods, in place of the November/December notification that does not allow maximum utilisation.</li> <li>9. Continuous flow modelling – National presentation on a model to decompress the Emergency department and create movement to reduce delays.</li> </ol>
<p><b>Actions</b></p>	<p><b>Due Date</b></p>	<p><b>Progression Analysis</b></p>
<p>Health board to identify permanent Executive lead for UEC to allow sustainable programme development over the next 3 years.</p>	<p>01/09/2024</p>	<p>Progressing.</p>

Health board to support development of a pan North Wales UEC (SICAT remodelling) hub prior to Winter 2024 to ensure 24/7 service support, in conjunction with national support and forthcoming escalation triggers	01/09/2024	Progressing.																			
Transformational development of urgent care system (6 Goals) including ministerial priorities; in light of major change programme completion date has been amended to End of August 2024 to support a singular approach for one system.	31/08/2024	Revised from March Progressing																			
GIRFT/SEDIT reviews ongoing to support demand management across North Wales, supported by the national programme team, capital funding being sourced from the national programme.	30/09/2024	Progressing.																			
BCUHB agreement on IHC to trial the Continuous flow model and implement prior to August 2024- WXH IHC have been the sight supported by Executives as initial trial site. Ongoing assurance discussions with East IHC and Swansea Bay continue in light of concerns raised. Final meeting planned for end of June 2024	30/06/2024	Progressing																			
Confirmation of national requirement for winter resilience plan going forwards or focus on a North Wales resilience plan for 2024-2025	31/08/2024	Progressing																			
Communication – BCUHB requires a singular approach to communication on UEC planning to prevent conflicting information occurring due to planned care forecasting	30/07/2024	Progressing.																			
Review of Complex Care arrangements in place to improve system improvements and to reduce delays, this is now managed via Goal 6 of the six goals programme and also via each IHC's Clinically optimised weekly meetings.	30/04/2024	Completed																			
Industrial action (IA) management plans in place and require review for sustainability in light of on going planning for IA throughout 2024	30/04/2024	Completed.																			
Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow to be reviewed and amended from lessons learnt since implementation	31/05/2024	Completed																			
 <p>26/02/2024. 29/02/2024.</p> <p>— Inherent — Current — Target</p>																					
	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Quality</td> <td>3 - Open</td> </tr> </tbody> </table> <p><b>Rationale for Corporate Risk</b></p> <p>Regulations 28, preventing future death reports (2020-2023),</p>		Impact	Likelihood	Score	Inherent Risk Rating	5	5	25	Current Risk Rating	4	5	20	Target Risk Score	4	3	12	Risk Appetite	Quality		3 - Open
	Impact	Likelihood	Score																		
Inherent Risk Rating	5	5	25																		
Current Risk Rating	4	5	20																		
Target Risk Score	4	3	12																		
Risk Appetite	Quality		3 - Open																		

CRR 24-11	<b>Risk Title:</b> Planned Care		<b>Date Opened:</b> 04/12/2023		
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 30/04/2024		
<b>Date Last Reviewed:</b> 12/06/2024	<b>Director Lead:</b> Executive Director of Operations (Executive Medical Director)	<b>Link to BAF:</b> N/A		<b>Target Risk Date:</b> 31/12/2024 (interim review)	
<p>There is a risk of further deterioration in patients' health, <b>harm</b>, mortality or need for more complex treatment in relation to planned care services with a, resulting in failure to meet national access targets. This could be caused by <b>long waits and delays</b> for planned care, insufficient <b>capacity</b>, staffing shortages, increasing demand, and backlogs exacerbated by COVID. The impact would be worsening patient outcomes and experiences, increased complaints, financial penalties for target breaches, and reputational damage.</p>					
<b>Mitigations/Controls in place</b>		<b>Lines of Assurances</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>Routine prioritisation of patients by clinical risk according to national Referral to Treatment Time (RTT) guidance (Cancer &gt; Urgent &gt; Routine)</li> <li>Performance monitored via weekly corporate access meeting and locally via IHC weekly access meetings including long waits and clinical prioritisation.</li> <li>Clinical prioritisation and review of waiting lists ongoing.</li> <li>Validating waiting list cohorts.</li> </ol>		<b>1<sup>st</sup></b> – eg. Local Assurances:		<ol style="list-style-type: none"> <li>Capacity and demand modelling and trajectory tracking</li> <li>Development of sustainable service models to mitigate existing clinical risks</li> <li>Application of GiRFT and other performance improvement approaches (monitor progress of implementation via planned care board and performance outputs via access).</li> <li>The planned care funds available will mitigate the risks and will be closely monitored through the Planned Care Programme Board</li> <li>Chief Operating Officer vacancy.</li> <li>Refresh and renew INNU policy to ensure referrals are appropriate.</li> <li>Commissioning services where there is need</li> </ol>	
		<ol style="list-style-type: none"> <li>Routine operational performance monitoring (weekly corporate access meeting).</li> <li>Application of RTT guidance in maintaining and improving treat in turn rates</li> <li>Escalation to Planned Care Board</li> </ol>			
		<b>2<sup>nd</sup></b> – eg. Risk/Compliance:			
		<ol style="list-style-type: none"> <li>Risk Management Group</li> <li>Executive Team</li> </ol>			
		<b>3<sup>rd</sup></b> – eg. External Assurances:			
		<ol style="list-style-type: none"> <li>Internal Audit</li> <li>Regulatory inspections and investigations – HSE, HIW, CIW, PSOW</li> <li>WG performance monitoring and assurance</li> <li>Welsh Government Reviews</li> <li>Royal College Reviews</li> </ol>			
<b>Actions</b>				<b>Due Date</b>	<b>Progression Analysis</b>
Recruitment to the Llandudno/ Abergele business case (orthopaedic site). Funding not released, action overdue. <a href="#">Partial recruitment complete others ongoing</a>				Original date March	Progressing

		revised 10/06/2024	
Approval of the application of sustainability funds and authority to deploy in line with Plan. Phase 1 completed as planned		Original date March revised 08/05/2024	Complete
Senior Responsible Officer appointed for Planned Care Board		Original date March revised 01/04/2024	Complete
Recruiting to programmes of work in order to support successful delivery		01/06/2024	Progressing
Board Development session for Executives on planned care		Original date Dec revised 06/05/2024	Complete
Chief Operating Officer Recruitment underway		01/07/2024	Progressing
Procurement for insourcing for endoscopy and diagnostics		01/05/2024	Progressing
Endoscopy business case approval		19/05/2024	Progressing
		Impact	Likelihood
		5	5
Inherent Risk Rating			25
		5	4
Current Risk Rating			20
		4	2
Target Risk Score			8
Risk Appetite		Quality	3 - Open
<b>Rationale for Corporate Risk</b>			



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

RTT 104 week waits all stages - NHS Wales Performance Framework 2024-25 Target 0. Current positions RTT 104 all Stages -11,503 (9,435 over 104w + 1,734 over 156w + 334 over 208w) To achieve this within 12 months would mean an additional 2,417 cases per month, at least 1,459 of which would be stage ones.

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



<b>Teitl adroddiad:</b> <i>Report title:</i>	All Ages Mental Health Digital Solution – Outline Business Case			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee.			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 25 June 2024			
<b>Crynodeb Gweithredol:</b>  <i>Executive Summary:</i>	Presentation of the Outline Business Case (OBC) for All Ages Mental Health Digital Solution.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to make the recommendation to the Board to approve the All Ages Mental Health Digital Solution Business Case as to secure national funding.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dylan Roberts, Chief Digital and Information Officer Teresa Owen, Interim Mental Health Lead			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Andrea Williams, Assistant Director – Digital Delivery, Strategy and Engagement			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b>  <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>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:</b>				
<b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	There are a large number of strategic objectives that this programme will support the delivery of. These include: - A Healthier Wales: Our plan for Health and Social Care (2021) - Well-being of Future Generations (Wales) Act 2015 - National Clinical Framework (2021)			

<p><b>Link to Strategic Objective(s):</b></p>	<ul style="list-style-type: none"> <li>- Digital and data strategy for health and social care in Wales (2023)</li> <li>- Together for Mental Health Strategy and Action Plan for Wales 2012 (Refresh due 2024)</li> <li>- Strategic Programme for Mental Health – Mental Health outcomes and measures</li> </ul>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>	<p>The MH&amp;LD service has specific responsibility to deliver on the requirements of the Mental Health Act, Mental Capacity Act and the Mental Health Measure (Wales) which the All Ages Mental Health Digital Solution will support:</p> <p><a href="#">Mental Health Act</a>  <a href="#">Mental Capacity Act</a>  <a href="#">Mental Health Measure</a></p>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>	<p>It has been identified that an Integrated EqIA is required. This will be completed alongside this business case and a draft will be provided with the Full Business Case and so will be approved prior to the start of the implementation process.</p> <p>A wider EqIA has been developed for the Digital Roadmap which this programme is part of.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b></p>	<p>It has been identified that a SEIA is required.</p> <p>This will be completed alongside this business case and a draft will be provided with the Full Business Case and so will be approved prior to the start of the implementation process.</p> <p>A wider SEIA has been developed for the Digital Roadmap which this programme is part of.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference</b></p>	<p><b>BAF SP13</b> - 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.</p> <p><b>CRR 24-07</b> - 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 under a single patient identifier, which could lead to deaths and harm.</p> <p><b>CRR24-17</b> 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-attack.</p>

<b>to the BAF and CRR)</b>									
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>The Financial Case reflects the scale and complexity of the project, especially in relation to the amount of change required to move from paper (plus various systems) to digital.</p> <p>The financial appraisal over a 7-year period, for the preferred option is as follows:</p> <p>Total 7-year Project Cost (£18,515m including £393k cost savings subject to further validation). This is highlighted in the table below:</p>								
			Programme				BAU		
			Year 1*	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
			24/25	25/26	26/27	27/28	28/29	29/30	30/31
			£'000	£'000	£'000	£'000	£'000	£'000	£'000
	WG Funding Required	Revenue	658	3,322	3,282	3,571	0	0	0
		Capital	0	575	575	0	0	0	0
	BCUHB Contribution**	Revenue	545	974	974	974	941	941	941
		Capital	0	0	0	0	0	0	558
	Total Savings				25	50	106	106	106
<b>Total Project Cost</b>	Revenue	1,203	4,296	4,231	4,495	835	835	835	
	Capital	0	575	575	0	0	0	558	
<p>*Year 1 is for 6 months only</p> <p>**Includes current staffing from the non-recurrent transformation fund</p> <p>The Welsh Government are not expected to pay for any further costs when the Project goes into business as usual (Year 5), this becomes a cost pressure of £835k per annum for the Health Board.</p>									
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>In addition to the existing staff (funded from the non-recurrent transformation reserves that has been subject to RIGA) the equivalent of an additional 20 WTE (the majority of whom are from the MH&amp;LD service) have been identified to support this change. Some of these posts may be backfilled from existing posts within the service.</p>								

<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>The OBC has been developed jointly by All Ages MH&amp;LD and DDaT</p> <p>Requirements gathering has been undertaken across All Ages MH&amp;LD and a wide range of staff have engaged.</p> <p>Work previously done as part of Connected Care Programme has been incorporated where it can be for future National Fit.</p> <p>Early feedback has been provided by Welsh Government before formal submission.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p>Risks are covered above.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> OBC to be presented to the Health Board and the Welsh Government for approval.</p>	
<p><b>Rhestr o Atodiadau:</b> Appendix A – MH Draft Case Final Draft v.03 <i>Appendix B – Business Case Appendices v.03 individual technical supporting documents available to Board members on request</i></p>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# All Ages Mental Health Digital Solution Business Case

'Finding a Mental Health Digital Solution for people of all ages in North Wales, transforming the way we provide care to save lives...'



<b>Division / Area / Department</b>	<b>Mental Health, Learning Disabilities, Child and Adolescent Mental Health and Digital and Data and Technology</b>
<b>Development or Scheme Title</b>	<b>All Ages Mental Health &amp; Learning Disability Digital Solution</b>
<b>Author/s</b>	All Ages Mental Health Project Team
<b>Executive Sponsor</b>	Teresa Owen/Dylan Roberts
<b>Version</b>	<b>V0.3 Final Draft</b>
<b>Date</b>	<b>03/06/2024</b>

### Version Review and History

<b>Version</b>	<b>Date</b>	<b>Reviewers/Contributor</b>	<b>Description</b>
0.1	23/05/24	MH Steering Group members	Final Draft 0.1
0.2	29/05/24	MH Steering Group members	Further Amendments 0.2 - sent to Lauren and Dylan for review
0.3	30/05/24	MH Steering Group members	Outstanding actions from previous version comments 0.3

### Document Approvals

<b>Version</b>	<b>Date</b>	<b>Name</b>	<b>Role</b>
V0.3	03/06/2024	Andrea Williams	Assistant Director – Digital Delivery and Strategy
V0.3	03/06/2024	Anita Pierce	Senior Responsible Officer
V0.3	03/06/2024	Dylan Roberts	Chief Digital & Information Officer
V0.3	03/06/2024	Teresa Owen	Executive Lead
V0.3	05/06/2024	Executive Team	Various
V0.3	10/06/2024	Mental Health Project Board	Various
V0.3	11/06/2024	Welsh Government	
V0.3	20/06/2024	Children and Adolescent Mental Health Service (CAMHS) Senior Management Team	
V0.3	21/06/24	MH&LD Divisional Senior Leadership Team (DSLTL)	
V0.3	25/06/24	Performance, Finance & Information Governance Committee	
	25/07/24	Health Board	

<b>Patient Story - Bryn</b> .....	4
<b>Staff Story – Nia</b> .....	5
<b>1. Executive Summary</b> .....	5
1.1 Introduction .....	5
1.2 Strategic Case.....	6
1.3 Economic Case .....	7
1.4 Commercial Case .....	8
1.5 Financial Case.....	8
1.6 Management Case .....	9
1.7 Approval Route and Timescales.....	9
<b>2. The Strategic Case</b> .....	10
<b>Part A: The Strategic Context</b> .....	10
2.1 Organisational Overview.....	10
2.2 Current National Overview for Mental Health, Community and Social Care Systems - Connecting Care.....	10
2.3 Services Overview .....	12
2.4 Current Position, Business Strategy and Aims.....	15
2.5 National Strategies.....	20
2.6 Local Strategies .....	23
<b>Part B: The Case for Change</b> .....	24
2.7 Project Aims .....	24
2.8 Investment Objectives .....	24
2.9 Business Needs – current and future .....	32
2.10 Scope and Service Requirements .....	33
2.11 Main Benefits and Risks .....	34
2.12 Digital and IT .....	41
2.13 Strategic Case Conclusions.....	44
<b>3. The Economic Case</b> .....	45
3.1 Introduction .....	45
3.2 Long List Options.....	45
3.3 Critical Success Factors .....	45
3.4 Shortlisting Assessment .....	46
3.4. Detailed Longlist Option Assessment .....	49
3.5 Economic Evaluation.....	54

3.6 Costs.....	63
3.7 Sensitivity Analysis.....	65
3.8 The Preferred Option.....	65
3.9 Economic Case Conclusions.....	65
<b>4 The Commercial Case.....</b>	<b>66</b>
4.1 Procurement Strategy.....	66
4.2 Framework Suppliers.....	71
4.3 Charging Mechanism.....	72
4.4 Contract Length.....	72
4.5 Outline Based Specification.....	72
4.6 Commercial Risks.....	74
4.7 Special Advisors.....	75
4.8 Stakeholders.....	75
4.9 Accountancy Treatment.....	76
4.10 Personnel Implications.....	76
4.11 Commercial Case Conclusions.....	76
<b>5 The Financial Case.....</b>	<b>77</b>
5.1 Revenue and Capital Costs.....	78
5.2 Financial Assumptions.....	79
5.3 Affordability and Source of Funding.....	80
5.4 Financial Case Conclusions.....	81
<b>6 The Management Case.....</b>	<b>82</b>
6.1 Project Management and Governance.....	82
6.2 Indicative Project Timelines.....	89
6.3 Use of specialist advisers.....	90
6.4 Digital and Technical Compliance.....	91
6.5 Engagement, Change and Contract Management Arrangements.....	91
6.5 Benefits Management.....	94
6.6 Risk management arrangements.....	95
6.7 Quality Assurance.....	96
6.8 Post-Project Evaluation.....	96
6.9 Equalities Impact Assessment and (EQIA) and Data Protection Impact Assessment (DPIA).....	98
6.10 Contingency Arrangements and Plans.....	98
6.11 Assumptions, Constraints and Dependencies.....	99
6.12 The Management Case Conclusions.....	100
<b>7. Conclusions and Recommendation.....</b>	<b>101</b>

<b>8.0 Declarations</b> .....	102
<b>9. Appendices</b> .....	102

## Patient Story - Bryn

It was to be a fresh start. Bryn decided to move closer to his mother. He had several admissions over the years and involvement with Mental Health teams for his schizophrenia, including support from forensic and substance misuse services. Bryn had a good relationship with his care coordinator (CCO) Alys.

However, on the break-up of his relationship with his girlfriend, Bryn took an overdose in May 2022. Due to failing liver function his treatment was changed from depot antipsychotic to oral medication and his liver function started to improve.

He remained well.

Following inpatient treatment and discharge he decided he wanted to live closer to his family who lived in another county. It did mean that the Mental Health team who supported him and his CCO Alys would no longer be involved in his care. Bryn was however reassured that the Mental Health team in the new area would provide similar services and a new care coordinator would be appointed.

Alys contacted the new team and planned for transfer, sharing the Care and Treatment plan, risk assessment and Mental Health Measure paperwork, which were sent over by secure email to a specified email address. The case was discussed the next day in the new team referral meeting and a request was made to receive the paper files which include historical records, which would enable the team to decide on allocation of the patient to service. After handing over the case file to the admin staff for transfer to the new Mental Health service, Alys closed Bryn’s case on her SharePoint list.

Each Community Mental Health Team (CMHT) has a standalone SharePoint list, and cases could not be transferred between SharePoint systems. They must be ‘opened’ in the new SharePoint and ‘closed’ on the old one manually.

The paper files were received a week later in the new team and were not addressed to any specific individual. Reception staff and filing administrator were not alerted about the request for case notes. On arrival, the case notes were stored in the records filing area.

Three months later in March 2023 Bryn contacted Alys and left a voice mail about his Personal Independence Payments (PIP) being stopped. She attempted to call him back, but the call went to voicemail. She advised him to check for payments in the following days as there may have been a delay, as was the situation in previous years.

A week later Bryn ended his life. He was never opened to the new team

There is no assured workflow to alert and track activity plans, there is no closed loop to confirm receipt or handover of requested information, no means of prioritising patients when they move teams or areas or joined up working or risk stratification of patient lists.

The lack of effective hand-over, visibility of the patient record across sites due to fragmented, siloed systems and continued reliance on paper to share information and inability to schedule automated alerts and notifications contributed to this person's death.

Bryn's death was reviewed by the coroner who undertook a detailed review of his case. Through a Regulation 28 notification to prevent future deaths the coroner communicated concerns to Ministers.

## Staff Story – Nia

It was a dream to be promoted to a Band 3 Team secretary in the mental health team for Nia. She felt valued and enjoyed a sense of achievement.

She commenced work full time managing paper-based case files, sharing information, organising records, uploading information onto various databases and transferring files between locations covering a large geographical area.

As time went on, she felt increased pressure to keep abreast of her commitments, juggling various case files and records for the team and using several databases to add similar information repeatedly and she started making mistakes including mislocating files. This led to a strained relationship with her manager and Nia went off sick from work. She did not want to burden her colleagues with her own work, but she felt there was no resolution to what she felt were unsurmountable problems with handling such large volumes of case files and information. Her mental wellbeing deteriorated, and she had thoughts of suicide. She was actively supported by the "Wellness Work and Us" project and helped back to return to work. Nia reflected that, the geographical area and the volume of case files she must work with, as well as complexity of maintaining paper files will likely cause future difficulties for her and will seek support.

These are just some of several stories that illustrates the need to move to a digital solution to ensure such experiences and failings in sharing information, handovers and alerting are not repeated.

## 1. Executive Summary

The executive summary will summarise each section of the case.

### 1.1 Introduction

All Ages Mental Health and Learning Disability (MH&LD) Services in BCUHB require significant change and modernisation in workflows, consistency in clinical delivery, process and practice that can only be enabled by a Mental Health Electronic Patient Record system.

This is our business case to procure, deploy and undertake the change underpinned by an enabling digital solution for MH&LD services for all ages in North Wales, delivering against our ambition of ensuring that our services are efficient, safe, timely and accessible for people who deliver and rely on, as well as use these services.

This will be a transformational change in the way we present and share health care records and will make a significant difference to the quality and safety of care as well as the patient and carer experience. It recognises that digital transformation is, an enabler and this case is far more than simply introducing information technology but also about embracing a culture of continuous improvement, safety and quality, transformation and innovation.

We recognise that a new system will require standardisation of our process and practice across the Health Board, adopting best practice and targeting unwarranted variation through standardised workflows. We will improve data capture, support increasing analytics across our services which will enable us to better report on performance, track productivity gains and benefits, be transparent in our ways of working and ensure consistent delivery of key statutes such as the Mental Health Act and the Mental Health Measure.

It is also about enabling the best of our workforce through standardised workflows and careful resource management to deliver systematic high quality coordinated care. This is also about re-writing the relationship with the people of North Wales by enabling systems to support engagement, communication and involvement and ultimately improve patients and carers experience and outcomes.

We acknowledge we are behind in the use of digital technologies, and a mental health electronic health record is a standard component of a modern health system architecture, it is considered a “must have” system.

**It is imperative that this change is acted upon now or BCUHB will continue to contribute to preventable deaths, having a major negative impact on patients like Bryn, their families, friends and communities.**

This OBC (Outline Business Case) has followed the Green Book (2018) guide following the 5-case model, the five cases summarised below have been developed to secure investment to enable the significant change required to improve the services.

## 1.2 Strategic Case

MH&LD is a large and complex service, spread over 200 locations across North Wales with over 2,300 staff, supporting 33 speciality services for the population of North Wales and some cross border residents. The BCUHB are the least digitally enabled across NHS (National Health Service) Wales and has no digital provision in core and crucial services, and where present, it is disparate.

The service is currently reliant on paper records and this lack of digital enablement has been identified as:

- a contributory factor to patient deaths by the H.M Coroner within regulation 28 reports
- an issue for resolution in numerous Health Inspectorate Wales (HIW) reports and external reviews
- contributing to variation in clinical decision-making putting patients at risk and delivering unwarranted variation
- contributing to poor staff retention/recruitment and poor job satisfaction

14 risks have been identified with the following being the highest, mitigation actions are provided in the case.

**Risk Score – 25**

- Management of legacy and current case load paper records are not resolved before a digital system is implemented

**Risk Score – 20**

- National funding may not be available to purchase a suitable system/fund implementation
- Local funding may not be available to purchase a suitable system/fund implementation

The project strategically aligns to the National and Local Strategies including the Ministerial Priorities and without this project BCUHB will fail to be able to deliver some of these strategies and priorities.

### 1.3 Economic Case

The outcome of the economic appraisal indicates that the Preferred Option is Option 3 - Procure a Commercial off the Shelf (COTS) Solution – “Best of Breed”

Net Present Value (NPV) identifies that Option 3, provides better value for money as shown in the table below:

Net Present Value (NPV)	
<b>Option 3</b> - Procure a Commercial Off the Shelf (COTS) Solution – “Best of Breed”	<b>Option 4</b> - National system procurement of “Best of Breed” under the Connecting Care Programme
<b>£8,398,000</b>	<b>£10,235,000</b>

#### Summary of the benefits

- Avoidance of deaths, quality and safety of care through clinical teams having access to the patient’s record and alerted of any significant issues in a timely manner.
- Ability to deliver on regulatory compliance requirements.
- Increased productivity through seamless handovers, easy recording of information and automated workflows.
- Recruitment and retention of staff improvements as there is an electronic system which is the norm in other organisations.

Cost avoidance of expensive DHCW (Digital Health and Care Wales) Service Level Agreement costs. Specific, measurable, realistic and achievable measures will be developed as part of the procurement and change process.

## 1.4 Commercial Case

The Commercial Case provides the overview of the Procurement Strategy and the BCUHB approach to delivering this in collaboration with NHS Wales Shared Services Partnership (NWSSP).

Four procurement options have been identified that BCUHB are able to use. This assessment incorporated the work undertaken nationally by Perago and InForm for DHCW.

The London Procurement Partnership (LLP) Framework – Further Competition, has been selected as the recommended procurement route. Further market engagement will be undertaken assess the suitability of products and services and the estimated contract start date is expected to be 1<sup>st</sup> April 2025.

The recommended evaluation criteria used will be 70% Technical/Quality and 30% Commercial.

## 1.5 Financial Case

The Financial Case reflects the scale and complexity of the project, especially in relation to the amount of change required to move from paper (plus various systems) to digital.

The financial appraisal over a **7-year period**, for the preferred option is as follows:

Total 7-year Project Cost (£18,515m including £393k cost savings subject to further validation). This is highlighted in the table below:

		Programme				BAU		
		Year 1* 24/25 £'000	Year 2 25/26 £'000	Year 3 26/27 £'000	Year 4 27/28 £'000	Year 5 28/29 £'000	Year 6 29/30 £'000	Year 7 30/31 £'000
WG Funding Required	Revenue	658	3,322	3,282	3,571	0	0	0
	Capital	0	575	575	0	0	0	0
BCUHB Contribution**	Revenue	545	974	974	974	941	941	941
	Capital	0	0	0	0	0	0	558
Total Savings				25	50	106	106	106
<b>Total Project Cost</b>	Revenue	1,203	4,296	4,231	4,495	835	835	835
	Capital	0	575	575	0	0	0	558

\*Year 1 is for 6 months only

\*\*Includes current staffing from the non-recurrent transformation fund

The Welsh Government are not expected to pay for any further costs when the Project goes into business as usual (Year 5), this becomes a cost pressure of £835k per annum for the Health Board.

All identified costs and any further potential cash-releasing savings from year 5 onwards will be revisited in the Full Business Case once preferred solution and scope is clear.

## 1.6 Management Case

The Health Board is mature in relation to digital project delivery, and this case clearly sets out how the project will be managed through recognised best practices. This will ensure that the project is deliverable and will deliver what it is setting out to achieve. The level of change is large and complex with a delivery approach of being clinically led and digitally enabled, with users needing to be seconded over to the programme and therefore backfilled as part of delivery. It is expected that the people and process changes will be more significant than the technology implementation.

There will be strong senior leadership and sponsorship of this project from the Executive Team coupled with clinical SRO.

A range of external specialists may be required including change management, technology assurance, clinical safety, DHCW, NWSSP and the NHS Executive.

