

## **Bundle Performance, Finance & Information Governance Committee 29** **October 2024**

- 1 09:30 - OPENING ITEMS
- 1 PF24/103 Apologies
- 2 PF24/104 Declaration of Interest
- 3 PF24/105 Draft minutes of the previous meeting held on 27.8.24 for approval  
PF24.105 PFIGC draft minutes 27.8.24 v.02
- 4 PF24/106 Matters arising and table of actions  
PF24.106 Table of Actions PFIGC public session
- 5 09:35 - PF24/107 Shared Service Partnership performance assurance report  
*Alison Ramsey Director of Finance, Shared Services Partnership in attendance*  
PF24.107a Shared services quarterly report  
PF24.107b Shared services report Betsi Cadwaladr Q2 24-25 incl Apps1 4
- 6 STRATEGIC reports
- 7 09:55 - PF24/108 Financial / Sustainability Strategy and the financial business process with  
budget setting timelines -Interim Executive Director Finance [verbal]
- 8 MONITORING reports
- 9 10:10 - PF24/109 Finance report - Interim Executive Director Finance  
PF24.109a Finance Report Coversheet - Month 6 2024.5  
PF24.109b BCU 2024-25 M06 Finance Report - PFIGC fin
- 10 10:30 - PF24/110 Divisional Performance, Finance & Workforce report: : Cancer Services
- 11 10:45 - Comfort break
- 12 10:55 - PF24/111 Integrated Performance report - Interim Executive Director Finance  
PF24.111a IPR  
PF24.111b IPR for PFIG 29.10.2024 - FINALRC
- 13 11:15 - PF24/112 Diabetes service performance update  
PF24.112a Care Process diabetes  
PF24.112b BCUDIabetes CareProcesses(final)
- 14 11:25 - PF24/113 Information Governance Quarterly Key Performance Indicator report -  
Assistant Director Compliance & Business Management  
PF24.113a Information Governance Q1KPI Report Coversheet - V2-Final  
PF24.113b Information Governance - Q1 KPI 2024-25 Final V2
- 15 11:40 - PF24/114 Information Governance Annual report 2023/2024 - Assistant Director  
Compliance & Business Management  
PF24.114a Information Governance Annual Report 2023-24 Final V2.0  
PF24.114b Appendix 1 Information Governance Annual Report 2023-24 Version  
2-Final
- 16 11:50 - PF24/115 Corporate Risk Register - Director Corporate Governance  
PF24.115 Corporate Risk Register Report PFIGC October 2024 v2
- 17 11:55 - CLOSING BUSINESS
- 18 PF24/116 Agree Items for referral to Board / Other Committees - Committee Chair
- 19 PF24/117 Agree items for Chair's Assurance report - including risks highlighted in the  
meeting  
*Committee Chair*
- 20 PF24/118 Review of meeting effectiveness - Committee Chair
- 21 PF24/119 Summary of private business to be reported in public

PF24.119 Summary of items discussed in private PFIGC sessions

- 22 PF24/121 Date of next meeting 23rd December 2024
- 23 12:00 - Exclusion of the Press and Public

**Draft minutes of the meeting of the  
Performance, Finance and Information Governance Committee (PFIGC)  
held in PUBLIC on 27<sup>th</sup> August 2024  
in the Boardroom, Carlton Court and via Teams**

<p><b>Present:</b> Gareth Williams Chris Field Rhian Watcyn Jones Prof Mike Larvin <b>By invitation</b> Dyfed Edwards</p>	<p>Vice Chair / Committee Chair Independent Member (IM) (part meeting) Independent Member Independent Member via Teams  Chair</p>
<p><b>In Attendance:</b> Nesta Collingridge Nick Graham Andrea Hughes Nichola Hyde Carol Johnson Philippa Peake Jones Dylan Roberts Carol Shillabeer Paolo Tardivel Teresa Owen Pam Wenger Iain Wilkie Diane Davies  <b>Observing</b> Fflur Jones Michelle Jones</p>	<p>Head of Risk Management (PF24/91) Associate Director Workforce Optimisation via Teams Interim Finance Director – Operational Finance Chief Finance Officer Mental Health &amp; Learning Disabilities (MHL) (PF24/87) Head of Information Governance (PF24/85) Head of Corporate Affairs Chief Digital and Information Officer Chief Executive Director Transformation and Improvement Executive Director Allied Health Professionals and Health Sciences (PF24/87) Director Corporate Governance Interim Director MHL (PF24/87) Corporate Governance Manager (for minutes)  Audit Wales Head of Financial Reporting</p>

Agenda item discussed	Action by
<p><b>PF24/81 Welcome and apologies for absence</b> <b>PF24/81.1</b> The Chair welcomed Fflur Jones of Audit Wales who was joining to observe the meeting in preparation for the Structured Assessment and Michelle Jones who was observing for development purposes.  <b>PF24/81.2</b> Apologies were received from Russ Caldicott (Andrea Hughes to deputise), Chris Stockport (Paolo Tardivel to deputise), Justine Parry (Carol Johnson to deputise for item) and Jason Brannan (Nick Graham to deputise).</p>	

<p><b>PF24/82 Declaration of interest in relation to agenda items</b></p> <p>None were received.</p>	
<p><b>PF24/83 Draft minutes of the previous meeting 25.6.24 for approval</b></p> <p>The minutes of the meeting held on 25.6.24 were <b>approved</b> as a true and correct record.</p>	
<p><b>PF24/84 Matters arising and table of actions</b></p> <p><b>PF24/84.1</b> In regard to progress of the Orthopaedic hub project, the Chief Executive advised that build progress had been delayed however the Executive Team was monitoring the situation closely including workforce considerations. It was noted that the latest gateway review presented by the Executive Director of Transformation and Planning had been reported as 'Red'. She concluded that organisational learning needed to be undertaken and provided assurance to the Chair that a report on Emergency Care would be received at the September Board meeting.</p> <p><b>PF24/84.2</b> The Chair was keen to ensure that nurse staffing levels were appropriate within the organisation taking into account the requirements of the Nurse Staffing Act but also the financial constraints on the Health Board. However, he acknowledged this remained within the remit of the Quality, Safety and Experience Committee.</p> <p><b>It was resolved that the Committee agreed</b> the action log updates provided.</p>	PW
<p><b>STRATEGIC</b></p>	
<p><b>PF24/85 IG1 Information Governance strategy review</b></p> <p><b>PF24/85.1</b> The Head of Information Governance (IG) presented the report, advising that the Committee would receive an update on the IG action plan at the next meeting. The strategy was mostly unchanged except that digital evolution was now embedded within the organisation's IG objectives.</p> <p><b>PF24/85.2</b> A discussion ensued on the effectiveness of risk mitigation advised within the report, it was envisaged that the IG asset register being rolled out within the organisation would make a significant difference moving forward. It was agreed that the risks would be considered further with the Director of Corporate Governance.</p> <p><b>PF24/85.3</b> In regard to IG mandatory training a broader discussion ensued on the overall volume of mandatory training expected to be undertaken by employees. It was understood that this issue was being explored at an All Wales level. This would be considered further with the Chief Executive Deputy Director of People and the Director of Corporate Governance.</p> <p><b>It was resolved that the Committee</b></p>	PW

<ul style="list-style-type: none"> <li>• <b>Approved</b> the revised Information Governance Strategy (IG1) subject to the amendments discussed</li> <li>• <b>Agreed</b> that the overall volume of mandatory training expected to be undertaken by employees would be further considered by People and Culture Committee</li> <li>• <b>Agreed</b> that the IG Strategy would also be made available through the medium of Welsh</li> </ul>	<p>PW</p> <p>JP</p>
<p><b>FOR ASSURANCE</b></p>	
<p><b>PF24/86 Finance report Month 4</b></p>	
<p><b>PF24/86.1</b> The Interim Finance Director reported on the positive movement of £7m year to date above planned deficit, as more savings had been identified as well as £3.3m accountancy gains. Of the £48m savings target £31.4m had now been identified however, whilst this was encouraging in comparison to the previous year's position, there was much work ongoing to identify further savings in order to ensure the year end target would be met. She advised that a Value &amp; Sustainability lead director had been appointed who would strengthen the support available to achieve BCU's financial targets. More transformational long term positive changes were expected to be developed and delivered.</p> <p><b>PF24/86.2</b> Risks regarding increased Continuing Health Care (CHC) rates, prescribing and ring-fenced dental allocation were clarified. The Capital Resource Limit, whilst currently healthy, was under discussion with Welsh Government (WG) in order to ensure that funding was provided within the appropriate financial year, should slippage to the Llandudno Orthopaedic Hub timetable be necessary.</p> <p><b>PF24/86.3</b> In response to the Committee, it was acknowledged that risks regarding premium working, agency staffing, in/outsourcing, potential alternative staffing models and CHC were on the Executive Team's radar.</p> <p><b>PF24/86.4</b> The Interim Finance Director advised the next 2 months would be key and that there was a determined focus on attaining financial delivery. The Chair emphasised that the additional £13m savings remained challenging to find and that time was running out to ensure delivery by year end.</p> <p><b>PF24/86.5</b> The Chief Executive sought confidence on the delivery outlined, as the indicated recurring additional £82m WG allocation offered on delivery of the year end target would be an important financial factor to future years' budgeting. She acknowledged the challenging financial climate for all public services in Wales and looked forward to BCU developing greater allocative efficiency moving forward. The Transformation Director concurred on the need to establish multi year planning in order to enable longer term efficient and effective solutions going forward. The Chair emphasised the need for strong financial grip and planning.</p>	
<p><b>PF24/86.6</b> In the discussion that followed it was agreed that benefits forecasts within the East would be explored, methodology was explained regarding reserves, and examples were provided on the reasons of higher agency costs at Ysbyty</p>	<p>RC</p>

<p>Glan Clwyd by the Interim Finance Director eg recent Emergency Department (ED) escalation, pan BCU services and a higher level of vacancies.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Had received</b> and scrutinised the report</li> <li>• <b>Agreed</b> that the variance of agency staff utilisation across IHCs/Divisions, and identification of drivers which consequently increased costs, would be considered further by the People and Culture Committee.</li> </ul>	<p>PW</p>
<p><b>PF24/87 Divisional Operational Finance and Performance report - Mental Health &amp; Learning Disabilities (MHL) Division</b></p> <p><b>PF24/87.1</b> The Executive Director Allied Health Professionals and Health Sciences (AHPHS), Mental Health and Learning Disability Services (MHL) Director and MHL Chief Finance Officer joined the meeting to present the report. The MHL Director drew attention to the division's structure and many interim roles, however, with the Executive Director APPHS substantively in place, it was envisaged that progress with substantive appointments would follow shortly.</p> <p><b>PF24/87.2</b> The MHL Chief Finance Officer advised a current overspend of £6.75m and year end forecast of £13.06m adverse variance as insufficient savings had been identified and there was significant financial pressures with Out of Area Placements and Continuing Health Care which were receiving focussed attention. She described the significant inroads being made to reduce the OOA placements and changes to inpatient wards. Other areas of pressure and challenges were also described as outlined within the report eg recruitment, agency spend, delayed transfers of care and the impact on the Community Mental Health Teams following the withdrawal of Local Authority staffing. Daily examples of pressures and impacts were shared with Committee members.</p> <p><b>PF24/87.3</b> It was noted that the condition and availability of suitable estate impacted on recruitment and staffing. There was currently a need to provide for the eating disorder service and Perinatal, which the Chief Executive undertook to follow up. She reflected that in considering BCU's estate strategy there would be opportunity to consider the most appropriate settings to support patients and staff more widely in the delivery of services, especially in regard to mental health.</p> <p><b>PF24/87.4</b> Thanks were extended for the Board's investment decision to support the development and implementation of a MHL Electronic Health record.</p> <p><b>PF24/87.5</b> A concerning discussion followed on the level of staff sickness, especially in regard to anxiety. The need for good visibility in leadership and management support was required to demonstrate the commitment to staff wellness. The Associate Workforce Director also advised that a Workforce Planning Lead had been appointed to better support the team.</p>	<p>CS</p>

<p><b>PF24/87.6</b> The Chief Executive emphasised the need to ensure ligature work plans were monitored, progressed and improved. Assurance was provided that tripartite arrangements were being moved forward in this area.</p> <p><b>PF24/87.7</b> The Committee sought assurance that the Directorate would focus with intent on the need to address the overspend position at pace, as it was the largest outlier in regard to savings delivery within BCU. The Executive Director AHPHS stated that this would be undertaken in balance with the need for patient safety and provision of quality of services.</p> <p><b>PF24/87.8</b> The need for effective partnership working with local authorities was emphasised in order to enable the delivery of improvements for patients together.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the current position and areas requiring further support to address key challenges</li> </ul>	
<p><b>PF24/88 Integrated Performance report</b></p> <p><b>PF24/88.1</b> The Acting Director of Performance presented the report highlighting that BCU's longest waiting patients now had appointments booked with the exception of orthodontics and maxo-facial, 1340 patients remained awaiting appointments in excess of 104 weeks. In excess of 10,000 patients remained awaiting appointments less than 104 weeks. He stated it was disappointing that the target set to ensure all long waiting patients were to be booked into appointments had not been achieved by the end of August 2024 as required by WG.</p> <p><b>PF24/88.2</b> A discussion ensued on the format of the report which the Chief Executive reflected on, alongside comments received at the latest Board meeting. She sought to assure the Committee that work would be done to better reflect the impacts and actions being undertaken to address the statistical data provided in future iterations. The newly appointed Director of Performance and Commissioning would be tasked with addressing this issue at pace on commencement in October. It would be important to incorporate trajectories and goals effectively, especially in regard to the major planned care programme being developed with the Director of Transformation. She concurred with Committee members that reporting should reflect the fact that behind the impersonal statistics were individual patients with often difficult experiences of waiting for treatment.</p> <p><b>PF24/88.3</b> Discussion also ensued on the issues surrounding patients waiting in ambulances to be transferred into BCU's care, which included patient flow (including Delayed Transfers of Care), specialty clinician review, Emergency Department (ED) utilisation and transfers to wards. The Chief Executive considered that improved specifications were required. She also urged PFIGC to monitor Urgent and Emergency Care (UEC) following the focussed UEC report to be provided at the next Board meeting.</p>	<p>PW</p>

<p><b>PF24/88.4</b> The Health Board Chair emphasised his dissatisfaction with the lag in data presented and the need to ensure that appropriate individuals were around the table to discuss solutions and to be held accountable for performance. He also sought a more effective way to ensure that colleagues within the Board were made aware of performance and engage with the need to effect improvements within their remit. There was a need for a more consistent focus in reporting on how issues identified were being addressed by responsible officers.</p> <p><b>PF24/88.5</b> The Committee Chair also sought a progress update on validation of waiting lists, which the Chief Executive advised could be best addressed by the Interim Executive Director of Finance on his return through providing an overview of how the Performance Framework was operating. She emphasised the need for the organisation to be more performance orientated and that work was needed to reshape BCU in order to drive forward the changes required.</p> <p><b>PF24/88.6</b> The Health Board Chair concurred with the PFIGC Chair that invitations to IHCs and Divisions to report on Finance and Performance was a positive step forward to engaging with managers on understanding their accountability and challenges, along with opportunities for support.</p> <p><b>PF24/88.7</b> At the request of a Board member, a briefing would be prepared for Board members on Trusted Assessors.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> <li>• <b>Agreed</b> that the report be republished to reflect corrected data reporting dates.</li> </ul>	<p>PW</p> <p>RC (EW)</p>
<p><b>PF24/89 Planned Care Performance</b></p> <p><b>PF24/89.1</b> The Committee Chair sought assurance that the Board would meet the target set by WG to ensure all over 156 week long waiting patients were booked into appointments by the end of March 2025. He was concerned at the pace and efficacy of current actions to achieve this, citing examples of particular concerns.</p> <p><b>PF24/89.2</b> The Chief Executive outlined work being undertaken and advised that additional work would be undertaken to address patients waiting the longest: additional capacity would be brought in to address Dermatology, Orthodontics would be addressed through clinician engagement, additional endoscopic service capacity would address gastroenterology and general surgery would require additional delineation to better appreciate the level of intervention required. She confirmed that Urology services required further exploration to ensure improvement. Improved clinical engagement would be required to ensure physicians' input could develop solutions and feed into the Planned Care Programme under development to achieve sustainable improvements. Challenging targets remained. She also outlined the potential reductions achievable for patients awaiting their appointments, the need to address patient presentation was an important consideration in improving appropriate and timely access for patients.</p>	

<p><b>PF24/89.3</b> It was understood that WG was keen to ensure Health Board success in addressing effective Planned Care provision.</p> <p><b>PF24/89.4</b> Considerable discussion ensued regarding theatre utilisation, especially in regard to reasons for not adhering to start times and late advised cancellations, more work was needed to address these areas including better list planning, risk aversion considerations, improved Getting it Right First Time (GiRFT) initiatives, and developing effective standby operating lists.</p> <p><b>PF24/89.5</b> The Chair reflected on the need for grip to enable sustainable improvements, as had been demonstrated by focussed and determined attention on services such as vascular.</p> <p><b>PF24/89.6</b> Following further discussion, it was agreed that the Chief Executive would consider the Committee's feedback with the Interim Executive Director of Finance, including any additional resource that might be required.</p> <p><b>PF24/89.7</b> The Director of Corporate Governance reflected that all Committees could consider thematic issues moving forward and agreed to give this further consideration going forward with the Chief Executive.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the verbal report</li> </ul>	
<p><b>PF24/90 Shared Service Partnership performance assurance report</b></p> <p><b>PF24/90.1</b> The Interim Finance Director: Operational Finance presented the assurance report, advising that the Shared Service Partnership Director would be present at the next meeting.</p> <p><b>PF24/90.2</b> The Committee considered the report and questioned whether the Committee might consider discussion of a more appropriate set of performance data related to services provided to BCU, which would improve understanding of service provision to the organisation and consideration of the subsequent effects on BCU's processes, staff and patients e.g. effective recruitment processes.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	
<p><b>PF24/91 Corporate Risk Register - Director of Corporate Governance</b></p> <p>The Head of Risk Management joined the meeting drawing attention to the actions undertaken to address the risks. It was noted that the Planned Care risk required updating.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Received assurance</b> on the four corporate risks to which the Committee has overall accountability</li> </ul>	

<p><b>CLOSING BUSINESS</b></p>	
<p><b>PF24/92 Agree items for Chair's assurance report</b></p> <p><b>PF24/92.1</b> The Committee Chair would draw Board Members' attention to the following points:</p> <ul style="list-style-type: none"> <li>• A thorough discussion on the MHLD Division's finances and performance was undertaken.</li> <li>• Concern was raised on the need for a more effective estate strategy to be progressed. This should include improved co-ordination with the various Integrated Healthcare Communities (IHCs) and divisions as quality and availability of accommodation affected the Division's ability to deliver.</li> <li>• Work to reduce Out of Area placements was recognised but this also needed to be linked in with tackling Delayed Transfers of Care</li> <li>• The need for effective partnership working with local authorities was emphasised in order to enable the delivery of improvements for patients together.</li> <li>• The Committee expressed significant concern regarding progress with regard to reducing long waits in Planned Care. Whilst there was much good work being undertaken which was starting to show positive results, reaching the targets set for 104 weeks waits by the end of the financial year would be very challenging.</li> <li>• The Committee needed to give consideration on how it could most effectively plan scrutiny of the IHCs and Divisions going forward to focus on overall performance with appropriate managers present and supporting them in areas of challenge. In order to ensure time for efficient focussed discussion within the breadth of information to be covered.</li> </ul> <p><b>PF24/92.2</b> The Committee <b>referred</b> the following to other Committees to consider further within the scope of their terms of reference delegated by the Board:</p> <p>To be further considered by People and Culture Committee:</p> <ul style="list-style-type: none"> <li>• Overall volume of mandatory training expected to be undertaken by employees</li> <li>• The variance of agency staff utilisation across IHCs/Divisions and what might be the drivers of these which consequently increased costs</li> </ul> <p><b>PF24/92.3</b> To <b>escalate</b> to the Board that The Committee remained concerned with the delivery of Planned Care targets by the end of the financial year.</p>	
<p><b>PF24/93 Review of meeting effectiveness - Committee Chair</b></p> <p>The Committee needed to give consideration on how it could most effectively plan scrutiny of the IHCs and Divisions going forward to focus on overall performance with appropriate managers present and supporting them in areas of challenge. In order to ensure time for efficient focussed discussion within the breadth of information to be covered.</p>	

<p><b>PF24/94 Summary of private business to be reported in public</b></p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the report</li> </ul>	
<p><b>PF24/95 Date of next meeting</b> 29.10.24</p>	
<p><b>Resolution to exclude the Press and Public</b></p> <p>"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

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

### Open Actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
3	PF24/85.4	27.8.24	<b>IG1 Information Governance Strategy</b> Publish a Welsh version of the IG1 Information Governance Strategy	Justine Parry	December 2024	1.10.24 In progress. The Strategy has been translated, but is waiting final approval from the Workforce Policy Group before it can be published alongside other strategies on the Internet
6	PF24/88.5	27.8.24	<b>Integrated Performance Report</b> Invite Russ to give an overview on how the Integrated Planning Framework is operating	Russell Caldicott	December 2024	
7	PF24/88.7	27.8.24	<b>Integrated Performance Report</b> Trusted Assessor briefing to be arranged	Pam Wenger	December 2024	
10	PF24/38	30.4.24	<b>Finance Report</b> Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	Pam Wenger	18.6.24	To be provided once received by the organisation. No further update at this stage  25.6.24 Arrange circulation to PFIGC members  2.8.2024

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

						Commissioning to consider reporting frequency and updates.  Presentation from Cancer Division scheduled for October 2024
<b>Suggested for closure actions</b>						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PF24/84.1	27.8.24	<b>Draft Minutes of the Previous Meeting</b> Ensure that QSE look into whether the correct levels were established against the appropriate staffing budgets allocated.	Pam Wenger	December 2024	Completed This was included in the paper to the Board in September 2024. Further update on Nurse Staffing scheduled for the Quality, Safety and Experience Committee in October.
2	PF24/85.2	27.8.24	<b>IG1 Information Governance Strategy</b> Review the risks in the Information Governance Strategy	Pam Wenger	October 2024	Completed A review of the IG related risks were considered at the Risk Scrutiny Group in October 2024 and it was noted that plans were in place to reduce the risks.
4	PF24/86.6	27.8.24	<b>Finance Report Month 4</b> Consider how benefits forecast could be incorporated in to the Finance report	Russell Caldicott	October 2024	Whilst not feasible to include benefits realisation within the financial report, a Group has been established to review business cases and their remit widened to include review of benefits realisation post implementation.
5	PF24/88.3	27.8.24	<b>Integrated Performance Report</b> Urgent and Emergency Care to be monitored through PFIG following Board – ensure this is on the forward plan	Pam Wenger	December 2024	Completed Include in the work plan for consideration at every other meeting. Further update to be provided in the Performance Report for October with a substantive update in December 2024.

9	PF24/38	30.4.24	<b>Finance Report</b> Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	Pam Wenger	18.6.24 December 2024	To be provided once received by the organisation. No further update at this stage 25.6.24 Arrange circulation to PFIGC members 2.8.2024 Audit Wales will be commencing this work shortly will be circulated when more information is available 20/10/24 (suggest close) Outcome of the review has been shared with the Chair of the Committee. Further update once finalised through Audit Committee. Include on the forward work plan for December 2024
14	PF24/87	27.8.24	<b>Divisional Operational Finance and Performance Report</b> Chief Executive to explore accommodation solution for PeriNatal and Eating Disorder services	Carol Shillabeer	30.11.24	Chief Executive has discussed with Exec Director AHPHS potential use of 2 sites if acquired, liaison with the Central IHC will be required.
15	PF24/85	27.8.24	<b>IG1 Information Governance Strategy</b> Review reporting of “issues of significance” through IGG Chair report process	Justine Parry	October 2024	1.10.24 Completed. Chairs Assurance Report will be presented to the Executive Team meetings moving forward, with the IG KPI assurance reports still presented to PFIGC
16	PF24/85.4	27.8.24	<b>IG1 Information Governance Strategy</b> CS, PW and JB to discuss the volume and different mandated training and refer Mandatory Training issue to the P&C Committee	Pam Wenger	17.10.24	Transferred to P&C Committee action log

17	PF24/86.6	27.8.24	<b>Finance Report Month 4</b> Review savings around agency spend for the East as they were not identified in the Finance Report	Russell Caldicott	8.10.24	Having reviewed the transcript, this action related to 'Low Value Impact Medicines'. This was a timing issue with the EAST IHC submitting their savings scheme at Month 5.
18	PF24/86.7	27.8.24	<b>Finance Report Month 4</b> Defer to the P&C committee the matter of YGC having comparatively raised agency usage as their vacancy rates were considerably higher.	Pam Wenger	15.10.24	Transferred to P&C Committee action log
19	PF24/87.3	27.8.24	<b>Divisional Operational Finance and Performance Report</b> Chief Executive to explore accommodation solution for PeriNatal and Eating Disorder services	Carol Shillabeer	30.11.24	Chief Executive has discussed with Exec Director AHPHS potential use of 2 sites if acquired, liaison with the Central IHC will be required.



<b>Report title:</b>	Shared Services Partnership Committee Quarter 2 2024/25 Assurance report			
<b>Report to:</b>	Performance, Finance and Information Governance Committee			
<b>Date of Meeting:</b>	Tuesday, 29 October 2024			
<b>Executive Summary:</b>	<p>The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th September 2024.</p> <p>As part of the approval of our Year 1 of our IMTP for 2024-25, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.</p> <p>The Quarter 2 performance for the organisation was generally on target with 16 out of 20 KPIs showing as green.</p> <p>The time to hire target was achieved in September and NWSSP continue to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.</p> <p>Further action will continue to be taken forward to address the performance in areas of underperformance.</p> <div data-bbox="491 1249 1426 1518" style="text-align: center; border: 1px solid black; padding: 10px;"> <p><b>KPI STATUS</b></p> <table style="width: 100%; margin: 10px 0;"> <tr> <td style="width: 33%; background-color: red; color: white; text-align: center; padding: 5px;">2</td> <td style="width: 33%; background-color: yellow; text-align: center; padding: 5px;">2</td> <td style="width: 33%; background-color: green; color: white; text-align: center; padding: 5px;">16</td> </tr> </table> <p style="background-color: #1a3d54; color: white; padding: 5px; text-align: center;">Not Available 0</p> </div> <p>Of the 4 KPIs that did not achieve the targets:</p> <ul style="list-style-type: none"> <li>2 are the responsibility of the health organisation.</li> <li>2 are a combination of both NWSSP and our customers processes.</li> </ul> <p>NWSSP continue to support the organisation in relation to recruitment performance.</p> <p>Heads of Audit and Heads of Procurement continue to work with key individuals within the organisation to improve delivery against targets.</p>	2	2	16
2	2	16		
<b>Recommendations:</b>	The Committee is asked to note the report			

<b>Executive Lead:</b>	Russ Caldicott - Interim Executive Director Finance			
<b>Report Author:</b>	Alison Ramsey – Director of Finance and Corporate Services, Shared Services Partnership			
<b>Purpose of report:</b>	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>Assurance level:</b>	<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 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>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>				
<b>Link to Strategic Objective(s):</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.			
<b>Regulatory and legal implications:</b>				
<b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>				
<b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>				
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>				
<b>Financial implications as a result of implementing the recommendations</b>				
<b>Workforce implications as a result of implementing the recommendations</b>				
<b>Feedback, response, and follow up summary following consultation</b>				
<b>Links to BAF risks: (or links to the Corporate Risk Register)</b>				

<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b> <i>Implementation of recommendations</i></p>	
<p><b>List of Appendices:</b> NHS Wales Shared Services Partnership Summary Performance Report – Betsi Cadwaladr University Health Board Period 1st July 2024 – 30th September 2024.</p> <p>Appendix 1 to this report provides the September performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30th September 2024.</p> <p>Appendix 2 provides September performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 30th September 2024.</p> <p>Appendix 3 then highlights the position for all health organisations at the end of September 2024.</p> <p>Appendix 4 highlights the Outcome measures reporting we have been reporting at the end of September 2024.</p>	

**Guidance:**

**CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR  
RHOWCH Y DYDDIAD  
TEITL YR ADRODDIAD**

**BOARD OF DIRECTORS MEETING IN PUBLIC  
INSERT DATE  
REPORT TITLE**

**1. Cyflwyniad / Cefndir**

Y cyd-destun sy'n esbonio pam fod yr adroddiad yn cael ei gyflwyno i'r Bwrdd/Pwyllgor, unrhyw gamau ymgynghori blaenorol, a'r pwrpas o'i gyflwyno i'r Bwrdd

**Introduction/Background**

Set the scene on why the report is submitted to the Board/committee, where it has been previously in terms of consultation, and the aim for its submission to Board

**2. Corff yr adroddiad / Body of report**

**3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications**

3.1 Nid oes goblygiadau cyllidebol yn deillio o'r papur hwn. Mae'r adnoddau ar gyfer cynnal cydymffurfiaeth yn cael eu goruchwyllo gan ...

*There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by ...*

3.2 NEU Mae'r goblygiadau cyllidebol yn cael eu lliniaru'n llawn/rhannol drwy ...

*OR Budgetary implications are and fully/partially mitigated via....*

**4. Rheoli Risg / Risk Management**

Mae un risg ar Datix sy'n gysylltiedig â'r maes hwn, sef risg ID xxxx. Mae hon yn risg rannol

*There is one risk on Datix linked to this area which is risk ID xxxx. This risk is partially*

**5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications**

5.1 Os yw'r adroddiad hwn yn ymwneud â 'phenderfyniad strategol', h.y. bydd y canlyniad yn effeithio ar sut mae'r Bwrdd lechyd yn cyflawni ei bwrpas statudol dros gyfnod sylweddol o amser ac ni ystyrir iddo fod yn benderfyniad 'o ddydd i ddydd', mae'n rhaid i chi gynnwys Dyletswydd Economaidd-gymdeithasol (SED), Asesiad o Effaith Cydraddoldeb (SEIA) yn ogystal ag asesiad Effaith Cydraddoldeb (EqIA) fel atodiad.

*If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include a Socio-economic Duty (SED) Impact Assessment (SEIA) as well as a completed Equality Impact (EqIA) as an appendix.*

5.2 Mae angen cydymffurfiaeth EqIA yn unol â Gweithdrefn WP7 er mwyn sicrhau bod cydraddoldeb a hawliau dynol yn cael eu hymgorffori i brosesau penderfynu a datblygu polisi'r sefydliad.

*EqIA compliance is required in accordance to Procedure WP7 to ensure equality and human rights are embedded into organisational decision-making and policy development processes.*

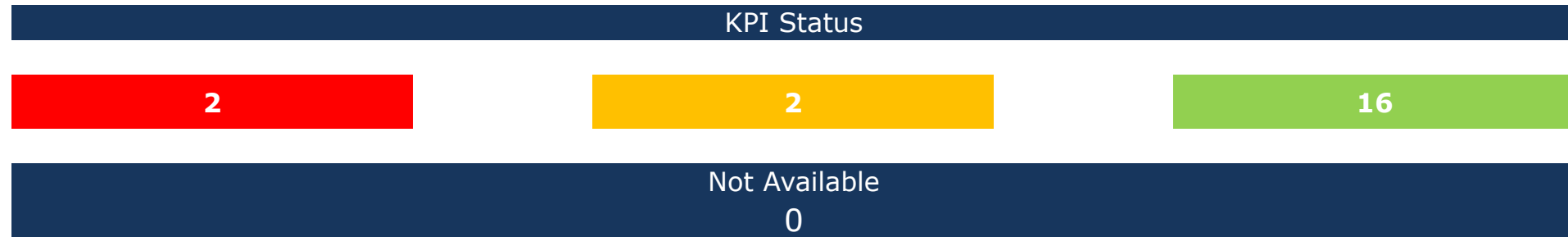
**NWSSP  
SUMMARY PERFORMANCE REPORT**

**BETSI CADWALADR  
UNIVERSITY HEALTH BOARD**

**Period 1st July 2024 – 30th September  
2024**

*Delivering Value, Innovation  
and Excellence through  
Partnership*





**Points of Contact**

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)  
Richard Phillips – Head of Performance & Outcome reporting (Richard.phillips@wales.nhs.uk)

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th September 2024.

As part of the approval of our Year 1 of our IMTP for 2024-25, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 2 performance for the organisation was generally on target with 16 out of 20 KPIs showing as green.

The time to hire target was achieved in September and NWSSP continue to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.

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

Of the 4 KPIs that did not achieve the targets:

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

NWSSP continue to support the organisation in relation to recruitment performance.

Heads of Audit and Heads of Procurement continue to work with key individuals within the organisation to improve delivery against targets.

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

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

The indicative financial benefits arising in the period April – September 2024 for the organisation is £38M with the breakdown in the following table.

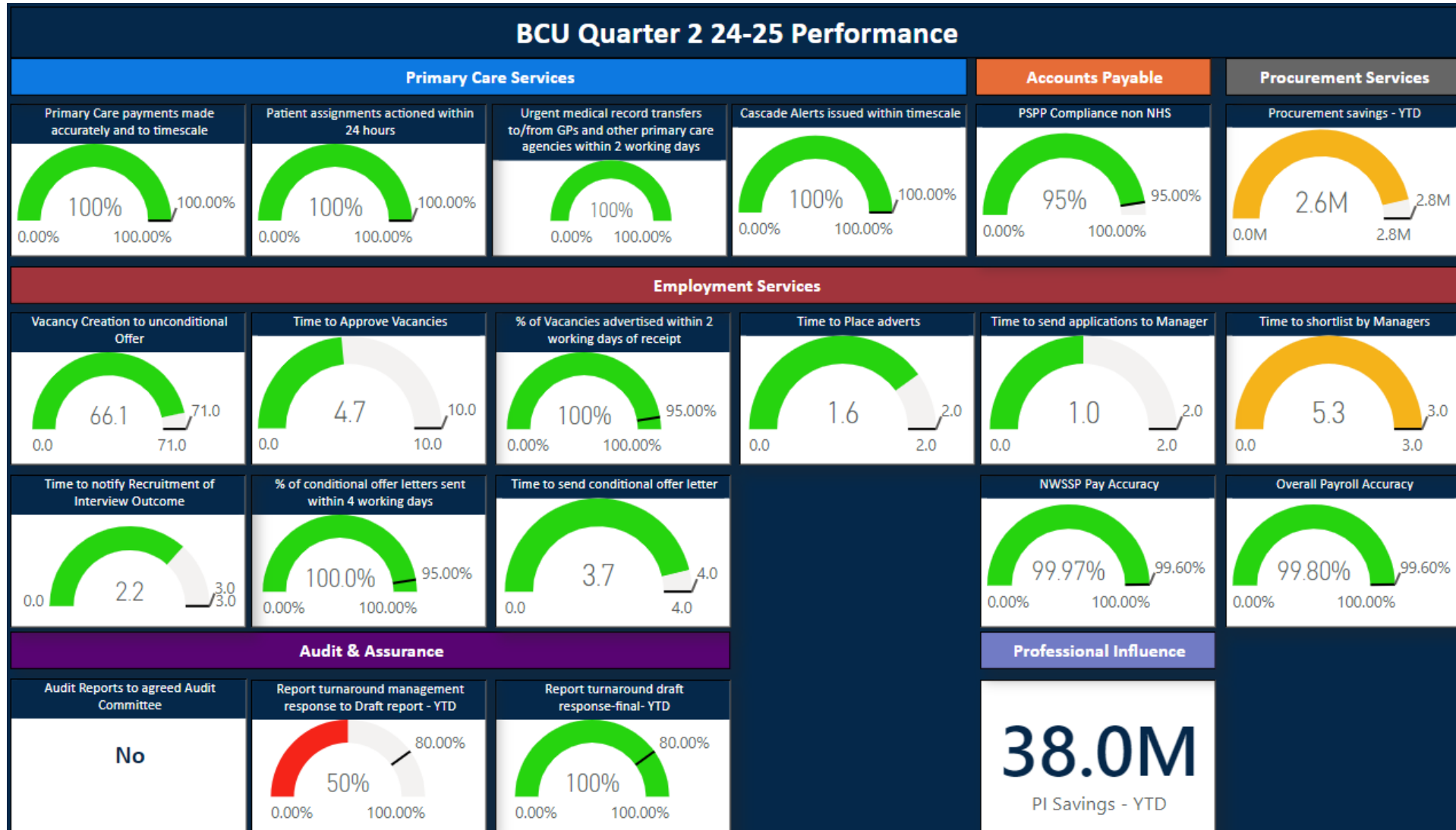
Service	YTD Benefit £m
Specialist Estates Services	0.10
Procurement Services	2.58
Legal & Risk Services	34.45
Accounts Payable	0.88
Counter Fraud Services	0
<b>Total</b>	<b>38</b>

**Appendix 1** to this report provides the September performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30th September 2024.

**Appendix 2** provides September performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 30th September 2024.

**Appendix 3** then highlights the position for all health organisations at the end of September 2024.

**Appendix 4** highlights the Outcome measures reporting we have been reporting at the end of September 2024.



# Action Plan for Lead Indicators

There were two KPIs showing as red for the in-month September position.

There were two KPIs showing as amber for the in-month September position.

BCU High Level - KPIs Sep 2024	Target	31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Procurement Services</b>						
Procurement savings - YTD	Target	£2.029m	£2.783m	£1.839m	£2.772m	
	Actual	£3.957m	£4.566m	£1.762m	£2.579m	

### What is happening?

The in-year savings is tracking slightly behind the target achieving £2.58m against a target of £2.77m. The underachievement can be attributed to 2 contracts being deferred to later on in the financial year.

### What are we doing about it?

Heads of Procurement are meeting with finance colleagues to discuss the validation of savings and to identify further savings throughout the year.

BCU High Level - KPIs Sep 2024	Target	31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Audit &amp; Assurance</b>						
Audits reported to agreed Audit Committee	Y/N	Y	Y	Not Applicable	N	
% of audit outputs in progress		25%	30%	21%	47%	
Report turnaround management response to Draft report - YTD	80%	86%	76%	Not Applicable	50.0%	
Report turnaround draft response-final- YTD	80%	100%	100%	Not Applicable	100.0%	




## What is happening?

Audits reported to agreed Audit Committee reported 40% with 2 of the 5 reports being submitted on time. The audits that missed the committee were attributed to internal issues of resource and capacity.

Report Turnaround management response to Draft report-YTD missed the 80% target during September reporting 50%. 1 of the 2 reports were completed within that time frame

## What are we doing about it?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

BCU High Level - KPIs Sep 2024	Target	31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Employment Services</b>						
<b>Organisation KPIs Recruitment</b>						
Vacancy creation to unconditional offer	71 days	72.6	68.8	64.6	66.1	
% of vacancies shortlisted within 3 working days		57%	56%	56%	54%	
Time to Shortlist by Managers	3 days	5.9	4.9	5.4	5.3	

### What is happening?

The overall time to hire target of 71 days was achieved in September with 66 days however, time to shortlist by managers missed the target taking on average 5.3 days in September against a target of 3 days..

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

### What are we doing about it?

Good progress has been made on the cleansing of older records in the system, there is still a way to go on closing these down and these will continue to impact on the time to hire.

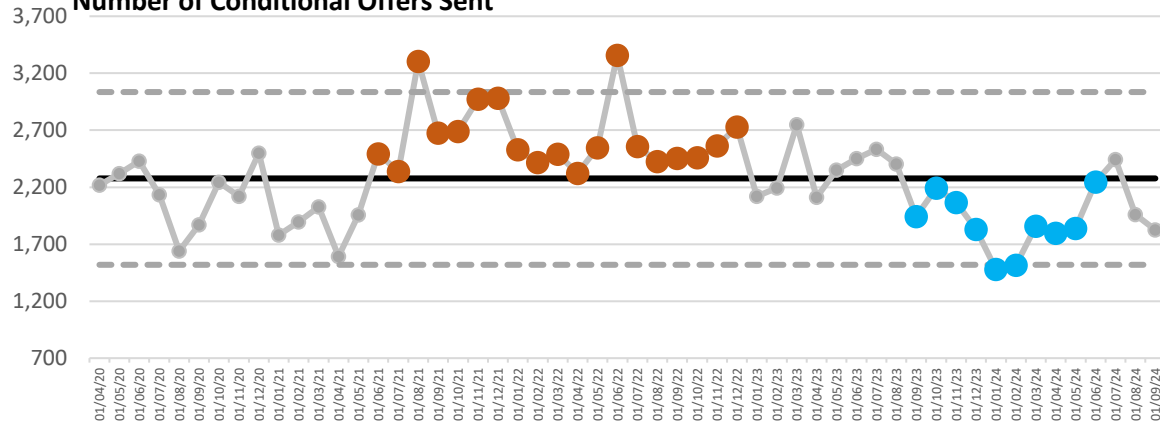
# Employment Services – Recruitment

## Recruitment

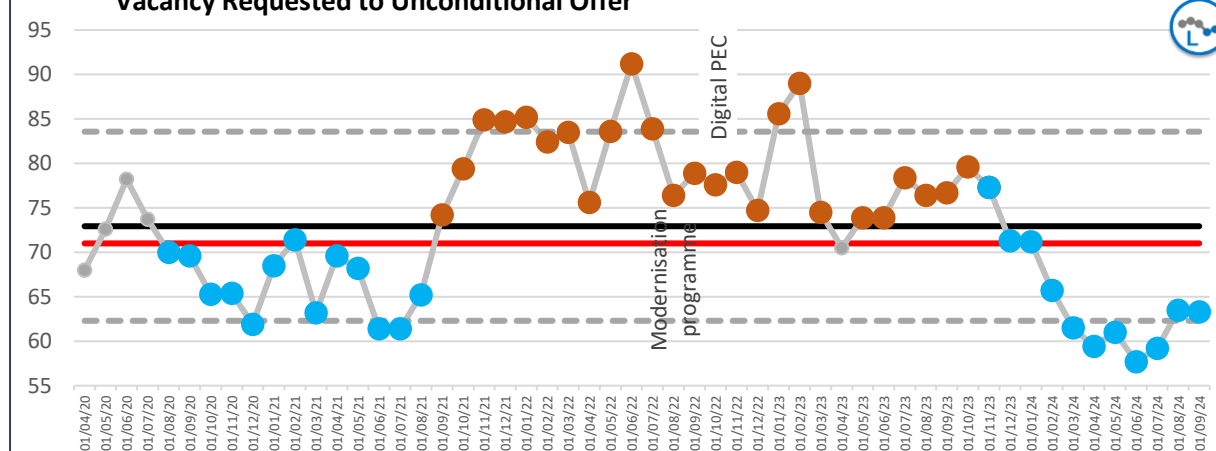
## Vacancy Creation to Unconditional Offer