It is expected that total project implementation through to benefits realisation, including procurement will be 3.5 years (6 months for procurement)

A Change Management Strategy will be developed collaboratively with end users, this approach is important due to the level of change and the involvement of end users.

## 1.7 Approval Route and Timescales

<b>Date</b>	<b>Approval</b>
<b>5<sup>th</sup> June 2024</b>	Executive Team
<b>10<sup>th</sup> June 2024</b>	Mental Health Project Board
<b>20<sup>th</sup> June 2024</b>	Children and Adolescent Mental Health Service (CAMHS) Senior Management Team
<b>21<sup>st</sup> June 2024</b>	MH&LD Divisional Senior Leadership Team (DSLTL)
<b>25<sup>th</sup> June 2024</b>	Performance, Finance & Information Governance Committee
<b>25<sup>th</sup> July 2024</b>	Health Board
<b>TBC</b>	Welsh Government

**End of Executive Summary**

## 2. The Strategic Case

### Part A: The Strategic Context

#### 2.1 Organisational Overview

BCUHB was created on the 1st of October 2009, following the dissolution of two North Wales NHS Trusts and six Local Health Boards. It is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services to more than 700,000 people across the six counties of North Wales (Ynys Mon, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham), with the more densely populated areas in the region situated around an urban strip roughly following the northern coast/A55 and English border.

The Health Board employs over 19,000 staff and has a budget of approximately £1.87 billion. It is responsible for the operation of three district general hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd near Rhyl, and Wrexham Maelor Hospital) as well as 19 other acute and community hospitals, and a network of over 90 health centres, clinics, community health team bases and mental health units. It also coordinates the work of 121 GP practices and NHS services provided by North Wales' community dentists, opticians, and pharmacies. The Health Board boundaries encompass around a third of the landmass of Wales and include 23% of the Welsh population.

Much of our acute hospital, primary and community services are managed within three Integrated Health Communities (IHCs) – West, Central and East which include CAMHS services. Adult Mental Health and Learning Disabilities, Women's health, Cancer Services, diagnostic and therapy services are managed as Pan North Wales specialty services.

We provide general and specialist services to patients in North Powys and to English border patients and conversely some North Wales residents' access healthcare services and support outside of the area. Service provision outside North Wales is typically for specialist healthcare such as cardiac surgery and neurosurgery, from providers located in the northwest of England.

Addressing the needs of the population of North Wales to improve lifelong health and well-being and tackle inequalities is the overarching aim of the Health Board.

#### 2.2 Current National Overview for Mental Health, Community and Social Care Systems - Connecting Care

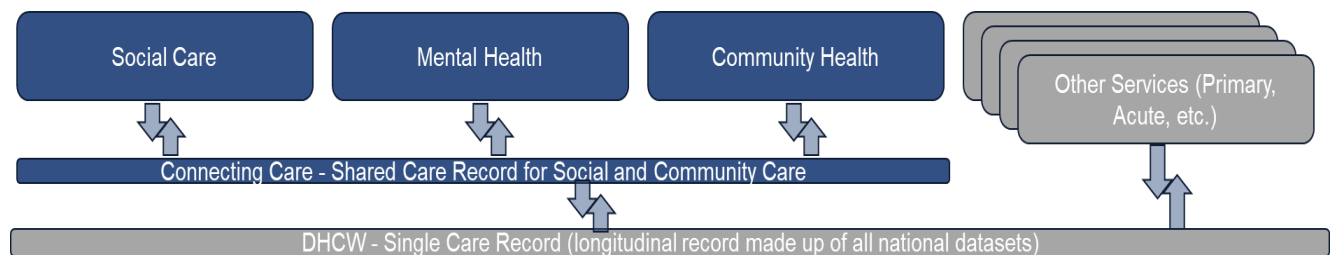
The Welsh Community Care Information Solution (WCCIS) programme is a DHCW responsibility and was established in 2015. The aim of the programme was to support the delivery and implementation of a national digital solution for Social Care, Mental Health & Learning Disability services and Community Health Care Services with a focus on integration across these services within the community. As part of this programme, WCCIS' procured Care Director product was identified as the single digital solution for all services including MH&LD within BCUHB. Adult and Childrens MH&LD services have engaged with the programme from the onset.

The original intent was for BCUHB to have digital mental health services by 2018, but delays with development pushed back this date numerous times. Due to the length of delays nationally, the Auditor General for Wales undertook an audit in October 2020. The following year a strategic review of the WCCIS Programme was commissioned by the WCCIS Leadership Board and WG. At this point, the WCCIS solution had not been implemented in BCUHB and Mental Health services continued to rely on paper and manual processes to manage their patients.

In 2023 WG made the decision that the WCCIS programme would cease, and the National Programme Team outlined recommendations for a way forward, supported by Welsh Government.

The new programme to deliver systems previously outlined under the WCCIS programme is known as ‘Connecting Care’. The connecting Care Programme sets out to deliver the following objectives:

- Provide a Shared Care Record for citizens’ data to support improved care
- Procure and implement ‘Best Fit’ solutions for Social Care and Health organisations at pace
- Adopt national data standards and standardised digital processes to support the provision of improved care



An all-Wales business case is currently being drafted by the National Connecting Care Team for all systems within the programme. An outline business case was submitted to Welsh Government in August 2023 which was approved and the case to secure funding was due to have been submitted on 1st March 2024. However, this has been subject to delay, and it is now anticipated to be submitted in June 2024.

There is significant risk associated with the Social Care work stream of the Connecting Care programme and therefore it has been identified as a priority in the national programme. The risk is due to the number of organisations (currently 18) that need to procure new system(s) in order to move from their existing platforms which are approaching obsolescence.

Throughout the last nine years, the promise of a national solution has prevented BCUHB from pursuing an alternative, forcing continued reliance on paper and manual processes which have contributed to causing harm to patients.

Due to the critical urgency and harm being caused, BCUHB has taken ownership of the issue and developed this business case to deliver what is required at a rapid pace, whilst still

meeting the vision of Connecting Care and being able to connect into and contribute to the development of the shared care record.

## 2.3 Services Overview

### 2.3.1 Adult Mental Health & Learning Disabilities

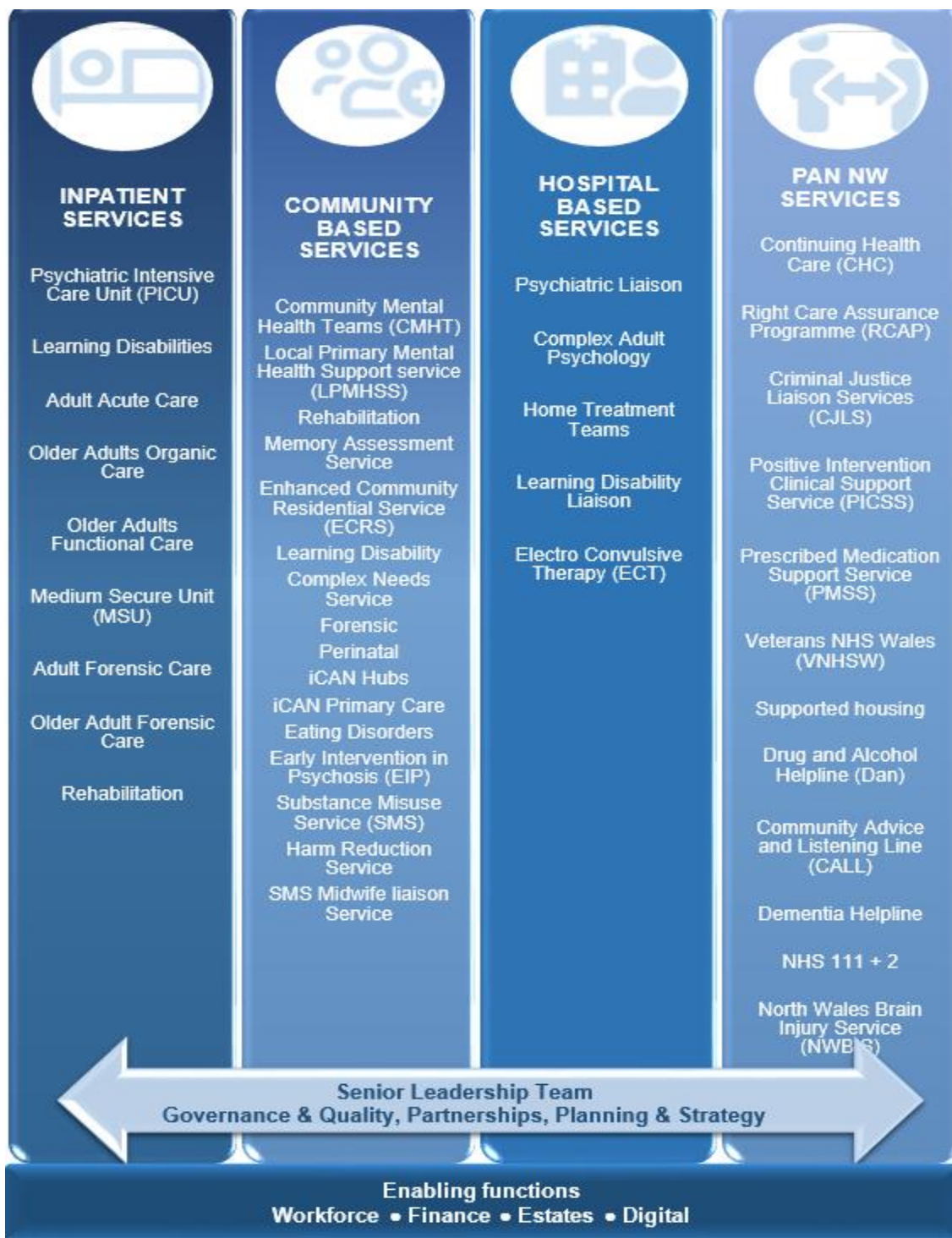
Adult Mental Health and Learning Disabilities provide and commission Mental Health and Learning Disability treatment, support and advice services to citizens aged 18 and over across the six Local Authority areas of North Wales and to the citizens of north Powys. They also host the national helplines for Wales; Community Advice & Listening Line (CALL), Dementia Helpline and Drug and alcohol Network (DAN).

The service operates from several acute, community and partner sites across North Wales, delivering inpatient and outpatient services, as well as providing telephony and online services. All of this is delivered with a workforce establishment of 2,048 employees that is bolstered by our partnership working, our commissioned services and our dedicated volunteers.

The range of services is broad and complex and in recent years has grown due to investment in services including Eating Disorders, Perinatal and Early intervention in Psychosis. The range of services broadly fit into our service area categories of Mental Health, Learning Disabilities and Substance Misuse Services. These areas although distinct, do have cross cutting themes and dependencies and each has a range of 33 specialty areas within them. The services and speciality areas are shown in Image 2.

This highlights that the service is highly specialist and complex with significant dependencies between the services, and that an electronic patient record is essential to enable visibility across geographies wherever they may present.

Image 2: Mental Health 18 Years and over services



### 2.3.2 Child and Adolescent Mental Health Service (CAMHS)

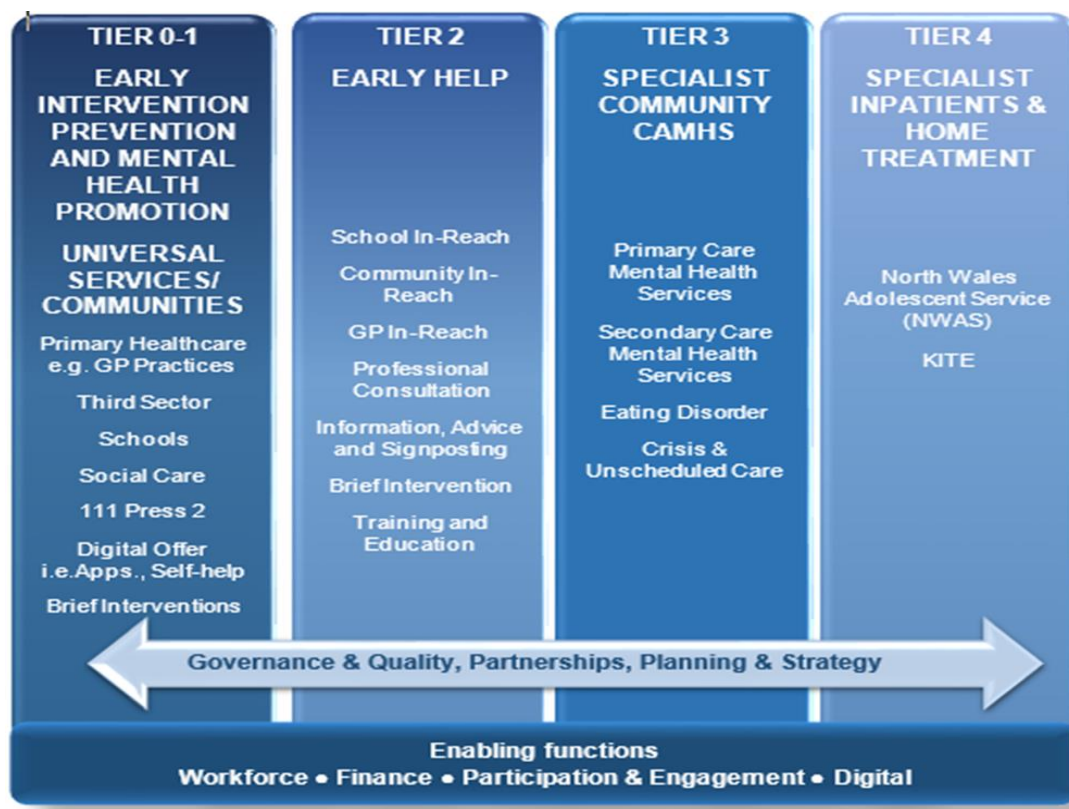
Children’s Mental Health Services including CAMHS, Learning Disability and Neurodevelopment Services provide and commission services to children and young people from birth to the age of 18 across the 6 local authorities and Tier 4 specialist services for the citizens of North Powys.

The service operates across multiple community sites, inpatient settings and partner sites across the region including into education settings. Both face to face and virtual consultations are offered. This is delivered by a wide multi-disciplinary team across the region including over 300 staff from a wide variety of clinical disciplines supported by wider services including third sector and externally commissioned providers.

The range of services provided is broad and complex and has significantly grown with additional investment into the service, particularly around Crisis Care, Eating Disorders and Early Help. The service provides an integrated model of care to support delivery of care across the 4 tiers of services as indicated in image 3. Providing support for children who experience emotional, behavioural, and other psychological difficulties, including support for their families.

CAMHS is like the over 18 services as they are also highly specialised, have dependencies between the Tiers and the need to become digitally enabled, particularly considering safeguarding reviews over recent years highlighting the lack of digital systems.

Image 3 - CAMHS Services



Further information in relation to the service challenges and drivers are included in Section 2.4 Current Position, Business Strategy and Aims.

## 2.4 Current Position, Business Strategy and Aims

### 2.4.1 Current Position

#### 2.4.1.1 Profile of Mental Health and Wellbeing in North Wales

North Wales has a population of just over 688,000 residents with the overall population of BCUHB predicted to increase to 718,830 by 2043 (Office of National Statistics (ONS)). The most significant population change within this period, will be seen in the number of residents aged 65 years and over which is predicted to increase by just over 28%; the number of children and young people aged 15 years and under is set to decline by just over 5%.

Our 2022 Population needs assessment demonstrates that:

- 93,800 adults in North Wales are estimated to have a Common Mental Disorder
- 9290 children aged 5 – 16 are estimated to have a mental health problem
- 3,630 adults (16+ years) are registered as having a learning disability a rate of 516 per 100,000 which is higher than the all-Wales rate of 487.
- 770 children (0 – 15 years) are registered as having a learning disability a rate of 618 per 100,000 which is higher than the all-Wales rate of 416. - Wales and North Wales figures do not include Anglesey
- In 2017 we had 11,200 people living with dementia in North Wales. Due to the ageing profile of North Wales this is set to rise, with predictions of an increase on the 2017 figures of 64% by 2035
- During the period 2017-2021, the BCUHB suicide rate was the same as the Wales rate (12.2 per 100,000 persons aged 10 years and over, rates ranged from 10.7 per 100,000 in Conwy to 13.8 per 100,000 in Gwynedd (Public Health Wales, 2022). There are further factors that need to be considered in understanding how the risk of experiencing poor mental health and wellbeing may differ amongst different groups in the population (BCUHB Public Health Team, 2021).

#### 2.4.1.2 Special Measures

On 27 February 2023, the Minister for Health and Social Services took a decision to invoke the NHS Escalation and Intervention Arrangements (2014) which sets out the process for acting on serious concerns and raised the escalation level of BCU to special measures. This decision was taken due to serious concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership, and financial management.

The response, which is our approach to addressing the concerns raised, was approved at the BCUHB Health Board meeting on 25 May 2023. It covers our five core outcomes:

- Be a well-functioning Board
- Have a clear, deliverable plan for 2023/24
- Have stronger leadership and engagement

- Have improved access, outcomes, and experience for citizens
- Be a learning, self-improving organisation

The Health Board prioritised actions to address identified areas for improvement through Special Measures within the annual plan for 2023/24 and now within the 3 Year Plan 2024 - 2027. (Appendix: A)

In November 2023, the following milestone was added to the Special Measure plan in relation to the lack of digital provision for all age MH&LD services:

3. Stronger leadership and engagement			
Exec Lead	Milestone	Due Date	Why is it important to track
C1-3.10: Implement plans for integrated electronic healthcare record			
Dylan Roberts	3.10.9 Case developed for best of breed Mental Health system in conjunction with DHCW and WG to help address the lack of electronic health care records.	29/02/2024	There are significant record keeping issues in Mental Health which have repeatedly featured in Regulation 28 notices from the coroner.

A draft case was developed by BCUHB but was not finalised due to the delay in the development of the national Connecting Care Business Case. The timeline for the national business case was aligned to the BCU plan and the slippage has caused significant challenges.

Further milestones have been added to the 2024/25 Special Measures plan in relation to the lack of digital provision for all age MH&LD services to mitigate the impact of the delayed national business case and decreasing confidence:

Category	Lead Exec	Milestones by Quarter
Digital	Dylan Roberts	Q1: Finalise Mental Health Business Case
		Prepare Mental Health Procurement readiness
		Q3: Mental Health system procurement (subject to funding)

A key driver for the inclusion of these actions within the Special Measures plan is the acknowledgement of findings within formal reviews by Health Inspectorate Wales, Royal College of Psychiatry, as well as independent investigations, and regulation 28 reports to prevent future deaths by the H.M Coroners, that the lack of digital records was a significant factor to failings in Mental Health services. The lack of an electronic health record system has been escalated through a number of routes including special measures, Strategic Programme for Mental Health Meetings with NHS Executive, Coroners reports and Chief Information Officer escalations.

### 2.4.1.3 Key Service Drivers

All age MH&LD services within BCUHB are the least digitally enabled in Wales. The service has no digital provision in core and crucial services, and where present, is disparate.

Therefore, the service is reliant on paper records and the lack of digital enablement has been identified as:

- a contributory factor to patient death by the H.M Coroner within regulation 28 reports
- an issue for resolution in numerous Health Inspectorate Wales (HIW) reports and external reviews
- contributing to variation in clinical decision-making putting patients at risk

#### **(i) Coroners Regulation 28 notices:**

H.M. Coroner's in England and Wales have a duty to write a Regulation 28 (Reg.28) report when they identify causes for concern that, if addressed, could prevent future deaths. It is also called a Prevention of Future Deaths report (PFD).

The MH&LD services have received several such reports since 2018 with most of them submitted in 2023. Six of these reports identify non-electronic systems as contributing to patient deaths and 3 regulation 28 reports were specifically related to concerns about the lack of electronic records.

The following Prevention of Future Death reports specifically highlight concerns around the ability to share information digitally:

[Prevention of future deaths report - Courts and Tribunals Judiciary](#) 08/06/2023 (Ref: 2023-0185)

[Prevention of future deaths report - Courts and Tribunals Judiciary](#) 14/09/2023 (Ref: 2023-0333)

[Prevention of future deaths report - Courts and Tribunals Judiciary](#) 08/09/2023 (Ref: 2023-0322)

*"Patient notes for mental health are still not electronic; they are paper based. I have issued several Prevention of Future Death Reports specifically relating to this. There has been considerable delay in actioning this and yet there is still not anticipated timescale for this to occur. As such, deaths will continue to occur or may occur into the future with the risk that notes are paper based only. The risk relates to only one department or individual having access to them at once when there is wider support for the patient," - Coroner's Concerns, 5c. 14<sup>th</sup> September 2023. (Link as above)*

The Minister for Health and Social Services directly responded to the H.M Coroner with a clear outline of the plans:

*"We recognise the need for investing in developments to digital shared care systems and services to improve data sharing between settings and organisations across NHS and Social Care sectors.....Initiatives are now being developed to join up clinical systems and data across all care sectors as part of a new Digital Health and Care Record ecosystem in Wales. This extends to replacing the incumbent Welsh Community Care Information System (WCCIS)*

*with a new national digital service to achieve greater integrated care across social services and community Health”.*

The above extract is taken from the WG Minister’s response Letter dated 18 October 2023. (Appendix: B)

Due to exacerbating situation and continued delays of the National Programme to deliver an approvable business case to Welsh Government, the need for this case to be developed quickly is necessary.

A summary analysis of these serious investigation reports for these incidents identifies the following:

Activity	Implication
Storage of patient files	Paper case-records are stored in the Community Mental Health team's premises. These services are closed and locked overnight which means that out-of-hour (OOH) services such as Emergency departments, Psychiatric Liaison, Inpatient services and s136 and Emergency duty team assessments have no information to formulate their risk assessments, nor have sight of any recent escalation of risks or concerns.
Referrals	Urgent referrals are stored in the case-records and not available or visible for wider OOH services which means that there is no visibility of the update on patient’s situation or the risks of potential harms.
Filing	Misfiling of letter and information, and lost paper records remains a continuing safety risk.
Transfer between teams and services	The receiving team is unable to comprehensively act on the request until paper files are also transferred for visibility of assessments, plans and risks, delaying crucial interventions and communications. Periods of joint working leads to further risks in recording contacts and care plans increasing risk of additional sets of case files being generated.
Care planning	Delays in specialist multi-disciplinary teams and specialist opinions due to needing to transfer paper files back and forth also delays care planning for the patient adversely affecting patient related outcomes. All teams/individuals providing care do not have visibility of the contemporaneous care record as the paper case file is in one part of the service and not the other and therefore affects the quality of care provided.

Discharge arrangements	Discharge processes have no reliable means of ensuring completed actions and follow through and contributes significantly to missed opportunities for care and support at the most critical times in a person's life.
Post-incident processes	Post-incident processes for investigation such as Putting Things right (PTR) and any rapid learning requirements are also hampered by the need to move the case files to different parts of the systems to compile reports or lessons learnt. This delay in identifying contributory causes does not enable the system to rectify and mitigate ongoing issues or concerns in a timely manner.

**(ii) Health Inspectorate Wales (HIW) and other external reviews:**

There have been several reviews, annual reports and safety reports which recognise the need to review the patient health care records with a view to implementing an electronic health record to support care and treatment planning.

There has been concerns raised about documentation gaps in therapeutic observations, risk assessments, lack of consistency and quality in record keeping and case files being left unattended. Recommendations to increased vigilance and actions to improve record keeping do not adequately address the core issue of requiring an electronic health record that supports good record keeping governance.

The HIW Discharge Planning Action plan recommendation 19 states:

The Health Board (BCUHB) must provide assurances on electronic patient care records to be in place to allow for essential information to be shared electronically between inpatients and community services.

<https://www.hiw.org.uk/betsi-cadwaladr-university-health-board-summary-2018-19>

[WG48836 \(hiw.org.uk\)](https://www.hiw.org.uk)

[Reviewing Mental Health Discharge Arrangements | Healthcare Inspectorate Wales \(hiw.org.uk\)](#)

[BCHB Safety Review \(nhs.wales\)](#)

**(iii) Variation in Clinical Decision Making:**

Paper based clinical records are not fit for purpose for a Mental Health service that operates across numerous teams across the geography of North Wales.

It propagates variation in recording as well as decision making at the clinical interface.

Real time monitoring of patient journey and ability to deliver proactive targeted care is affected with paper records as the information is not available at the time it is required.

Paper records contribute to poor coordination of care and therefore a fragmented approach and missed opportunities.

Patient experience is therefore poor with barriers to accessing right care, in a timely manner at a point where they need it most.

The governance around data capture, security, sharing information, policy application and variations in practice is variable with paper records.

**(iv) Performance Targets and Key Performance indicators:**

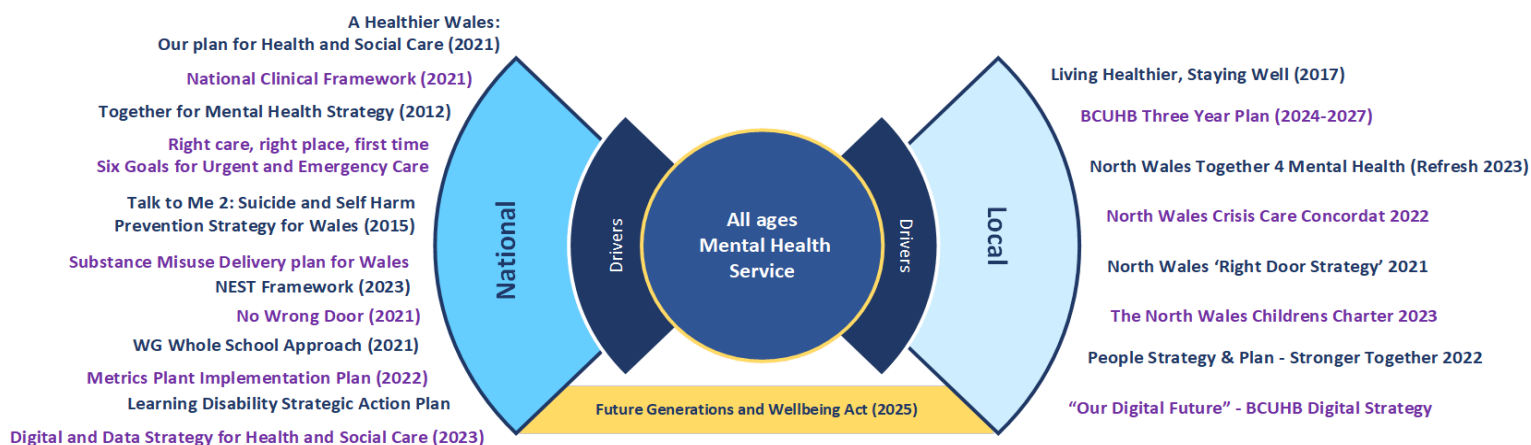
The nationwide mental health services have seen a surge in referrals post pandemic and serial analysis and trend reporting locally continues to evidence that BCUHB are currently not meeting the relevant objectives. Without digitising BCU will not achieve its targets.