Org	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
AB	71	103	102	99	90	80	71	70	68	69	72	67	69	↓
BCU	71	69	74	73	75	74	69	63	68	65	69	71	66	↑
CV	71	95	88	94	93	84	89	87	84	76	78	82	85	↓
CTM	71	106	94	82	82	76	66	67	64	66	70	74	71	↑
HD	71	65	58	51	58	51	51	51	49	50	51	52	55	↓
HEIW	71	89	101	57	73	71	47	55	51	52	50	51	55	↓
DHCW	71	64	60	63	68	52	58	48	57	37	45	34	43	↓
NWSSP	71	76	88	71	77	76	56	46	55	56	56	62	63	↓
PTHB	71	70	74	69	72	70	53	68	66	59	59	78	71	↑
PHW	71	58	57	58	57	60	58	55	54	47	48	54	55	↓
SBU	71	72	68	70	66	69	58	61	57	57	58	62	60	↑
VEL	71	73	66	68	61	53	61	49	49	56	56	65	58	↑
WAST	71	109	96	80	75	66	66	73	94	65	65	71	70	↑
All Wales	71	80	77	71	71	66	62	59	61	58	59	64	63	↑

Number of Conditional Offers Sent

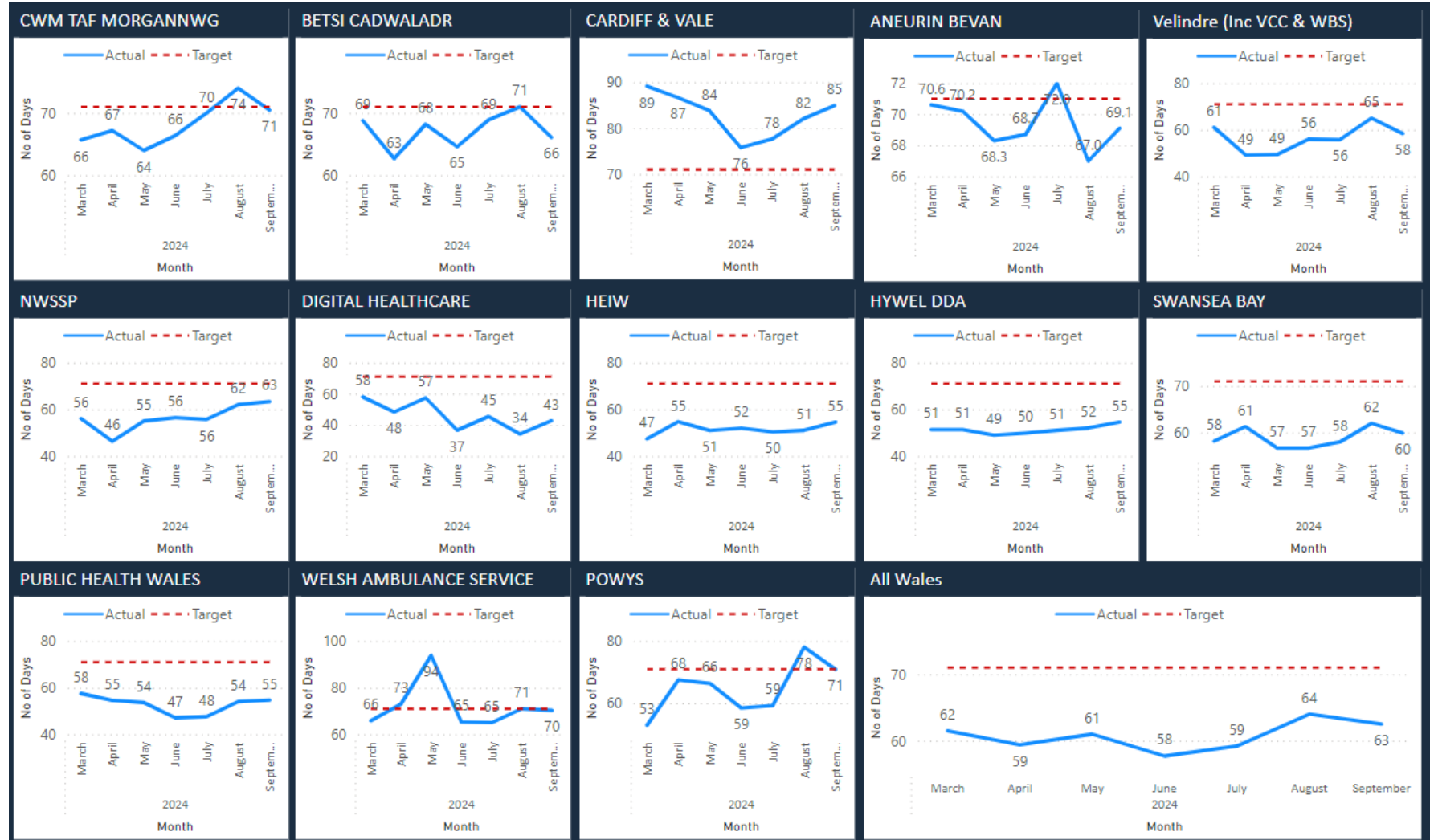


Vacancy Requested to Unconditional Offer



# Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations March – September 24.






















Vacancy Creation to unconditional offer

# Appendix 1 – Performance for the period to 30th September 2024

BCU High Level - KPIs Sep 2024	Target	31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Financial Information</b>						
Professional Influence Savings - YTD		£30.966 m	£34.458 m	£16.654 m	£38.013 m	
<b>Employment Services</b>						
<b>Payroll services</b>						
NWSSP Pay Accuracy	99.6%	99.98%	99.98%	99.97%	99.97%	
Overall Pay Accuracy	99.6%	99.86%	99.82%	99.82%	99.80%	
<b>Organisation KPIs Recruitment</b>						
% of vacancy creation to unconditional offer within 71 days		65%	67%	67%	72%	
Vacancy creation to unconditional offer	71 days	72.6	68.8	64.6	66.1	
% of vacancies approved within 10 working days		81%	78%	98%	97%	
Time to Approve Vacancies	10 days	7.6	6.3	4.3	4.7	
% of vacancies shortlisted within 3 working days		57%	56%	56%	54%	
Time to Shortlist by Managers	3 days	5.9	4.9	5.4	5.3	
% of interview outcomes notified within 3 working days		81%	80%	85%	83%	
Time to notify Recruitment of Interview Outcome	3 days	2.3	2.1	2.1	2.2	
<b>NWSSP KPIs Recruitment</b>						
% of Vacancies advertised within 2 working days of receipt	95.00%	100%	100%	100%	100%	
Time to Place Adverts	2 days	1.8	1.5	1.6	1.6	
% of applications moved to shortlisting within 2 working days of vacancy closing		100%	100%	100%	100%	
Time to Send Applications to Manager	2 days	1.0	1.0	1.0	1.0	
% of conditional offer letters sent within 4 working days	95.00%	100%	100%	99%	100%	
Time to send Conditional Offer Letter	4 days	3.7	3.5	3.8	3.7	
<b>Procurement Services</b>						
Procurement savings - YTD		Target £2.029m Actual £3.957m	Target £2.783m Actual £4.566m	Target £1.839m Actual £1.762m	Target £2.772m Actual £2.579m	
<b>Accounts Payable</b>						
Invoices older than 30 days not disputed		1,541	1,947	2,909	2,817	
% Invoices on hold not disputed over 30 days		30%	34%	51%	53%	
Invoice Turnaround within 4 Days	80%	94.3%	94.5%	94.6%	95.4%	
PSPP Compliance non NHS	95%					
<b>Primary Care Services</b>						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
<b>Audit &amp; Assurance</b>						
Audits reported to agreed Audit Committee	Y/N	Y	Y	Not Applicable	N	
% of audit outputs in progress		25%	30%	21%	47%	
Report turnaround management response to Draft report - YTD	80%	86%	76%	Not Applicable	50.0%	
Report turnaround draft response-final- YTD	80%	100%	100%	Not Applicable	100.0%	

# Appendix 2 – All Wales Performance for the period to 30th September 2024

ALL WALES KPIs		31/12/2023	31/03/2024	30/06/2024	30/09/2024	Trend
<b>Primary Care Services</b>						
Prescription - Payment Month keying Accuracy rates	99%	99.76%	99.68%	99.70%	99.74%	
Prescriptions processed (Apr)	28.89m	50.7m	56.79m	7.28m	29.02m	
<b>Welsh Risk Pool</b>						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
<b>Legal and risk</b>						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	97%	100%	100%	
<b>Student Awards</b>						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	98.2%	96.9%	96.4%	98.0%	
<b>CTeS</b>						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	99%	100%	
<b>Digital Workforce</b>						
DWS % Calls Handled	85%	95.80%	95.51%	94.35%	97.96%	
<b>SMTL</b>						
% of Monitoring reports completed within 14 days from receipt into the laboratory				100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory				100%	100%	
% delivery of audited reports on time (Commercial)	87%	100%	91%	100%	100%	
% delivery of audited reports on time (NHS)	87%	100%	100%	N/A	N/A	
<b>Pharmacy Technical Services</b>						
Service Errors	<0.5%	0	4	0	0	
<b>Medical Examiner</b>						
Deaths Scrutinised	60%	100%	100%	100%	100%	
<b>All Wales Laundry</b>						
Orders dispatched meeting customer standing orders	90%	90%	94%	89%	91%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	94%	95%	97%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	0	0	

# Appendix 3 – Health Org Performance comparison 30th September 2024



KPIs Sep 2024	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
<b>HEALTH ORG KPIs</b>														
<b>Financial Information</b>														
Professional Influence Savings- YTD	Our Value		£27.463 m	£31.848 m	£38.013 m	£42.612 m	£23.233 m	£8.761 m	£2.646 m	£0.444 m	£1.413 m	£1.781 m	£0.090 m	£0.175 m
<b>Employment Services</b>														
<b>Payroll Services</b>														
NWSSP Pay Accuracy	Our Services	99.6%	99.94%	99.98%	99.97%	99.89%	99.95%	99.99%	99.81%	99.86%	99.68%	99.89%	100.00%	100.00%
Overall Pay Accuracy	Our Services	99.6%	99.79%	99.84%	99.80%	99.73%	99.75%	99.82%	99.77%	99.73%	99.50%	99.73%	99.86%	99.60%
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
<b>Orgaliation KPIs Recruitment</b>														
Vacancy creation to unconditional offer	Our Services	71 days	59.9	69.1	66.1	84.9	70.5	54.6	54.7	70.9	55.0	70.3	54.6	42.7
Time to Approve Vacancies	Our Services	10 days	3.9	11.8	4.7	19.2	16.5	6.1	5.2	6.6	1.3	10.4	5.7	0.0
Time to Shortlist by Managers	Our Services	3 days	6.8	8.2	5.3	9.6	8.0	2.5	8.0	7.2	18.2	3.2	4.3	4.3
Time to notify Recruitment of Interview Outcome	Our Services	3 days	2.9	5.7	2.2	3.4	3.0	1.5	3.1	3.2	6.2	4.2	1.1	1.4
<b>NWSSP KPIs Recruitment</b>														
Time to Place Adverts	Our Services	2 days	1.8	1.8	1.6	1.7	1.6	1.6	1.8	1.9	1.3	1.4	1.2	1.3
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Time to send Conditional Offer Letter	Our Services	4 days	3.9	3.5	3.7	4.0	3.9	3.7	3.9	3.7	3.6	3.9	4.0	4.0
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
<b>Procurement Services</b>														
Procurement savings- YTD	Our Value		Target £1.879m Actual £3.108m	Target £3.919m Actual £4.097m	Target £2.772m Actual £2.579m	Target £5.316m Actual £7.537m	Target £2.352m Actual £2.468m	Target £2.633m Actual £2.938m	Target £0.368m Actual £0.063m	Target £0.193m Actual £0.159m	Target £0.118m Actual £0.448m	Target £0.032m Actual £0.029m	Target £0.041m Actual £0.049m	Target £0.006m Actual £0.028m
<b>Accounts Payable</b>														
Invoices older than 30 days not disputed	Our Services		3,062	1,702	2,817	2,267	3,295	1,033	708	258	411	158	61	40
% Invoices on hold not disputed over 30 days	Our Services		53%	38%	53%	57%	54%	58%	72%	40%	26%	51%	51%	56%
Call Handling% - Quarterly Average	Our Services	95%	97.3%											
PSPP Compliance non NHS	Our Services	95%	96.1%	97.5%	95.4%	97.8%	95.4%	95.8%	98.0%	93.8%	97.4%	97.8%	97.5%	96.5%
<b>Audit &amp; Assurance</b>														
Audits reported to Agreed Audit Committee	Our Services	Y/N	Y	Y	N	N	N	N	N	N	Y	N	Y	N
% of audit outputs in progress	Our Services		39%	34%	47%	12%	22%	28%	36%	27%	21%	25%	27%	39%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	67%	Not Applicable	50%	50%	100%	80%	100%	50%	Not Applicable	100%	50%	100%
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	100%	Not Applicable	100%	100%	100%	100%	100%	100%	Not Applicable	100%	100%	100%
<b>Primary Care Services</b>														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

## Our Services

Driving the pace of innovation and consistently providing high quality services





Our Services

Our People

Our Value

---

### Our Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

### RPA Processes

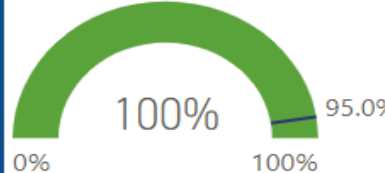
Division

- Employment...
- Accounts ...
- Other
- Primary C...



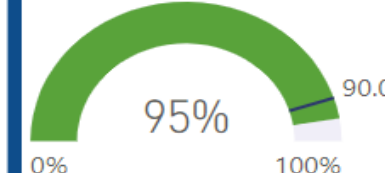
### Legal & Risk Services

Case Closure Client Satisfaction



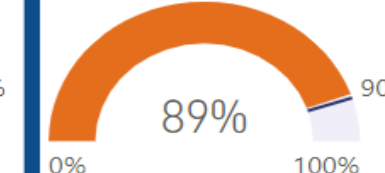
### DWS

Customer Satisfaction



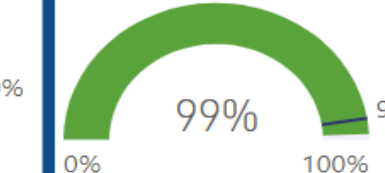
### Central Team

Annual Customer Satisfaction



### Specialist Estates

Annual Customer Satisfaction



---

Website Bounce Rate

## 31%

Website Users

## 12K

Website Page Views

## 36K

**Website Pages - September 24 (Top 3)**

1. Student award services - 4,673
2. How do I apply for a bursary - 3,749
3. Current Vacancies - 2,338

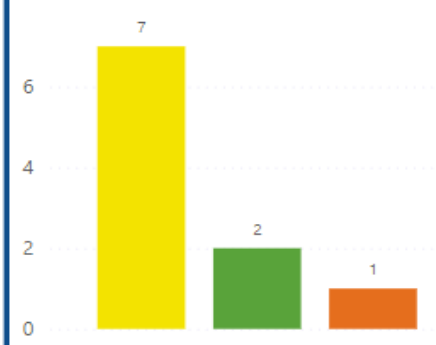
### Customer Service Excellence

CSE Compliance Met

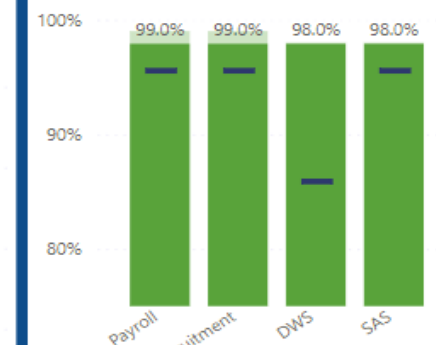
CSE Compliance P...

45      12

### NWSSP Assurance Overview



### Calls Answered




● Sum of Actual    — Sum of Target

# Appendix 4 – Outcome Reporting (Our People)

## Our People

Working together to be the best that we can be



Our Services

Our People

Our Value

---

### Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

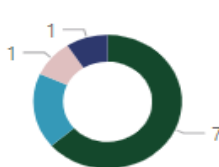
Total Registered Innovations through Hub

# 11

Registered Innovations through Hub

Division

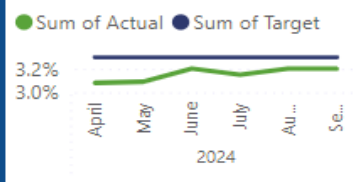
- Primar... 7
- Financ... 1
- People... 1
- Procur... 1



---

### Sickness

Sum of Actual (Green) Sum of Target (Blue)



3.2%  
3.0%

April May June July Au... Se...

2024

### NHS Wales Staff Survey

NWSSP (Green) All Wales (Blue)



100%  
50%  
0%

Engage... I am able I am proud I get I have a I have In the last In the last In the last My The There are There are  
Score to make to tell recogniti... choice in opportu... 12 12 three organisat... organisat... frequent opportu... for me to  
in my are... work for ... work. how to d... to improve my know... have you... have you... have you... takes values my work. for me to... develop ...

### Annual Turnover (Excluding SLE)

# 10%

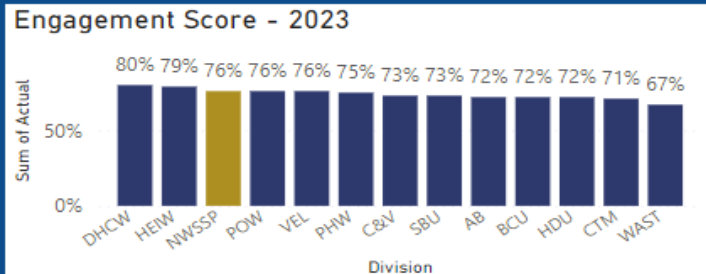
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### Top 3 reasons for absence by FTE Days Lost

1. Anxiety/ stress/ depression/ other psychiatric illness
2. Cold, Cough, Flu - Influenza
3. Gastrointestinal problems

### Engagement Score - 2023

Sum of Actual



80% 79% 76% 76% 76% 75% 73% 73% 72% 72% 71% 67%

DHCW HEIW NWSSP POW VEL PHW C&V SBU AB BCU HDU CTM WAST

Division

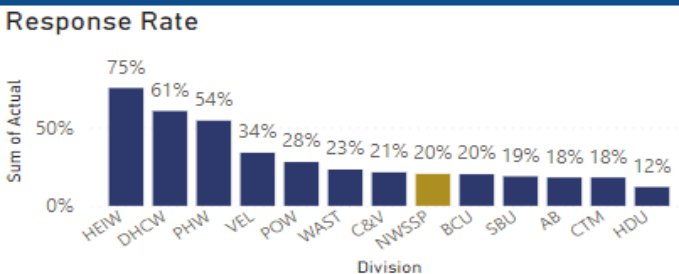
### Voluntary Resignation Reasons (Excluding SLE) (Top 3)

1. Promotion 51%
2. Relocation 13%
3. Health 7%

---

### Response Rate

Sum of Actual



75% 61% 54% 34% 28% 23% 21% 20% 20% 19% 18% 18% 12%

HEIW DHCW PHW VEL POW WAST C&V NWSSP BCU SBU AB CTM HDU

Division

# Appendix 4 – Outcome Reporting (Our Value)

### Our Value

Maximising the benefit, efficiency, and social impact of what we do for our partners

### Outcomes

- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
- We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Our Services

Our People

**Our Value**

#### Professional Influence Benefits 2024 YTD



Division	Value (£M)
Legal & Risk Ser...	£148M
Procurement Ser...	£24M
Specialist Estates	£11M
Procurement Ser...	£8M
Accounts Payable	£6M
Counter Fraud	£0M

#### Procurement Savings - Full year 2024



£26M

£0M to £23M

Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Service...