Mental Health - Part 1				
Objective	Measure	Baseline		
Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and specialist CAMHS. (Target : 80%)	LPMHSS assessments undertaken within 28 days of referrals - under 18 years	150	68.5%	Apr-24
	LPMHSS assessments undertaken within 28 days of referrals - 18 years and over	632	78.3%	Apr-24
	Therapeutic interventions started within 28 days following an LPMHSS assessment - under 18 years	28	30.4%	Apr-24
	Therapeutic interventions started within 28 days following an LPMHSS assessment - 18 years and over	238	76.5%	Apr-24

Mental Health - Part 2				
Objective	Measure	Baseline		
Part 2 of the Measure places duties on Local Health Boards and Local Authorities in Wales to work together to ensure that people of all ages within secondary mental health services have a care co-ordinator and a care and treatment plan that is reviewed at least yearly.	Total number of patients with a valid CTP - AMH	2940	85.6%	Apr-24
	Total number of new referrals under Part 2 - AMH	51		
	Total number of patients with a valid CTP - OPMH	1015	91.1%	Apr-24
	Total number of new referrals under Part 2 - OPMH	73		

## 2.5 National Strategies

Mental Health, Learning Disabilities and Children and Adolescent Mental Health services work within a complex strategic environment nationally and regionally (local) due to the large number of strategies and plans that must be considered when planning and delivering the services. The following diagram summarises the current strategic landscape:



MH&LD services must work towards to compliance with key national and statutory requirements.

National Strategic Drivers for MH&LD Digital Solution		
Title	Link	Link to all age MH&LD Digital system
A Healthier Wales: Our plan for Health and Social Care (2021)	<a href="#">A healthier Wales: long term plan for health and social care   GOV.WALES</a>	Recognising Digital as a key enabler of Transformational change, via investment in digital solutions: digitally empowered & skilled workforce
Well-being of Future Generations (Wales) Act 2015	<a href="#">Well-being of Future Generations (Wales) Act 2015 (legislation.gov.uk)</a>	Act clearly stipulates the Seven well-being goals public bodies, e.g., Health Boards must work to achieve, emphasising – Health, equality, cohesiveness - Milestone to improve mental wellbeing.
National Clinical Framework (2021)	<a href="#">National clinical framework: a learning health and care system   GOV.WALES</a>	Recognition of complexity underpinning Healthcare - emphasis on integrated digital systems to deliver seamless, safe, efficient Healthcare outcomes.
Digital and data strategy for health and social care in Wales (2023)	<a href="#">Digital and data strategy for health and social care in Wales [HTML]   GOV.WALES</a>	WG update on 'A Healthier Wales' & National Clinical Framework – Aim to improve modern Healthcare services delivered through technology and use of data. Vision for Healthcare Professionals, e.g., MH&LD all ages services to collaborate effectively through secure, connected digital means
Together for Mental Health Strategy and Action Plan for Wales 2012 (Refresh due 2024)	<a href="#">Together for mental health: our mental health strategy   GOV.WALES</a>	Welsh Government 10-year cross-governmental Strategy, underpinned by six high level outcomes to improve Mental Health and Well-being across all Ages. Recognition: complexity, challenges, multi-faceted causes and effects of poor Mental Health. To deliver outcomes Minister asked NHS Executive and National Collaborative Commissioning Unit to support development National Mental Health dataset and to collect this data Key requirement is a Mental Health Digital Solution.

		<p>The new draft strategy (currently out for consultation) states the need for supporting the MH&amp;LD system as a whole to include:</p> <ul style="list-style-type: none"> <li>• Better use of technology to support access to services, but that this should not replace access to experienced and skilled professionals and off-line resources and alternative channels, as this will always be needed, particularly for those that are digitally excluded.</li> <li>• Digital services that can improve care planning and the recording of care, as well as support the sharing of patient information safely. Enabling an increased offer of remote support, access to resources which overcomes geographical or logistical barriers for those in need of mental health support.</li> </ul> <p>Therefore, these are the resulting actions that have been outlined:</p> <ul style="list-style-type: none"> <li>• Develop a digital and data plan for mental health. This will align work in DHCW, Health Technology Wales and TEC Cymru to improve digital and data service provision in mental health. It will be based on the principle of parity with physical health and will deliver on key areas including electronic records, data sharing, use of digital across services and improved mental health data</li> <li>• Support the digitalisation of the Mental Health Act – including the communication of statutory forms and other documents electronically.</li> </ul>
<p>Strategic Programme for Mental Health – Mental Health outcomes and measures technical group</p>	<p><a href="#">Strategic Programme for Mental Health</a></p>	<p>A Technical Group led by NHS Wales Executive (formerly the Delivery Unit) and Welsh Government. This group, as part of the strategic Programme for Mental Health will support developing and standardising a Mental Health Core Dataset to cover Mental Health Services for people of all ages. As set out in Welsh Government’s ‘Together for Mental Health’ Strategy, the dataset “will provide consistent definitions to facilitate benchmarking of service capacity, quality, and delivery and to inform investment and cost comparisons. It will also facilitate the monitoring of the implementation and delivery of this Strategy and its key outcomes.” This group will also fulfil the data objective of the Connecting Care programme</p> <p>The requirement for a Mental Health Core Dataset is also a recommendation (24) within the Welsh Parliament Health and Social Committee report <i>‘Connecting the dots: tackling mental health inequalities in Wales’</i> published in December 2022. (Appendix: C)</p>
<p>Legal responsibilities</p>	<p><a href="#">Mental Health Act</a></p> <p><a href="#">Mental Capacity Act</a></p> <p><a href="#">Mental Health Measure</a></p>	<p>The MH&amp;LD service has specific responsibility to deliver on the requirements of the Mental Health Act, Mental Capacity Act and the Mental Health Measure (Wales)</p>

## 2.6 Local Strategies

Local Strategic Drivers for MH&LD Digital Solution		
BCUHB Three Year Plan 2024-27 <u>BCUHB Three Year Plan 2024-27</u>	<a href="#">BCUHB Three Year Plan 2024-27</a>	Strategic Objectives – in relation to NHS Planning framework, Ministerial Priorities & ‘Special Measures’ – focused upon a ‘twin-track approach’ of planning ahead alongside improving the ‘here and now’ of 2024-25, to ensure consistent, sustainable progress. Key actions focused on areas leading to greatest improvement – Objective 4 – Improving quality, outcomes & experience – 4I – Adult Mental Health, Learning Disability, CAMHS and ND.
Living Healthier, Staying Well (2017)	<a href="#">Living Healthier, Staying Well</a>	10-Year Strategic vision with 6 main aims to improve Health, Well-being and Healthcare. Recognition Key enabler is investment in digital systems and ways of working for all ages MH&LD services
BCUHB – Our Digital Future – Digital Roadmap for Health in North Wales 2021-24	<a href="#">Digital Strategy - Betsi Cadwaladr University Health Board (nhs.wales)</a>	Digital Strategic vision setting out ‘transforming the Patient experience, safety and outcomes through digital ways of working’. (Currently drafting – Roadmap for 2025/28).
CAMHS – Programme Plan 2023/26	<a href="#">Child and Adolescent Mental Health Services (CAMHS) Programme Plan (sharepoint.com)</a>	Strategic Plan emphasising Ministerial Priorities for Mental Health services across all Ages, plans to expand Tier 0/1 support, improve services across CAMHS, drive improvements in quality and safety, reducing variation and delivering better, more equitable outcomes, access, experience.
MH&LD Annual Plan 2024-25	<a href="#">202311 MHL D Annual Plan 202425 - V0.3 4.docx (sharepoint.com)</a>	MH&LD Annual plan and 3-year forward look, coproduced division-wide to include a range of perspectives. Emphasis on the ‘very best services’ delivered by experienced, dedicated and compassionate workforce.
Digitally Enabled Clinical Models and Pathways		MH&LD services have an overarching strategic objective within BCUHB operational and transformational plans to build capacity and capability through working with colleagues across the organisation, to develop a sustainable electronic infrastructure and appropriate systems to support clinical models and pathways.
Divisional Improvement Plan (DIP)		MH&LD also have a responsibility to deliver actions within Special Measures and Divisional Improvement Plan (DIP). The DIP is the response to recommendations and actions from reviews, HIW reports and Regulation 28s.
Vacancy Rates/Recruitment		the MH&LD service have a vacancy rate of just under 20% and a vacancy rate of 27% in CAMHS, resulting in many services delivering without sufficient staff causing operational pressures Many new starters who leave cite the lack of Digital systems as a key factor.

Other national and local Strategic Drivers can be found in **Appendix: D**

## Part B: The Case for Change

### 2.7 Project Aims

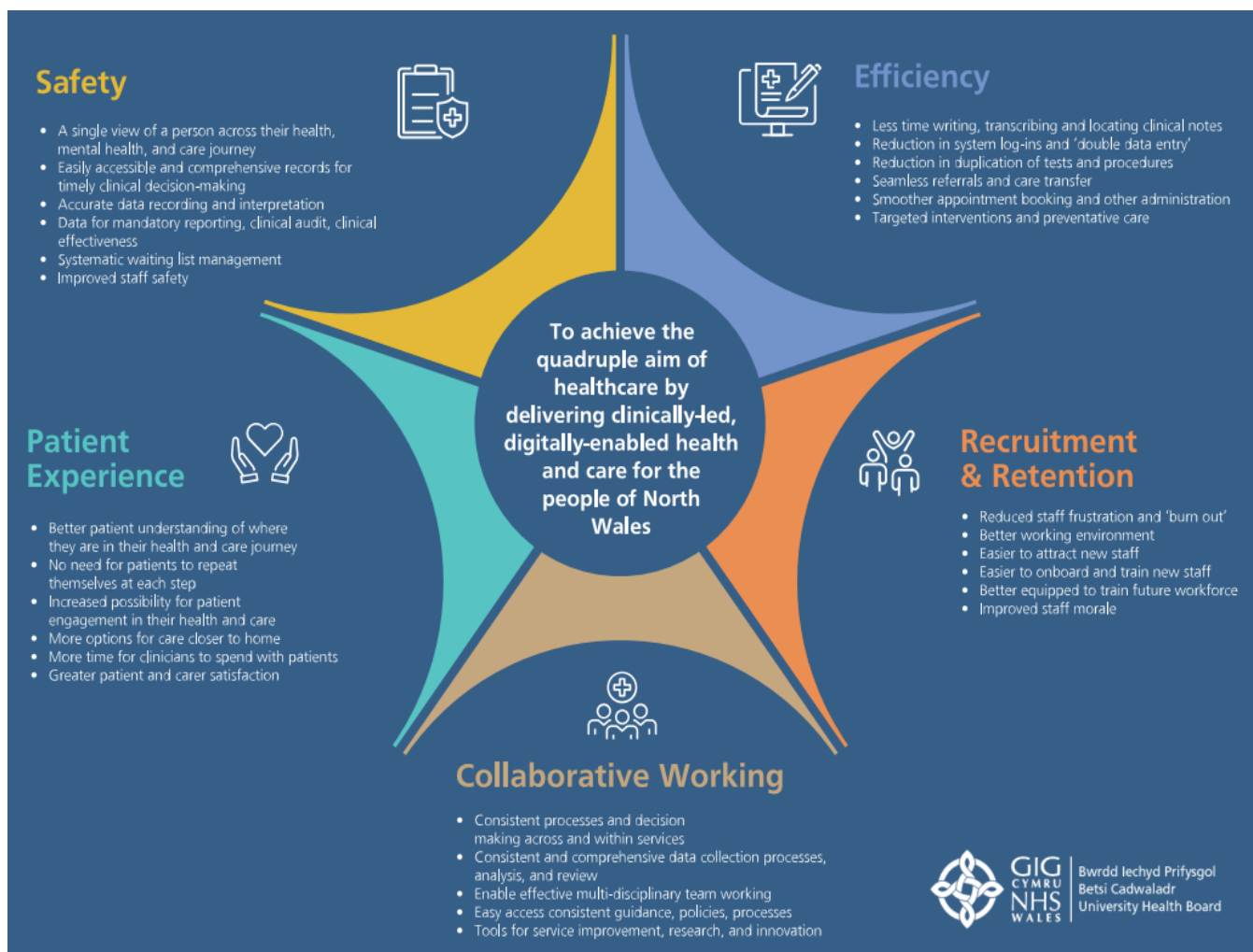
The key aims of this project are:

- To transform all age MH&LD services, through staff having a single view of the patient record and automated workflow resulting in increased time to care with improvements in quality, safety and clinical decision-making contributing to an improved patient experience and saving lives and avoiding deaths.
- To procure and implement an all-age MH&LD Electronic Healthcare Record System to enable the service transformation.

### 2.8 Investment Objectives

Investment Objectives set out the outcomes we are trying to achieve by reflecting on our existing arrangements and business needs.

The Investment Objectives have been developed based on our BCUHB “North Star” which has been developed as part of a wider piece of strategic work on the development of an Electronic Healthcare Record. This was developed through stakeholder engagement, coupled with existing national and local strategies and is representative of our existing arrangements (our pain points) across all services within scope of this project.



In addition to the key areas within the “North Star” the Services have identified a further area in relation to quality that is specific to their services, this has been included in the investment objectives below.

Investment Objective	Existing arrangement	Business Need
<p><b>1. To improve clinical quality and safety, including reducing clinical risk and mortality.</b></p>	<ul style="list-style-type: none"> <li>• Prevention of Future Death / Regulation 28 Reports point to the lack of joined up digital systems as contributory factor.</li> <li>• Digital and data do not support a contemporaneous view of a person across their mental health journey; there are too many risks / opportunities for care to fall through the gaps.</li> <li>• There is a risk that Paper-based records are not available or not sufficiently comprehensive for timely clinical decision-making, including risk assessment.</li> <li>• Hand-written notes are difficult to read and interpret, which creates risk.</li> <li>• Data for mandatory reporting, clinical audit and clinical effectiveness constrained by current disparate clinical systems and manual processes.</li> </ul>	<p><b>To make services safe:</b> It is a requirement under Regulation 28 to take action to reduce the likelihood of harm occurring. It has also been highlighted in BCUHB Special Measures, Health Inspectorate Wales (HIW) reports and external reviews, that improvement is needed. A digital system will reduce the likelihood of harm to patients reoccurring.</p> <p><b>To make services timely:</b> Delays in accessing care records in real time prevents timely interventions, increases waiting times and contributes to patient risk.</p> <p><b>To make services effective:</b></p>

Investment Objective	Existing arrangement	Business Need
		<p>Because of the disparate digital and manual systems currently in place, the required information is not always available to clinicians at the right place at the right time to support assessments and care planning leading to risk</p> <p><b>To make services efficient:</b> A solution which provides a contemporaneous view of data to all staff involved in a patient's mental health care would improve the availability of data for targeted provision of care.</p> <p><b>To make services equitable:</b> A digital solution would enable standardised models of care, reduce unwarranted variation in care provided to all people in need. It would enable timely reporting and actions</p> <p><b>To make services patient-centred:</b> A digital solution would enable patients to tell their story once, receive interventions and care plans and improve engagement.</p>
<p>2. <b>To support evidence-based, consistent clinical decision-making, ways of working and agreed best practice.</b></p>	<ul style="list-style-type: none"> <li>• No data / systems to drive consistent decision making across the division.</li> <li>• Lack of digital consistency encourages hugely disparate data collection processes.</li> <li>• Variation in clinical decision-making puts patients at risk.</li> </ul>	<p><b>To make services safe:</b> A digital solution would enable best practice and evidence-based decision making through consistent adoption of guidance</p> <p><b>To make services timely:</b> A digital solution would monitor and enable time scales to assessments and intervention</p> <p><b>To make services effective:</b> A digital solution would enable standardised care delivery as to reduce variation, gap analysis, benchmarking exercises and therefore support data-driven decision making</p> <p><b>To make services efficient:</b> A digital solution would enable clinical decision support tools and monitor unwarranted variations in practice</p> <p><b>To make services equitable:</b> A digital solution would enable consistent comparability of activity and decisions making across areas enabling reconcilable data collection and analysis</p> <p><b>To make services patient-centred:</b> A digital solution will provide quality assurance of processes and serve to improve patients' confidence</p>

Investment Objective	Existing arrangement	Business Need
<p><b>3. To improve clinical and operational efficiency and accountability across and within BCU services.</b></p>	<ul style="list-style-type: none"> <li>• No holistic view of the patient across the service, teams, specialties, organisation, across the ages (CAMHS to Adults) and with partner organisations (e.g. Local Authorities).</li> <li>• Paper-based solutions and disparate systems results in significant duplication of effort.</li> <li>• Lack of availability of patient’s notes in the out of hour’s periods for crucial legal assessments, e.g. Section 136 assessments.</li> <li>• Significant amounts of time wasted trying to locate patients’ records.</li> <li>• Processes are either still manual (e.g., test requests done by phone) or done in word/excel (e.g., waiting list management, appointment booking).</li> <li>• Significant time spent entering data, transferring records (by foot, by vehicle), locating records, storing records across the Health Board.</li> </ul>	<p><b>To make services safe:</b> A digital solution enables all operations and workflows to be streamlined. All decisions and activity are visible.</p> <p><b>To make services timely:</b> A digital solution will provide ease of access of contemporaneous records and ensured visibility to all workers providing care and supports timely actions. This will have an impact on ED waiting lists, GP and primary care and community activity and will assist in activity related to police and WAST services.</p> <p><b>To make services effective:</b> Opportunity to improve and standardise processes, pathways and practice within and across teams.</p> <p><b>To make services efficient:</b> A digital solution could reduce the administrative burden and duplication of tasks. Opportunity to reduce amount of paper records, storage facilities and transportation required and therefore contribute positively to our BCUHB carbon footprint.</p> <p><b>To make services equitable:</b> A digital solution will enable analysis of gaps in service provision – ensures all operations and workflows are aligned across region</p> <p><b>To make services patient-centred:</b> A digital solution will enable co-production in developing care plans, track their care plans and exchange secure messages and appointments enhancing their experience.</p>
<p><b>4. To enable personalised direct and self-care, prevention, and targeted early intervention for the people of North Wales.</b></p>	<ul style="list-style-type: none"> <li>• Long waiting lists and time between appointments with limited to no communication to enable people to understand where they are in the clinical pathway.</li> <li>• Lack of digitally enabled patient services, e.g., digital prescribing, booking.</li> <li>• Expectation that people will travel for care rather than utilising digital solution to enable care closer to home.</li> <li>• Lack of access to patient-centred digital tools and digitally enabled interventions (e.g., virtual wards) limits ability for</li> </ul>	<p><b>To make services safe:</b> A digital solution would provide opportunities for personalised care to be accessed even when a person is placed on a waiting list</p> <p><b>To make services timely:</b> A digital solution would enable key information to be shared automatically at the point of acceptance for a service</p> <p><b>To make services effective:</b> A digital solution would ensure preventative strategies could be harness</p>

Investment Objective	Existing arrangement	Business Need
	<p>people to take responsibility for their own health and care and limits ability for earlier intervention.</p> <ul style="list-style-type: none"> <li>• Lack of access to data limit's ability to do population health management, targeted interventions.</li> <li>• Repetition of basic information and clinical assessment</li> <li>• Patients currently get lost on waiting lists</li> </ul>	<p>right across the spectrum from primary/secondary and tertiary care presentations.</p> <p><b>To make services efficient:</b> A digital solution would enable consistent messaging and opportunities for self-help, and supports early intervention</p> <p><b>To make services equitable:</b> A digital solution would improve access at the right time and 'no wrong door' principles and use of telehealth widely</p> <p><b>To make services patient-centred:</b> A digital solution would enable care closer to home at the right time and opportunities to connect using a range of modalities to communicate. It will empower them.</p> <p>It is envisaged that patient's may have access to agreed information relating to their care via the NHS App as part of the forward programme.</p>
<p>5. To provide a user-friendly digital environment; intuitive and accessible at the point of care.</p>	<ul style="list-style-type: none"> <li>• Reluctance to enter data due to lack of user-friendly systems, processes.</li> <li>• Users must log into multiple systems.</li> <li>• Repeated inputting of similar data and information into various databases.</li> <li>• Very few systems work on mobile.</li> <li>• Lack of technical infrastructure (broadband, equipment) and supporting equipment (printers).</li> <li>• Inability to demonstrate and compare activity and performance</li> </ul>	<p><b>To make services safe:</b> A digital solution would be user friendly and fit for purpose and prevent staff from working with missing information.</p> <p><b>To make services timely:</b> A digital solution would ensure any actions are reliably tracked and followed through to completion in a timely manner. Agile solutions, mobile working could ensure rapid response and communications</p> <p><b>To make services effective:</b> That administrative burden for clinicians is reduced and increase capacity to delivering care.</p> <p><b>To make services efficient:</b> A digital solution would streamline workflows, standardising activity and expectations and enabling comparable performance data to drive up quality</p> <p><b>To make services equitable:</b> A digital solution would enable optimisation of resource allocation, identifying gaps and redirecting resource thus enhancing equity of care provision and targeting the Inverse-Care Law.</p> <p><b>To make services patient-centred:</b></p>

Investment Objective	Existing arrangement	Business Need
		<p>A digital solution provides assurance in developing person centred care and risk management that allows multidisciplinary input keeping the patient firmly at the centre of the process.</p>
<p><b>6. To invest in a digitally enabled workforce supported by fit-for-purpose tools.</b></p>	<ul style="list-style-type: none"> <li>• Lack of IT systems and user-friendly digital solutions make working in BCUHB unattractive.</li> <li>• Cannot compete with other health systems where workforce is digitally enabled.</li> <li>• Recognised low levels of 'digital maturity.'</li> </ul>	<p><b>To make services safe:</b> A digitally enabled system would enable care pathways to become learning pathways</p> <p><b>To make services timely:</b> A digital system would allow analytics to drive a culture of continuous improvements</p> <p><b>To make services effective:</b> This would enable recruitment and retention of staff and provide enhanced job satisfaction.</p> <p><b>To make services efficient:</b> Investing in user friendly and fit for purpose digital systems that have been proven elsewhere, along with the ability to support continued professional development, would allow us to change the culture we are working in and encourage and future proof.</p> <p><b>To make services equitable:</b> A digital system helps adopt and evidence value base health care principles to deliver services. That BCUHB MH&amp;LD services are not left behind in a technologically advanced society</p> <p><b>To make services patient-centred:</b> A digitally enabled system would enable patient related (PROMS) and patient experience outcome measures (PREMS) to be consistently utilised to inform improvements</p>

Investment Objective	Existing arrangement	Business Need
<p><b>7. To underpin collaboration across BCU and other health and care partners through effective interoperability.</b></p>	<ul style="list-style-type: none"> <li>• Digital and data does not support a holistic view of a person across their mental health journey.</li> <li>• Systems do not talk to each other.</li> <li>• Data does not flow in and out of GP systems.</li> <li>• Social care and community care unable to share single view of patient.</li> <li>• Tertiary and specialist services are delivered in England or other parts of Wales with no way to share records.</li> <li>• Some services are delivered within BCU for other organisations in Wales/England</li> <li>• Limitations in data collection, access to digital systems means no way to establish if providing an equitable service.</li> </ul>	<p><b>To make services safe:</b> A digitally enabled service would be able to collaborate with other agencies and other departments in BCUHB ensuring that information critical to patient safety is shared across borders.</p> <p><b>To make services timely:</b> A digitally enabled service would be able to evidence timely patient flow through the various parts of the system</p> <p><b>To make services effective:</b> A digitally enabled system would support effective conversations between agencies and departments</p> <p><b>To make services efficient:</b> Will enable efficiency in data sharing, information flow leveraging productivity gains through staff activation</p> <p><b>To make services equitable:</b> That access to information and subsequent decision ownership is consistently recorded</p> <p><b>To make services patient-centred:</b> That patients are assured that relevant agencies and organisations are having the important conversations on their behalf.</p>
<p><b>8. To ensure configure ability and responsiveness to business change, improvement, research, and innovation.</b></p>	<ul style="list-style-type: none"> <li>• Business transformation focussed on processes that do not rely on digital solutions.</li> <li>• Lack of data / information to support improvement, innovation, transformation.</li> <li>• Research and innovation hindered by access to quality data.</li> </ul>	<p><b>To make services safe:</b> Will enable information to be captured consistently without duplication of records and can be pulled through to populate relevant areas of the system so the record is able to demonstrate veracity.</p> <p><b>To make services timely:</b> On hand back-office capabilities and configurability would enhance the timeliness of iterative approaches to plan service developments</p> <p><b>To make services effective:</b> Will enable responsiveness to need to change Contribute to provision of Continued Professional Development – ability to support newly qualified and student clinicians and build further relationships with universities and research bodies to collaborate as part of the learning process.</p> <p><b>To make services efficient</b></p>

Investment Objective	Existing arrangement	Business Need
		<p>Will be able to demonstrate evidence for much needed improvements, Demand and capacity analysis Comprehensively respond to NHS benchmarking exercises</p> <p><b>To make services equitable:</b> To demonstrate digitally service gaps and understand impact of any solutions Reduce variation in data collected and interpreted across the BCUHB regions.</p> <p><b>To make services patient-centred:</b> Contribute to collation of public health data and prioritise what matters to individuals</p>
<p><b>9. To implement cyber safe and sustainable technology that meets the required standards</b></p>	<ul style="list-style-type: none"> <li>• Pressures on ICT workloads with unsuitable and ageing IT systems linked to the BCU Network</li> <li>• Security issues associated with paper records transport and maintenance (Datix reports associated with Patient data breaches)</li> <li>• Increased work and guidance required from IG and Cyber Security teams</li> </ul>	<p><b>To make services safe:</b> To replace ageing IT systems and enhance security Procurement IT systems to meet modern security standards of data security and trust – Suppliers - Cyber Essentials and Essentials Plus Carry out supplier Due Diligence to protect all BCU Sensitive information (Patient, staff, corporate)</p> <p><b>To make services timely</b>Integration: The use of open health standards for data interoperability such as Fast Healthcare Interoperability Resources (FHIR) is the global industry standard for passing healthcare data between systems.</p> <p><b>To make services effective</b>There is a need to ensure all age MH&amp;LD Digital Solution is underpinned by the DDAT user led design principle.</p> <p><b>To make services efficient</b>Working with MH&amp;LD services /teams, not to or for them, in the co-design of the products and services, with a focus on delivering quantifiable outcomes, addressing the clearly defined problem. 'Mobile first' approach - web and app-based products with responsive design optimized for mobile devices.</p> <p><b>To make services equitable</b>Use of Application Programming Interface (API) for exchanging Electronic Health Records (EHR), either DHCW APIs or APIs created using DHCW specifications <a href="#">Digital, Data and Technology Design Principles (cloud.microsoft)</a></p>

Investment Objective	Existing arrangement	Business Need
		<b>To make services patient-centred</b> Ease for Patient’s privacy, opt-in/out choices & compliance

## 2.9 Business Needs – current and future

To support the effective delivery of care to our service users and support and enable our staff in all aspects of their role, it is essential to provide services in ways that meet service user needs. This requires several accessible formats that records and uses the right information, for the right people at the right time. This is not just a priority for MH&LD services but is a requirement for BCUHB and of all Public Services under a number of Welsh Government policies and legislative requirements.