## Green

#### Procurement Savings - In Year 2024



£24M

£0M to £20M

#### £ Spend in Wales



£2.1bn 2023, £2.1bn 2024

#### % Spend in Wales



44% 2023, 43% 2024

Metric	Value
NHS Employee Electric Miles (% of Total Miles)	6%
NHS Employee Electric Miles	178K
Supply Chain Logistics - Electric Miles %	8%

Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan

## Amber

#### Travel & Subsistence (Excluding SLE) (£'s)



#### Supply Chain Logistics - Electric Miles Number



NWSSP properties converted to LED Lighting

## 90%

Electric Vehicle Chargers

## 37



*Delivering  
Value, Innovation and  
Excellence through  
Partnership*



<b>Teitl adroddiad:</b>	<b>2024-25 Month 6 Finance, Capital and Savings Report</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	Performance, Finance & Information Governance Committee (PFIGC)
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Tuesday, 29 October 2024
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	This report articulates the financial performance of the Health Board for the year to date position as at the end of Month 6 (September 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>The 2024/25 financial plan is to deliver a £19.8m deficit for 2024/25, the plan reflecting receipt of the £82m one off funding secured by the Health Board for a further year, and delivery of a £48m savings ask. The savings requirement and the projected deficit are profiled equally across the financial year. The forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan.</p> <p>The September position is reporting an in-month deficit of £1.9m, which is £0.3m higher than the monthly profiled Financial Plan deficit of £1.6m, and an improvement of £1.4m in comparison to previous month.</p> <p>Year to date position is reporting a deficit of £18.7m. This represents an £8.9m adverse variance compared to 6/12<sup>ths</sup> of the full year £19.8m planned deficit. The year to date deficit above plan is driven by additional pressures of Continuing Health Care (CHC) increased activity, Commissioned Services including Out of Area Placements and Primary &amp; Secondary Care Drugs. Reviews continue to refine forecasts and ensure mitigations for cost overruns are in place to provide assurance over delivery of plan for the financial year.</p> <p>The position has benefited from fortuitous accountancy gains of £1.8m in month (£6.9m year to date). As the accountancy gains are one off items, the underlying trend of expenditure remains challenging and requires continued effort to deliver the mitigating actions to recover the overspend against year to date plan and keep control of emerging pressures.</p> <p>Welsh Government have confirmed that should the Health Board deliver the Annual Plan Deficit of £19.8m, then there is opportunity to secure the £82m Strategic Support Funding for future financial years. It is therefore essential that the Health Board gives additional focus on mitigation of cost overruns to ensure this substantial funding is secured.</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</p>

	<p>Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £45.4m and is forecast to be spent in full. Year to date expenditure is £5.8m against a year to date plan of £10.3m.</p> <p>Whilst it is normal to have a low planned level of expenditure at commencement of the financial year (allowing for delays in planning and commissioning the works) there is a focus to bring forward as much expenditure as possible to remove risk of underspends caused by delays that may occur late in the financial year.</p> <p><u>Savings</u></p> <p>The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. The £48.0m target plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme has been developed through a Value &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>Work has progressed well on identifying savings opportunities, with the full year forecast value of Green Schemes totalling £41.5m and fortuitous Accountancy Gains of £6.9m, giving a combined total of £48.4m, an increase of £6.0m from Month 5. Of these, £28.6m have been identified as recurring, with a full year effect of £39.2m, and £19.8m are non-recurring savings.</p> <p>Savings delivered in Month 6 totalled £7.3m, of which £3.0m was recurring. Accountancy Gains of £1.8m were also identified in month which contribute to the in-month delivery.</p> <p>The full year plan value of Red and Pipeline opportunities which need further work to convert to Green Schemes totals £1.7m.</p> <p>Additional focus on mitigation of cost overruns is now key to ensure attainment of the 2024/25 financial plan. The identification of mitigating actions, alongside the containment and reversal of cost overruns, remains a key risk of circa £25.9m to the attainment of the 2024/25 plan.</p>		
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Committee is asked to</p> <ul style="list-style-type: none"> <li>• <b>receive</b> and scrutinise this report</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>Andrea Hughes, Finance Director (interim) 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>

<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</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>	<b>Derbyniol</b> <b>Acceptable</b> <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>	<b>Rhannol</b> <b>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</b> <b>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>  <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>  <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>		Naddo N  Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.  The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.		
<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>		BAF – Financial Stability  Current risks and mitigations are shown in Appendix A, Slide 13.  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><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>	Not applicable.
<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>	Not applicable
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<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</b> <b>BAF risks</b> BAF SP14 – Estates &amp; Capital (There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</p> <p><b>Link to Corporate Risk Register:</b> CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan</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>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> <b>Implementation of recommendations</b></p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b> A - 2024/25 Finance Report (Revenue, Capital and Savings) - Month 6</p>	

# Finance Report September - Month 6 2024/25

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



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<b>Objective</b>	<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>	
<b>Key Financial Targets</b>	<b>Revenue</b>	<ul style="list-style-type: none"> <li>In-Month deficit of £1.9m, an improvement of £1.4m from Month 5 and is £0.3m higher than the profiled financial plan deficit of £1.6m for Month 6. Reviews of forecasts and mitigations to cost overruns continue with the Directorate and Area leadership teams and Executive.</li> <li>Year to date deficit of £18.7m. This represents an £8.9m adverse variance compared to 6/12ths of the planned deficit.</li> <li>Forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.</li> </ul>
	<b>Cash</b>	<ul style="list-style-type: none"> <li>Closing cash balance as at 30th September 2024 was £7.6m, which included £3.7m cash held for revenue expenditure and £3.9m for capital projects. Current forecast closing cash balance of (£14.7m) consists of (£17.2m) revenue cash and £2.5m capital cash.</li> </ul>
	<b>Savings</b>	<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.</li> <li>As at Month 6, the Health Board is forecasting to deliver £48.4m (£41.5m Savings and £6.9m Accountancy Gains) against a target of £48m. This is an increase of £6.0m from Month 5.</li> <li>Of the £48.4m forecast delivery, £28.6m is recurring schemes with a full year effect of £39.2m (costs that can be removed in this and future financial years) and £19.8m are non-recurring savings (one off in year cost reductions).</li> <li>Savings delivered in Month 6 totalled £7.3m, of which £3.0m is recurring. Accountancy Gains of £1.8m were also identified in month which contribute to the in-month delivery.</li> </ul>
	<b>Capital</b>	<ul style="list-style-type: none"> <li>Approved Capital Resource Limit (CRL) for 2024/25 is £45.4m and is currently forecast to be spent in full. Year to date expenditure is £5.8m against a year to date plan of £10.3m. Discussions are ongoing with the Welsh Government on the option to return funds for a small number of schemes and have the funding re-provided to the Health Board in 2025/26.</li> </ul>
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>2024/25 financial plan requires delivery of a £48m recurrent savings target to deliver the full year planned deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year.</li> <li>Welsh Government have confirmed that should the Health Board deliver the Annual Plan Deficit of £19.8m, then the £82m Strategic Support Funding allocated for 2024/25 only, will potentially be allocated recurrently (available for future financial years). It is therefore essential that the Health Board continues to focus on mitigation of cost overruns and delivery of further savings opportunities to ensure this funding is secured.</li> <li>The year to date deficit above plan is driven by additional pressures of CHC increased activity, Commissioned Services including Out of Area Placements and Primary &amp; Secondary Care Drugs. Risks to be managed in delivery of plan total c.£25.9m</li> <li>As the accountancy gains of £1.8m in month (£6.9m year to date) are one off gains, the underlying trend of expenditure remains challenging and requires continued significant effort to keep control of emerging pressures and recover the overspend against plan.</li> </ul>	

# Key Performance Indicators



## Month 6 Position

In Month: £188.2m against plan of £187.9m

**£0.3m adverse position**

YTD: £1078.2m against plan of £1069.3m

**£8.9m adverse position**



## Forecast

Projection held at planned deficit but this is subject to risk. Reviews on forecasts and available mitigations continues with Area and Directorate leadership teams (risk to delivery of plan £25m)

**£19.8m deficit**

## Month 6 Divisional Performance

West IHC	£9.8m adverse
Central IHC	£15.4m adverse
East IHC	£17.1m adverse
Womens	£0.5m adverse
MH & LD	£9.9m adverse
Commissioning Contracts	£1.2m adverse
ICD Primary Care	£2.3m favourable
ICD Regional Services	£4.5m adverse
Support Functions	£1.4m favourable
Other Budgets	£45.8m favourable



## Savings

In-month: £7.3m against target of £4.0m

**£3.3m favourable**

YTD: £27.1m against a target of £24.0m

**£3.1m favourable**



## Savings Forecast

£48.4m against target of £48.0m

**£0.4m favourable**



## COVID-19 Impact

£4.8m YTD cost

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



## Year to Date Income

£79.8m against budget of £78.4m

**£1.4m favourable**



## Year to Date Pay

£532.4m against budget of £508.2m

**£24.2m adverse**



## Year to Date Non-Pay

£625.6m against budget of £639.5m

**£13.9m favourable**

# Revenue Position

	Actual						2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	M06	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(86.2)	(1,059.4)	(1,059.4)	0.0	0.00%	(2,132.4)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(78.4)	(79.8)	-1.4	1.66%	(159.0)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	508.2	532.4	24.2	4.76%	1,072.0
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	629.7	625.6	-4.1	-0.65%	1,239.2
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>3.7</b>	<b>0.7</b>	<b>3.3</b>	<b>1.9</b>	<b>(0.0)</b>	<b>18.7</b>	<b>18.7</b>		<b>19.8</b>
Planned Deficit	1.7	1.6	1.6	1.6	1.6	1.6	9.8	0.0	9.8	100.00%	
<b>Total Deficit / (Surplus) above Plan</b>	<b>2.6</b>	<b>3.2</b>	<b>2.1</b>	<b>(0.9)</b>	<b>1.6</b>	<b>0.3</b>	<b>9.8</b>	<b>18.7</b>	<b>8.9</b>		

- 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding.

- Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 has been agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m.

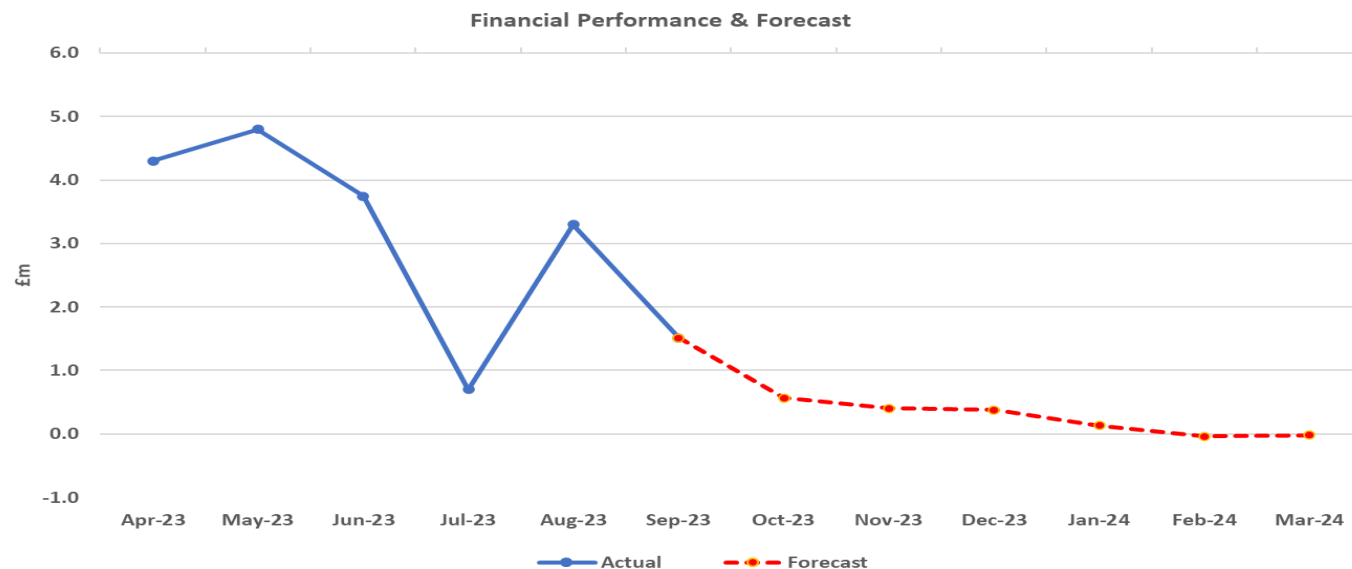
- Welsh Government have also committed to fund the £82m funding received on a non-recurrent basis in 2024/25, on a recurring basis from 2025/26 subject to the Health Board achieving the 24/25 financial plan deficit of £19.8m.

- The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25.

- Month 6 position is reporting an in-month deficit of £1.9m, which is £0.3m higher than the profiled monthly Financial Plan deficit of £1.6m, an improvement of £1.4m from previous month.

- Year to date position is reporting a deficit of £18.7m. This represents an £8.9m adverse variance compared to 6/12<sup>ths</sup> of the full year £19.8m planned deficit.

- Risks to delivery of the plan totals £25.9m, however the forecast position remains a deficit of £19.8m, which is in line with the financial plan for the year.

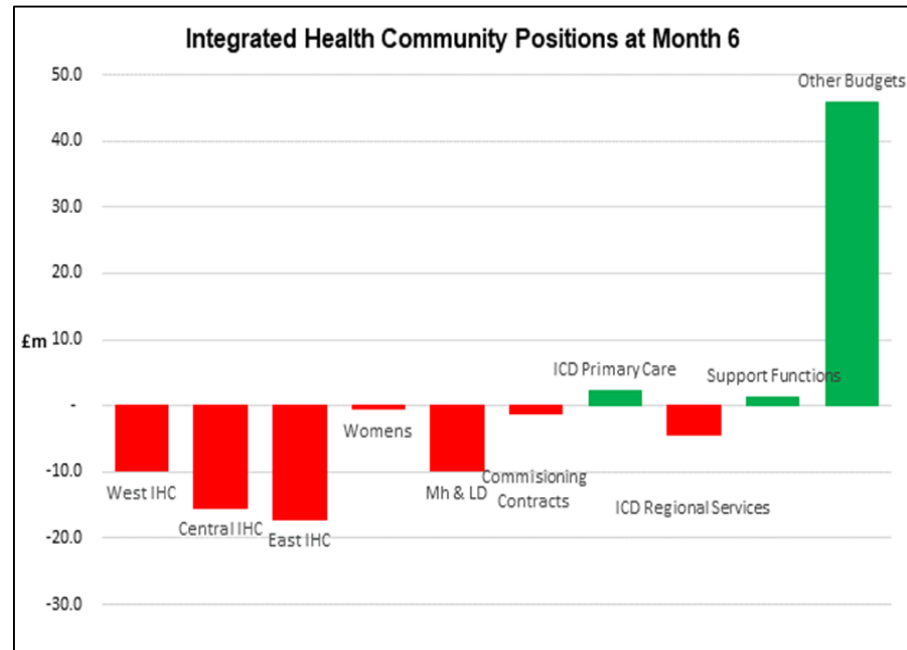


# Divisional Positions

	In Month			
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000
<b>WG RESOURCE ALLOCATION</b>	<b>(186,228)</b>	<b>(186,228)</b>	<b>0</b>	<b>0%</b>
<b>WEST INTEGRATED HEALTH COMMUNITY</b>				
Management	105	99	7	-6%
West Area	16,028	16,438	(410)	-3%
Ysbytu Gwynedd	12,085	13,122	(1,037)	-9%
Facilities	1,044	1,139	(95)	-9%
<b>Total West</b>	<b>29,263</b>	<b>30,798</b>	<b>(1,535)</b>	<b>-5%</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>				
Management	93	156	(63)	68%
Central Area	21,265	21,753	(488)	-2%
Ysbytu Glan Clwyd	14,812	16,588	(1,776)	-12%
Facilities	1,231	1,361	(129)	-11%
<b>Total Central</b>	<b>37,400</b>	<b>39,857</b>	<b>(2,457)</b>	<b>-7%</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>				
Management	125	120	5	-4%
East Area	23,402	24,646	(1,244)	-5%
Ysbytu Wrexham Maelor	12,842	13,961	(1,120)	-9%
Facilities	1,120	1,281	(161)	-14%
<b>Total East</b>	<b>37,489</b>	<b>40,009</b>	<b>(2,519)</b>	<b>-7%</b>
<b>Total Midwifery and Women's Services</b>	<b>4,455</b>	<b>4,415</b>	<b>40</b>	<b>1%</b>
<b>Total Mental Health and LDS</b>	<b>14,613</b>	<b>16,129</b>	<b>(1,516)</b>	<b>-10%</b>
<b>Total Commissioning Contracts</b>	<b>23,554</b>	<b>23,762</b>	<b>(208)</b>	<b>-1%</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>				
Covid Programmes	487	490	(3)	-1%
Dental North Wales	2,841	2,598	243	9%
Community Dental Services	534	534	1	0%
Other Primary Care	2,084	2,061	22	1%
<b>Total Integrated Clinical Delivery Primary care</b>	<b>5,946</b>	<b>5,683</b>	<b>263</b>	<b>4%</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>				
Provider Income	(1,868)	(2,109)	241	-13%
Diagnostic and Specialist Clinical Support	6,939	7,501	(562)	-8%
Cancer Services	5,666	5,689	(23)	0%
<b>Total Integrated Clinical Delivery</b>	<b>10,737</b>	<b>11,080</b>	<b>(344)</b>	<b>-3%</b>
<b>Total Service Support Functions</b>	<b>13,392</b>	<b>13,594</b>	<b>(202)</b>	<b>-2%</b>
<b>Total Other Budgets</b>	<b>11,026</b>	<b>2,834</b>	<b>8,193</b>	<b>74%</b>
<b>Total Deficit above Plan</b>	<b>1,647</b>	<b>1,932</b>	<b>(285)</b>	<b>-17%</b>
<b>Planned Deficit</b>	<b>(1,647)</b>	<b>0</b>	<b>(1,647)</b>	
<b>Total Deficit</b>	<b>0</b>	<b>1,932</b>	<b>1,932</b>	

	Cumulative			
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000
<b>WG RESOURCE ALLOCATION</b>	<b>(1,059,432)</b>	<b>(1,059,432)</b>	<b>0</b>	<b>0%</b>
<b>WEST INTEGRATED HEALTH COMMUNITY</b>				
Management	628	552	76	-12%
West Area	95,157	98,293	(3,135)	-3%
Ysbytu Gwynedd	62,491	68,572	(6,081)	-10%
Facilities	6,266	6,928	(663)	-11%
<b>Total West</b>	<b>164,543</b>	<b>174,346</b>	<b>(9,803)</b>	<b>-6%</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>				
Management	545	566	(21)	4%
Central Area	124,071	127,695	(3,625)	-3%
Ysbytu Glan Clwyd	77,563	88,546	(10,984)	-14%
Facilities	7,418	8,150	(732)	-10%
<b>Total Central</b>	<b>209,596</b>	<b>224,957</b>	<b>(15,361)</b>	<b>-7%</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>				
Management	559	555	4	-1%
East Area	137,523	145,974	(8,452)	-6%
Ysbytu Wrexham Maelor	67,361	75,000	(7,638)	-11%
Facilities	6,719	7,698	(980)	-15%
<b>Total East</b>	<b>212,162</b>	<b>229,227</b>	<b>(17,065)</b>	<b>-8%</b>
<b>Total Midwifery and Women's Services</b>	<b>23,758</b>	<b>24,305</b>	<b>(547)</b>	<b>-2%</b>
<b>Total Mental Health and LDS</b>	<b>84,342</b>	<b>94,234</b>	<b>(9,893)</b>	<b>-12%</b>
<b>Total Commissioning Contracts</b>	<b>138,836</b>	<b>140,001</b>	<b>(1,165)</b>	<b>-1%</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>				
Covid Programmes	3,207	3,098	109	3%
Dental North Wales	17,034	14,817	2,217	13%
Community Dental Services	3,117	3,310	(193)	-6%
Other Primary Care	12,060	11,942	118	1%
<b>Total Integrated Clinical Delivery Primary care</b>	<b>35,419</b>	<b>33,168</b>	<b>2,251</b>	<b>6%</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>				
Provider Income	(11,210)	(12,017)	806	-7%
Diagnostic and Specialist Clinical Support	39,638	42,721	(3,082)	-8%
Cancer Services	31,093	33,273	(2,181)	-7%
<b>Total Integrated Clinical Delivery</b>	<b>59,521</b>	<b>63,977</b>	<b>(4,457)</b>	<b>-7%</b>
<b>Total Service Support Functions</b>	<b>78,252</b>	<b>76,900</b>	<b>1,352</b>	<b>2%</b>
<b>Total Other Budgets</b>	<b>62,884</b>	<b>17,062</b>	<b>45,821</b>	<b>73%</b>
<b>Total Deficit above Plan</b>	<b>9,881</b>	<b>18,746</b>	<b>(8,866)</b>	<b>-90%</b>
<b>Planned Deficit</b>	<b>(9,881)</b>	<b>0</b>	<b>(9,881)</b>	
<b>Total Deficit</b>	<b>0</b>	<b>18,746</b>	<b>18,746</b>	

Forecast Year End Variance against the Plan £000
0
59
(6,458)
(13,032)
(1,322)
(20,752)
(15)
(10,846)
(22,637)
(1,494)
(34,992)
8
(15,750)
(12,900)
(1,954)
(30,595)
(1,023)
(15,529)
(1,535)
112
4,400
(550)
(8)
3,954
1,012
(5,962)
(1,421)
(6,372)
(1,479)
108,323
0
(19,761)
19,761



- In-month deficit of £1.9m which is £0.3m above the monthly profiled financial plan deficit of £1.6m, an improvement of £1.4m from Month 5.
- Pay costs have increased due to the Medical and Dental pay award which was paid, including arrears, in September. Funding has been anticipated for these costs.
- Non pay reduced in month by £3.1m due to reductions in most areas apart from Clinical Services increasing by £0.8m. Further detail on Non-Pay expenditure movements is reported in Slide 10
- Pressures continue within Commissioning, CHC and Drugs.

# Expenditure – Pay & Non-Pay

Pay Costs	2024-25						Cumulative			Full Year Forecast
	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	76.0	71.8	4.2	154.8
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	117.2	128.8	(11.6)	239.0
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	153.3	161.2	(7.9)	331.2
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	73.2	81.5	(8.2)	164.0
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	23.1	21.2	2.0	41.9
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	5.8	32.8	34.3	(1.5)	71.1
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	8.6	8.9	(0.3)	17.8
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	23.5	24.4	(0.9)	51.2
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.5	0.4	0.1	1.0
<b>Health Board Total</b>	<b>86.7</b>	<b>87.2</b>	<b>86.7</b>	<b>87.7</b>	<b>87.5</b>	<b>96.5</b>	<b>508.2</b>	<b>532.4</b>	<b>(24.2)</b>	<b>1072.0</b>
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	14.3	16.7	(2.4)	33.4
<b>Total Pay</b>	<b>89.3</b>	<b>89.8</b>	<b>89.6</b>	<b>90.5</b>	<b>90.5</b>	<b>99.4</b>	<b>522.5</b>	<b>549.0</b>	<b>(26.5)</b>	<b>1105.4</b>

## Health Board Pay:

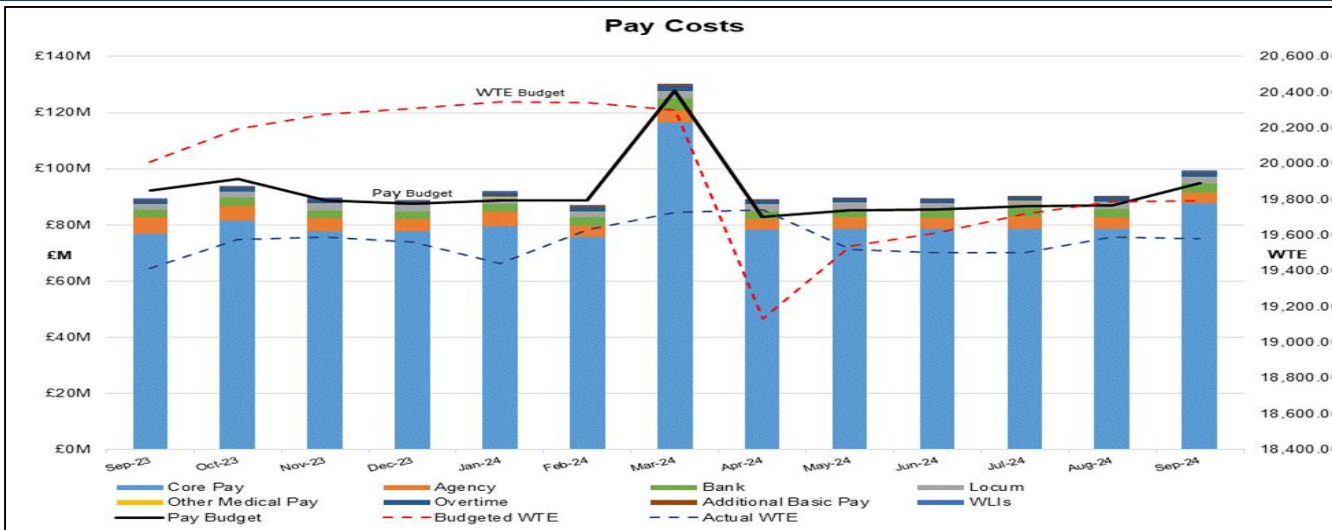
- Month 6 Provider Services Pay expenditure is £9.0m (10.3%) higher than reported in Month 5, of which £9.6m is the backdated Medical Pay Award paid in Month 6, offset by a £0.4m reduction in Agency spend, £0.1m reduction in Locum spend and £0.1m Accountancy Gain released in month. Funding has been anticipated for the Medical and Dental Pay costs.