The importance of the role of data is evident in the Well-being of Future Generations (Wales) Act 2015 legislation where it outlines the requirement to use data to understand our population, demography, diversity, protected characteristics, evidence capacity and capability, identify social, economic, environmental, and cultural interdependencies. (Appendix: H)

How we capture the data to fulfil these requirements and effectively run our services is a challenge for MH&LD. Our services have disparate digital provision, which is outdated, ineffective and is not interoperable with other systems. In many instances, we have no digital provision at all and are reliant on paper-based processes. This disparate position is due to a legacy of inherited systems from the health organisations that preceded BCUHB and a lack of significant investment and development since. Our digital infrastructure, systems, and the data within them are not equitable to other areas of BCUHB and our MH&LD services are the least digitally developed across Wales. The risks that we carry due to lack of appropriate digital support is significant and these risks and issues have featured in several formal reviews into MH&LD services, Healthcare Inspectorate Wales (HIW) reports and Coroner Regulation 28 Reports (Prevention of Future Death Reports (PFD)).

As referenced in section 2.8 (Investment Objectives), our business needs are summarised below, and further details are provided in 4.5 Outline Based Specification

- Ability for all staff involved in a patient’s mental health care to access a holistic and contemporaneous view of data, including clinical risk. This is required across ages (CAMHS to Adults), teams, services, organisations, and borders. This will ensure the right information is available to care givers at the right place and at the right time to reduce risk of patient harm which has been highlighted in a number of reviews.
- A solution is required to drive standardisation and simplification of processes and reporting.

- A fit for purpose digital solution that enables collation of required data and the ability to comprehensively respond to requests and benchmarking exercises.
- A fit for purpose digital solution that supports recruitment, retention, and continual professional development.
- Eventually, through the Shared Care Record, the ability for patients to access agreed information relating to their care via the NHS App to support.

## 2.10 Scope and Service Requirements

### 2.10.1 In scope

#### Services

The services currently considered within scope of the project are listed below:

<b>Acute and Community Mental Health</b>	
Local Primary Mental Health Support Services (LPMHSS)	Secondary Community Care (Adult)
Older Persons Mental Health community teams	Learning Disability
Drug & Alcohol	Prescribed Medication & Counselling support services
Memory Assessment service	Forensic Community
Specialist Adult Eating Disorder	North Wales Brain Injury Service
Rehabilitation	MH&LD therapies including ICan primary care Services
Early Intervention in Psychosis	Perinatal Mental Health
Adult inpatients	Older persons inpatients
Medium secure	Rehabilitation
Liaison Psychiatry	Home Treatment team
Electroconvulsive Therapy (ECT)	Integrated Autism Service
<b>Core CAMHS</b>	
Family Therapy	Psychological Interventions
Children Looked After	Eating Disorders
Transition	Specialist Eating Disorder for CAMHS (SPEED)
Criminal Youth Justice Service	Bwthyn Y Ddol
Multisystemic Therapy (MST)	
Learning disability and neurodevelopment	
<b>Early Intervention</b>	
Early Years	Early Intervention Community
Family Wellbeing Practitioners	Schools In Reach
LIFT	
<b>Planned Care</b>	
Child Health Psychology	
<b>Acute CAMHS</b>	

	FACTS (Forensic CAMHS)
Intensive Community Support Team (KITE)	North Wales Adolescent Service (NWAS)

As part of the procurement exercise, each system will need to be assessed against the requirements for each of these services. However, the “off the shelf” system will be expected to meet the needs of all these services and that BCUHB services also need to be standardised against this proven practice.

#### Other areas in scope:

- The digitisation of live patient records (The assumption made is at least 1 years' worth of records and this is to be discussed), including the migration of patient care plans and risk assessments from shared drives. Due to the variation and complexity of the current paper patient records processes across services, the size and scope of this work is yet to be determined. Data migration for the services currently utilising WPAS
- Collaborate with key partners where joint working exists that the Health Board are involved in and undertake an assessment of feasibility.
- Meeting Mental Health Act and Measure Requirements
- Mental Capacity Acts/ Deprivation of Liberty Safeguards
- National Strategic Programme for Mental Health including Mental Health Outcomes and Measurement work

#### 2.10.2 Out of scope

The following elements are considered out of scope of the project currently:

- Connecting Care objectives other than MHLA that sit within and will be delivered through the national Connecting Care Programme
- HMP Berwyn (use their own system – SystemOne)
- Archiving of legacy paper records
- Digitising of legacy paper records
- Externally commissioned services – NHS and Non-NHS Services
- Continuing Health Care (use their own specialist system – Broadcare)

***NB. All of the requirements above are important to progress the work of BCUHB around quality, safety and productivity but have had to be de-prioritised at this time in lieu of delivering the Mental Health imperative first.***

### 2.11 Main Benefits and Risks

#### 2.11.1 Benefits

Anticipated Benefits are detailed below. These are explored further in the Economic Case.

There are 10 high level benefits identified.

Ref.	Benefit	Benefit Category	Link to Investment Objectives
Ben1	Improved quality and safety of care (staff having the right information at the right time, standardising ways of working, legible records, improved ICP, automated data collection, resource allocation, alerts, warnings, tracking)	Qualitative – non-financial	1, 3, 7
Ben2	Improved regulatory compliance, performance and reporting	Qualitative – non-financial	2, 8
Ben3	Improved efficiency, increasing time to care - less time assessing and more time intervening (Includes travel, standardisation)	Quantifiable – Non-cash Releasing and Cash Releasing	3, 5
Ben4	Improved patient, carer, and family experience	Qualitative – non-financial	1, 2, 3, 4, 7, 9
Ben5	Improved staff experience and retention	Qualitative – non-financial	5, 6
Ben6	Reducing our Carbon Footprint by reducing in paper use, storage and travel (Net Zero Target)	Quantifiable – Cash Releasing Benefit	3
Ben7	Reduction in preventable mortality and morbidity (Risk Adjusted Mortality Indicator)	Quantifiable – Cost Avoidance Quantifiable – Societal Benefit	1
Ben8	Reduction in litigation	Quantifiable – Cost Avoidance	1
Ben9	Reduction in Putting Things Right Procedures, investigations	Quantifiable – Cost Avoidance	1, 4, 7
Ben10	No annual increase in the DHCW SLA	Quantifiable – Cost Avoidance	3

### 2.11.2 Risks

The following risks have been identified, please note that some of these are option dependent and further detail is provided in the Economic Case:

Ref	Description of Risk	Likelihood of Risk (1-5)	Impact	Impact Severity (1-5)	Overall Risk Score	Mitigation Measures
R1	The reputation of the Health Board will further decrease because it has not delivered an improvement in its all-age MH&LD Services as set out within its 3-year plan	3	BCUHB will remain in Special Measures. Loss of trust in the WG. Loss of trust with the people of North Wales.	5	15	<ul style="list-style-type: none"> <li>BCUHB to develop their own Business case to request funding from Welsh Government to allow improvement at a faster pace</li> </ul>
R2	DHCW unable to provide a fit for purpose solution within the required timescales	4	Further delays to a BCUHB all age MH&LD digital solution implementation.	4	16	<ul style="list-style-type: none"> <li>BCUHB to develop their own Business case to request funding from Welsh Government to allow improvement at a faster pace</li> </ul>
R3	DHCW do not have capacity to deliver the whole Connecting Care Programme concurrently and Mental Health is not	4	Further delays to a BCUHB Mental Health digital solution implementation.	4	16	<ul style="list-style-type: none"> <li>BCUHB to develop their own Business case to request funding from Welsh Government to allow improvement at a faster pace</li> </ul>

	prioritised (Option 4 related)					
R4	DHCW do not have capacity to support any work outside the Connecting Care Programme i.e., Integration, API's	3	Could result in delays to anticipated functionality such as integration with other systems	4	12	<ul style="list-style-type: none"> <li>• Work with DHCW to schedule them in their plan</li> <li>• Monitor the requests through engagement meetings</li> </ul>
R5	There may be local delays to recruitment (e.g., delays in approval etc.)	3	Further delays to a BCUHB all age MH&LD digital solution implementation.	4	12	<ul style="list-style-type: none"> <li>• Prepare all job descriptions and impact assessments in advance and taking any new roles through job evaluation as soon as possible</li> <li>• Early escalation for Exec intervention</li> </ul>
R6	National funding may not be available to purchase a suitable system/fund implementation	4	BCUHB may need to fund a system locally. The services remain on paper and clinical risk remains (if local funding is also not available)	5	20	<ul style="list-style-type: none"> <li>• Document funding options in the Business Case for consideration</li> <li>• BCUHB to make a decision on local funding</li> </ul>
R7	Local funding may not be available to purchase a suitable system/fund implementation	4	BCUHB will be reliant on national funding which may cause further delays The services remain on paper and clinical risk remains (if national	5	20	<ul style="list-style-type: none"> <li>• Document funding options in the Business Case for consideration</li> <li>• BCUHB to make a decision on local funding</li> </ul>

			funding is also not available)			
R8	A suitable commercial off the shelf MH&LD product may not be available to cover the areas defined as in scope	3	Will result in a contract not being awarded and the need for further procurement, meaning further delays to a BCUHB all age MH&LD digital solution implementation. BCUHB may be required to accept a system that provides less capabilities than what it requires	5	15	<ul style="list-style-type: none"> <li>• Undertake robust pre-market engagement</li> <li>• Prioritise scope and requirements as to further define the Minimum Viable Product (MVP)</li> </ul>
R9	The supplier post-contract award is unable to deliver a fit for purpose solution	3	Will result in further procurement and further delays to a BCUHB all age MH&LD solution implementation.	5	15	<ul style="list-style-type: none"> <li>• Undertake robust pre-market engagement</li> <li>• Undertake a robust procurement exercise with evaluation involving a MDT</li> <li>• Strong specification and requirements</li> </ul>
R10	Management of legacy and current case load paper records are not	5	May result in the lack of available clinical information, key to safe patient care and dual	5	25	<ul style="list-style-type: none"> <li>• Invite Health Records lead to Mental Health Project Board</li> <li>• Undertake an options appraisal with the aim of reducing the clinical risk</li> </ul>

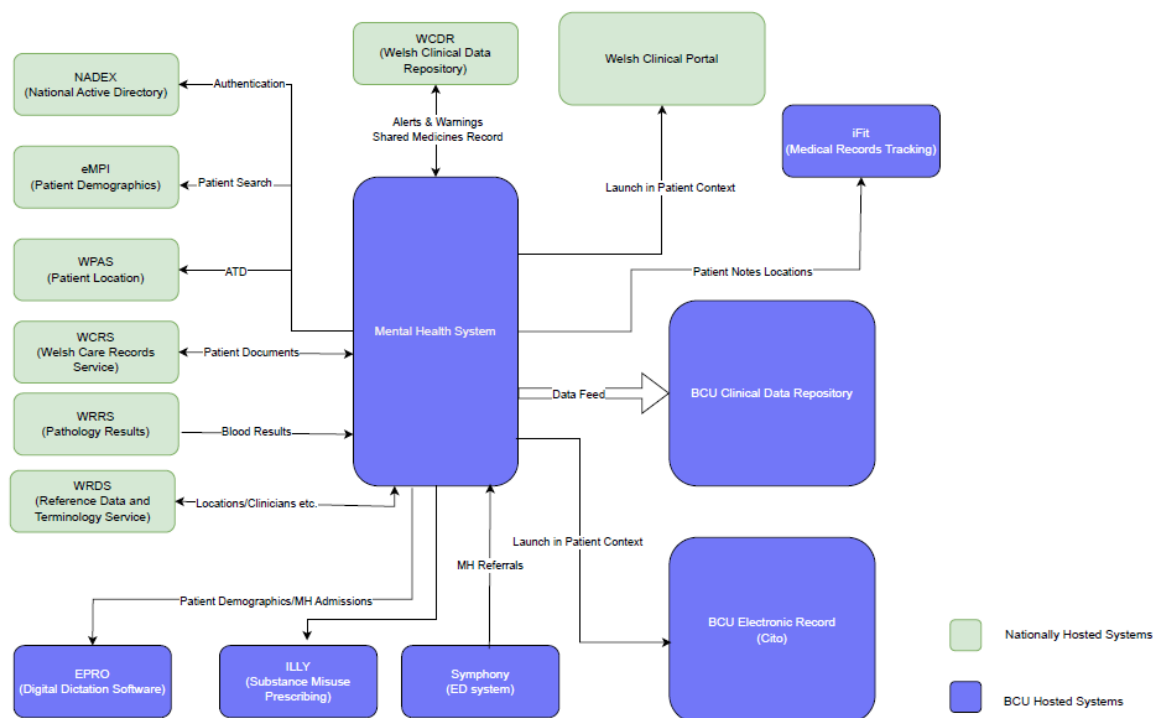
	resolved before a digital system is implemented		processes being in place to manage patient records. Poor staff experience. Clinical risk remains high.			<ul style="list-style-type: none"> <li>Initial pump prime funding and to er-align the eservices and staff to this new way of working</li> </ul>
R11	Staff digital skills may not be adequate to manage the change from manual processes to digital	3	System will not be fully adopted, and benefits not realised. Staff have a poor experience and disengage and do not use the system.	4	12	<ul style="list-style-type: none"> <li>Digital skill development is integrated into the change plan</li> <li>Digital assessments are undertaken</li> <li>Appropriate support provided</li> <li>Use end user design so staff are involved from the beginning</li> </ul>
R12	Staff from the services do not have the capacity to engage with the Project	4	May result in the failure to derive the full benefits of implementation and a failure to embed the change. Delay in project implementation.	4	16	<ul style="list-style-type: none"> <li>Some staff are backfilled within the Business Case</li> <li>Provide additional resources to support, including external resources</li> <li>Undertake operational readiness assessments</li> </ul>
R13	There is a risk that requests for additional Category 5e structured cabling installations will be seriously delayed due to the need for correct	4	Will result in delayed deployment of Wi-Fi access points to Mental Health locations	4	16	<ul style="list-style-type: none"> <li>Continued engagement with Estates to ensure data cabling for Wi-Fi Access Points are installed in a planned and timely way.</li> <li>Assisting with investigation for enabling new ways of working to potentially mitigate the lack of Wi-Fi.</li> </ul>

	management of external contractors whilst on HB site, in particular the management and control of asbestos, the management of fire stopping, and Construction Design Management.					
--	--	--	--	--	--	--

## 2.12 Digital and IT

### 2.12.1 National Target Architecture Alignment

#### Target Architecture



The following technical standards and requirements are mandated in the national framework technical authority of requirements schedule, which where applicable will see the all-age MH&LD system able to integrate with both local and national systems.

- Adheres to the DSCN (Data Standard Change Notice) 2022/76 medicines and interoperability standards:
  - **HL7® FHIR (Fast Healthcare Interoperability Resources).**
  - **SNOMED CT UK Edition.** Enables identification of allergies, intolerances, and indications
  - With use of nationally agreed **Application Programming Interface (API)** or **other integration methods** for exchanging electronic health records (EHR). See integration non-functional requirements (**See Appendix W**)
  - Implementation digital transfer of WP10 outpatient prescriptions is dependent on the delivery of the **Electronic Prescription Service** programme within the DMTP.
  - Follows the principles of Open Standards and Open Architecture.
  - Covers the architecture domains for Open Architecture & Integrations, Digital Products & Software Engineering.

#### Cloud Statement

The health board makes use of both Private Cloud (BCU Cloud Services) and Public Cloud in

the delivery of its services. The approach to all new business and clinical systems is that preference is placed on Software as a Service (SaaS) delivery first, followed by local or on premise delivery should there be reasons that prohibit the former – these may include complex integrations, lack of SaaS provision by the service provider or the SaaS provision does not provide assurance in relation to resilience, Information Governance or cyber security. This aligns with the All-Wales Infrastructure Programme (AWIP) Cloud Strategy.

### 2.12.3 Current Standards and Policies for Technology

#### **Technical Requirements and specification**

The IT technical requirements are documented as part of the ICT Solutions Specification, to ensure compatibility and compliance with local and national infrastructure. These standards will be used as part of the procurement criteria and include core infrastructure architecture, end user devices, cyber security, and regulatory compliance.

#### **Data Migration**

The data migration approach will become clear once the functionality of the new system is clarified and will ultimately be decided by the Project Board. The assumption is that all data will be migrated to the new solution. A detailed Data Migration Strategy will be agreed with the successful supplier during project initiation.

There may be some data that is not migrated to the new system but will still need to be accessed. The option for doing this can be explored in more detail with the chosen supplier.

### 2.12.4 Current Gaps in ICT provision and digital maturity

Core ICT Infrastructure aligns with the All-Wales Infrastructure Programme (AWIP) documents and strategies. External verification has been undertaken that shows that the infrastructure is both resilient and scalable, and responsive to changes in demand both from a network and datacentre perspective. The ICT Essential Services Programme (ESP) ensures continued investment in core infrastructure and devices. This is however constrained by the reduced levels of capital investment available to ICT through the discretionary scheme.

There is however a recognised gap in the deployment of Wi-Fi access points which is being addressed and is caused by additional asbestos checks delaying the installation of data cabling.

#### **Gartner IT Score (DDaT Self-Assessment)**

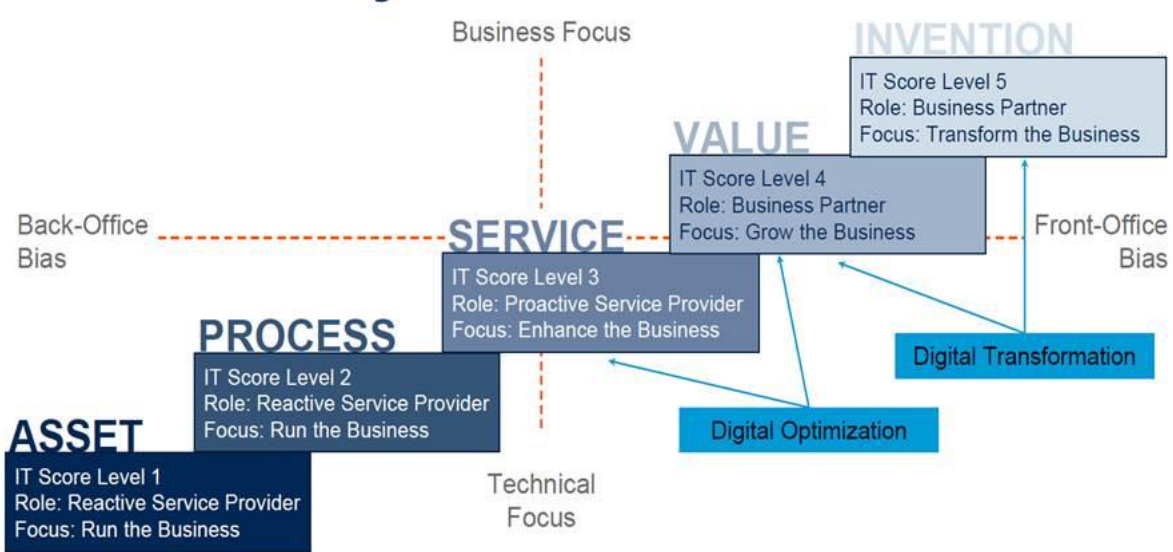
The starting point in 2022 was an IT Score 0, which is below the entry level and that of a reactive service provider working to good IT disciplines and standards. The service and its operating model achieved a move to IT Score Level 2 (Process) in 2023. There is a good digital portfolio, programme and project management approach whereby all new requirements for work must come through DDaT, there are some standards and design principles in place to guide the effective delivery of DDaT services and the ICT element of the service has now attained Platinum Level from the British Computer Society (BCS) for demonstrating

commitment to staff development and upholding standards in practice. With external help and support, these achievements have been made possible with the existing team and capabilities.

The move to Level 3 will be dependent upon bringing in key skills, capabilities and functions **that are now being developed in the Health Board.**

These are:

- Architecture function
- Business Relationship Management
- Software engineering function
- Service design and clinical change function (Office of the CCIO)



### EMRAM Assessment

In delivering on our Digital Strategy, BCUHB have been assessed against an international standard of digital maturity. The Electronic Medical Record Adoption Model (EMRAM) is an eight-stage model that measures clinical outcomes, patient engagement and clinician use of EHR technology within acute care; there is no equivalent assessment available for other care sectors. This assessment was undertaken to highlight the gaps and to establish a starting position that is familiar and recognisable to all those supplying the data. Following completion of an online survey (self-assessment) the Health Board invited the Healthcare Information and Management Systems Society (HIMSS) to conduct an EMRAM onsite gap assessment which was completed on the 10th of February 2023. Although some criteria within higher levels were achieved, HIMSS concluded that BCUHB is only compliant with the EMRAM Stage 1 requirements: the lowest possible assessment.

Further information is available in **Appendix: I**

## 2.13 Strategic Case Conclusions

This is a strategic priority investment for BCUHB as this Case identifies the significant challenges and risks that the services are carrying that are impacting on patient care and staff experience that need addressing urgently.

It also highlights that BCUHB knows what needs to be changed through the work undertaken on the “North Star,” the Investment Objectives and a robust digital assessment that has been undertaken by the service.

The initial benefits identified are mainly

<b>Ben1</b>	Improved quality and safety of care (staff having the right information at the right time, standardising ways of working, legible records, improved ICP, automated data collection, resource allocation, alerts, warnings, tracking)
<b>Ben2</b>	Improved regulatory compliance, performance and reporting
<b>Ben3</b>	Improved efficiency, increasing time to care - less time assessing and more time intervening (Includes travel, standardisation)
<b>Ben4</b>	Improved patient, carer, and family experience
<b>Ben5</b>	Improved staff experience and retention
<b>Ben6</b>	Reducing our Carbon Footprint by reducing in paper use, storage and travel (Net Zero Target)
<b>Ben7</b>	Reduction in preventable mortality and morbidity (Risk Adjusted Mortality Indicator)
<b>Ben8</b>	Reduction in litigation
<b>Ben9</b>	Reduction in Putting Things Right Procedures, investigations
<b>Ben10</b>	No annual increase in the DHCW SLA

The project strategically aligns to the National and Local Strategies including the Ministerial Priorities and without this project BCUHB will fail to be able to deliver some of these strategies and priorities.

BCUHB must improve its digital maturity, all standards and requirements are known and will be used, and we will work collaboratively with DHCW.

The continued lack of a single view of the patient in all ages MH&LD across North Wales will continue to impact on the quality of care. BCUHB will continue to contribute to preventable deaths causing distress to families, friends, and communities.

### 3. The Economic Case

#### 3.1 Introduction

The purpose of the Economic Case is to undertake an appraisal of the options as to ensure that the Health Board delivers Value for Money (VfM). The case appraises the societal, environmental, economic costs, benefits, and risks for the short-listed options as to identify the preferred option.

The Health Board project multi-disciplinary team identified and appraised a “long list” of options and then undertook a further detailed appraisal of the “short list” of options as to enable the full appraisal. The Investment Objectives identified in the Strategic Case and the following Critical Success Factors are used alongside an assessment of the advantages and disadvantages of each long-list option.

#### 3.2 Long List Options

The following table shows the extensive list of options that were developed as part of the option development and scoring workshop held with a multi-disciplinary team.

	Option
<b>Option 1</b>	Do Nothing
<b>Option 2</b>	Utilise existing digital systems – (Do the minimum)
<b>Option 3</b>	Procure a Commercial Off the Shelf (COTS) Solution – “Best of Breed” (Intermediate)
<b>Option 4</b>	National system procurement of “Best of Breed” under the Connecting Care Programme (Intermediate)
<b>Option 5</b>	Health Board builds its own bespoke system (Intermediate+)
<b>Option 6</b>	Health Board Procures a Technical Partner to develop a bespoke system (Maximum)

#### 3.3 Critical Success Factors

Key Critical Success Factors (CSFs) have been identified as the attributes essential for successful delivery of the project, against which the initial assessment of the options for the delivery of the project will be appraised.

	Critical Success Factor	Description
CSF 1	Strategic fit and business needs	How well the option meets the strategic context, programme scope and objectives, related business needs and service requirements
CSF 2	Potential value for money	How well the option optimises social value (social, economic, and environmental), in terms of the potential costs, benefits and risks

CSF 3	Supplier capacity and capability	How well suppliers can meet the requirements and timescales of the Health Board
CSF 4	Potential affordability	How well the option can be financed from available funds and aligns with sourcing constraints
CSF 5	Potential achievability	How well the option is likely to be delivered given an organisation's ability to respond to the changes required and matches the level of available skills required for successful delivery, this also includes technical complexity
CSF 6	Timescale to Deliver	How quickly the procurement and implementation can be delivered
CSF 7	Staff Experience	Meets key usability and design principles and has a positive impact on user experience
CSF 8	Adoption	How well Mental Health Services adapt and change to standardise practice and adopt the basic capabilities of new systems out of the box.

The Critical Success Factors 1-5 are the standard Green Book Factors, additional Critical Success Factors 6, 7 and 8 have been added, the reasons for their addition are:

- CSF 6 – Timescale - reflects the urgency of improvement within the Health Board due to being in special measures.
- CSF 7 – User Experience – to ensure that the end user is considered as previously in some national and local implementations this has not been considered.
- CSF 8 – Adoption – to ensure the Services' ability to adapt and cultural change is considered.

### 3.4 Shortlisting Assessment

An option development and scoring workshop was undertaken to assess each of the longlisted options (OP) using the 9 Investment Objectives (IO) and the 8 Critical Success Factors (CSF).

The scoring use was:

- Does not meet the objective/factor = 0
- Fully meets the objective/factor = 1

The “Do nothing” option will be automatically shortlisted as a comparison can be undertaken.