## Non-Pay Expenditure (excluding Depreciation):

- Non Pay - £3.1m reduction from previous month.
- Pressures continue within commissioning and CHC .
- Further detail on Non-Pay expenditure movements is reported in Slide 10.

Non-Pay Costs as per Monitoring Return Table	Actual						Cumulative			Full Year Forecast
	P01-25	P02-25	P03-25	P04-25	P05-25	P06-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor	19.6	18.6	20.0	19.6	19.6	19.6	116.8	117.0	(0.2)	233.3
Primary Care - Drugs & Appliances	10.9	10.5	10.2	10.8	11.6	10.8	59.0	64.9	(5.9)	131.2
Provider Services - Non Pay	19.0	16.1	16.6	20.2	19.0	19.0	140.6	109.9	30.7	201.8
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	42.5	49.3	(6.8)	100.7
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	172.1	14.6	(2.4)	357.6
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	65.3	68.5	(3.2)	137.3
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	8.4	16.3	(7.9)	30.5
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	1.3	1.4	(0.1)	3.5
Losses, Special Payments and Irrecoverable Debts	0.2	0.3	0.3	0.3	0.5	0.2	1.5	1.7	(0.2)	3.5
<b>Non-pay costs</b>	<b>99.9</b>	<b>98.8</b>	<b>99.1</b>	<b>100.6</b>	<b>104.1</b>	<b>101.0</b>	<b>607.6</b>	<b>603.5</b>	<b>4.1</b>	<b>1,199.3</b>
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	22.1	22.1	0.0	39.9
<b>Total non-pay</b>	<b>103.1</b>	<b>102.0</b>	<b>103.0</b>	<b>104.5</b>	<b>108.1</b>	<b>104.9</b>	<b>629.7</b>	<b>625.6</b>	<b>4.1</b>	<b>1,239.2</b>

# Expenditure – Pay



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24
<b>Budgeted WTE</b>	19,130	19,537	19,611	19,721	19,789	19,792
<b>Actual WTE</b>	19,740	19,518	19,500	19,503	19,590	19,580

- Actual worked in September is 19,580 WTE, which is a decrease of 10 WTE from August. Budgeted WTE increased by 3 WTE in September.
- Below Table provides a breakdown of Budgeted WTE movement by Division from Month 1 to 6:

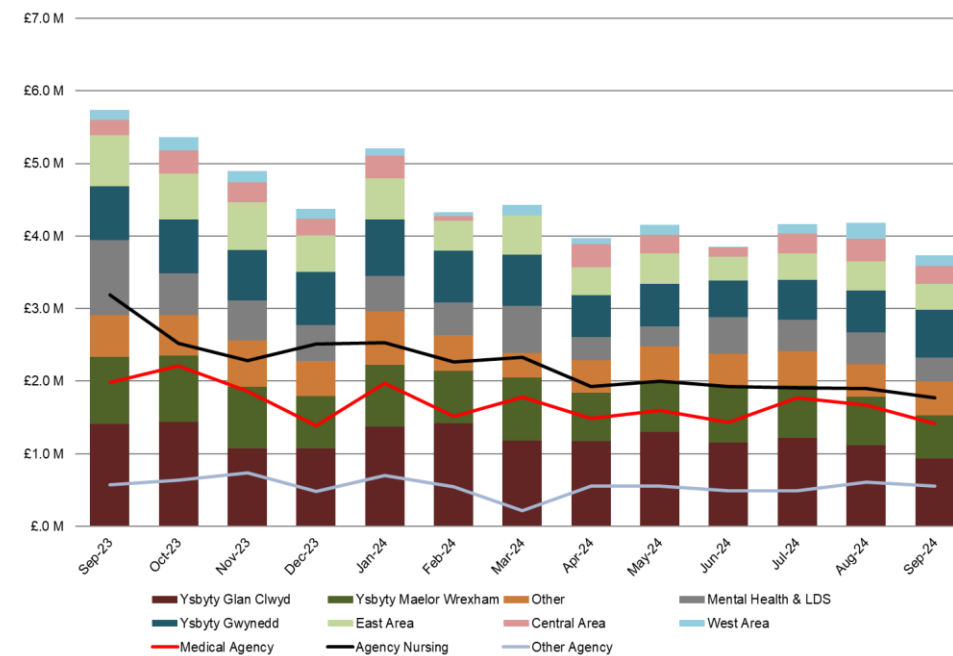
- Variable Pay totals £11.6m for August, a decrease of £0.3m from previous month, which is mainly driven by a £0.5m reduction in Agency spend.

Variable Pay	Actual						YTD Total 24/25
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	
	£m	£m	£m	£m	£m	£m	
Agency	4.0	4.2	3.8	4.2	4.2	3.7	24.0
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	7.6
Locum	2.6	2.3	2.3	2.5	2.6	2.4	14.6
WLI's	0.3	0.2	0.2	0.3	0.3	0.4	1.8
Bank	2.6	2.9	2.8	3.0	3.1	3.2	17.6
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.4
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	2.2
<b>Total</b>	<b>11.1</b>	<b>11.1</b>	<b>10.8</b>	<b>11.8</b>	<b>11.9</b>	<b>11.6</b>	<b>68.3</b>

	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Movement M5 v M6
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	-5.57
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	20.28
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	-0.02
COVID Response	33	168	134	134	134	134	0.00
Dental GDS	14	14	16	16	16	14	-2.00
Dental CDS	173	173	173	173	173	172	-1.33
Womens	685	691	694	694	697	697	0.01
Diagnostic & Specialist Clinical Support	935	964	964	974	977	979	1.71
Cancer Services	370	392	392	399	400	401	1.14
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2.19
Other Primary Care	14	15	15	15	15	15	0.00
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	-13.47
<b>TOTAL</b>	<b>19,130</b>	<b>19,538</b>	<b>19,611</b>	<b>19,721</b>	<b>19,789</b>	<b>19,792</b>	<b>2.94</b>

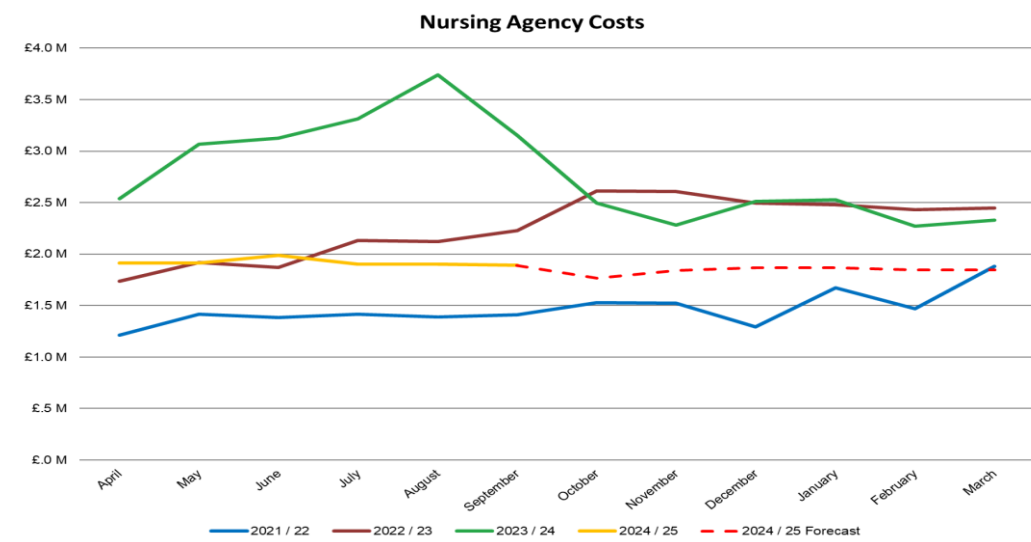
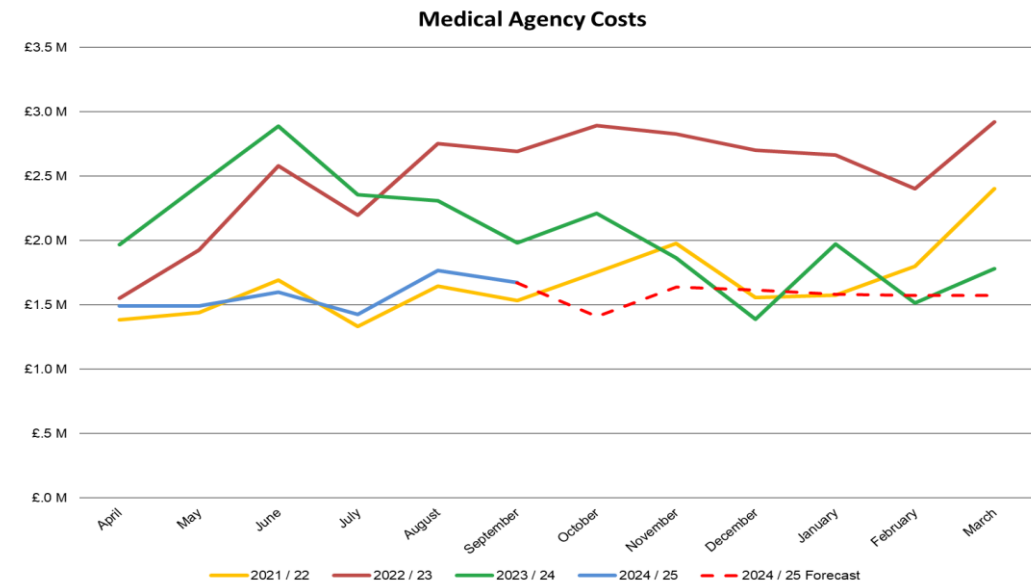
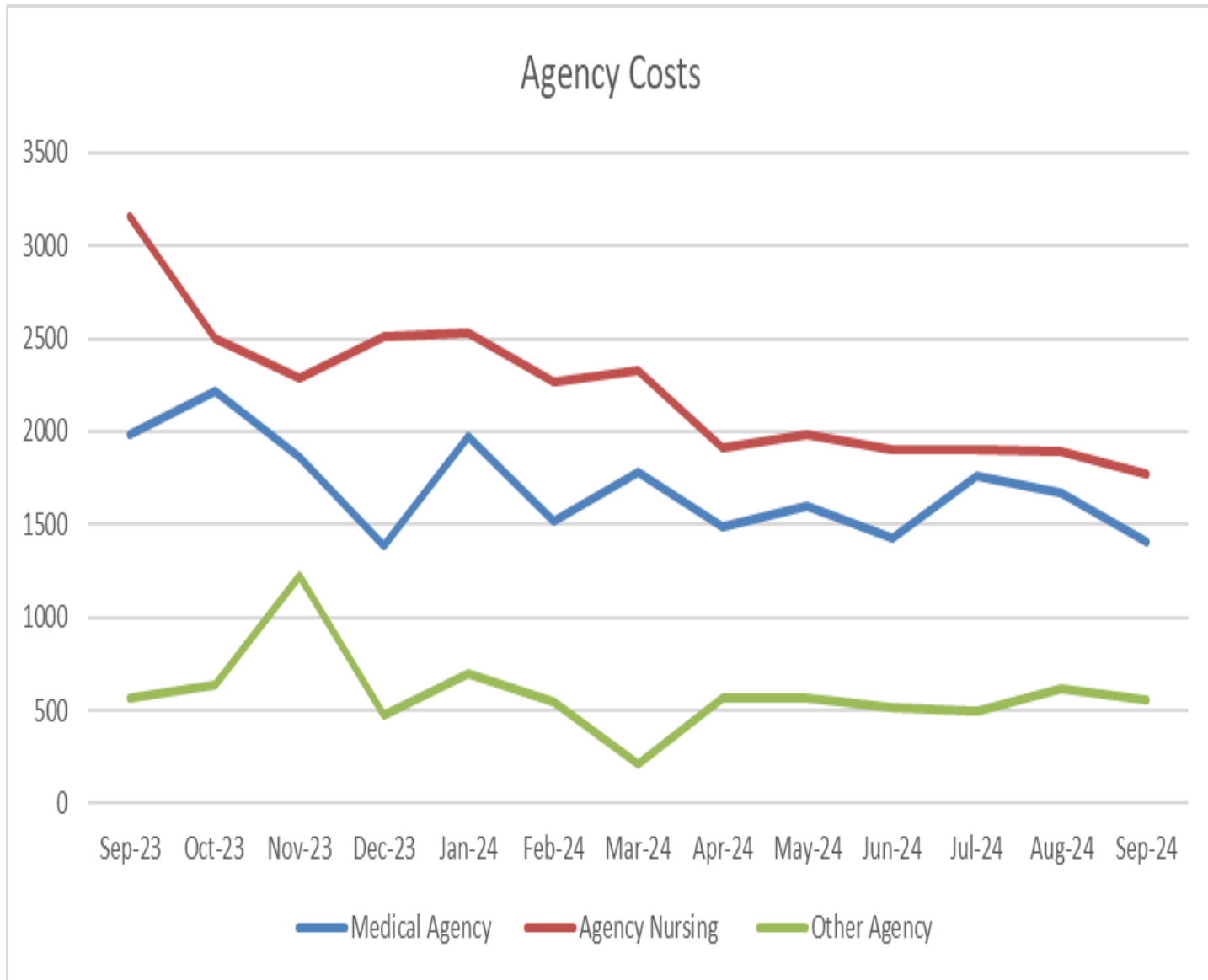
# Pay Costs – Agency

	2024-25 Agency Spend £'000												Total Year to Date £'000	Total Forecast £'000
	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast		
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12		
West Area	82	131	3	133	216	147	168	168	168	168	168	168	712	1,719
Central Area	321	261	123	273	317	250	249	229	229	229	229	229	1,545	2,936
East Area	382	421	331	360	403	357	390	390	390	390	390	390	2,254	4,593
Ysbyty Gwynedd	577	586	505	554	577	658	580	580	580	560	560	560	3,457	6,878
Ysbyty Glan Clwyd	1,168	1,298	1,151	1,215	1,114	937	1,157	1,185	1,150	1,147	1,147	1,147	6,883	13,818
Ysbyty Maelor Wrexham	672	686	776	724	672	588	588	588	588	588	588	588	4,117	7,643
Mental Health & LDS	319	268	498	431	431	329	432	432	432	432	432	432	2,276	4,868
Womens	128	181	170	208	220	200	205	205	205	189	189	189	1,107	2,289
Other incl pan BCU Cancer Servcies and Corporate	321	319	286	266	230	269	287	283	276	248	242	242	1,690	3,267
<b>Total Agency</b>	<b>3,970</b>	<b>4,150</b>	<b>3,844</b>	<b>4,166</b>	<b>4,179</b>	<b>3,733</b>	<b>4,055</b>	<b>4,059</b>	<b>4,017</b>	<b>3,950</b>	<b>3,944</b>	<b>3,944</b>	<b>24,042</b>	<b>48,011</b>



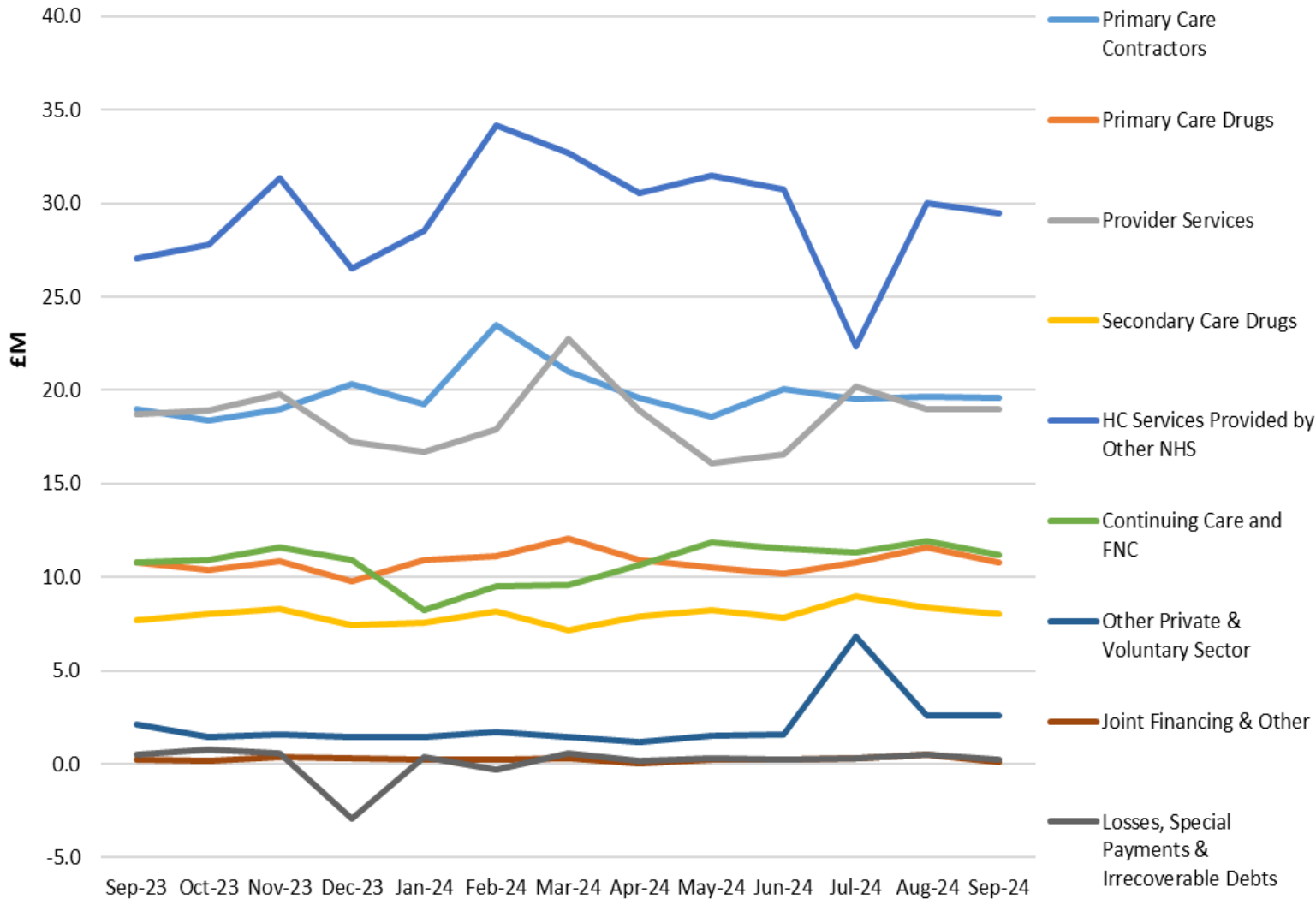
- Agency expenditure for Month 6 is £3.7m representing 3.8% of total pay and a £0.4m reduction from previous month spend. 2024/25 monthly average Agency spend is £4.0m compared to a monthly average of £5.6m in 2023/24. 2024/25 Agency year end forecast outturn is £48.0m, a decrease of £2.0m from the £50.0m reported at Month 5.
- Month 6 Medical Agency expenditure is £1.4m, a decrease of £0.3m from previous month. The monthly average medical agency expenditure for 2023/24 was £2.1m. The use of agency medical is predominantly within Ysbyty Gwynedd (£0.4m), Ysbyty Glan Clwyd (£0.3m), Womens (£0.2m), Mental Health (£0.1m), East Area (£0.1m), and Ysbyty Maelor Wrexham (£0.1m).
- Nurse agency costs totalled £1.8m for the month, a decrease of £0.1m from the previous month. Month 6 Nurse Agency spend is £1.0m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Maelor Wrexham (£0.4m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.2m), East Area (£0.1m) and Central Area (£0.1m). Nurse Agency is predominantly used to cover vacancies and sickness to ensure that Nurse Staffing Act Ward staffing levels are maintained.
- Other agency costs totalled £0.5m in Month 6, a decrease of £0.1m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m) and Admin & Clerical (£0.1m).