		Op1	Op2	Op3	Op4	Op5	Op6
		Do Nothing	Utilising existing digital systems	Procure COTS 'Best of Breed'	National Connecting Care – Procure 'Best of Breed'	BCUHB build bespoke system	BCUHB procure Technical Partner to build bespoke system
<b>Investment Objectives</b>							
IO1	To improve clinical quality and safety, including reducing clinical risk and mortality.	0	0	1	1	1	1
IO2	To support evidence-based, consistent clinical decision-making, ways of working and agreed best practice.	0	0	1	1	1	1
IO3	To improve clinical and operational efficiency and accountability across and within BCU services.	0	0	1	1	1	1
IO4	To enable personalised direct and self-care, prevention, and targeted early intervention for the people of North Wales.	0	0	1	1	1	1
IO5	To provide a user-friendly digital environment; intuitive and accessible at the point of care.	0	0	1	1	1	1
IO6	To invest in a digitally enabled workforce supported by fit-for-purpose tools.	0	0	1	1	1	1
IO7	To underpin collaboration across BCU and other health and care partners through effective interoperability.	0	0	1	1	1	1
IO8	To ensure configure ability and responsiveness to business change, improvement, research, and innovation.	0	0	1	0	1	1
IO9	To implement cyber safe and sustainable technology that meets the required standards	0	0	1	1	1	1
<b>Investment Objectives (Total)</b>		<b>0</b>	<b>0</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>9</b>

Critical Success Factors							
CSF 1	Strategic fit and business needs	0	0	1	1	1	1
CSF 2	Potential value for money	0	1	1	1	0	0
CSF 3	Supplier capacity and capability	0	1	1	1	0	0
CSF 4	Potential affordability	1	1	1	1	0	0
CSF 5	Potential achievability	1	1	1	1	0	0
CSF 6	Timescale to Deliver	1	1	1	0	0	0
CSF 7	User Experience	0	0	1	1	1	1
CSF 8	Adoption	0	0	1	1	1	1
<b>Critical Success Factors (Total)</b>		<b>3</b>	<b>5</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>3</b>
<b>Total Scores</b>		<b>3</b>	<b>5</b>	<b>17</b>	<b>15</b>	<b>12</b>	<b>12</b>

A high-level review of the shortlisting assessment is as follows:

	Option	Assessment	Justification
<b>Option 1</b>	Do Nothing	Discounted but will be used for comparison	Does not meet the strategic or business needs of the organisation
<b>Option 2</b>	Utilise existing digital systems – (Do the minimum)	Discounted	Does not meet the strategic or business and clinical needs of the organisation and needs of patients
<b>Option 3</b>	Procure a Commercial Off the Shelf (COTS) Solution – “Best of Breed” (Intermediate)	Preferred	Meets all the Investment objectives and critical success factors
<b>Option 4</b>	National system procurement of “Best of Breed” under the Connecting Care Programme	Possible	Meets most of the Investment objectives and critical success factors. Some concern regarding configurability and timescales to deliver. Affordability could also be an issue.
<b>Option 5</b>	Health Board builds its own bespoke system	Discounted	Will take too long, not affordable, limited capability and not the best value for money
<b>Option 6</b>	Health Board Procures a Technical Partner to develop a bespoke system	Discounted	Will take too long, not affordable, limited capability and not the best value for money

### 3.4. Detailed Longlist Option Assessment

To ensure robustness of the shortlisting a further detailed assessment of the advantages and disadvantages has also been undertaken.

	Option	Description	Detail
<b>Option 1</b>	Do Nothing	All services in scope continue to use paper records.	<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>• Continued clinical risks and impact on quality of care (including variation)</li> <li>• Health Board remains in special measures</li> <li>• Continued Reg 28’s related to patient records</li> <li>• Increased litigation</li> </ul>

			<ul style="list-style-type: none"> <li>• No digital service transformation</li> <li>• Continued poor staff experience</li> <li>• Unable to undertake national reporting</li> <li>• No intelligence use of data to improve performance or monitor equality of care</li> </ul>
<b>Option 2</b>	Utilise existing digital systems – (Do the minimum)	Use national and local systems such as WPAS, CITO etc.	<b>Advantages</b> <ul style="list-style-type: none"> <li>• Some staff already use some of the systems</li> <li>• No procurement required</li> <li>• Low cost</li> <li>• Some level of reporting may be possible</li> <li>• Knowledge of the systems</li> </ul>
			<b>Disadvantages</b> <ul style="list-style-type: none"> <li>• Could cause the same level of continued clinical risks and reduced care due the patient data and pathways still being fragmented across numerous systems</li> <li>• Health Board remains in special measures</li> <li>• Continued Reg 28's related to patient records</li> <li>• Increased litigation</li> <li>• Continued poor staff experience</li> <li>• Cannot be developed to meet user needs</li> <li>• Unable to undertake full national reporting</li> <li>• No intelligence use of date to improve performance or monitor equality of care</li> <li>• May not be suitable for all services</li> </ul>
<b>Option 3</b>	Procure a Commercial Off the Shelf (COTS) Solution – “Best of Breed” (Intermediate)	Go to the market and buy a solution that does not need much development and can integrate in the future through the national programme	<b>Advantages</b> <ul style="list-style-type: none"> <li>• Reduced clinical risks and should improve quality of care (including variation) as the Patient information will be in the right place at the right time</li> <li>• Supports the Health Board get out of Special Measures</li> <li>• Reduced number of Reg 28's related to patient records</li> <li>• Reduced litigation</li> <li>• Digital service transformation</li> <li>• Improved staff experience</li> <li>• National reporting can be undertaken</li> <li>• Intelligence use of date to improve performance and monitor equality of care</li> <li>• Solutions are currently deployed for MH Services in England so they can work</li> </ul>

			<ul style="list-style-type: none"> <li>• The Health Board has choice over the supplier</li> <li>• Some local configurations can be done</li> <li>• They are standard solutions so should meet the technical requirements</li> <li>• No national overheads being paid for annually through the SLA with DHCW</li> <li>• Supplier market is known</li> <li>• Shorter implementation timelines compared to custom-developed solutions</li> <li>• Suppliers already working in MH&amp;LD have a proven track record, reducing the risk.</li> <li>• Access to supplier support reduces risk.</li> <li>• “Off the shelf” aligns with National Policy</li> </ul>
			<p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>• The need for significant business change to standardise against best practice.</li> <li>• Will have to be procured by the Health Board</li> <li>• Additional work will be required in relation to paper to digital records i.e. to digitise live records</li> <li>• Dependence on a single supplier for support and updates, which can be problematic if the supplier’s service levels decline or if costs increase.</li> </ul>
<b>Option 4</b>	National system procurement of “Best of Breed” under the Connecting Care Programme	Work collaboratively across Wales to have one system in Wales, integrating all connecting care systems and national systems with	<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>• Reduced clinical risks and should improve quality of care (including variation) as the Patient information will be in the right place at the right time</li> <li>• Supports the Health Board get out of Special Measures</li> <li>• Reduced number of Reg 28’s related to patient records</li> <li>• Reduced litigation</li> <li>• Integration and information sharing with other organisations who agree to be part of the programme</li> <li>• Support from the Connecting Care programme team</li> <li>• Opportunity to accelerate and be first to get a Best of Breed MH&amp;LD system through the National Programme</li> <li>• Digital service transformation</li> </ul>

			<ul style="list-style-type: none"> <li>• Improved staff experience</li> <li>• National reporting can be undertaken</li> <li>• Intelligence use of data to improve performance and monitor equality of care</li> <li>• Part of the all-Wales approach</li> <li>• The Health Board does not have to run its own procurement and is supported by DHCW (procurement and delivery)</li> <li>• Supplier market is known</li> <li>• Availability of national-level technical support and resources for troubleshooting and system maintenance.</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>• Must go with the collaboratively procured national solution so Health Board does not have full supplier choice</li> <li>• Requirements will be nationally agreed so may not meet the Health Boards needs</li> <li>• Unsure if local configuration can take place as procurement strategy and business case have not been released by DHCW</li> <li>• Unknown deliver timescales and part of a larger national programme where Mental Health may not be a priority due to challenges and size of social care transition required</li> <li>• Project resources are a one size fits all for each Health Board, but BCUHB is the largest in Wales which is usually not reflected in national business cases</li> <li>• DHCW SLA paying for national level overheads. Due to its size the Health Board usually pay around 20% of all DHCW costs per project</li> <li>• It is expected that this option would take longer to deliver than Option 3 but quicker than Options 4 &amp; 5</li> <li>• Additional work will be required in relation to paper to digital records i.e. to digitise live records</li> <li>• Increased dependency on national decision-making processes, which may not always align with local priorities or timelines.</li> </ul>
--	--	--	--

<b>Option 5</b>	Health Board builds its own bespoke system	Full end to end development of a system by the Health Board that fully integrates with appropriate national and local systems	<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>• Reduced clinical risks and should improve quality of care (including variation) as the Patient information will be in the right place at the right time</li> <li>• Supports the Health Board get out of Special Measures</li> <li>• Reduced number of Reg 28's related to patient records</li> <li>• Reduced litigation</li> <li>• Digital service transformation</li> <li>• Improved staff experience</li> <li>• Fully bespoke system designed with the end users</li> <li>• National reporting can be undertaken</li> <li>• Intelligence use of data to improve performance and monitor equality of care</li> <li>• Improves the developing technical capabilities within the Health Board</li> </ul>
			<p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>• The Health Board does not understand the optimal clinical and business model that needs to be moved to and will be the base requirement for digitisation.</li> <li>• Will have to develop the technical capabilities such as development, integration and product management capabilities which may take time due to recruitment and availability of these specialist roles</li> <li>• Interoperability can be complex and support of DHCW will be required</li> <li>• It is expected that this option would take longer to deliver than Option 3 &amp; 4 &amp; 6</li> <li>• This Option is likely to be more expensive than Options 3&amp;4</li> <li>• Additional work will be required in relation to paper to digital records i.e. to digitise live records</li> <li>• Fully delivery risk on the Health Board</li> </ul>
<b>Option 6</b>	Health Board Procures a Technical Partner to develop a bespoke system	Full end to end development of a system by a technical partner that	<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>• Reduced clinical risks and should improve quality of care (including variation) as the Patient information will be in the right place at the right time</li> </ul>

		<p>fully integrates with appropriate national and local partner systems</p>	<ul style="list-style-type: none"> <li>• Supports the Health Board get out of Special Measures</li> <li>• Reduced number of Reg 28's related to patient records</li> <li>• Reduced litigation</li> <li>• Digital service transformation</li> <li>• Improved staff experience</li> <li>• Fully bespoke system designed by the end users</li> <li>• National reporting can be undertaken</li> <li>• Intelligence use of data to improve performance and monitor equality of care</li> <li>• Improves the developing technical capabilities within the Health Board</li> <li>• Most expensive Option</li> </ul> <p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>• Will have to develop some technical capabilities such as development, integration and product management capabilities which may take time due to recruitment and availability of these specialist roles</li> <li>• Interoperability can be complex and support of DHCW will be required</li> <li>• It is expected that this option would take longer to deliver than Option 3 &amp; 4</li> <li>• This Option is likely to be more expensive than any of the other options</li> <li>• The supplier market is unknown</li> <li>• Additional work will be required in relation to paper to digital records i.e. to digitise live records</li> </ul>
--	--	---	--

### 3.5 Economic Evaluation

The Economic Appraisal has been carried out which uses Costs and Benefits discounted across the lifetime of the investment. This excludes VAT, Capital Charges and NHS-derived income.

#### 3.5.1 Benefit Evaluation

Benefits work to-date within the Health Board has been done as a multi-disciplinary team and by using existing best practice. Some benefits have been identified by Service Design work carried out by DHCW in Cwm Taf Morgannwg UHB. These need to be validated against BCU.

Nationally, metrics have been developed for the Connecting Care Programme by MH&LD Group from workshops lead by the National Programme Team.

Please note that the quantifiable benefits are based on MH&LD and not all services within the scope of the project as further benefits work will be required to be undertaken.

It is expected that both shortlisted options 3&4 will provide the same benefits but Option 1 – Do nothing will result in dis-benefits, the dis-benefits have not been calculated.

The benefits identified are either quantifiable or qualitative with the following four benefit categories used:

### Quantifiable

1. Cash Releasing Benefits (which also support the Affordability in the Financial Case);
2. Non-Cash Releasing Benefits (which have a perceived £ “value” to the Health Board or wider public sector but do not translate directly to financial savings, this also includes cost avoidance);
3. Societal Benefits (which have a £ value to society); and

### Qualitative

4. Non-financial Benefits (Non-monetised)

#### 3.5.1.1 Identified Benefits

There are 10 high level benefits identified.

Ref.	Benefit	Benefit Category
<b>Option 3 &amp; Option 4 Benefits</b>		
Ben1	Improved quality and safety of care	Qualitative – non-financial
Ben2	Improved regulatory compliance, performance and reporting	Qualitative – non-financial
Ben3	Improved efficiency, increasing time to care - less time assessing and more time intervening (Includes travel, standardisation)	Quantifiable – Non-cash Releasing and Cash Releasing
Ben4	Improved patient, carer, and family experience	Qualitative – non-financial
Ben5	Improved staff experience and retention	Qualitative – non-financial
Ben6	Reducing our Carbon Footprint by reducing in paper use, storage, and travel (Net Zero Target)	Quantifiable – Cash Releasing Benefit
Ben7	Reduction in preventable mortality and morbidity (Risk Adjusted Mortality Indicator) In relation to societal benefits, the average economic cost of suicide is £1,458,136 per person, 135 people on average are affected by someone who takes their own life (Samaritans, 2022). It is worth stating but not possible to use due to the multiple factors related to suicide.	Quantifiable – Cost Avoidance Quantifiable – Societal Benefit
Ben8	Reduction in litigation (Cost Avoidance for NHS Wales not the Health Board)	Quantifiable – Cost Avoidance

Ben 9	Reduction in Putting Things Right Procedures, investigations	Quantifiable – Cost Avoidance
<b>Option 3 Benefit Only</b>		
Ben10	No annual increase in the DHCW SLA (£1.25m - based on an estimate of £250k per year (WNCR) for 5 years with no increases.)	Quantifiable – Cost Avoidance

### 3.5.1.2 Benefit Estimations

The following are how the quantifiable cash releasing benefits will be calculated, based on the work of Inform Consultants. **These are indicative and need to be validated as part of the service design work in BCUHB and system selection process.**

Ref.	Benefit	Beneficiary	Metric	Baseline	Target	Saving per annum	Timeline / Ambition
Ben3	Improved productivity, increasing time to care - less time assessing and more time intervening (Includes travel, standardisation)	MH&LD Staff	Based on entering new referrals into a system that has integration to demographics service so that patients' data does not need to be entered from scratch. There is an additional saving for data capture that extends beyond the nursing referral	Time and motion study to be undertaken to verify the national Service Design work carried out by DHCW in Cwm Taf Morgannwg UHB.	17mins per referral	£6056.28  Realistically if we realise 25% of efficiency savings as a budget reduction.  Further staffing efficiencies across the service are to be explored before any cash-releasing costs are quantified.	Year 5 onwards
		MH&LD Staff	This metric has been calculated based on improvements in the way that office duty staff are able to process and complete patient related enquiries.		67mins per working day	TBC  Further staffing efficiencies across the service are to be explored before any cash-releasing costs are quantified.	Year 5 onwards

		MH&LD Staff	<p>For all staff managing a personal caseload.</p> <p>This metric is calculated based on being able to access and update digital care treatment plans for each client by using a mobile application.</p>		34mins per client	TBC	<p>Year 5 onwards</p> <p>Further staffing efficiencies across the service are to be explored before any cash-releasing costs are quantified.</p>
		MH&LD Staff	<p>An average of 8.1 miles per person, per day (travel back to base) can be saved with the introduction of a mobile app supporting access to case load data for front-line staff working in the community.</p> <p>For this staff group, a reduction factor is applied to take 10% of working days as this does not apply to every day that they work Due to the wide geography of the Health Board this could be higher.</p>		8.1 miles per 10% of working days	TBC	<p>Further efficiencies across the service are to be explored before any cash-releasing costs are quantified.</p>

		MH&LD Staff	15 minutes saving was identified when using national forms, specifically ‘CPA recovery assessment’ and ‘Initial assessment’, documents which are completed as part of the nursing assessment for every patient.		15mins per referral	TBC	Year 5 onwards  Further staffing efficiencies across the service are to be explored before any cash-releasing costs are quantified.
Ben6	Reducing our Carbon Footprint by reducing in paper use, storage, and travel (Net Zero Target)	MH&LD	Swansea Bay health board expected that there would be a significant reduction in paper, printing and postage costs, and associated record storage, as a result of staff using a digital system.  This benefit will be larger within the BCU Health Board as there is a significant issue in relation to records management and storage and printing.	Calculate number of patients, number of paper in file per month	32% total costs for printing, postage, storage	£40k p.a. Storage £60k p.a. Consumables, printer servicing & postage reduction  These are indicative and need to be validated as part of the service design work in BCUHB and system selection process	Year 3 – 25% Year 4 – 50% Year 5 – 100% onwards

### 3.5.1.3 Benefit Summary

At this stage the main benefits have been identified as efficiency benefits resulting in more time to care, standardising how we work will enable data and information to be captured in the same way which will be used to improve reporting and monitoring service performance.

Benefit 1 - Improved quality and safety of care is expected to yield significant non-cash releasing benefits.

Further work is required to be undertaken as to assess the validity of the benefits estimations within the Health Board. This will be done using the Benefits Management Framework working collaboratively with all services. This work will be undertaken prior to the FBC submission.

Suicide has a significant impact on not only the economy but families, friends and communities.

The Benefits Evaluation provides evidence to support Option 3 - Procure a Commercial off the Shelf (COTS) Solution – “Best of Breed” based on the system which is a best fit for BCU which is based on good practice with minimal configuration required.

### 3.5.2 Risks Evaluation

The risk identification and assessment work to-date within the Health Board has been done as part of initial discovery as a multi-disciplinary team and by using existing best practice.

The following are considered the high-level risks for this project, split down by Options:

- Option 3 - Procure a Commercial Off the Shelf (COTS) Solution – “Best of Breed”
- Option 4 - National system procurement of “Best of Breed” under the Connecting Care Programme

The assessment below identifies if there is a financial risk of the Option to the Health Board as to enable the financial calculation of the risk of the Options.

	Risk Descriptor	Option 3	Option 4	Risk Owner
R1	The reputation of the Health Board will further decrease because it has not delivered an improvement in its all-age MH&LD Services as set out within its 3-year plan	X	X	BCUHB
R2	DHCW unable to provide a fit for purpose solution within the required timescales	X	√	DHCW
R3	DHCW do not have capacity to deliver the whole Connecting Care Programme concurrently and Mental Health is not prioritised (Option 4 related)	X	√	DHCW
R4	DHCW do not have capacity to support any work outside the Connecting Care Programme i.e. Integration, API's	√	X	DHCW

R5	There may be local delays to recruitment (e.g. delays in approval etc.)	√	X	BCUHB
R6	National funding may not be available to purchase a suitable system/fund implementation	√	√	WG/BCUHB
R7	Local funding may not be available to purchase a suitable system/fund implementation	√	√	BCUHB
R8	A suitable commercial off the shelf MH&LD product may not be available to cover the areas defined as in scope	√	√	BCUHB
R9	The supplier post-contract award is unable to deliver a fit for purpose solution	√	√	BCUHB
R10	Management of legacy and current case load paper records are not resolved before a digital system is implemented	√	√	BCUHB
R11	Staff digital skills may not be adequate to manage the change from manual processes to digital	X	X	BCUHB
R12	Staff from the service do not have the capacity to engage with the Project	X	X	BCUHB
R13	There is a risk that requests for additional Category 5e structured cabling installations will be seriously delayed due to the need for correct management of external contractors whilst on HB site, in particular the management and control of asbestos, the management of fire stopping, and Construction Design Management	√	√	BCUHB

The scoring of these risks can be found in Section 3.5.2.1 – in the Strategic Case

### 3.5.2.1 Risk Scores and Costs

The only risk costs that can be calculated at this stage are the implementation delay risks, R2, R3, R4 and R5 as only the Health Boards costs are known.

The risk assessment has highlighted that R2, R3 (Option 4 related risks) are higher than R4 and R5 (Option 3) risks as highlighted below due to the scale and complexity of what DHCW have to deliver at a national level.

Ref	Description of Risk	Likelihood of Risk (1-5)	What are the impacts if the risk actually happens?	Impact Severity (1-5)	Risk Score (Likelihood X Impact) and Grading	Mitigation Measures
R2	DHCW unable to provide a fit for purpose solution within the required timescales	4	Further delays to a BCUHB all ages MH&LD digital solution implementation	4	16	BCUHB to develop their own Business case to request funding from Welsh Government to allow improvement at a faster pace
R3	DHCW do not have capacity to deliver the whole Connecting Care Programme concurrently and Mental Health is not prioritised	4	Further delays to a BCUHB all ages MH&LD digital solution implementation	4	16	BCUHB to develop their own Business case to request funding from Welsh Government to allow improvement at a faster pace
R4	DHCW do not have capacity to support any work outside the Connecting Care Programme i.e. Integration, API's	3	Could result in delays to anticipated functionality such as integration with other systems	4	12	Work with DHCW to schedule them in their plan  Monitor the requests through engagement meetings
R5	There may be local delays to recruitment (e.g. delays in approval etc.)	3	Further delays to a BCUHB all ages MH&LD digital solution implementation	4	12	Prepare all job descriptions and impact assessments in advance and taking any new roles through job evaluation as soon as possible  Early escalation for Exec intervention

The financial cost of delays on implementation will cost the Health Board **£232,497** per month (excluding shifts/travel and optimism bias) resulting in Option 4 being a higher risk to the Health Board based on the above risk assessment.

### 3.5.2.2 Risk Summary

The risk evaluation that has been undertaken highlights that there are greater financial risks to the Health Board in relation to Option 4, so Option 3 would be the preferred option in relation to financial risks.

## 3.6 Costs

### 3.6.1 Implementation Costs

Implementation costs have been identified to deliver the two shortlisted options:

- Option 3 - Procure a Commercial Off the Shelf (COTS) Solution – “Best of Breed”
- Option 4 - National system procurement of “Best of Breed” under the Connecting Care Programme

Full implementation costs can be found in the Financial Case.

### 3.6.2 Cost Assumptions

Costs have been estimated over a 10-year period in line with the Health Boards standard practice, this includes the 7-year period of the contract (5 years plus 2).

A generic optimism bias of 20% has been applied to all the implementation costs at this stage. Costs exclude VAT and depreciation

### 3.6.3 Capital & Revenue Costs

The detailed capital and revenue costs can be found in the Financial Case, the following provides a high-level overview:

		Programme				BAU		
		Year 1* 24/25 £'000	Year 2 25/26 £'000	Year 3 26/27 £'000	Year 4 27/28 £'000	Year 5 28/29 £'000	Year 6 29/30 £'000	Year 7 30/31 £'000
WG Funding Required	Revenue	658	3,322	3,282	3,571	0	0	0
	Capital	0	575	575	0	0	0	0
BCUHB Contribution**	Revenue	545	974	974	974	941	941	941
	Capital	0	0	0	0	0	0	558
Total Savings				25	50	106	106	106
<b>Total Project Cost</b>	Revenue	1,203	4,296	4,231	4,495	835	835	835
	Capital	0	575	575	0	0	0	558

\*Year 1 is for 6 months only

\*\*Includes current staffing from the non-recurrent transformation fund

Note: This does not include funding for the Shared Care Record, DHCW are developing a separate case for this.

### 3.6.4 Net Present Cost/Value Findings and Analysis

This NPV highlights that Option 3 provides a lower Net Value Cost so would provide better value for money.

#### 3.6.4.1 NPV Option 3

Procure a Commercial off the Shelf (COTS) Solution – “Best of Breed”.

NPV @ 3.5% p.a.											
YEAR :	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	TOTAL
<b>CAPITAL COSTS (£ 000s):</b>											
Capital	0	575	575	0	0	0	558	558	0	0	2,266
A. Total Capital Costs (Annual)	0	575	575	0	0	0	558	558	0	0	2,266
B. Total Capital Costs (Cumulative)	0	575	1,150	1,150	1,150	1,150	1,708	2,266	2,266	2,266	
<b>REVENUE COSTS (£ 000s):</b>											
Initial Non-Recurent Costs	0	685	530	500	0	0	0	0	0	0	1,715
Staff Costs	1,203	3,016	2,972	2,972	218	218	218	218	218	218	11,468
Supplier Costs	0	187	381	724	724	724	724	724	724	724	5,634
Consolidation and Optimisation	0	408	399	399	0	0	0	0	0	0	1,207
Implementation Optimism Bias	0	0	0	0	0	0	0	0	0	0	0
Capital Charges (Depreciation)	0	0	0	0	0	0	0	0	0	0	0
C. Total Revenue Costs (Annual)	1,203	4,296	4,282	4,595	941	941	941	941	941	941	20,024
D. Total Revenue Costs (Cumulative)	1,203	5,499	9,781	14,376	15,317	16,258	17,200	18,141	19,082	20,024	
E. Total Costs (Annual) (=A+C)	1,203	4,872	4,857	4,595	941	941	1,499	1,499	941	941	22,290
F. Total Costs (Cumulative) (=B+D)	1,203	6,075	10,932	15,526	16,467	17,409	18,908	20,407	21,349	22,290	
<b>BENEFITS (£ 000s):</b>											
Welsh Government Funding Revenue	658	3,322	3,307	3,620	0	0	0	0	0	0	10,907
Welsh Government Funding Capital Charges	0	0	0	0	0	0	0	0	0	0	0
Welsh Government Funding Capital	0	575	575	0	0	0	0	0	0	0	1,150
G. Total Benefits (Annual)	658	3,897	3,882	3,620	0	0	0	0	0	0	12,058
H. Total Benefits (Cumulative)	658	4,555	8,438	12,058	12,058	12,058	12,058	12,058	12,058	12,058	
NET UNDISCOUNTED COST* (=E-G)	545	974	974	974	941	941	1,499	1,499	941	941	10,232
DISCOUNT FACTOR @ 3.5% p.a.	0.966	0.934	0.902	0.871	0.842	0.814	0.786	0.759	0.734	0.709	
NET PRESENT COST* (Annual)	527	910	879	849	793	766	1,178	1,139	691	667	8,398
NET PRESENT COST* (Cumulative)	527	1,436	2,315	3,164	3,957	4,723	5,901	7,040	7,730	8,398	
<b>TOTAL NET PRESENT VALUE (NPV) = 8,398</b>											

\* A minus sign in these rows denotes a Net Present Value rather than a Net Present Cost.

**Option 3 produces a Net Present Cost of £8,398,000**

### 3.6.4.2 NPV Option 4

#### National system procurement of “Best of Breed” under the Connecting Care Programme

NPV @ 3.5% p.a.											
YEAR :	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	TOTAL
<b>CAPITAL COSTS (£ 000s):</b>											
Capital	0	575	575	0	0	0	558	558	0	0	2,266
A. Total Capital Costs (Annual)	0	575	575	0	0	0	558	558	0	0	2,266
B. Total Capital Costs (Cumulative)	0	575	1,150	1,150	1,150	1,150	1,708	2,266	2,266	2,266	
<b>REVENUE COSTS (£ 000s):</b>											
Initial Non-Recurent Costs	0	685	530	500	0	0	0	0	0	0	1,715
Staff Costs	1,203	3,016	2,972	2,972	218	218	218	218	218	218	11,468
Supplier Costs	0	187	381	724	724	724	724	724	724	724	5,634
Consolidation and Optimisation	0	408	399	399	0	0	0	0	0	0	1,207
Implementation Optimism Bias	0	0	0	0	0	0	0	0	0	0	0
Capital Charges (Depreciation)	0	0	0	0	0	0	0	0	0	0	0
DHCW SLA	0	250	250	250	250	250	250	250	250	250	2,250
C. Total Revenue Costs (Annual)	1,203	4,546	4,532	4,845	1,191	1,191	1,191	1,191	1,191	1,191	22,274
D. Total Revenue Costs (Cumulative)	1,203	5,749	10,281	15,126	16,317	17,508	18,700	19,891	21,082	22,274	
E. Total Costs (Annual) (=A+C)	1,203	5,122	5,107	4,845	1,191	1,191	1,749	1,749	1,191	1,191	24,540
F. Total Costs (Cumulative) (=B+D)	1,203	6,325	11,432	16,276	17,467	18,659	20,408	22,157	23,349	24,540	
<b>BENEFITS (£ 000s):</b>											
Welsh Government Funding Revenue	658	3,322	3,307	3,620	0	0	0	0	0	0	10,907
Welsh Government Funding Capital Charges	0	0	0	0	0	0	0	0	0	0	0
Welsh Government Funding Capital	0	575	575	0	0	0	0	0	0	0	1,150
G. Total Benefits (Annual)	658	3,897	3,882	3,620	0	0	0	0	0	0	12,058
H. Total Benefits (Cumulative)	658	4,555	8,438	12,058	12,058	12,058	12,058	12,058	12,058	12,058	
NET UNDISCOUNTED COST* (=E-G)	545	1,224	1,224	1,224	1,191	1,191	1,749	1,749	1,191	1,191	12,482
DISCOUNT FACTOR @ 3.5% p.a.	0.966	0.934	0.902	0.871	0.842	0.814	0.786	0.759	0.734	0.709	
NET PRESENT COST* (Annual)	527	1,143	1,104	1,067	1,003	969	1,375	1,328	874	845	10,235
NET PRESENT COST* (Cumulative)	527	1,670	2,774	3,841	4,844	5,813	7,188	8,517	9,391	10,235	
<b>TOTAL NET PRESENT VALUE (NPV) = 10,235</b>											

\* A minus sign in these rows denotes a Net Present Value rather than a Net Present Cost.

**Option 4 produced a Net Present Cost of £10,235,000.**

### 3.7 Sensitivity Analysis

As part of the Full Business Case, a sensitivity analysis will need to be undertaken on the options as to test their robustness in relation to changing values and different scenarios for costs and the delivery of benefits. Further information in relation to supplier costs are required to do this.

### 3.8 The Preferred Option

The outcome of the economic appraisal indicates that the Preferred Option is Option 3 - Procure a Commercial off the Shelf (COTS) Solution – “Best of Breed”

The reasoning behind this can be found in the Economic Case Conclusions.

### 3.9 Economic Case Conclusions

The Economic Case provides a clear understanding of the Benefits, Risks, Critical Success Factors (CSF) and how these have been used with the Investment Objectives to reduce the long list to the short-list.

The Preferred Option has been identified through using a standard process for appraisal and through working collaboratively as an MDT.

The reasoning for the preferred option is based on the following:

The estimated increased DHCW SLA costs of 1.25M over 5 years for Option 4, Option 3 will not incur these costs, these costs will also increase year on year.

Option 3 has a lower risk of implementation delays as BCUHB won't be fully reliant on DHCW and won't be impacted by other Health Board implementations and provides more control over system choice and procurement route.

There is potential to integrate to the other Connecting Care Programme Solutions in the future.

This option also allows BCUHB to deliver what is required in relation to datasets and reporting that is currently being done nationally by the Mental Health Team.

The NPV identifies that Option 3, provides better value for money.

## 4 The Commercial Case

The Commercial Case outlines the procurement approach for the preferred option identified in the Economic Case.

This section sets out commercial factors for the preferred way forward including:

- Context
- Procurement Strategy
- Framework Suppliers
- Charging Mechanism
- Contract Length
- Outline Based Specification
- Commercial Risks
- Special Advisors
- Accountancy Treatment
- Commercial Case at FBC

### 4.1 Procurement Strategy

In line with Welsh procurement, our approach to procurement will be to:

- Embed The Well-being of Future Generations Act into all our activities.
- Meet ministerial priorities and deliver effective public services.
- Support the delivery of key policy areas such as decarbonisation, social partnership and fair work including promoting ethical employment in supply chains.
- Be accountable and compliant with procedural, legal and international obligations.
- Commit to the principles of the Wales Procurement Policy Statement
- Focus on achieving best value for money for the Welsh pound.
- Streamline and simplify bidding for potential suppliers.

We will work within the financial regulations of BCUHB and ensure our approach to procurement is in line with BCUHB procurement and adheres to the guidance in the All-Wales

The Procurement Strategy is summarised below.

#### 4.1.1 Procurement Options and Recommended Route

A variety of procurement routes have been assessed as to identify the recommended procurement option as to provide successful delivery, value for money and getting the best deal for the Health Board.

Procurement Option	Pros	Cons
1. Welsh Open procedure – single supplier with drawdown for each of Mental Health and Community Health (can be same supplier)	<ul style="list-style-type: none"> <li>Working for once for Wales</li> <li>Better value for money at an all-Wales level</li> <li>Can draw down when we are ready</li> <li>BCUHB can be the contracting authority</li> <li>Terms and conditions can be negotiated</li> <li>Recommended National Option</li> </ul>	<ul style="list-style-type: none"> <li>This would not deliver the preferred option</li> <li>Not Mental Health only</li> <li>Expected to take more time than doing a standalone procurement</li> <li>No choice of supplier</li> <li>Contract length driven nationally</li> </ul>
2. Open Procedure	<ul style="list-style-type: none"> <li>Any supplier can participate</li> <li>Choice of supplier through a structured competitive procedure</li> <li>BCUHB will be the contracting authority</li> </ul>	<ul style="list-style-type: none"> <li>Full Invitation to Tender (ITT) would be required</li> <li>The Health Board would need to develop its own contract terms and conditions, and operational schedules</li> <li>Refrained by Public Contract Regulations 2015 on timings for certain aspects of the procurement, so will take longer</li> <li>It is a limited supplier market, so provide limited value</li> </ul>
3. London Procurement Partnership (LLP) Framework – Further Competition	<ul style="list-style-type: none"> <li>Full ITT not needed as pre-qualification has already been undertaken and providers meeting the selection criteria have been awarded to the Framework Agreement.</li> <li>The Framework Agreement Standard Terms and Conditions are set out and agreed with the providers</li> </ul>	<ul style="list-style-type: none"> <li>Further pre-market engagement will be required so this will increase the timeline</li> <li>The current Framework Agreement expires on 31<sup>st</sup> March 2025</li> </ul>

	<ul style="list-style-type: none"> <li>• The Health Board can amend or refine the Call-Off Terms and Conditions specific to its contract</li> <li>• Pre-qualified providers in an extremely limited market</li> <li>• Assurance that requirements can be met through the Framework selection process</li> <li>• Further pre-market engagement will be required but this is an opportunity to assess if the supplier can meet the requirements early on and increase market knowledge and inform the specification development</li> <li>• Choice of supplier through a structured competitive procedure</li> <li>• BCUHB will be the contracting authority</li> <li>• Increased assurance if other Health Boards wanted to award direct as “fast followers”</li> </ul>	
<p>4. London Procurement Partnership (LPP) Framework – Direct Award</p>	<ul style="list-style-type: none"> <li>• Full ITT not needed as pre-qualification has already been undertaken</li> <li>• Pre-qualified providers in an extremely limited market</li> <li>• Quickest procurement route</li> <li>• Choice of supplier through the supplier matrix selection process</li> <li>• BCUHB will be the contracting authority</li> </ul>	<ul style="list-style-type: none"> <li>• The Health Board should use the Framework Agreement Standard Terms and Conditions</li> <li>• No market competition</li> <li>• A direct award is only compliant if the Health Board’s requirement is specifically covered in the Framework’s “catalogue.” In other words, the contracting authority can directly call off based on any product that has a fixed list price as of the CDS Catalogue</li> <li>• The current Framework Agreement expires on 31<sup>st</sup> March 2025</li> </ul>

The Health Board values working collaboratively but due to the scale of the current risks within the services, the pace to deliver the change is a crucial factor so based on these and the need to ensure value for money the Health Board’s procurement route will be the NHS

London Procurement Partnership (LPP) Clinical Digital Solutions (CDS) Framework using a further competition approach to secure a commercial off the shelf (COTS) solution with a standards-based technology architecture for Mental Health only. [Clinical and Digital Information Systems Contract Details NHS London Procurement Partnership \(lpp.nhs.uk\)](https://lpp.nhs.uk). This is due to be replaced by the CDHS (Clinical Digital Health Systems) Framework and this will be used once it has gone live.

The CDS Framework Agreement covers a wide range of clinical digital solutions, the Electronic Health and Care Record being one of these solutions so can meet the requirements.

As this is a Framework Agreement, the Invitation to Tender (ITT) has already been undertaken so the Health Board can enter a call off contract from this framework by completing a further competition. There is no charge to the Health Board for using this framework.

NHS Shared Service Partnership (NWSPP) has confirmed that the Health Board being a National Health Service (NHS) body is entitled to use the LPP – CDS Framework as the Health Board meets the Access Requirements.

The LPP Framework Agreement has pre-agreed Standard Terms and Conditions, but the Health Board will be able to amend or refine the call off agreement Terms and Conditions specific to its requirement in the Operational Schedules issued as part of the further competition.

This LPP Procurement Route has been investigated by Perago on behalf of DHCW and further market engagement work has been undertaken by InForm who identified this route as one of two viable options, the other option being Option 1 as above. This route is also considered viable by NHS Wales Shared Services Partnership. The Perago Report can be found in Appendix: J– Perago Report, January 2024

The Perago report also recommended further market engagement and in response DHCW arranged a Mental Health supplier demonstration day on 10 April 2024 to assist with the identification of the appropriate method to market by understanding the preferred product.

The suppliers who responded to this request for information (RFI) exercise and provided demonstrations, are detailed below:

- TPP (SystemOne)
- Civica (Paris)
- Access (RIO)
- Epic

Due to the recommended procurement option and that Perago identified some concerns in relation to the market capacity and capability in relation to COTS, the Health Board have identified the need for even further pre-market engagement as to gain assurances regarding suppliers capacity and capabilities and to increase their supplier knowledge as to enable a robust supplier decision as a result these are included within the procurement timeline.

In summary, the recommended procurement route of using the London Procurement Partnership (LPP) Framework – Further Competition is appropriate and will enable the Health Board to:

- Deliver its preferred option of procuring a system independently
- Provide the best value for money
- Have the choice of supplier from a suitable range of suppliers
- Use a validated and quick route to market
- Be the contracting authority
- Have a commercially and deliverable route to market

#### 4.1.2 Procurement Timetable

The following table provides the provisional timescales and are subject to change due to their dependency on OBC and FBC approvals.

No.	Action	Deadline
<b>Pre-procurement</b>		
1.	Signed Framework Access Agreement	01/06/24 (Complete)
3.	Pre-market Engagement (3 Weeks) (EOI to be sent out 05/06/24 (10 days))	28/06/24
5.	Procurement Document Preparation	26/07/24
6.	Approval to Commence (Project Board)	12/08/24
<b>Procurement and Recommendation</b>		
7.	Welsh Government Approval to Commence	31/08/24
8.	Invitation to Tender – Request for Proposal (RFP)	16/09/24
9.	Tender bid submission deadline (30days)	15/10/24
10.	Evaluation of tenders (4 weeks)	15/11/24
11.	Contract Award recommendation report (7 days)	27/11/24
<b>Full Business Case Approvals</b>		
12.	Full Business Case Completion (2 Weeks)	09/12/24
13.	Project Board Approval	09/12/24
14.	Performance, Finance, and Information Governance Committee (PFIG) Approval	23/12/24
15.	Health Board	30/01/25
16.	Welsh Government	30/01/25

17.	Award/Regret Letters standstill (10 Days)	10/02/25
18.	Contract Award (7 Days)	17/02/25
19.	Completion of the operational schedules with supplier (2 weeks)	03/03/25
20.	Contract Execution/Start	01/04/25

#### 4.1.3 Procurement Management

The Procurement will be managed by NHS Shared Services Partnership, supported by the SRO (or delegated officer) and a Programme Manager from Digital, Data and Technology with a wider multi-disciplinary team undertaking the tender evaluations.

#### 4.1.4 Evaluation Criteria

The framework uses the most economically advantageous tender (MEAT), using Technical/Quality and Commercial as the evaluation criteria, these must be used but the Health Board, under the framework can decide on the weightings and can include sub-criteria if they are clearly stated to all suppliers upfront in the further competition tender documents.

The following evaluation criteria and weightings will be used:

Criteria	Comprising	Weighting
Technical/Quality	Clinical (40%) Technical (30%) Social Value (10%) Service Management (10%), Risk Transfer (10%)  Sub Criteria 100% = 70 Technical/Quality	<b>70%</b>
Commercial	Best and Final Offer	<b>30%</b>
<b>Total</b>		<b>100%</b>

With the necessity to incorporate Social Value and the importance of the right system to enable the transformation required the Health Board have prioritised Technical/Quality over cost on a 70/30 basis.

## 4.2 Framework Suppliers

The London Procurement Partnership have a suitable Framework Agreement, Clinical Digital System (CDS). This framework provides a Supplier Matrix which consists of twenty suppliers awarded to the appropriate Lot, "Electronic Health and Care Record Solutions". However, as these are not all Mental Health specific and there is no filtering methodology to provide the required differentiation, all twenty suppliers will be sent the Expression of Interest (EOI). This

ensures that the good procurement principles of equal treatment, transparency and no discrimination are observed in the process to identify suitable suppliers, resulting in an early indicator of which companies may bid after the Expression of Interest (EOI) stage.

The details of all these suppliers are provided in Appendix: K – Framework Suppliers

### 4.3 Charging Mechanism

Awaiting Schedules from the Framework

### 4.4 Contract Length

It is proposed that the contract will be awarded for an initial term of five (5) years, with an option to extend this term by further period/s to be no more than a total of an additional four (4) years in duration that will be split into two (2) x two years (2), resulting in the contract being five + two +two. This is considered the most appropriate in terms of length of investment, supplier lock in and and possible future national alignment.

All proposed extensions would need to be scoped and agreed utilising the appropriate governance processes.

### 4.5 Outline Based Specification

The system requirements are split between functional (end-user needs and processes) and non-functional (operational capabilities).

#### 4.5.1 Functional Requirements

The development of the system requirements for BCUHB end-users, started by using the baseline requirements from the National Program Team's Connecting Care program, which are specifically tailored for MH&LD for all ages.

The requirements underwent a three-stage validation process:

- 1) initial walk-throughs with clinicians and the National Data Design team,
- 2) detailed reviews by 'Care Champions' and 'Cascades,' and
- 3) Regional engagement for prioritisation and gap analysis.

Locally, between April and June 2024, BCUHB MH&LD for all age's representatives provided user scenarios to map against these requirements, which were then validated locally by BCUHB representatives, ensuring alignment with national standards while addressing local needs.

This thorough validation, involving over 60 staff members and employing various validation methods, resulted in a robust and inclusive set of system requirements for BCUHB's MH&LD all ages services.

The requirements for the BCUHB system are organised into High-Level Use Cases and a catalogue of Level 2 Requirements, structured around patient and clinician journeys, and designed to be solution agnostic.

The approval process involves internal reviews by local Subject Matter Experts (SMEs), followed by review meetings to finalise requirements, and sign-off by Directors of Digital and the Project Board.

The validated Functional Requirements are:

- Single view of the patient;
- Support interoperability, integration, and open API's
- Integration and interoperability with new Social Care solutions.
- Effective and efficient Clinical workflow;
- Fully integrated applications;
- Intelligent worklists/scheduling capability;
- Multi-Disciplinary Team solution;
- Clinical Decision Support;
- Full audit trails (Including NIIAS functionality/interface);
- Structured reporting capability;
- Business Intelligence / Data Analytics and Predictive Modelling;
- Capacity in the agreement to support business change and growth;
- Product innovation and technical development incorporated over its lifetime of the contract;
- Data portability to support Freedom of Information and Subject Access Requests;
- Mobile Accessibility;
- User Experience (UX) and User Interface (UI) Design;
- Compliance with National Standards (including All Wales Mental Health Response and Access targets, Mental Health Act, All Wales Mental Health Measure, Patient Outcomes & Experience (PROMS/PREMS), Improvement Cymru (Memory Service), All Wales Mental Health Core Dataset, Outcome Measures, Psychiatric Consensus, Standards aligning with Psychology reporting and specific acute care pathway standards, NICE guidance, 1000 lives framework, ICD codes, READ codes, SMS Treatment Outcome Profile (TOPS), LD Consensus, Healthy Equality Framework)
- Ability to support bidirectional data sync
- Configurability in line with All Ages Safeguarding and Looked After Children ("LAC") National and Local reporting needs
- Interoperability with national and local solutions\*
- Interoperability and integration with local push interfaces\*

\*The FBC will include a full and detailed understanding of the Integration and Interoperability work required against the preferred Solution.

#### 4.5.2 Non-Functional Requirements

The national non-functional requirements are being validated by specialist leads in BCUHB, including Cyber Security, Information Governance, Infrastructure and Service Support.

These non-functional requirements will meet the required national technical standards. The BCU Integration non-functional requirements can be found in **Appendix W**.

#### 4.6 Commercial Risks

The following are considered the key commercial risks, the wider project risks are included in the Strategic Case:

	Commercial Risk	Mitigation / Mitigating Actions
a.	Limited or poor response to the further competition resulting in the contract not being awarded	Mitigated by Soft Market testing, followed by use of the Alternative Framework or Approach if Plan A is not suitable.
b.	Delays in the procurement timelines impacting the contract award date due to the multiple approval processes. It is estimated that if key approvals are missed it could result in a 3-to-4-month delay. Any delay within this procurement phase will cost BCUHB due to pre-procurement resource invested	Mitigated by ensuring all key stakeholders understand the situation as imperative, that they are informed on the approval processes and held to account for delivering what is required and by when
c.	Suppliers not agreeing to any proposed changes to the Operational Schedules.	Mitigated by Management within the tender process
d.	Supplier unable to meet the needs of BCUHB due to:	
	The technical complexity and the required national system integrations	Mitigated by ensuring the must have requirements of a basic Mental Health system for BCUHB are primary, and national system integrations are secondary
	Service size, complexity, and scale of standardisation and change	Mitigated by having the necessary time and space afforded to users and teams despite the negative impact on operational services and the “air cover” from Welsh Government

	Existing management of paper records	Mitigated by having a risk-based approach to this issue where through the leadership of the SRO Clinicians accept the risk of not having access to historical records.
e.	The solution is not affordable once all supplier costs have been confirmed	Mitigated by using a framework with costs included
f.	No partnership—approach in the BCUHB and Supplier Relationship	Mitigated up front through supplier engagement and soft market testing
g.	Timing considerations and demands on supplier capacity to submit tenders if BCUHB run the further competition at the same time as other Health Boards or the national procurement is advertised.	Mitigated by inviting and including ABH and CTM to all supplier sessions and sharing our requirements with them
h.	The preferred Framework Agreement as detailed in section 4.2 expires 31st March 2025 which would present time pressure for BCUHB.	NWSSP – Procurement Services have discussed the framework expiration date with London Procurement Partnership and understand that a new Framework Agreement is due to go live in June 2024 with a slightly modified offering. BCUHB’s requirement will be covered by the new Framework Agreement and would remove any time constraints. Therefore, the “new” Framework Agreement will provide the optimal solution.

## 4.7 Special Advisors

Specialist advisors (in addition to the expertise within the services and project team) have been identified as follows:

Commercial	NWSSP
Legal	NWSP
Finance	Andrea Hughes, BCUHB

## 4.8 Stakeholders

There has been extensive stakeholder engagement Pan BCUHB with a broad spectrum of medical, operational and corporate staff which has been driven with strong clinical input to help meet the needs of the services.

Local Primary Mental Health Support Services (LPMHSS)	Secondary Care Community Mental Health Teams (Adult & Older Persons)	Inpatient Services
Home Treatment Teams	North Wales Brain Injury Services (NWBIS)	CAMHS
Older Persons Mental Health (OPMH)	Psych Liaison	Early Intervention Psychosis Service (EIPS)
Pharmacy	Therapy Services	Forensic medium secure
Specialist Adult Eating Disorders Service (SAEDS)	Rehabilitation	Perinatal Mental Health
Forensic Community	Learning Disabilities	Prescribed Medication & Counselling support services
Drug & Alcohol	Medical Staff	Nursing Staff
Digital, Data & Technology Staff	Procurement Staff	Finance Staff
Administration Staff	Planning & Performance Staff	Clinical Directors
Service Management Staff	Corporate Communication Staff	Change Management Staff
Digital Insight & Intelligence Staff	Reporting & Analysis Staff	Pharmacy Staff

#### 4.9 Accountancy Treatment

It is envisaged that the assets underpinning delivery of the service will be recorded on the balance sheet of the Health Board.

#### 4.10 Personnel Implications

It is anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 – will not apply to this investment as outlined above. The contract will not involve the transfer of staff from the Health Board to the appointed contractor.

#### 4.11 Commercial Case Conclusions

The Commercial Case provides assurance that the Procurement Strategy is robust and provides the best route to market for BCUHB.

Four procurement options have been identified and assessed; all have been confirmed that BCUHB is entitled to use them. The assessment has integrated the work undertaken nationally by Perago and InForm for Digital Health Care Wales (DHCW).

The London Procurement Partnership (LLP) Framework – Further Competition has been selected as the recommended procurement route based on the following reasons:

- Deliver its preferred option of procuring a system independently
- Provide the best value for money
- Have the “choice” of supplier from a suitable range of suppliers
- Use a validated and quick route to market
- Be the contracting authority

- Have a commercially and deliverable route to market

It is important for BCUHB to procure the right solution, so further market engagement will be undertaken.

The Health Board values working collaboratively but due to the scale of the current risks within the services, the pace to deliver the change is a crucial factor.

It is planned that procurement will start once approval to commence has been gained and will be finalised by the end of March 2025 with the contract start being the 1<sup>st</sup> April 2025 but this timescale is subject to both BCUHB and Welsh Government approval timelines.

The main commercial risks include delays in the timeline impacting on the contract award date; suppliers not being able to provide the capabilities BCUHB requires; the solution is not affordable. The CDS Framework ends March 2025 but it's replacement CDHS will be used.

It is anticipated, for the procurement only services provided by NWSSP (Commercial and Legal) will be required and internal financial expertise.

Further details are required from the Framework as to enable the charging mechanism to be finalised, this will be updated once it is received.

The Outline Based Specification has been developed and shows the high level functional and non-functional requirements, these have been developed collaboratively on a national and BCUHB level engaging a wide range of staff and services.

Prior to the FBC, the following will be produced:

- The full requirements (functional and non-functional) need to be finalised and undergo quality assurance; this will be gained from working with all the Health Boards through the National Connecting Care Programme. (Due to be completed by the end of June 24)
- Full Procurement Strategy (End June 2024)

## 5 The Financial Case

The Financial Case demonstrates the financial impact of the investment on BCUHB and the affordability and funding considerations relating to the preferred option.

The following financial appraisal methodology has been used:

- The financial model adopted for the proposed investment aims to cover:
  - Financial assumptions,
  - Proposed funding source/structure,
  - Input schedules such as cash-releasing benefits and risks,
  - Projected impact on cash-flow, income and expenditure and balance sheet.

The financial information below is for the preferred Option 3 - Procure a Commercial Off the Shelf (COTS) Solution – “Best of Breed”.

## 5.1 Revenue and Capital Costs

To deliver transformation for Mental Health and CAMHS All Ages, a hybrid mix of skills across the divisions will be required. The estimated resources have been identified based on a collaborative assessment, previous implementation resources and the indicative plan. These are an essential part of revenue costs to ensure the change is delivered and embedded as to deliver the benefits. The additional revenue costs include the supplier costs, in this case these are licenses.

The revenue costs are subject to variances including supplier support, service requirements, roll-out approach, training, data migration, integration, hosting, and the wider impact to the service.

The resources and roles to support the implementation are a combination of staff to be recruited by the Health Board and staff that will be prioritised to deliver the project at a cost to BCUHB. These are set out in the Resources document **Appendix: O Resource Costs**. There may be occasions where specialist skills will be required where alternative resourcing may be required for example, if we are unable to backfill/recruit or specialist change capacity. These will be funded from within the total project budget.

Suitable end-user devices are included within the capital costs, these are essential for successful project implementation. Infrastructure works i.e., Wi-Fi etc. will also be required and these have already been assessed and will come under BCUHB current capital programme of works.

The overall estimated capital and revenue costs (project and recurring) for implementation, resources, additional hardware, and annual service charges are shown in the 7- and 10-year profile in the ROI table below.

The tables set out a full ten-year profile in line with the Health Board's financial practices. Years 1-7 are highlighted as this is Welsh Government's expectation for a minimum contract term. Welsh Government have suggested a minimum of 7 years life, our 10-year profile therefore encompasses as does our recommended contract length.

Revenue is broken down into one off project costs and recurring costs for a period of 10 years to show the long-term costs, this includes the 7-year period of the contract (5 Years plus 2). Capital includes indicative costs of new hardware needed through the life of the project.

Full details including Net present costs can be found in **Appendix M**.

A full and detailed roadmap of the implementation will be completed as part of the FBC. An outline project timeline is provided in Section 6.2 and key descriptions of activities are included in **Appendix N**.