# Pay Costs – Agency



# Expenditure - Non Pay

## Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** Month 6 expenditure is £0.1m (0.4%) less than previous month, of which £0.2m Accountancy Gains were reported in month.
- Primary Care Drugs:** Expenditure is £0.8m (7.3%) less than previous month, of which £0.2m is the release of an over-accrual relating to previous months. The 3-month Average Items Prescribed per Prescribing Day also decreased from 72,857 to 72,065 (-1.1%).
- Secondary Care Drugs:** Expenditure is £0.3m (3.3%) less than previous month, with in-month reductions reported against Rheumatology, Dermatology, and Diabetes Drugs due to the timing of Homecare charges.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.6m (1.9%) less than previous month due to the recognition of savings against the RJAH Contract.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.8m (6.6%) less than previous month, of which £0.4m of the in-month reduction is Accountancy Gains released in month.
- Other Private & Voluntary Sector:** Expenditure is in line with previous month.

# Allocations

Description	£m
Allocations Received	2,110.3
<b>Total Allocations Received</b>	<b>2,110.3</b>

Description	£m
<b>Allocations anticipated</b>	
AME/DEL Capital Adjustments	3.6
Removal of Donated Assets / Government Grant Receipts	-1.0
Removal of IFRS-16 Leases (Revenue)	-4.6
Real Living Wage (Care Homes)	3.5
IM&T Refresh Programme	1.9
M&D September 2024 Payaward	15.0
Six Goals	1.4
24/25 Increase in Real Living Wage - B2 and certain points B3	3.4
WRP top slice for 24/25 as per IMTP	-5.9
Early Years and Prevention 24/25	1.2
EPMA DPIF Funding	0.8
Other	2.8
<b>Total Allocations Anticipated</b>	<b>22.1</b>

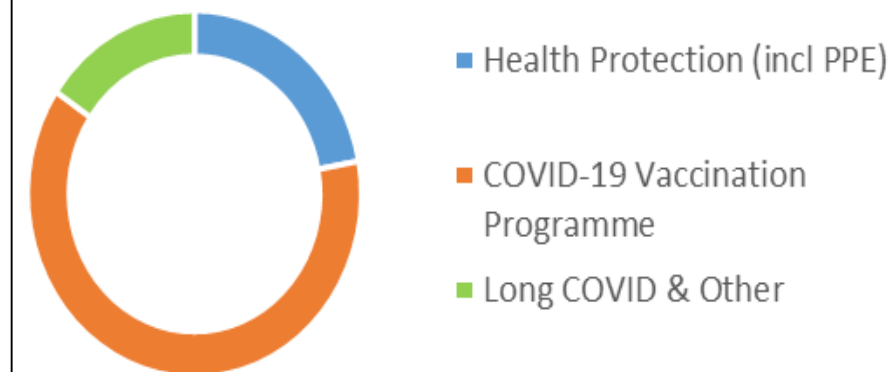
	£m
Total Allocations Received	2,110.3
Total Allocations Anticipated	22.1
<b>Total Welsh Government Income</b>	<b>2,132.4</b>

- Total Revenue Resource Limit (RRL) for the year is £2,132.4m. £1,059.4m of the RRL has been profiled into the cumulative position, which is £6.8m less than an equal twelfth. This is due to the Performance & Transformation and Planned & Unscheduled Care Sustainability funding allocations not phased in equal twelfths because of specific programmes of work being profiled into future months.
- Confirmed allocations to date is £2,110.3m. This includes the COVID-19 funding allocation of £12.2m, with £4.8m of the funding profiled into the cumulative position.
- Further in year anticipated allocations totals £22.1m, of which £15.0m is included in Month 6 for the estimated full year impact of the Medical & Dental Pay Award. Other anticipated income consists of £1.4m Six Goals, £3.5m Real Living Wage (Care Homes), £3.4m 24/25 Increase in Real Living Wage Band 2 & 3, £1.2m Early years and Prevention 24/25, £0.8m EPMA DPIF Funding, £1.3m EASC funding, £0.3m RIF Carers Short Break, £0.4m Consultant CEA's, £0.2m Planned Care Recovery Fund – Delivering the 3P's Policy and £0.3m Tier 4 CAHMS Strategy WHSCC funding. Also, included within the anticipated allocations is the £5.9m 24/25 Welsh Risk Pool (WRP) top slice contribution and £4.6m removal of IFRS-16 Leases revenue recovery.
- £1.9m IM&T Refresh is included within the GMS anticipated allocation.

# Impact of COVID-19

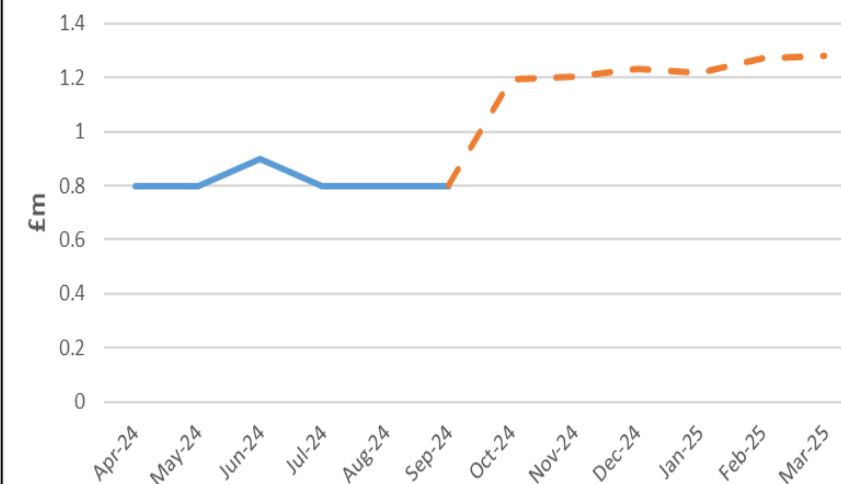
	Actual						Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	1.1	2.7
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	3.1	7.6
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.6	1.9
<b>Total COVID-19 Expenditure</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>4.8</b>	<b>12.2</b>
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	4.8	12.2
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

## COVID-19 Cost Distribution 2024/25



- Total COVID expenditure for WG funded programmes in Month 6 is £0.8m, with a year-to-date cost of £4.8m. Total full year forecast spend is £12.2m against a COVID funding allocation of £12.2m for 2024/25. The monitoring return currently reflects full expenditure in line with funding allocation against each category.
- Month 6 Health Protection expenditure is £0.2m with an annual forecast spend of £2.7m.
- COVID-19 Vaccination Programme expenditure for Month 6 is £0.5m and annual forecast spend is £7.6m, which is in line with the funding allocation.
- Month 6 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.9m.
- All COVID programmes expenditure plans continue to be assessed and refined. The above table is currently forecasting the COVID allocation to be spent in full. However, early indications suggest that the COVID funding allocation may have an underspend of c.£1.3m (Health Protection £0.2m, PPE £0.3m, Vaccination Programme £0.2m and Long Covid £0.6). The potential £1.3m underspend has been highlighted as an opportunity within Slide 13 (approval to retain is being sought from WG).

## Total COVID-19 Expenditure Per Month



# Risks and Opportunities (not included in position)

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

	Risks	£m	Level
1	Continuing Healthcare - Continued patient number growth.	£3.0m	Medium
2	Prescribing - growth above original plan expectation.	£5.0m	Medium
3	Other Contract Performance (English Provider performance)	£3.0m	Medium
4	Dental Ringfenced Allocation retention of underspend	£4.4m	Medium
5	Risk on recovery of mitigating actions	£10.5m	Medium
	<b>Total Quantifiable Risks</b>	<b>£25.9m</b>	

	Opportunities / Mitigations for the identified risks	£m	Level
1	Retain underspend on Covid Funding (not currently assumed in forecast outturn)	£1.3m	Medium
2	Microsoft VAT (previously Pipeline Scheme, reduced likelihood for resolution in 24/25)	£3.0m	Low
3	Real Living Wage (Care Homes) - awaiting clarity on WG funding methodology	£0.5m	Medium
	<b>Total Opportunities</b>	<b>£4.8m</b>	



# Balance Sheet

- The closing cash balance as at 30th September 2024 was £7.6m, which included £3.7m cash held for revenue expenditure and £3.9m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£14.7m) made up of (£17.2m) revenue cash and £2.5m capital cash. Strategic Cash Support of c£20m will be requested from WG in late November, as per normal timeframes.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Sep-24 £m	Forecast Closing Balance End of Mar-25 £m
<b>Non-Current Assets</b>			
Property, plant and equipment	724.0	708.1	731.6
Intangible assets	1.2	1.0	1.2
Trade and other receivables	84.6	84.6	84.6
<b>Non-Current Assets sub total</b>	<b>809.7</b>	<b>793.9</b>	<b>817.3</b>
<b>Current Assets</b>			
Inventories	20.9	20.6	20.9
Trade and other receivables	107.7	114.5	125.4
Cash and cash equivalents	5.0	7.6	-14.7
Non-current assets classified as held for sale	0.4	0.4	0.0
<b>Current Assets sub total</b>	<b>134.0</b>	<b>143.1</b>	<b>131.6</b>
<b>TOTAL ASSETS</b>	<b>943.7</b>	<b>937.0</b>	<b>948.9</b>
<b>Current Liabilities</b>			
Trade and Other Payables	209.6	190.7	191.7
Provisions	47.1	64.5	64.7
<b>Current Liabilities Sub Total</b>	<b>256.7</b>	<b>255.2</b>	<b>256.4</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>687.1</b>	<b>681.7</b>	<b>692.5</b>
<b>Non-Current Liabilities</b>			
Trade and Other Payables	27.5	27.5	28.2
Provisions	85.9	85.9	85.9
<b>Non-Current Liabilities Sub Total</b>	<b>113.4</b>	<b>113.4</b>	<b>114.1</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>573.7</b>	<b>568.4</b>	<b>578.5</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	353.6	348.3	358.4
Revaluation Reserve	220.1	220.1	220.1
<b>Total Taxpayers' Equity</b>	<b>573.7</b>	<b>568.4</b>	<b>578.5</b>



# Capital

BUDGET 2024/25					
1) Capital Resource Limit 2024/25	£m	Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	12.4				
All Wales Scheme	33.0				
<b>Total CRL</b>	<b>45.4</b>				
CAPITAL PROGRAMME 2024/25	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.9	0.4	4.9	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.4	0.2	1.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.9	1.5	1.9	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.4	0.6	3.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
<b>WG Discretionary Capital</b>	<b>12.4</b>	<b>2.7</b>	<b>11.6</b>	<b>0.8</b>	<b>Under Commitment</b>
MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.8	0.0	0.9	-0.1	Preferred option to be finalised, cashflow to be revised to reflect timelines.
Efab - Infrastructure	2.8	0.2	2.6	0.2	Estate leads confirmed that project works will complete and meet CRL.
Efab - Fire	0.7	0.2	1.3	-0.6	Estate leads confirmed that project works will complete and meet CRL.
Efab - Decarbonisation	0.4	0.0	0.4	-0.1	Estate leads confirmed that project works will complete and meet CRL.
Regional Orthopaedic Hub at Llandudno Hospital	18.2	2.3	18.4	-0.2	Contractors on site and programme of works are progressing to handover in 2025/26. Ongoing monthly monitoring of cashflow.
Substance Misuse Building, Llandudno	1.4	0.1	1.4	0.0	Completion of project in 25/26. Cashflow to be reviewed with reduction in year.
CAMHS Crisis Hub	0.3	0.0	0.3	0.0	Project target completion November 2024.
Diagnostic Equipment 2024-25 - YG CT	2.9	0.1	2.9	0.0	YG CT project completion and installation early Q1 25/26.
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	The capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	5.0	0.1	5.0	0.0	Programmed planned works progressing supported by tenders/purchase orders. Minor variation to programme agreed between health board and WG.
DPiF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	0.4	0.0	0.4	0.0	The EPMA project implementation is over 2 years. The CRL forecast to spend in year.
<b>All Wales Capital</b>	<b>33.0</b>	<b>3.0</b>	<b>33.8</b>	<b>-0.8</b>	<b>Over commitment</b>
<b>Total Capital Funding Available</b>	<b>45.4</b>	<b>5.8</b>	<b>45.4</b>	<b>0.0</b>	

The approved Capital Resource Limit (CRL) for 2024/25 is £45.4m and is forecast to be spent in full.

Year to date expenditure is £5.8m against a year-to-date plan of £10.3m.

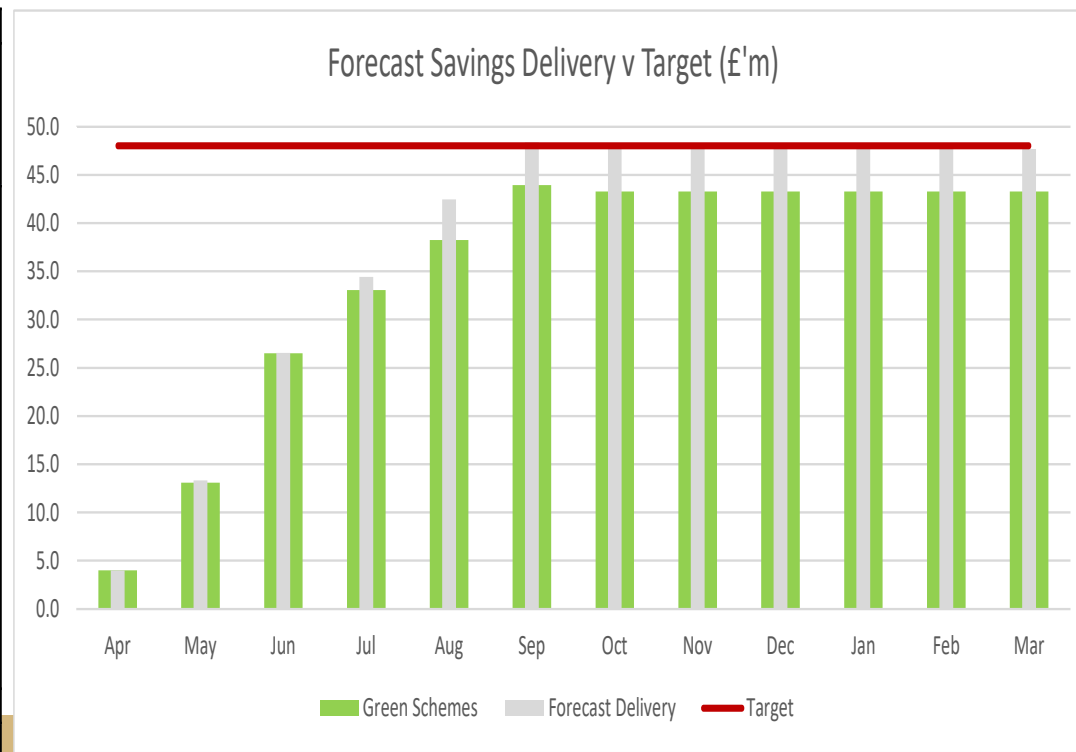
The month 6 position is showing a £4.6m underspend year to date, however the CRL is currently being reviewed with the intention to adjust in month 7.



# Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts, with Red and Pipeline schemes which still need further work to convert to Green schemes totalling £1.7m.
- Full year forecast value of Green Schemes totals £48.4m (including £40.2m Savings, £1.3m Income Generation, £6.9m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £5.9m from Month 5. Of these, £28.6m have been identified as recurring, with a full year effect of £39.2m, and £19.8m are non-recurring savings. Accountancy Gains of £6.9m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year.
- In-month delivery includes Savings of £4.6m, £0.3m Income Generation, £1.8m Accountancy Gains and £0.6m Cost Avoidance totalling £7.3m, against a £4.0m Target
- The combined year to date delivery is £27.1m, of which £12.7m is recurring, against a £24.0m Target.

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	7.1	1.5	4.3	3.5	0.8
Central Integrated Health Community	10.9	8.1	2.8	5.5	4.3	1.2
East Integrated Health Community	11.2	8.9	2.3	5.6	4.9	0.7
MHLD	4.2	8.5	-4.2	2.1	1.9	0.2
Womens Services	1.4	1.0	0.4	0.7	0.6	0.1
Diagnostic and Specialist Clinical Support	2.1	0.9	1.2	1.1	0.5	0.6
Cancer Services	1.6	1.4	0.2	0.8	0.7	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.1	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.7	-0.7
Corporate & Support Services	3.7	3.1	0.6	1.8	1.8	0.1
Reserves	4.0	1.4	2.6	2.0	1.4	0.6
<b>Saving Total</b>	<b>48.0</b>	<b>41.5</b>	<b>6.5</b>	<b>24.0</b>	<b>20.2</b>	<b>3.8</b>
Accountancy Gains		6.9	-6.9		6.9	-6.9
<b>Total</b>		<b>48.4</b>	<b>-0.4</b>	<b>24.0</b>	<b>27.1</b>	<b>-3.1</b>



# Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.8	2.7	0.5	0.6	0.0	0.0		0.4	7.1	1.5
Central Integrated Health Community	10.9	2.9	3.9	0.4	0.7	0.0	0.2		0.0	8.1	2.8
East Integrated Health Community	11.2	4.0	3.4	0.7	0.7	0.0	0.0		0.1	8.9	2.3
MHLD	4.2	1.1	0.1	0.1	2.5		4.7			8.5	-4.2
Womens Services	1.4	0.9	0.0	0.0						1.0	0.4
Diagnostic and Specialist Clinical Support	2.1	0.1		0.7					0.0	0.9	1.2
Cancer Services	1.6	0.4	1.0	0.0						1.4	0.2
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Sevices	0.2	0.0		0.0						0.0	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.1	0.0	1.0	0.0	0.0	0.0	0.0	0.0	3.1	0.6
Reserves	4.0		0.4	0.9						1.4	2.6
<b>Total Cash Releasing Savings</b>	<b>48.0</b>	<b>14.3</b>	<b>11.6</b>	<b>4.3</b>	<b>4.6</b>	<b>0.0</b>	<b>6.1</b>	<b>0.0</b>	<b>0.6</b>	<b>41.5</b>	<b>6.5</b>
Accountancy Gains		0.2	2.0	1.7	0.7		1.8	0.6		6.9	-6.9
<b>Total</b>		<b>14.5</b>	<b>13.6</b>	<b>6.0</b>	<b>5.3</b>	<b>0.0</b>	<b>7.8</b>	<b>0.6</b>	<b>0.6</b>	<b>48.4</b>	<b>-0.4</b>

Recurring Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
	£m	£m	£m	£m	£m	£m
Recurring	48.0	28.6	19.4	24.0	12.7	11.3
Non Recurring	0.0	19.8	-19.8		14.5	-14.5
<b>Total</b>	<b>48.0</b>	<b>48.4</b>	<b>-0.4</b>	<b>24.0</b>	<b>27.1</b>	<b>-3.1</b>



# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	56,261	56,261	0	56,261	56,261	0
Cancer	Biosimilar Initiation, switching	R	17,952	48,456	30,504	8,976	17,951	8,975
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	40,432	1,276	19,578	26,667	7,089
Cancer	Medical Agency	R	83,865	96,551	12,686	44,139	57,477	13,338
Cancer	National agreed contracts for secondary care drugs	R	888,869	655,931	-232,938	377,649	363,141	-14,508
Cancer	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	33,366	-6	16,686	2,781	-13,905
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	5,850	1,950	-3,900
Cancer	Outsourcing savings (homecare)	R	325,110	193,324	-131,786	162,554	116,182	-46,372
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	530,000	530,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	193,500	193,500	0
Corporate	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	80,772	0	80,772	80,772	0
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	96,516	80,430	-16,086
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	29,632	29,632	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	212,375	212,375	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	VAT Recovery	NR	949,783	949,783	0	949,783	949,783	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	26,340	26,340	0
DSCS	LINC Project	NR	453,000	496,250	43,250	226,500	269,750	43,250
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	19,153	19,153	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	31,278	31,278	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	7,185	7,185	0
DSCS	Toxicology Service	R	29,202	29,202	0	14,601	14,601	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	176,716	0	117,811	117,811	0
Estates	Disposal of Ala Road	R	60,738	26,984	-33,754	20,247	0	-20,247
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	1,656	1,656	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	1,069,591	531,318	315,100	580,275	265,175
HC - Centre	CAMHs Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	273,992	273,992	0
HC - Centre	CAMHS OOA Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	9,546	9,546	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	24,499	24,499	0
HC - Centre	Continuing Health Care (CHC) AG	NR	130,000	130,000	0	130,000	130,000	0
HC - Centre	Continuing Health Care Schemes	R	734,000	734,000	0	367,002	498,576	131,574
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	584,258	-96,557	170,204	73,647	-96,557

# Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	DOAC prescribing	R	1,353,976	1,336,825	-17,150	969,817	936,515	-33,301
HC - Centre	Dressings review	R	80,000	14,815	-65,185	40,000	14,815	-25,185
HC - Centre	GMS Accountancy Gain	NR	81,241	81,241	0	81,241	81,241	0
HC - Centre	LAC Income over-achievement	NR	200,000	200,000	0	100,000	100,000	0
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	113,971	-21,997	53,702	44,790	-8,912
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	270,831	2,126	67,176	69,302	2,126
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	56,767	18,271	19,248	26,413	7,165
HC - Centre	Optomisation of generic prescribing	R	121,666	109,169	-12,497	80,137	74,178	-5,959
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	5,002	5,002	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	24,998	24,998	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	122,960	122,960	0
HC - Centre	Polypharmacy medication reviews	R	300,000	564,961	264,961	150,000	354,251	204,251
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	67,716	12,301	-55,415
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	84,774	44,690	6,166	42,387	36,221
HC - Centre	Scriptswitch & Optimise savings	R	250,000	550,394	300,394	125,000	229,331	104,331
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountacncy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountacncy Gain - Renal PO	NR	83,000	83,000	0	83,000	83,000	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	241,330	1,330	120,000	121,330	1,330
HC - East	Biosimilar Initiation, switching	R	442,735	308,422	-134,313	78,529	17,370	-61,159
HC - East	Catering Consumables	R	92,169	92,169	0	43,167	43,167	0
HC - East	Cease inco sheet usage	R	4,215	4,215	0	1,686	1,686	0
HC - East	CHC Cost containment	R	604,512	604,376	-136	304,512	304,376	-136
HC - East	Childrens - Medical Agency Reduction	R	250,000	250,000	-0	125,000	125,000	-0
HC - East	Childrens CHC Package Review	R	120,000	126,463	6,463	75,000	81,463	6,463
HC - East	Continuing Health Care (CHC) AG	NR	50,000	50,000	0	50,000	50,000	0
HC - East	DOAC prescribing	R	1,489,958	1,220,829	-269,129	1,112,998	1,092,951	-20,047
HC - East	Dressings review	R	60,000	10,778	-49,222	30,000	10,778	-19,222
HC - East	GMS Accountancy Gain	NR	110,199	110,199	0	110,199	110,199	0
HC - East	Increase of catering income	R	88,698	88,698	0	44,346	44,346	0
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	350,000	0	174,000	174,000	0
HC - East	Medical Agency Reduction - Community Services	R	261,163	261,162	-1	130,582	130,581	-1
HC - East	National agreed contracts for secondary care drugs	R	157,451	140,388	-17,063	63,773	62,228	-1,545
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	71,555	30,851	20,352	48,570	28,218
HC - East	Optomisation of generic prescribing	R	223,666	223,668	2	150,129	145,728	-4,401
HC - East	Outsourcing savings (homecare)	R	118,128	167,069	48,941	29,532	81,112	51,580
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	6,438	6,438	0
HC - East	Polypharmacy medication reviews	R	350,004	638,322	288,318	175,002	416,393	241,391
HC - East	Portering Staffing	R	30,996	30,996	0	15,498	15,498	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	57,622	-2,378	30,000	27,622	-2,378



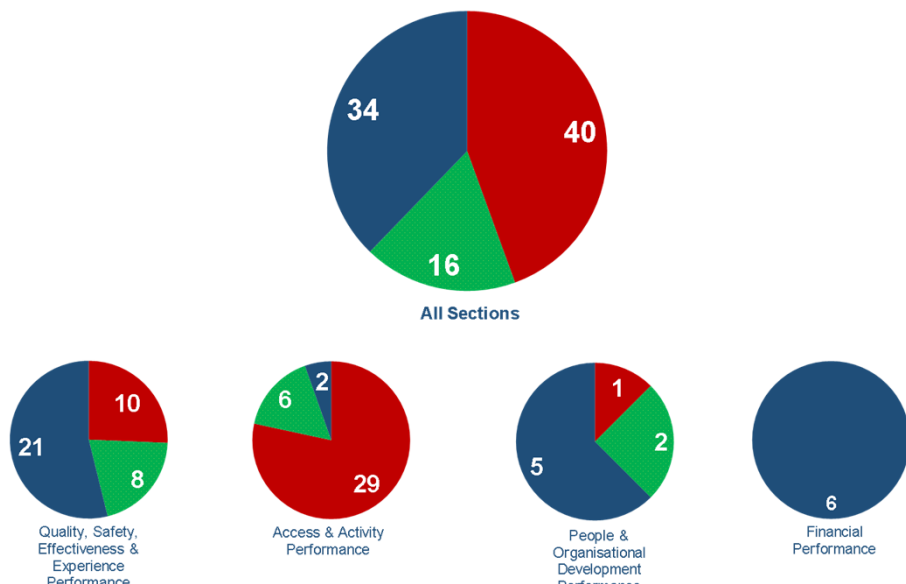
# Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	3,498	3,498	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	2,850	2,850	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	305,000	136,000	103,000	156,355	53,355
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	496,726	256,726	120,000	256,726	136,726
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	376,536	145,817	126,625	178,536	51,911
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	48,244	-48,440	48,342	10,625	-37,717
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	89,937	42,812	7,250	44,969	37,719
HC - East	Scriptswitch & Optimise savings	R	350,004	465,741	115,737	175,002	298,336	123,334
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	11,394	11,394	0
HC - East	Urology Scope Stacker	R	75,000	75,000	0	18,750	18,750	0
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	125,608	-118,961	119,502	57,375	-62,127
HC - West	BCU Accommodation for CHC West team	R	9,876	9,876	0	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	184,949	15,035	52,901	102,475	49,575
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	82,697	-51,391	49,158	44,697	-4,461
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	50,000	50,000	0
HC - West	Continence Products	R	50,000	24,998	-25,002	25,002	0	-25,002
HC - West	Continuing Health Care (CHC) AG	NR	204,469	204,469	0	204,469	204,469	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	720	720	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	103,500	7,000	65,420	74,000	8,580
HC - West	DOAC prescribing	R	1,095,519	1,090,514	-5,005	682,114	643,952	-38,162
HC - West	Dressings review	R	30,000	2,606	-27,394	15,000	2,606	-12,394
HC - West	Flexible Job Plan Sessions	NR	83,603	83,603	0	20,901	20,901	0
HC - West	GMS Accountancy Gain	NR	101,098	101,098	0	101,098	101,098	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	199,000	-49,000	110,000	101,000	-9,000
HC - West	Grip and control measures - pay SDEC	R	241,500	166,000	-75,500	34,500	46,000	11,500
HC - West	Home Enteral Tube Feeding (Ancillary items)	NR	20,000	20,000	0	9,996	5,000	-4,996
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	90,000	0	0	0	0
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	229,000	-5,104	177,604	104,000	-73,604
HC - West	Increase of catering income	R	218,024	254,000	35,976	109,008	126,500	17,492
HC - West	Llandudno Decant - Pay	NR	150,000	150,000	0	100,000	108,000	8,000
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	54,000	-26,000	20,000	24,000	4,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	155,920	-9,935	67,040	67,412	371
HC - West	Neurodevelopment Service Relocation - Estates rationalisation	R	9,319	9,319	0	0	0	0
HC - West	Ophthalmology Private Patient Income	R	53,000	111,000	58,000	26,500	57,000	30,500
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	144,265	113,465	15,400	73,019	57,619
HC - West	Optomisation of generic prescribing	R	107,361	98,577	-8,784	73,220	68,828	-4,392
HC - West	Outsourcing savings (homecare)	R	28,893	73,064	44,171	14,447	38,313	23,867



# Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	502,093	252,093	125,000	292,232	167,232
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	164,000	-22,000	75,000	53,000	-22,000
HC - West	Residential Accommodation rental increase (West)	R	65,416	65,416	0	0	0	0
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	4,580	-43,576	24,078	3,110	-20,968
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	73,974	49,599	3,750	36,987	33,237
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	22,012	-2,012	12,012	10,000	-2,012
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	309,000	149,000	40,000	150,000	110,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	401,000	141,000	48,000	202,000	154,000
HC - West	Scriptswitch & Optimise savings	R	200,000	416,170	216,170	100,000	173,404	73,404
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	543,127	-117,873	330,500	212,627	-117,873
MH&LDS	Continuing Health Care (CHC) AG	NR	110,000	110,000	0	110,000	110,000	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	64,981	0	32,491	32,491	0
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	24,594	24,594	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	20,451	-51,514	7,147	12,282	5,135
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	50,830	-10,166	30,498	20,332	-10,166
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	247,889	-6,499	127,194	110,305	-16,889
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	4,734,405	-716,139	1,171,368	455,229	-716,139
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	124,128	0	0	0	0
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	1,083,333	992,607	-90,726
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	5,274	5,274	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	9,971	9,971	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	4,488	4,488	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	20,130	20,130	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	42,283	11,261	10,176	25,341	15,165
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction	NR	11,400	11,400	0	5,700	5,700	0
Midw & Womens	Womens BFI Accreditation	NR	11,400	11,400	0	5,700	5,700	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	51,403	-13,673	32,538	22,000	-10,538
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	266,652	0	244,987	244,987	0
Midw & Womens	Vacancy Factor	R	500,000	500,000	0	250,000	250,000	0
Primary Care	Accountancy Gain - Integrated Clinical Delivery	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Primary Care	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
<b>Subtotal</b>			<b>39,808,593</b>	<b>40,534,852</b>	<b>726,260</b>	<b>22,609,060</b>	<b>23,195,980</b>	<b>586,920</b>
Procurement			1,208,051	1,347,323	139,272	536,965	632,676	95,711
Close of PO's AG			425,222	425,222	0	425,222	425,222	0
Enhanced mileage rates			229,230	288,866	59,636	114,615	174,251	59,636
Enhanced Recruitment Control Savings			2,272,251	5,756,444	3,484,192	2,272,251	2,682,437	410,186
Telephone Line Rental			12,914	12,981	67	6,457	6,486	29
<b>Total</b>			<b>43,956,261</b>	<b>48,365,688</b>	<b>4,409,427</b>	<b>25,964,571</b>	<b>27,117,052</b>	<b>1,152,481</b>

<b>Teitl adroddiad:</b> <b>Report title:</b>	Integrated Performance Report – Month 6 (with Month 6 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, 29 October 2024																		
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>This report relates to the 2024/25 financial year and month 6 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>There are 90 measures included in this report, 34 of which are locally defined or do not have a specified monthly target rate. Of the remaining measures, 16 (15%) are on target and 40 (45%) are off target. As indicated within the below graphic;</p> <div data-bbox="478 1254 1388 1836" data-label="Figure">  <table border="1"> <caption>Performance Metrics by Section</caption> <thead> <tr> <th>Section</th> <th>On Target</th> <th>Off Target</th> </tr> </thead> <tbody> <tr> <td>All Sections</td> <td>16</td> <td>40</td> </tr> <tr> <td>Quality, Safety, Effectiveness &amp; Experience Performance</td> <td>8</td> <td>10</td> </tr> <tr> <td>Access &amp; Activity Performance</td> <td>6</td> <td>29</td> </tr> <tr> <td>People &amp; Organisational Development Performance</td> <td>2</td> <td>1</td> </tr> <tr> <td>Financial Performance</td> <td>6</td> <td>0</td> </tr> </tbody> </table> </div> <p>The Framework supports the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities.</p> <p>The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement</p>	Section	On Target	Off Target	All Sections	16	40	Quality, Safety, Effectiveness & Experience Performance	8	10	Access & Activity Performance	6	29	People & Organisational Development Performance	2	1	Financial Performance	6	0
Section	On Target	Off Target																	
All Sections	16	40																	
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Access & Activity Performance	6	29																	
People & Organisational Development Performance	2	1																	
Financial Performance	6	0																	

	<p>(utilising available industry benchmarks to assess performance) and builds on the commitment for all levels of the organisation to improve. Our Framework is firmly based on our values: -</p> <ul style="list-style-type: none"> <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>

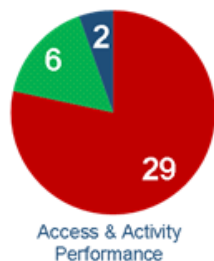
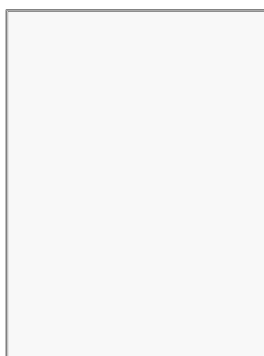
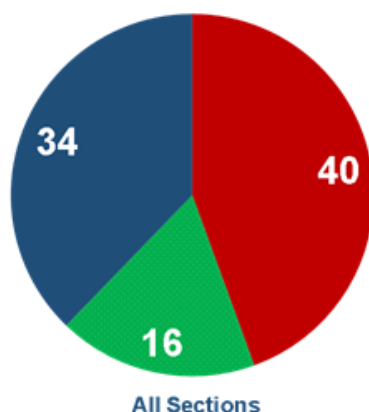
<b>Awdur yr Adroddiad: Report Author:</b>	Ed Williams, Acting Director of Performance			
<b>Pwrpas yr adroddiad: Purpose of report:</b>	l'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<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:  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: 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 EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?</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? In accordance with WP68, has an SEIA identified as necessary been undertaken?</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> Focus on areas for assurance on performance improvement. Development sessions on use of data and Statistical Process Control Charts (SPC). The first session was held with Independent Members on 28<sup>th</sup> May 2024 and the sessions rolled out across the Health Board throughout 2024-25.</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 6 of 2024/25)  
**Report Author;** Director of Performance

**1. Overall Summary**

Of the 90 measures included in the report, 16 are on target, 40 are off target with the remaining 34 either measured on a cumulative basis or not having a target. For the remit of the Performance, Finance & Information Governance Committee, Quality, Safety, Effectiveness & Experience Performance, is not included in this Report as it this section falls within the remit of the Quality, Safety & Experience Committee (QSE).



There are clearly significant risks to delivery on a number of key metrics for which the attached report at appendix 2 gives greater detail within the relevant dashboards for each of the three quadrants, as articulated within the above graphic. Prioritisation of the metrics off plan is used to populate the escalation section of the IPR (see appendix 1) to give greater focus to the metrics we are seeking to enhance in the short term.

This summary report will indicate some key elements from our Access and Activity, our People and our Finance as seen within the Health Board. Escalations in the Quality quadrant of the IPR are not included as these are in the remit of the Quality, Safety & Experience Committee and are included for information only.

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

### **2.1 Introduction**

This quadrant contains the greatest number of measures within the report, with the 37 measures within this section requiring oversight through PFIG. It is noted that based on latest information BCUHB is not achieving the target for 29 (79%) of these measures.

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

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

#### **2.2.1 Planned Care**

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

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

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

The Health Board is targeting use of Planned Care funds with the intention of eradication of over 156 week waits by December 2024 and improvements in 104 week waiters, with also an aim to improve timely access to diagnostic tests.

Delayed pathways of care remain a key concern for the Health Board as whilst September performance indicates a reduction from prior months, the latest benchmarking figure ranks the Health board as 7<sup>th</sup> in Wales. 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.

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



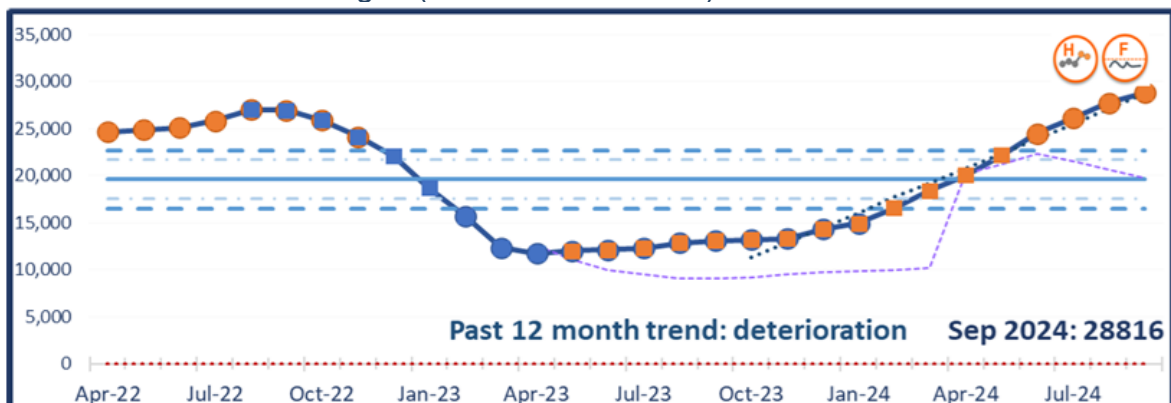
Ref	Measure	Latest Performance	Target
1	Theatre Utilisation (Capped)	72.4%	85%
2	Cases to be seen per theatre list	2.2	2.5
3	Cancellations at short notice or on the day	9.6%	<5%
4	Theatres starting greater than 15 minutes late	51.3%	<10%
5	Theatres finishing earlier than 60 minutes	24.0%	<10%

The Health Board has an Elective Optimisation Group emphasising the focus for improved utilisation of theatres and supported via Planned Care escalations with performance oversight through the Integrated Performance – Executive Delivery Group (IPEDG). A Programme Director for the Value and Sustainability Programme commenced in post in September 2024. This will further support delivery of improvements in this area. The clinical variation work-stream within the Value and Sustainability Programme will include focus on increasing our elective capacity throughput.

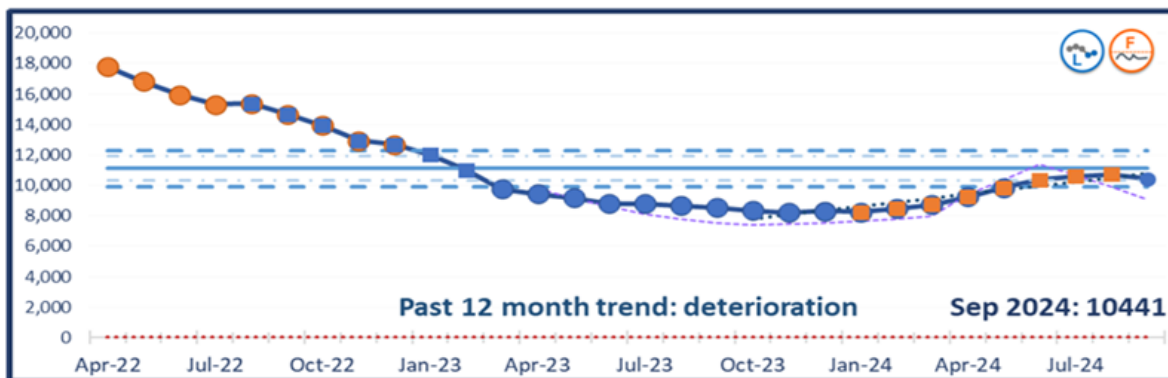
It is vitally important for the Health Board to utilise the planned care theatre and clinic capacity productively and efficiently in order to service the needs of the local population, with significant focus to be placed within this area of improvement opportunity within 'Clinical Variation' in the Value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

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

52 weeks (Stage 1) – Continues to increase as focus continues on reducing the extreme waits at all stages (104 and 156 weeks).



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



The Health Board submitted a trajectory for having only 5,000 patients waiting in excess of 104 weeks for treatment by 31<sup>st</sup> March 2025, the improvements in utilisation of theatre capacity, validation, use of waiting list initiatives and recent commissioning with partner organisations key to attainment of this targeted performance (current performance shows a plateau remaining largely static at 10,441 patients).

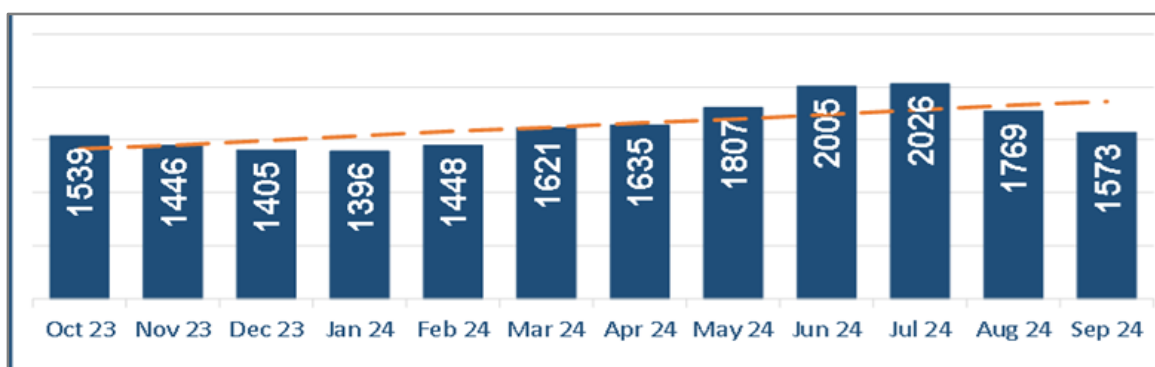
The leadership of the Health Board have concluded meetings with the Integrated Health Communities leadership, with revised trajectories produced for all patients waiting in excess of 104 weeks for all stages. The forecast excluding additional investment totalling 7,800 patients waiting beyond 104 weeks and with additional investment this reducing to 4,990 patients (as advised in separate report on Planned Care within the PFIGC private session agenda).

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

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

### 2.2.3 Patients experiencing waits exceeding 156 weeks (3 years)

The report highlights historic performance on patients experiencing waiting times that exceed 156 weeks. The indications from the reported trajectories contained within the report being for these patient numbers to increase over recent months.



The Health Board received a ministerial ask to offer appointments to all patients who have waited for over 208 weeks (save for Oral Surgery and Orthodontics) by 31<sup>st</sup> July 2024 and further to have appointments offered to all patients who experience a wait of in excess of 156 weeks by 31<sup>st</sup> August 2024.

The work referred to earlier has seen patients experiencing waits exceeding 208 weeks to be booked in for a procedure, the remaining patients will be seen by close of November 2024 and this will remove all patients from all stages waiting in excess of 208 weeks.

In addition, the forecasted projection for patients waiting for a procedure for more than 156 weeks is set to fall to below reported patient numbers in January 2024 by close of September 2024 (patients receiving appointments from close of August and a substantial number of these patients receiving treatment by close of September 2024).

Detailed trajectories are in the process of being compiled, the level of activity within this area impacting daily on the numbers of patients waiting as appointments are confirmed. Insourcing for Dermatology (waiting list initiatives targeting urgent suspected cancer) and Gastroenterology additional locum appointments with a focus on General Surgery will substantially reduce the numbers of patients waiting by close of December 2024.

#### **2.2.4 Planned Care Conclusion**

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

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

The Executive is reviewing the current plans for elective care attainment, with meetings to commence with Welsh Government on assurance over delivery of the plan, and in addition if opportunity exists to service more patients from this cohort and reduce the numbers waiting for in excess of 104 weeks for a procedure.