The overall 7- & 10-year cost profile is as follows:

## 7&10 Year Profile for ROI

	Programme							BAU		BAU		
	Year											
	1	2	3	4	5	6	7	7 YR TOTAL	8	9	10	10 YR TOTAL
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<i>All costs excl. of VAT</i>												
<b>Costs</b>												
Non Recurrent Costs		685	530	500	-	-	-	<b>1,715</b>	-	-	-	<b>1,715</b>
Staff Costs	1,203	3,016	2,972	2,972	218	218	218	<b>10,815</b>	218	218	218	<b>11,468</b>
Supplier Costs	-	187	381	724	724	724	724	<b>3,463</b>	724	724	724	<b>5,634</b>
Optimism Bias	-	408	399	399	-	-	-	<b>1,207</b>	-	-	-	<b>1,207</b>
Capital Charges (Depreciation)	-	-	-	-	-	-	-	-	-	-	-	<b>0</b>
Capital	-	575	575	-	-	-	558	<b>1,708</b>	558	-	-	<b>2,266</b>
<b>TOTAL COST</b>	<b>1,203</b>	<b>4,872</b>	<b>4,857</b>	<b>4,595</b>	<b>941</b>	<b>941</b>	<b>1,499</b>	<b>18,908</b>	<b>1,499</b>	<b>941</b>	<b>941</b>	<b>22,290</b>
Capital	-	575	575	-	-	-	558	<b>1,708</b>	558	-	-	<b>2,266</b>
Revenue	1,203	4,296	4,282	4,595	941	941	941	<b>17,200</b>	941	941	941	<b>20,024</b>
Revenue 10% tolerance								-				<b>0</b>
<b>TOTAL COST</b>	<b>1,203</b>	<b>4,872</b>	<b>4,857</b>	<b>4,595</b>	<b>941</b>	<b>941</b>	<b>1,499</b>	<b>18,908</b>	<b>1,499</b>	<b>941</b>	<b>941</b>	<b>22,290</b>
WG Funding Revenue	658	3322	3307	3620	-	-	-	<b>10907</b>	-	-	-	<b>10907</b>
Depreciation Capital Charges	-	-	-	-	-	-	-	<b>0</b>	-	-	-	<b>0</b>
WG Funding Capital	-	575	575	-	-	-	-	<b>1150</b>	-	-	-	<b>1150</b>
<b>TOTAL FUNDING</b>	<b>658</b>	<b>3,897</b>	<b>3,882</b>	<b>3,620</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,058</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,058</b>

**Savings**

Medical Staff												0	
Nursing Staff												0	
Admin Staff					6	6	6	18	6	6	6	36	
Storage		10	20	40	40	40	150	40	40	40	40	270	
Reduction in Consumables		15	30	60	60	60	225	60	60	60	60	405	
Other							0					0	
<b>TOTAL SAVINGS</b>		-	-	25	50	106	106	106	393	106	106	106	711
<b>TOTAL WG FUNDING AND SAVINGS</b>		658	3,897	3,907	3,670	106	106	106	12,451	106	106	106	12,769

Capital		-	575	575	-	-	-	-	1150	-	-	-	1150
Revenue		658	3,322	3,332	3,670	106	106	106	11300	106	106	106	11619
<b>TOTAL SAVING</b>		658	3,897	3,907	3,670	106	106	106	12,451	106	106	106	12,769

Revenue impact each year	545	974	949	924	835	835	835		835	835	835	
<b>Cumulative Revenue Implications</b>												
Costs	1,203	6,075	10,932	15,526	16,467	17,409	18,908		20,407	21,349	22,290	
Savings	658	3,980	7,312	10,982	11,088	11,194	11,300		11,407	11,513	11,619	
<b>CUMULATIVE NET POSITION</b>	545	2,095	3,619	4,544	5,379	6,214	7,608		9,001	9,836	10,671	

## 5.2 Financial Assumptions

- Inflationary Supplier increases are not included.
  - Existing system cost benefits have not been taken into account.
  - Digitisation of paper records for active patients has not been fully assessed. Costs may therefore change and there may be some additional costs.
  - It is important to note that supplier costs are indicative at OBC stage and are likely to be subject to significant change during procurement and clarification of health board requirements, supplier capacity and capability.
  - Infrastructure costs have been estimated by technical colleagues from within the Digital Data and Technology Service. Hardware will be purchased with 5-year warranty and is expected to be replaced. Infrastructure costs therefore include the cost of refresh in Year 8.
  - Costs for the purchase of local devices are included.
  - Within the financial appraisal there is a calculation included for optimism bias, i.e. 20% on all costs (but taken out for year 1 – pre-implementation).
  - Resources that will make up the temporary organisation formed to prepare for a MH&LD and CAMHS solution. This will typically include resources to complete the implementation itself, covering project management, business analysis, design, testers, business change, trainers, clinical specialists, and communications.
  - The duration to implement the solution will be approx. 36 months subject to detailed planning post procurement exercise.
  - Pre-implementation teams in place to assess readiness for procurement costs.
  - A period of post go-live before areas are handed over to operational Business as Usual.
  - Integration for the solution with National platforms will be provided free of charge by DHCW.
  - Licence costs based on the number of users in MH&LD and CAHMS has been costed across Implementation years. Year 1 of roll-out up to 500 users, Year 2 up to 1500 users and Year 3 up to the total number of 2850 users.
  - The supplier costs are outline costs only, based on the G-Cloud 13 framework.
- Appendix P.**
- Note that any staff cost savings reflected are not directed towards a reduction in staff numbers but as an overall reduction due to the benefits and process efficiencies from the shift away from a paper-based system. Further staffing efficiencies across the service are to be explored before any additional cash-releasing costs are quantified.

### 5.3 Affordability and Source of Funding

The following summarises the financial requirements required from the Welsh Government and BCUHB:

		Programme				BAU		
		Year 1*	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
		24/25	25/26	26/27	27/28	28/29	29/30	30/31
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
WG Funding Required	Revenue	658	3,322	3,282	3,571	0	0	0
	Capital	0	575	575	0	0	0	0
BCUHB Contribution**	Revenue	545	974	974	974	941	941	941
	Capital	0	0	0	0	0	0	558
Total Savings				25	50	106	106	106
<b>Total Project Cost</b>	Revenue	1,203	4,296	4,231	4,495	835	835	835
	Capital	0	575	575	0	0	0	558

\*Year 1 is for 6 months only

\*\*Includes current staffing from the non-recurrent transformation fund

In determining affordability for the chosen system, it is presumed therefore that:

- Welsh Government will support funding of capital and revenue costs in years 1, 2, 3 and 4.
- BCU Health Board will also fund an element of capital and revenue costs from year 1 onwards.
- Business as usual will need to be funded by the Health Board from Year 5 as a cost pressure of £835k per annum, as set out in **Appendix: O**
- If the funding is not provided or is insufficient, BCUHB will review in line with the Contingency Arrangements in Section 6.10.

The Welsh Government funding is not expected to cover:

- Extended periods of post go-live support for Service areas.
- Resources deemed necessary for the ongoing operation of an all-age MH&LD Solution (except during the readiness period – for example upskilling of resources that will become business as usual).
- Integration with local applications unless otherwise agreed in writing by the Welsh government. This is expected to be provided by DHCW.

For a longer term view the financial appraisal table below, shows a break-down of costs against the preferred option across 7- and 10-year periods as needed for Welsh Government and BCUHB:

7&10 Year Profile for ROI		Year											
		1	2	3	4	5	6	7	7 YR TOTAL	8	9	10	10 YR TOTAL
All costs excl. of VAT		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Costs</b>													
<b>WG FUNDED</b>	Capital	-	575	575	-	-	-	-	1,150	-	-	-	1,150
	Revenue	658	3,322	3,282	3,570	-	-	-	10,832	-	-	-	10,832
<b>BCUHB FUNDED</b>	Capital	-	-	-	-	-	-	558	558	558	-	-	1,116
	Revenue	545	974	974	974	835	835	835	5,974	835	835	835	8,480
<b>TOTAL COSTS</b>	Capital	-	575	575	-	-	-	558	1,708	558	-	-	2,266
	Revenue	1,203	4,296	4,257	4,545	835	835	835	16,807	835	835	835	19,313
<b>TOTAL SAVINGS</b>		-	-	25	50	106	106	106	393	106	106	106	711
		1,203	4,872	4,832	4,545	835	835	1,393	18,515	1,393	835	835	21,579

## 5.4 Financial Case Conclusions

The Economic case identified the preferred option as shortlisted option 3 - Procure a Commercial off the Shelf (COTS) Solution – “Best of Breed”.

The financial appraisal over a **7-year period**, for the preferred option is as follows:

Total 7-year Project Cost (£18,515m including £393k cost savings subject to further validation)  
Break-down

- Capital - £1.150m (funding to be sought from WG)
- Revenue - £10.832m (funding to be sought from WG)
- Capital - £558,000 (funding to be sought from BCUHB)
- Revenue - £5,974m (funding to be sought from BCUHB) includes £3.468m from the non-recurrent transformation fund. Further staffing efficiencies across the service are to be explored before any additional cash-releasing costs are quantified.

A full breakdown of resources is available in **Appendix O**

All identified costs and any further potential cash-releasing savings from year 5 onwards will be revisited in the Full Business Case once preferred solution and scope is clear.

## 6 The Management Case

This Management Case sets out at a high-level the “achievability” of the project and provides assurance that the Health Board can deliver both the digital and service transformation changes required.

### 6.1 Project Management and Governance

#### 6.1.1 Digital Portfolio Management

All Health Board digital change projects sit under an established Digital Portfolio structure that monitors and controls the implementation of all national and local projects. This is based on Axelos best practice for Managing of Portfolios (MoP).

Portfolio Management, led by a PMO Manager provides an additional layer of assurance in relation to:

- Strategic alignment with the Health Board priorities – doing the right projects
- Demand Management
- Prioritisation and impact assessments
- Standard ways of setting up, managing, and closing projects
- Management of resources, finance, capacity planning, risk management and resource planning
- Quality management
- Stakeholder engagement
- Monitoring, reporting and Health Board escalation
- Visibility of the portfolio
- To raise delivery standards - support to staff to continually develop and improve (part of Centre of Excellence)

Portfolio management provides the benefit to the Health Board of having a high-level overview of all the projects which allows greater flexibility in planning, delivery and the ability to flex across projects.

#### 6.1.2 Project Management Arrangements

The project management arrangements are aligned with BCUHB corporate approach that is underpinned by the principles of Axelos PRINCE2 and PRINCE2Agile. PRINCE2 Methodology has a prescribed structure of governance and reporting mechanisms, which can be tailored to the magnitude, scope, and complexity of individual projects to enable successful, and efficient project delivery. Agile approaches will be used to support delivery and in relation end user design and experience.

The Project Manager will use these principles to ensure that the project is properly led, planned, resourced, monitored and controlled for its entire lifecycle. The project also requires a project assurance role, as set out in the roles and responsibility section of this document.

Whilst this project is being project managed by the Digital, Data & Technology Team, strong clinical leadership, ownership, and engagement is required to make the project successful.

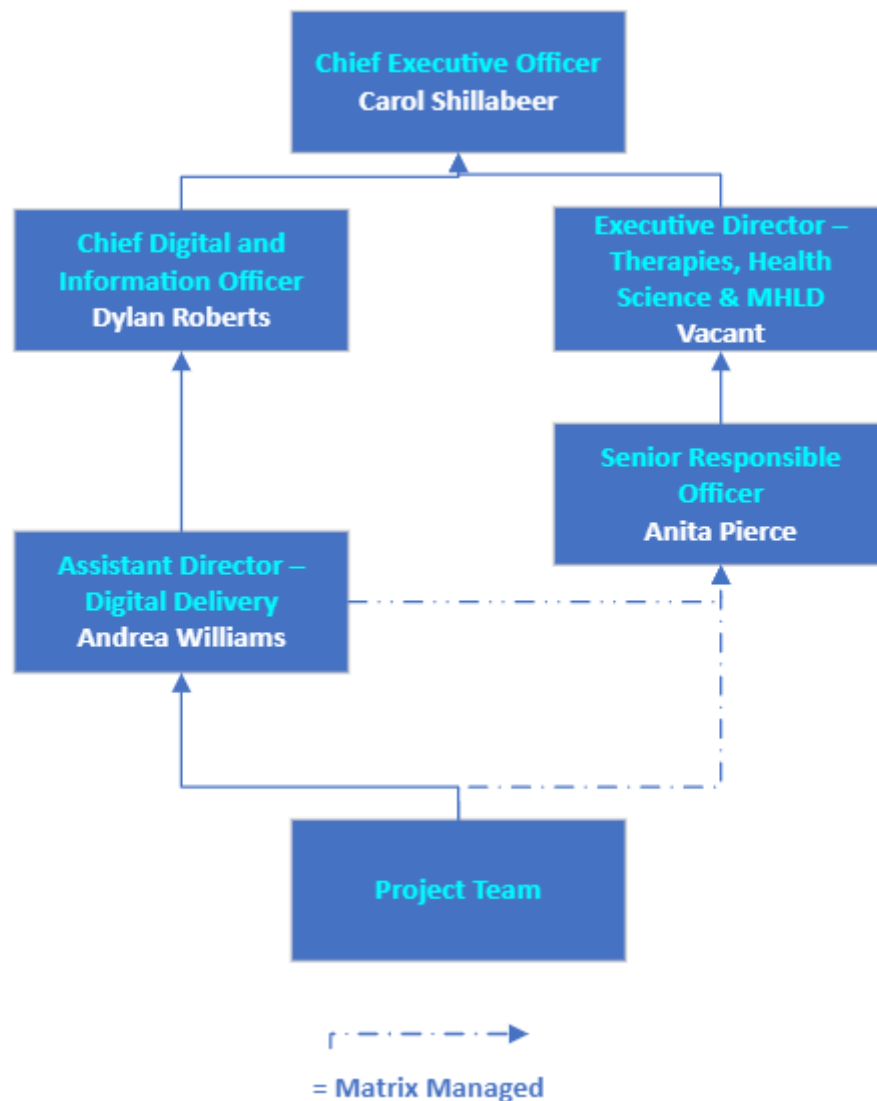
The project team will work closely with the relevant clinical and operational stakeholders to ensure that the implementation meets the agreed business need and service transformation. Detailed Roles and responsibilities are included in the Project Management Framework.

The role of the Senior Responsible Officer is key to successful implementation of this project and will be undertaken by Dr Anita Pierce, Deputy Medical Director/Consultant Psychiatrist, MH&LD. If this post becomes vacant for any reason this will be escalated to the Medical Director, Dr Alberto Salmoiraghi.

### 6.1.3 Management Structure, Project Management Team and Budget

#### 6.1.3.1 Management Structure

The following details the high-level management structure showing that the project has significant senior leadership. The project governance structure is included in Section 6.1.4



### 6.1.3.2 Project Team and Budget

There is one multi-disciplinary Project Team (post-procurement) consisting of the following resources, these have been identified due to the scale, complexity and the skills required to deliver this project, a large amount of change resources have been included due to the complex change required.

Role	WTE	Type
MH&LD Consultant Psychiatrists / Clinical Directors	1.6	Senior Leadership/Change (inc SRO)
DDaT Information Skills Trainer	1	Change
MH&LD Head of Planning & Performance	0.4	Change & Senior User
DDaT Business Change Manager (inc Communication)	1	Change
DDaT Information Skills Trainer	1	Change
MH&LD / CAHMS Service Product Manager	1	Change
MH&LD Senior Administrator	1	Change
CAHMS Business Support Manager	2	Change & Senior User
MH&LD Clinical Operations Manager	3	Clinical Change & Senior User
MH&LD Senior Psychiatrists	1.5	Clinical Change & Senior User
MH&LD Nurse Specialist/ Specialist Practitioner	3	Clinical Change & Senior User
MH&LD Nurse Specialist/ Specialist Practitioner	1	Clinical Change & Senior User
Clinical Governance Lead	1	Operational
DDaT Assistant Director of DDSE	0.2	Project
DDaT Programme Manager	0.4	Project
DDaT Project Manager	1	Project
DDaT Assistant Project Manager	1	Project
DDaT Senior Project Support Officer	1	Project
DDaT Project Administrator	0.5	Project
DDaT Solutions / Product Specialist	1	Project
DDaT Assistant Solution / Product Specialist	1	Project
DDaT Information Analyst	1	Project
DDaT Information Analyst	1	Project
DDaT Information Developer	1	Project
DDaT Integration Lead	0.5	Technology
DDaT ICT Systems Engineer	1	Technology
DDaT ICT Technician	1	Technology
DDaT Floorwalkers	2	Technology
DDaT Voice and Data engineers	1	Technology
DDaT ICT Technician	1	Technology
DDaT ICT Helpdesk Analyst	2	Technology

Please note that benefits resources will be provided by the Digital PMO and have not been included in the above costs.

The roles and responsibilities of some of the above staff are as follows:

Name	Role	Responsibilities
Dr Anita Pierce	Senior Responsible Officer (Consultant Psychiatrist)	<ul style="list-style-type: none"> <li>• Provide strategic and clinical leadership to the Project Board and Project Team.</li> <li>• Ensure alignment with the organisation's overall strategy and goals.</li> <li>• Clearly articulate the business vision and expected benefits of the project.</li> <li>• Communicate the strategic importance of the project to stakeholders, Implement the communications strategy; act as an ambassador to gain buy-in and commitment, promotion of the project, publicity, or other dissemination of information about the project.</li> <li>• Act as the primary interface between the project and the organisation.</li> <li>• Chair Project Board meetings.</li> <li>• Ensure that the project remains viable and aligned with business objectives, delivering a product that will achieve the forecasted benefits.</li> <li>• Approve stage plans, key deliverables, and any necessary changes and escalations.</li> <li>• Authorisation of gateways</li> <li>• Development and review of the Business Case.</li> <li>• Receive regular reports from the Project Manager.</li> <li>• Provide updates to the organisation's leadership on project progress.</li> <li>• Ensure decisions are made promptly to avoid project delays.</li> <li>• Approve or reject changes, considering their impact on the project.</li> <li>• Ensure changes align with organisational goals.</li> <li>• Take responsibility for high-level risk and issue management and ensure that risks and issues are being monitored and mitigated as effectively as possible.</li> <li>• Make strategic decisions on risk tolerance and risk response.</li> <li>• Provide guidance on resolving conflicts within the Project Board and national stakeholders.</li> <li>• Ensure the project offers value for money.</li> <li>• Monitor expenditure and progress, including escalation of financial matters where required.</li> <li>• Participate in gateway reviews and project prioritisations.</li> <li>• Formal project closure</li> </ul>

		<ul style="list-style-type: none"> <li>• Post-stage / project review; ensure benefits have been realised, including lessons learnt review.</li> <li>• Share expertise with other SRO's.</li> </ul>
<p>Dylan Roberts</p> <p>Andrea Williams</p> <p>Jamie Slater</p>	Project Assurance	<ul style="list-style-type: none"> <li>• Monitor all aspects of the project's performance and products independently of the Project Manager</li> <li>• Translate and interpret for the Programme, using technical, policy and other experience and advises a course of action if required</li> <li>• Check the performance and products independent of the Project Manager</li> <li>• Ensure organisational standards and policies are followed</li> </ul>
Angela Wilson	Project Manager	<ul style="list-style-type: none"> <li>• Define the project governance (controls)</li> <li>• Plan the overall project, allocating work packages, monitoring and reporting progress. Identify and obtain support and advice when required</li> <li>• Monitor overall progress and use of resources, initiating corrective action where necessary</li> <li>• Manage the project budget and prepare reports in collaboration with the finance member</li> <li>• Manage risks and issues taking corrective measures</li> <li>• Lead the Project Team</li> <li>• Act as a link between the Project Board and the service</li> <li>• Deliver the required product to the required capability and quality, within the constraints of costs and time</li> <li>• Deliver the outcome that is capable of achieving the benefits defined in the Project Initiation Document</li> <li>• Oversee the communications plan, including to build and sustain effective communication with other project stakeholders</li> <li>• Maintain awareness of and manage potential interdependencies with other projects</li> <li>• Adopt and apply appropriate technical and quality strategies and standards</li> <li>• Oversee handover to business as usual, including follow-up actions</li> <li>• Other activities as delegated by the SRO and Project Board</li> </ul>
<p>Lynda Jackson</p> <p>Nicola Lodge</p>	Project Support	<ul style="list-style-type: none"> <li>• Assist the Project Manager with relevant tasks</li> <li>• Report to the Project Board on project activities</li> <li>• Support the SRO to deliver their responsibilities</li> <li>• Bring to the Project Board's specific attention any significant matters, ensuring appropriate escalation</li> <li>• Highlight any concerns (Risk, Issues, conflict etc.) to Project Board, producing project documentation, communicating key messages, and providing awareness</li> <li>• Adhering to governance arrangements (Including DPIA, compliance with Cyber Security Welsh Health Circular etc.)</li> <li>• Lead on/participate in work packages</li> </ul>

		<ul style="list-style-type: none"> <li>• Assist in go live and post go live activities</li> </ul>
Gethin Evans and identified change leads from the service	Business Change Manager	<ul style="list-style-type: none"> <li>• Translate, identifies and reconciles key stakeholder interest in the project</li> <li>• Identify key areas for change to bring benefit to the organisation</li> <li>• Lead on the transition to change and benefits realisation</li> <li>• Engage with all stakeholders involved with the change and escalating any resistance to change as appropriate</li> <li>• Identify, assesses, and prioritises risk associated within the Project</li> <li>• Lead on the production of product descriptions, ensuring the products are fit for purpose and signed off before work is significantly progressed</li> <li>• Manage risks and issues and escalates where needed</li> <li>• Involvement in production of training documentation ensuring training materials suit the audience</li> <li>• Participate in testing during User Acceptance phase to ensure product is meeting deliverables</li> </ul>
Vicky Jones Chris Lindop Renee Evans Jessica Jones Kathryn Thomas Key service reps	Senior Users	<ul style="list-style-type: none"> <li>• Ensure change is effectively managed, pro-active and policies standardised, system adopted and time allocation to staff to do this</li> <li>• Achieve the results required by the Senior Users within the cost and time parameters.</li> <li>• Authority to commit or acquire the required resources.</li> <li>• Promote and maintain focus on the desired project outcome and ensure the product(s) provides the expected benefits</li> <li>• Ensure users are able to meet implementation timescales and resources are available when needed</li> <li>• Understand how the product works in the day-to-day operations of the area</li> <li>• Assist the Business Change Manager with transforming the project vision into a working model</li> <li>• Assist with issue resolution when needed</li> <li>• Ensure products are signed off once completed</li> <li>• Accountable for their own part of user assurance</li> <li>• Assist in go live and post go live activities</li> </ul>
Jessica Arthur supported by Assistant Solution Specialist Claire Penlington and	Solution Specialist	<ul style="list-style-type: none"> <li>• Contribute to assigned Work Packages</li> <li>• Provide knowledge from previous implementations including training and current ways of working</li> <li>• Co-ordinate staff to undertake UAT activity as per timeframes within the project plan</li> <li>• Sign off the completion of testing against the relevant acceptance criteria</li> <li>• Responsible for monitoring the performance of the system</li> </ul>

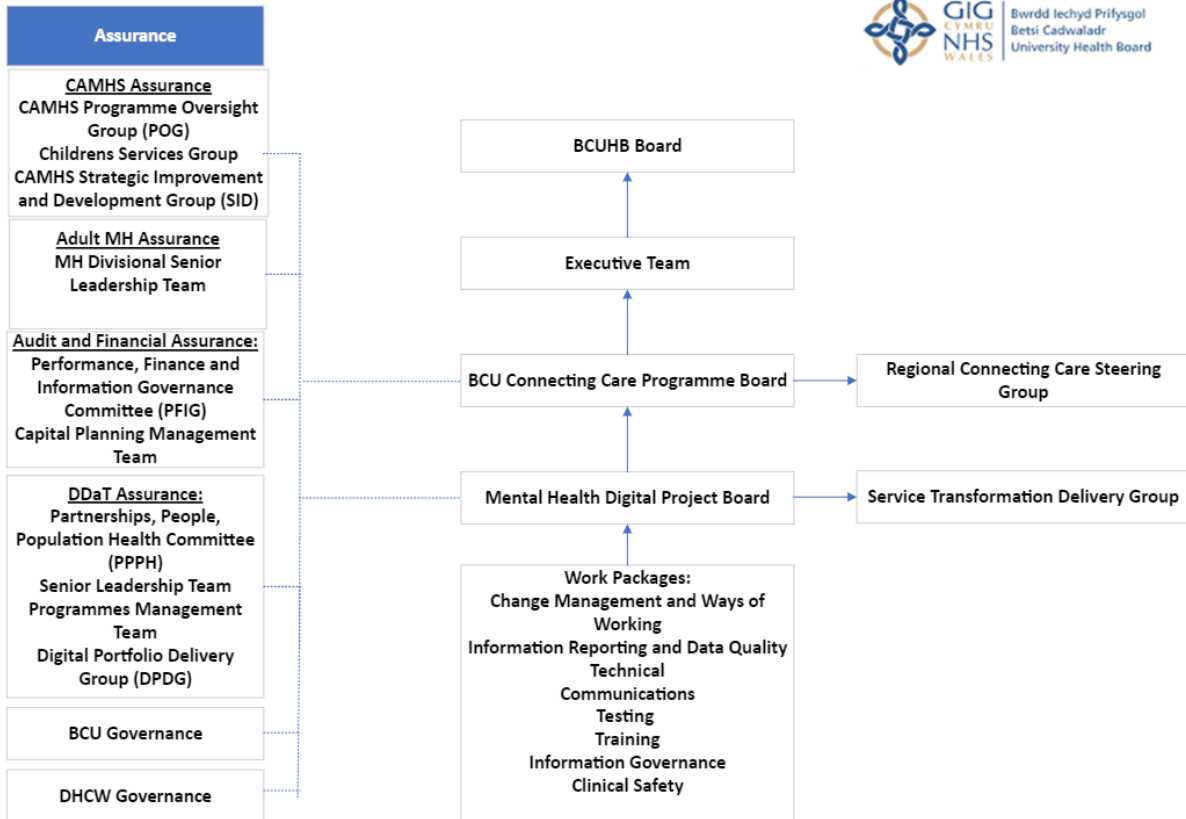
Information Skills Trainers Sion Pritchard & Tina Hayward		<ul style="list-style-type: none"> <li>• Responsible for defining the longer-term development strategy, to ensure that developed software will continue to meet constantly changing user and stakeholder needs</li> <li>• Assist in go live and post go live activities</li> </ul>
John Thomas Paul Graver	ICT Specialists	<ul style="list-style-type: none"> <li>• Provides technical advice and support to the project</li> </ul>

Standard roles and responsibilities for all project (including SRO), technology and some change staff are documented, further work will be required to document some of the clinical change, operational roles and the product manager.

The monthly budget required for this team is **£232,497**, (Excluding shift allowance/travel and optimism bias) please note that many of these roles are provided by BCUHB, full details can be found in the Financial Case.

#### 6.1.4 Project Governance

Project governance is critical as to monitor and control the delivery, implementation and closure of the project, the indicative governance structure is provided below and will be finalised during the project start up and documented in the Project Initiation Document (PID) and Project Board Terms of Reference.

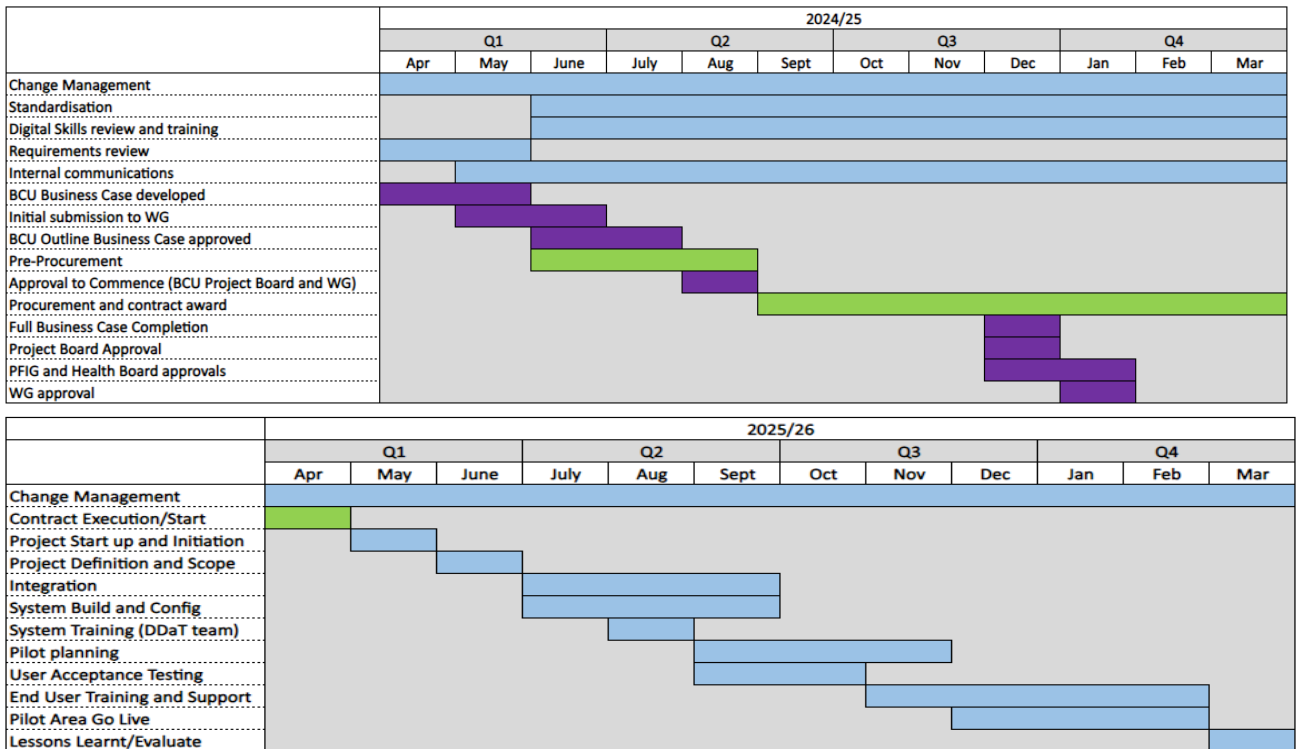


The indicative project governance diagram above will link into the DHCW - National Connecting Care Governance and Programmes Structure (**Appendix: Q**) and the Regional Connecting Care Steering Group as to ensure national and regional alignment.

## 6.2 Indicative Project Timelines

The project, including procurement is expected to be undertaken within 3.5 years. 6 months for procurement in Financial Year (FY) 2024/25 and 3 years for full implementation during FYs 2025/26, 2026/27 and 2027/28. Business as Usual from FY 2028/29 onwards.

The below is the indicative timeline for the project lifecycle up to the end of the first pilot. This is indicative due to the scale and complexity of the change and detailed planning needs to be undertaken with the chosen supplier and the services and lessons learnt need to be integrated. The two considerations are “Big Bang” or a “Phased” both these approaches must be assessed in relation to the clinical risk and speed of benefits realisation.



Key:

	BCU tasks
	Approvals
	Procurement

Prioritisation of services will be decided clinically via the Service Transformation Delivery Group (STDG). At this point it is anticipated that the pilot will include Local Primary Mental Health Support Services (LPMHSS) which is the ‘front door’ to the service.

A post-project evaluation will be conducted 12 months after the formal project closure and this will be led by the Programme Manager,

### 6.3 Use of specialist advisers

The project is likely to require additional assistance and expertise in change management, financial, legal, technical, clinical and procurement throughout the project lifecycle.

Change Management will play a significant part in the successful delivery of this project, this is a large and complex project that will require backfill of certain roles as to enable our staff within the services to lead the change. Some of these may be highly specialist clinical roles.

In addition, specialist change capabilities and an increase in capacity may be required, the Health Board are currently working on a resources approach as to be able to augment our projects and services utilising a preferred partner model. This route will be used to gain the specialist change skills as and when needed.

DHCW support will be required in relation to the interoperability of the solution with the national systems.

The Mental Health Project Team are working with DHCW throughout the project and will be supported by NWSSP Procurement colleagues with regards to the procurement exercise.

Clinical safety is crucial in this project, currently BCUHB have no Digital Clinical Safety Officers so specialist resources will need to be bought in.

A specialist advisor from the NHS Executive in relation to the standardised Mental Health Core Datasets that will cover Mental Health Services for people of all ages, they have not been approved nationally. (This includes Referral to Treatment (RTT))

## 6.4 Digital and Technical Compliance

BCUHB will ensure that suppliers commit and adhere to all relevant functional and interoperability standards including the Technology Code of Practice (below). This adherence includes:

- Compliance with the Digital Service Standards for Wales including meeting at minimum the AA standard for accessibility
- Compliance as appropriate with standards and design principles set by the DHCW Technical Design Authority, Welsh Technical Standards Board and Welsh Information Standard Board for integration and interoperability
- The ability to share data in line with the Professional Records Standard Body's (PRSB) Core Information Standard
- Compliance with NHS national contract provisions for technology-enabled delivery (for example, clinical correspondence and electronic discharge summaries)
- Ensure clinical systems and tools meet clinical safety standards as set out by the Digital Technology and Assessment Criteria (DTAC) and DCB0129 and DCB0160
- The Digital Service Standards for Wales (Please see Appendix: R – Digital Service Standards) which includes an assessment of how this project will meet these Standards. [Digital Service Standards for Wales | Centre for Digital Public Services \(gov.wales\)](https://gov.wales/digital-service-standards)
- Compliance with the BCU ICT Solutions Specification (Appendix: S).

## 6.5 Engagement, Change and Contract Management Arrangements

### 6.5.1 Engagement

There has been significant engagement across Mental Health Services to determine the current state of working, technology environment, the business need and satisfaction with current systems.

A year-long engagement exercise was carried out in readiness for the WCCIS programme: See MH&LD Digital Enablement Phase 1 paper **Appendix: E**. The Digital survey (**Appendix: F**) was designed to inform, shape, and compliment site visits, giving the opportunity for staff completing the survey to raise any specific issues or ideas.

Engagement extended beyond BCUHB to ensure we had comprehensive service user and partner organisation input. In 2022, MH&LD held four Together for Mental Health workshops to support the collaboration and co-design of the North Wales Together for Mental Health Interim Strategy 2023-24. Representation from health, social care, public, private and third sector and service users and carers were present at these sessions, and the senior digital project lead was also in attendance to hear the discussion and consider how digital plays a part in the issues raised and in the strategic priorities that were agreed.

Direct engagement by the Mental Health Digital system project Senior Responsible Officer, Dr Anita Pierce, is ongoing with frontline teams (discussing digital news), via scheduled presentations to the Strategic Transformation Delivery Group, which is chaired by the MH&LD Medical Director, and via the set-up of a specific LPMHSS (the identified Phase 1 pilot area) Digital user group.

To facilitate an all-age approach, colleagues from CAMHS were also approached for consideration.

CAMHS provide essential assessment, care and treatment of C&YP, and their families/carers, who are experiencing serious mental health problems. BCUHB CAMHS are delivered by multi-disciplinary teams, including psychiatrists, psychologists, nurses, social workers, youth workers, child and adolescent practitioners, psychological therapists allied health professions and others. They also have an important role in supporting the mental health capability of the wider network of children's services across partner agencies.

The CAMHS 3 Year Improvement Programme sets out how Integrated Health Communities (IHCs) within BCUHB, supported by the CAMHS Programme Management Office, will deliver key areas of improvement and re-design to move us towards achieving our vision.

These priorities apply as much to resetting core service activity, stabilising our current workforce and consolidation as they do to implementing new ways of working.

A further survey is planned to be shared with staff to capture their hopes and fears prior to the introduction of the planned digital system.

### 6.5.2 Change Management

The level of this complex change will not be underestimated as it will see a shift from outdated paper processes to digital across a diverse range of services within locations across the wide geography of North Wales.

Due to the level of change, staff will need a variety of support models to support them through the change and end user engagement and design will be at the core of the change strategy.

This is a clinically (all disciplines) led and digitally enabled project so it is important that the change is clinically led, this will result in the need to provide clinical roles and backfill for key leads and specialities in the services.

The digital skills of some of the staff are likely to need some development, these skills are essential for the service change and staff will be supported throughout their change journey.

The change, in the short term could lead to a drop in performance, this is a difficult time during implementation and on-site support will be provided to minimise the service disruption and to ensure staff are suitably supported.

The change management strategy will be developed with a focus on the different levels of where change is needed, these are: organisation, team and individual. This will enable a systematic approach to planning, initiating, controlling, and effecting change.

The change management strategy will use best practice from the NHS Change Toolkit, incorporating the PROSCI ADKAR methodology which are both best practice and promotes the use of end user design and engagement which is a priority for this project. Operational Readiness Assessments (ORA) will be undertaken for each part of the project lifecycle and will align to projects gates.

Change management, aligned with strong leadership and project management are crucial to the success of the transformation required. A high-level draft plan to provide examples of some of the change approaches that can be found in Appendix: T – High level draft change plan.

Due to the significant change needed in relation to people and process within this project specific resources to manage the change have been included in this business case and BCUHB recognises that training will be required in change management, and this will be arranged and financially supported by the Health Board.

### 6.5.3 Contract Management

Contract management will be undertaken by the Health Board as the Contracting Authority and DDaT uses the Chartered Institute of Procurement and Supply (CIPS) Contract Management Cycle as this is recognised as an approach of best practice and supports the maximisation of value and the minimisation of risk. This is an end-to-end plan from Pre-award to Renewal or Transition. Contract management can be split into two stages – Stage 1- Pre-award and Stage 2 – Post-award. Stage 1 is covered by the Commercial Case so the remaining post-award will be covered within this case which covers contract management and maintenance.

A strong supplier relationship is essential for project success and can be the make or break of a project, key areas of the Contract Management Plan (CMP) will be developed collaboratively with the supplier. Please see **Appendix: U – Contract Management Plan Template**.

The Contract Manager will be Jamie Slater - Programme Manager and this role will then be transferred to the system owner once the project is closed.

## 6.5 Benefits Management

Benefits Management arrangements use the APMG, Managing Benefits which have been used to develop the DDaT Benefits Realisation Framework, will be used, and all benefits will be documented on MS Project for the Web.

The Benefits Lead for this project is Gethin Evans, Change Lead for Connecting Care.

The Health Board are currently further developing capabilities in this area.

The following benefits cycle will be used:

Phase	Objectives and tasks within stage
Phase 1: Identify and Quantify	<ul style="list-style-type: none"> <li>The identification of benefits - Primarily via benefits discovery workshops, benefits mapping, and customer insight.</li> <li>Quantification of benefits - Here the focus is on forecasting/estimating the scale of benefits anticipated and addressing the main problems faced in developing reliable benefits forecasts and the solutions.</li> </ul>
Phase 2: Value and Appraise	<ul style="list-style-type: none"> <li>Options analysis - to compare the various options or alternative ways of achieving the desired outcomes and benefits;</li> <li>Investment appraisal - to assess whether the benefits justify the cost required;</li> <li>Portfolio prioritisation - to rank potential investments in priority order where resources are limited;</li> </ul>
Phase 3: Plan	<ul style="list-style-type: none"> <li>Forecasted benefits are validated</li> <li>Benefits are prioritised</li> <li>Pre-transition activity is managed</li> <li>Appropriate benefits measures are selected</li> </ul>
Phase 4: Realise	<ul style="list-style-type: none"> <li>Ensuring that project outputs/deliverables/products are fit for purpose and can be integrated into business operations;</li> <li>Tracking and reporting benefits realisation at an initiative level;</li> <li>Going beyond processes and practices to consider the softer side of business change.</li> </ul>
Phase 5: Review	<ul style="list-style-type: none"> <li>The benefits to be realised are achievable and continue to represent value for money;</li> <li>Appropriate arrangements have been made for benefits monitoring, management, and evaluation;</li> <li>Benefits realisation is being effectively managed;</li> <li>Lessons are learnt for both the current initiative and as a basis for more effective benefits management practices.</li> </ul>

Best practice and lessons learned throughout the course of the project will be captured in a Lesson Learnt Log and formally shared in the Project Closure Report and added to the DDaT Portfolio Lessons Learnt Register. Lessons learnt will be undertaken collaboratively with all key stakeholders through an interactive workshop.

As most benefits will be realised after project closure, the Senior Responsible Officer is responsible for ensuring post-project benefit reviews are undertaken, this role is to be confirmed in the Project Closure Report.

The Benefits Framework is available on request.

**6.6 Risk management arrangements**

Arrangements for managing and mitigating risks during the delivery of the project are aligned with the *Corporate Risk Management Strategy*. This ensures there is a proactive approach and process in place to identify, assess and control risks that emerge during the lifecycle of the project. This is supported within the governance arrangements by underpinning the risk management of the Project, with a decision-making framework for effective evaluation of risks and issues.

All risks are captured, analysed, and assessed within a local risk register on SharePoint. Risks identified for escalation will be included on the Digital, Data and Technology (DDaT) Risk Register (DATIX). The risk register will capture a risk reference, risk type, date identified, date last updated, and description of risk, likelihood, impact, risk owner, mitigation, and RAG status.

The risks register will be updated and reviewed continuously to ensure that risks are properly managed and mitigated to ensure successful delivery of the project. This ensures a proactive approach and robust process are in place to identify, assess and control risks that emerge during the lifecycle of the project.

All risks are scored using the Health Boards matrix:

	Likelihood				
Consequence	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

**Score**

	1 to 3	Low risk
	4 to 6	Moderate risk
	8 to 12	High risk
	15 to 25	Extreme risk

## 6.7 Quality Assurance

The project's direction and management, in line with the DDaT Project Management Framework, will use three levels of assurance depending on the circumstances. Level 1 & 2 provide a range of options that the Project Board can use depending on where the project is at, the assurance activities highlighted with a \* have to be undertaken as standard practice. The Project Board will be required to agree the others as and when the need arises.

For Level 3, BCUHB will be part of a national wider plan of assurance.

All levels of assurance will be used as tools to improve delivery.

### **Level 1 – Internal to DDaT**

- Internal Gate Reviews\*
- Health Check\*
- Deep Dives – if tolerances are being exceeded\*
- Risk Potential Assessment (RPA) – a structured self-assessment if there are multiple issues affecting the project
- Peer Project Review (Full or Partial) OR
- Assistant Director/Head/CCIO Review

### **Level 2 – Internal to BCUHB**

- Programme/Project Board Effectiveness\*
- Project Assurance Review (Full or Partial) \*
- Internal Audits

### **Level 3 – External to BCUHB**

- Project Assurance Review - nationally commissioned or undertaken by DHCW or Welsh Government (as part of a Gateway Review)
- External Audit

## 6.8 Post-Project Evaluation

The following post-project evaluations will be undertaken and shared nationally with DHWC and other Health Boards:

1. Project Closure
2. Post Project Evaluation Strategy (PPES)
  - a. Project Implementation Review (PIR)
  - b. Project Evaluation Review (PER)

Currently, the PRINCE2 best practice framework is used for Post-Project Evaluation, however this approach will be reviewed to incorporate guidance within the Magenta Book.

### **6.8.1 Project Closure**

As soon as possible after go-live, a Project Closure Evaluation will be undertaken as part of the formal closing a project process within the project lifecycle. This ensures that the system is accepted by the service as meeting their needs and measures project success against the objectives set out in the Project Initiation Document (PID) whilst also providing assurance that any outstanding actions, issues and risks will be operationally managed as business as usual (BAU).

Best practice and lessons learned throughout the course of the project will be captured in a Lesson Learnt Log and formally shared in the Project Closure Report and added to the DDaT Lessons Learnt Register. Lessons learnt will be undertaken collaboratively with all key stakeholders. The Project Closure Report Template on Microsoft Project for the Web is to be used.

### **6.8.2 Post Project Evaluation Strategy (PPES)**

The purpose of the post-project evaluation strategy is to provide a structured approach for improving project delivery through lessons learned and evaluations.

There are two key review processes, the Project Implementation Review (PIR) and the Post Evaluation Review (PER).

#### **The Project Implementation Review (PIR)**

A Project Implementation Review will be conducted 12 months after the system goes live. This review will focus on the realisation of project benefits, the operational performance of the system, and additional lessons learned.

This will enhance project delivery practices by identifying and addressing issues during the project delivery phase via gateway reviews, gathering feedback from project team members and stakeholders, documenting lessons learned and best practices and implementing correcting actions to improve ongoing project performance.

#### **Post Evaluation Review (PER)**

- Conduct a review after project completion
- Compare actual outcomes with initial objectives and expected benefits
- Assess adherence to required quality standards
- Evaluate how well the system is running
- Measure stakeholder satisfaction
- Assess effective resource utilisation
- Ensure completion of deliverables on time and within budget
- Identify factors contributing to success and shortfalls
- Document findings and recommendations for future projects

Information for this evaluation will be gathered from the Lessons Learned log, formally documented in the Project Closure Report and added to the DDaT Lessons Learned Register. This process will be collaborative involving all key stakeholders.

As most benefits will be realised post-project, the Senior Responsible Officer (SRO) will ensure post-project benefit reviews are conducted.

### 6.9 Equalities Impact Assessment and (EQIA) and Data Protection Impact Assessment (DPIA)

The Equality Impact Assessment and Social-Economic Assessment are statutory requirements for Public Sector organisations in Wales and is fulfilled by completing an Integrated Equality Assessment within BCUHB. This will assess the impact on equality to those with protected characteristics due to changes with policies, procedures and practices brought about by the implementation of an all-age MH&LD solution. The Integrated Equality Assessment will be completed alongside this business case and will be approved prior to the start of the implementation process.

The DPIA will be completed alongside this business case and outcomes from the procurement evaluation, particularly the highest scorer’s responses to relevant criteria shall be included in the final DPIA document. This also includes how the system supplier will meet all obligations under UK GDPR and the Data Protection Act (2018) as well as the Welsh Government Security Circular. The DPIA will be submitted to the Information Governance team in due course, but prior to the chosen system supplier contract being signed.

### 6.10 Contingency Arrangements and Plans

It is expected that contingency will be required in the following areas and are related to the risks and their probability of happening.

Risk/Issue	Plan
Insufficient national funding	Health Board to assess financial position and if funding can be prioritised
Insufficient Health Board funding	Reduce the scope of the project with the focus on the higher risk, interdependent services
Any cost-saving benefits not being realised	Monitor the benefits plan, significant savings have not been identified as focus is on more time to care
Service change leads not being able to be released from duties due to staffing levels	Backfill has been added into the Financial Case or backfill is not possible due to recruitment and current staffing levels so the low intensity services will be used to support the high intensity services i.e. reduction in routine activity. Decanting service managers.

Delays in recruitment and not able to recruit to the capacity and capabilities required to deliver the projects	Covered within 20% Optimism Bias and agency costs
Additional deployment costs	Dependant on amount covered within 20% Optimism Bias for revenue but if Capital, the Health Board Capital budget would be required to be prioritised
Additional staffing on-costs i.e., national salary increases	Covered within 20% Optimism Bias or provided by the Welsh Government

## 6.11 Assumptions, Constraints and Dependencies

### 6.11.1 Assumptions

Several Assumptions have been made about the project:

- The project will deliver a fit for purpose all ages MH&LD solution that will meet the project objectives and agreed requirements of BCUHB
- Subject matter experts, internal and external (including supplier) can be released as and when required to participate throughout the lifecycle of the programme where required
- Supplier and solution capability and reliability
- Service process and procedures will change as a result of the new solution
- Sufficient funding will be available by Welsh Government & BCUHB for the project to meet its objectives, and to deliver the transformation at pace in line with the Minister's request
- Local training needs will be identified
- Resources will be made available by the Health Board to support the adoption of a new all ages MH&LD solution
- Staff will embrace the change
- During go-live and a period after, service performance is likely to decrease, and reporting will be impacting
- Parallel running for an agreed period
- Historical records (non-live records) paper or digital, within disparate systems may not be digitised/migrated
- Any business-as-usual costs associated with the local all ages MH&LD solution will be funded by the Health Board
- Floor walkers from other projects will be required for pre-go lives and go-lives
- 24/7 support will be required for some services

### 6.11.2 Constraints

Constraints to be considered as part of the project:

- Funding to enable delivery – system, implementation, and business as usual
- Sufficient resources to support the project (staff capacity)
- Level of digital skills of the workforce

- Technology Infrastructure
- Technical outputs delivered as part of the project will need to conform to national data standards for Mental Health, and interoperability standards
- Suitability of suppliers on the framework
- Key dependencies delivered by the national programme such as applicable Application Program Interfaces (APIs)
- Alignment of National Mental Health Datasets with procurement timescales. The National Information Management team have been commissioned by the National Mental Health Outcomes board to define the data and reporting requirements in relation to Mental Health Services. The outcome of this work will be considered as part of the requirements
- Some buildings in the estate cannot be altered to allow installation of Wi-Fi and networking due to asbestos and other safety concerns.

### 6.11.3 Dependencies

This project is not being delivered in isolation and will be dependent on a number of points listed below:

- Availability of Welsh Government and BCUHB funding to procure a solution
- Availability and capacity of required staff and skillset to deliver the project
- Availability and capacity of third-party resource (DHCW/supplier) to deliver elements of the project
- A suitable solution is identified
- Suitable infrastructure investment (Wireless network connectivity including data cabling and Wi-Fi access points)
- Suitable capital funding is available for end user devices
- Publication of national APIs and interoperability standards by the National programme to support an all-age MH&LD implementation.

## 6.12 The Management Case Conclusions

The Health Board is mature in relation to digital project delivery and this case clearly sets out how the project will be managed through recognised best practices as to ensure that the project is deliverable and that will deliver what it is setting out to achieve. These areas of best practice include:

- Portfolio - Management of Portfolios
- Project Management – PRINCE2 and PRINCE2Agile
- Change Management – NHS Change Toolkit
- Benefits Management – APMG – Managing Benefits and Value
- Contract Management – CIPS Contract Management
- Risk Management – Corporate Risk Management
- Quality Assurance – BCUHB Project Best Practice

The level of change is large and complex with a delivery approach of being clinically led and digitally enabled, these are reflected in the costs within the Financial Case. It is expected that the process and people changes will be more significant than the technology implementation.

There will be strong senior leadership with direct management through Executive Directors to the Chief Executive with the SRO matrix managing the Project Team.

Strong governance will be provided that mirrors the clinically led approach with clearly defined roles and responsibilities and BCUHB will work nationally and regionally to ensure strategic and operational alignment.

A range of specialist advisors may be required these include change management, clinical safety, DHCW, NWSSP and the NHS Executive.

A detailed plan is required but this cannot be provided until the contract has been awarded and further work is required to assess the clinical and benefit risks of the implementation approaches.

The digital and technical compliances have been assessed, and they can be delivered.

A Change Management Strategy that is developed collaboratively with end users' needs to be developed, this is so important due to the level of change.

The integrated Equality Impact Assessment and Socio-economic Assessment will be finalised with the supplier within 3 months of contract award. This will also be the same for the Data Protection Impact Assessment and the Cyber Assessment as supplier input is required.

To be provided in the FBC:

- Draft implementation plan (Further refined) (will be required to be finalised with the supplier)
- Change Management Strategy
- Outline Impact Assessments (will be required to be finalised with the supplier)

## 7. Conclusions and Recommendation

**We need significant change** and this OBC clearly sets out why we need to change, what we need to change, how we can change and by when whilst also providing assurance that we can deliver what is needed to improve services, save lives and avoid deaths.

The OBC has been developed collaboratively, we are stronger together and this sets the future direction for how we will work to make this happen.

The findings within this case, through the economic appraisal, risks and benefits clearly define the preferred option to be **Option 3 - Procure a Commercial off the Shelf (COTS) Solution – “Best of Breed”**

The recommendation is for the Health Board and the Welsh Government to approve this OBC and provide the required funding.

## 8.0 Declarations

✓	The above information has been reviewed to ensure it is accurate and represents a true and fair view of the service to be provided, the benefits and the costs
✓	Where third parties have provided information, this is in writing/e-mail format, and they have confirmed it is correct to the best of their knowledge
✓	Where the OBC has an impact on another Area / Division / Department the impact has been agreed with that Area / Division / Department in writing and the relevant Managers have signed below to confirm

Title	Name	Signature	Date
Interim Finance Director	Russell Caldicott		
Chief Digital & Information Officer	Dylan Roberts		
Senior Responsible Officer	Dr Anita Pierce		

## 9. Appendices

Separate document due to size (Appendices List v0.3)



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Summary of business considered in private session to be reported in public</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 25 June 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Finance, Performance and Information Governance Committee considered the following matters in private session since 2.11.23 meeting</p> <p>30.4.24 Approved the updated Strategic Outline Case for submission to the Board of the Integrated Bangor Health and Wellbeing Centre Noted a tender award relating to Llandudno Orthopaedic Main Tender Noted management response to Independent Review – Contract and Procurement Review Approved submission to Welsh Government of CAMHS Crisis Hub – “Alternative to Admission” Pilot Scheme</p> <p>21.3.24 Approved for submission to the Board consideration of NHS All Wales Capital Prioritisation Submission to Welsh Government A development session also received Contracting and Procurement Independent Review Procurement Independent Review</p> <p>7.3.24 Workshop session, extended to all Board Members, was held to discuss Three Year IMTP 2024 – 2027</p> <p>22.2.24 Electronic Prescribing and Medicines Administration Programme – Full Business Case</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russell Caldicott Interim Executive Director Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Diane Davies Corporate Governance Manager			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>

	darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p><b>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:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>				
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>				
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>				
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>				
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>				
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>				
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>				
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>				
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p>				

<b>Links to BAF risks:</b> <i>(or links to the Corporate Risk Register)</i>	
<b>Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential Committee (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b> Advised in private session reports where appropriate	
<b>Rhestr o Atodiadau:</b> Dim <b>List of Appendices:</b> None	