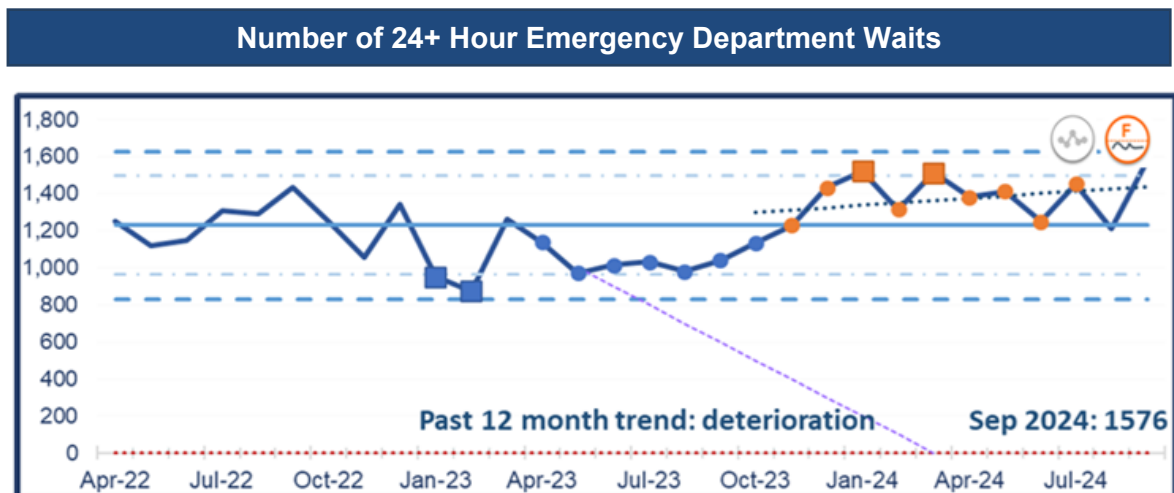
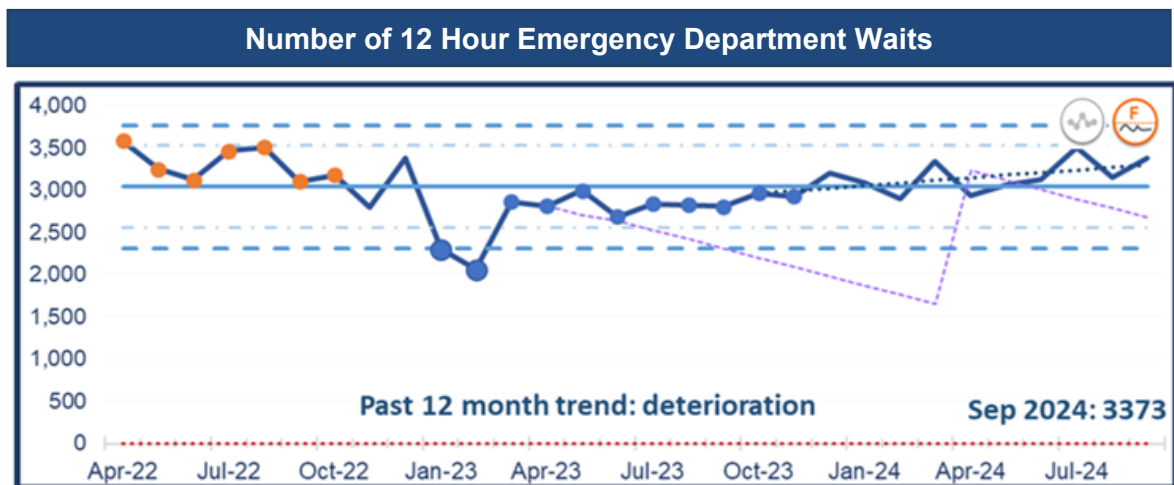
Planned Care Performance will continue to be presented to members of PFIG, to assure delivery of the improvements to patients waiting beyond 156 weeks for treatment and further offer assurance over plans to attain the all Wales 104 weeks targeted performance.

### 2.3.1 Unplanned Care

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

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

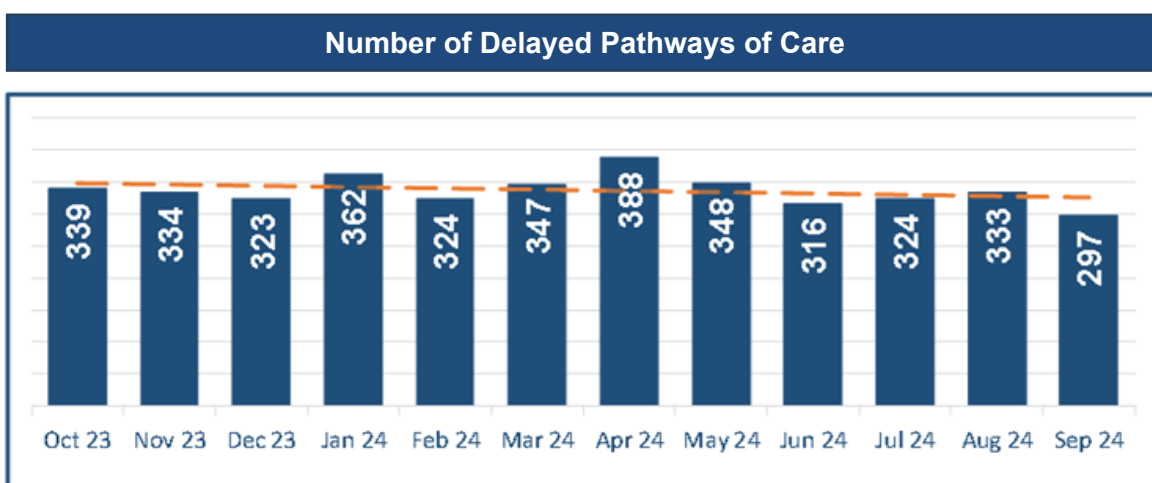
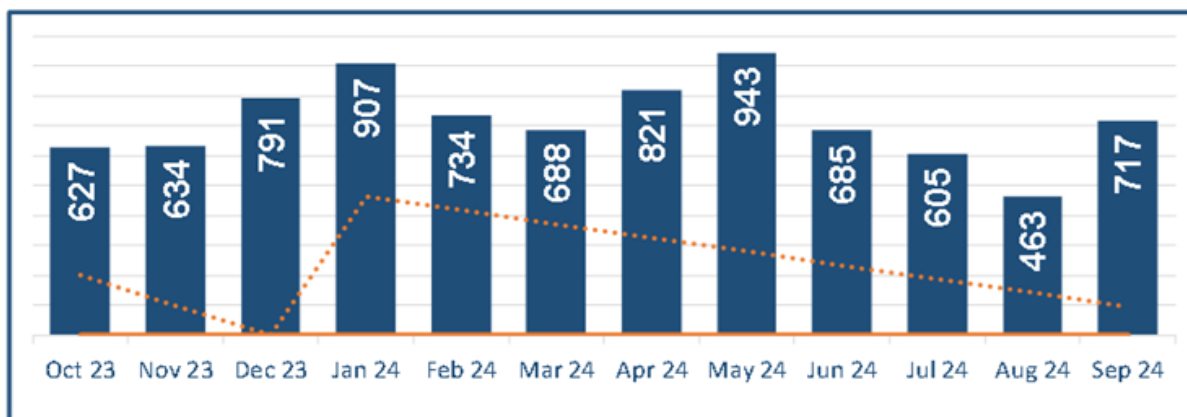
The sustained improvement in ambulance handover seen in previous months has not continued into September 2024. Historic poor performance for patients waiting greater than 12 hours and moreover 24 hours in the Emergency department (see below)



The Welsh Government trajectories are seeking a substantial improvement in both aspects of unplanned care performance, with this representing a challenge for the Health Board, demand remaining high over the summer period.

However, deployment of Further Faster and Six Goals additional funding is set to impact positively on performance and a further focused report is to be presented to members on the winter plan to articulate and provide assurance over attainment of improvements within each of these performance measures.

#### Number of 4+ Hour Ambulance Handover Breaches



### 3. People & Organisational Development

Focus continues on:-

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

### 4. Financial Performance (July 24)

(Corporate Risk 24-05 Financial Sustainability)

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. The plan incorporates a £48m recurrent savings requirement, but still has a

full year deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year.

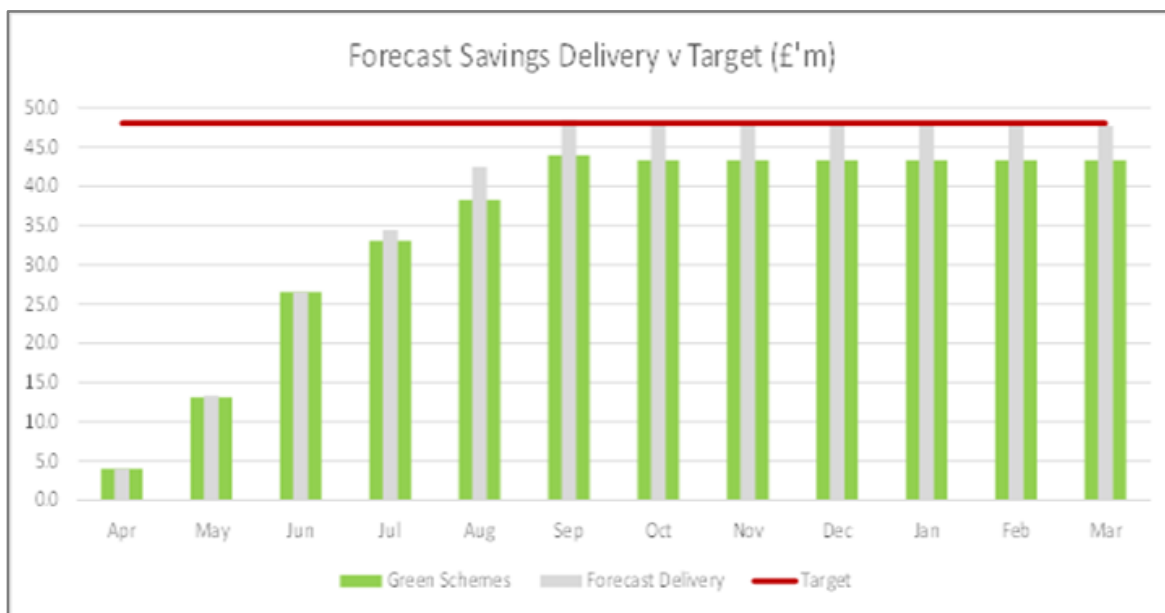
The below table shows the movement in the deficit per month, and year to date deficit of £8.9m against plan, which is predominantly due to pressures in Continuing Health Care (CHC), Mental Health (MH) out of area placements, Drugs pressures and unidentified savings. The projection reflects an assumption that the full savings target will be delivered in the year, the year-to-date deficit can be recovered and emerging cost pressures can be contained. There are significant risks to these assumptions, which need to be noted and carefully managed.

Financial Position to date and forecast Position

	Actual Position							Forecast Position						
	Apr	May	Jun	Jul	Aug	Sep	Total YTD	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	(18.7)	(0.5)	(0.3)	(0.3)	0.0	0.0	0.0	(19.8)
Planned position	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	(9.8)	(1.6)	(1.7)	(1.6)	(1.7)	(1.7)	(1.7)	(19.8)
Surplus/ (deficit) over plan	(2.6)	(3.2)	(2.1)	0.9	(1.7)	(0.3)	(8.9)	1.1	1.4	1.3	1.7	1.7	1.7	(19.8)

The Health Board have received confirmation that funds offered non-recurrently (as a one off for 2024/25) totalling £82m could be allocated recurrently and therefore available for future years if the plan is delivered at a £19.7m deficit for the financial year.

## Savings



The graph to the right shows that savings have been identified to meet the target of £48m, however additional savings will be required to meet the cost overruns.

Savings identification, reporting and monitoring has been developed via a Value and Sustainability Thematic Model, which works well to identify opportunities within the organisation. Many of these opportunities have been converted into deliverable

forecasts, with Green Schemes being expected to be fully deliverable and Red Schemes which require further work to be converted to Green.

Each theme has an Executive Lead and is being performance managed at the IPEDG, which is chaired by the Chief Executive.

## **5. Appendix**

Appendix 1 – Integrated Performance Report



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Integrated Performance Report

Reporting Period: to 30.09.2024

Presented to

**Performance, Finance & Information**

**Governance Committee**

**Tuesday, 29<sup>th</sup> October 2024**

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Planned Care			
Overall Summary of Performance	15	<b>Introduction to Integrated Performance Report (IPR)</b>	<b>48</b>
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# Performance Escalations Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# A Summary of Escalated Performance Measures

## Quality, Safety & Experience Performance

- **Complaints:** 58.9% closed within 30 days at the end of September. However, at 14.10.2024 it was **70.2%** against the 75% target set.
- Since April 2024, there has been a **88.3% reduction** in number of overdue complaints. (**Corporate Risk 24-04 Failure to Embed Learning**)
- **Clinical Coding Compliance** will remain a significant risk through 2024-25 and will recover in 2025-26. New coding staff have commenced in post.
- **National Reportable Incidents** open for 90 days or more has remained static between 39 and 40 each month since June 2024.

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

## People & Organisational Development Performance

- **PADR Rates**  
Falling steadily since April 2024, down from 79.4% to 77.1%
- **Sickness Absence Rates** –  
Continues to fall, from a high of 6.3% in July 2024, to 5.7% in September 2024
- **Turnover Rates for Nursing & Midwifery Staff** - Increased to 2.3% in September 2024, compared to 1.5% in August.
- **Agency Spend as a Percentage of Staff Pay Bill**  
Decreased to 3.8% in September 2024, down from 4.6% in August and July
- **Roster Compliance**  
Significantly improved from 26.5% in August 2024 to 69.2% in September.

## Access & Activity Performance

### Urgent & Emergency Care

- 4Hr Ambulance Handover Delays risen to 717 (Had reduced to 463 last month)
- Increases in 12 and 24 Hour Waits in Emergency Departments at 3,373 & 1,576

### Extreme Waits

- Patients waiting over 208 Weeks continues to reduce (zero November 2024) over 156 1,573 September 2024. Insourcing and Locums enhancing delivery
- 104 weeks, patients waiting remaining static (a first since April 2024) insourcing for Dermatology to commence, locums for Gastroenterology appointed
- 52 weeks (Stage 1) continues to increase, though at a reduced rate.

### Cancer Performance

- **62 Days** – Compliance at 52.5%, key tumour sites being dermatology, Urology and Colorectal. Deteriorating as backlog tackled (trajectory to be developed)

### Diagnostic 8 Weeks Wait Breaches Total 8,467 (2,760 over plan)

- Endoscopy 3,536, Radiology 2,360 & Cardiology 1,592 (insourcing commenced)

### Mental Health

- Out of Area Placements increased out of area referrals from 2 per month to 50 and costs exceeding £1.5m per month from 12 months prior. Escalated to CEO.

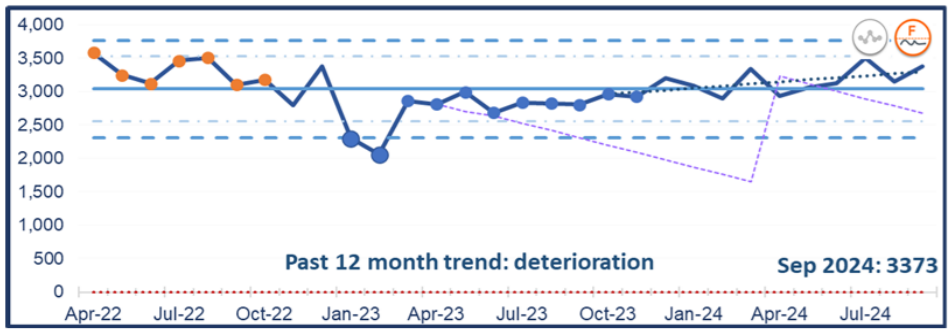
## Financial Performance - Revenue year to date and forecast;

- **Actual deficit 30<sup>th</sup> September 2024 £18.7m (£8.9m adverse)**
- **Risk to delivery of £19.8m deficit at 31<sup>st</sup> March 2025 c£25m**
- Drivers of the deficit centre upon out of area mental health substantial increases, capacity costs, CHC and medicines.
- Whilst savings identification now equates to the £48m targeted.

**Key risks centre upon not delivering the plan and therefore securing the one off 2024/25 £82m Transformation & Improvement funds for beyond the 2024/25 financial year.**

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

**Number of 12 Hour Emergency Department Waits**



**Urgent & Emergency Care(UEC)**

- Pathways of Care Delays at 297 is below 300 for the first time in over a year.
- 4Hr Ambulance Handover Delays risen to 717 (Had reduced to 463 last month)
- Continued increase in the number of 12 and 24 Hour Waits in Emergency Departments at 3,373 and 1,576 respectively.

UEC Strategy workshop held 16<sup>th</sup> September with external stakeholder support (National 6 Goal team and WAST) reviewing existing service provision and what is needed. Further local IHC workshops to be held to continue building UEC blueprint.

Interim Chief Operating Officer (COO) leading on a 12-week rapid improvement programme in line with the UEC 6 goals and delivered through an improvement lens across 4 workstreams ;

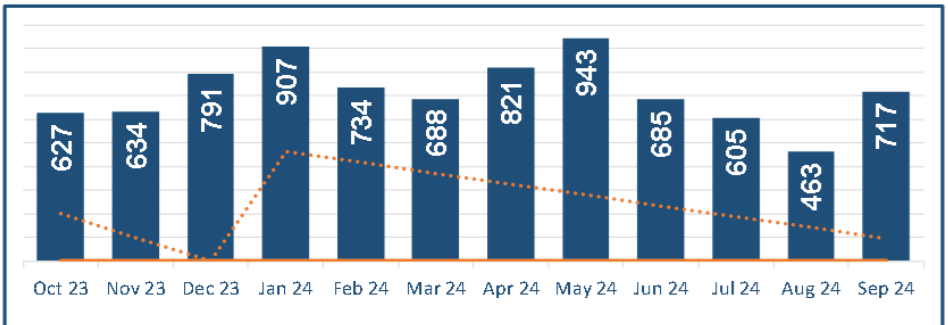
- (i) Moving the patient front door,
- (ii) emergency department and emergency quadrant,
- (iii) hospital flow and
- (iv) discharge into the community).

This will also support and enable flow reset required prior to winter period.

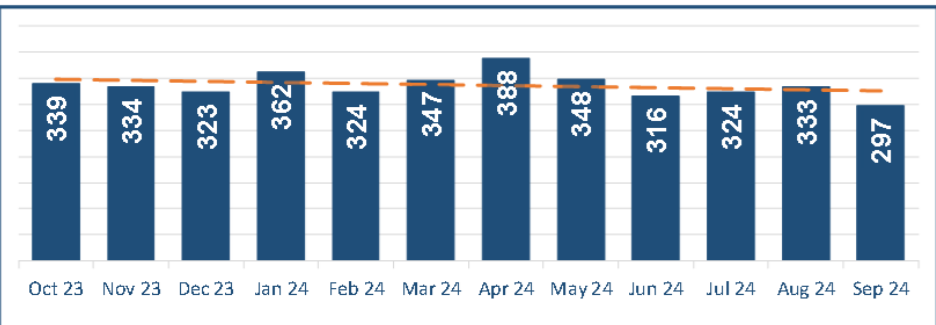
**Number of 24+ Hour Emergency Department Waits**



**Number of 4+ Hour Ambulance Handover Breaches**



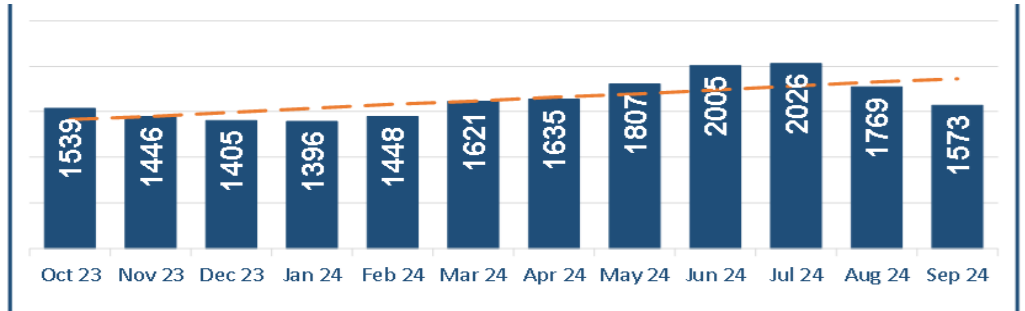
**Number of Delayed Pathways of Care**



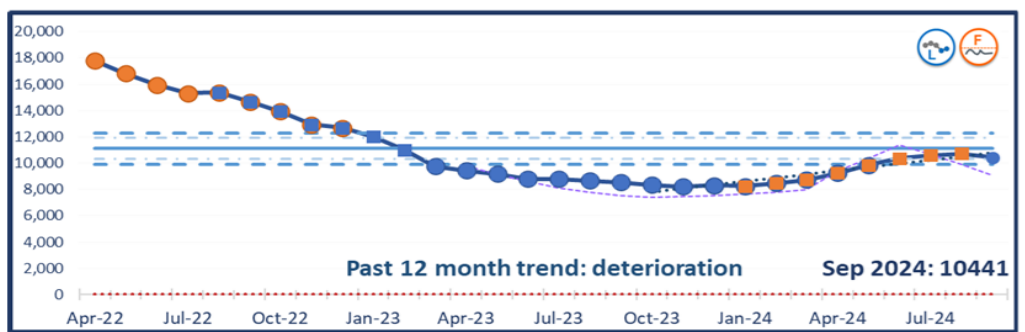
# Access & Activity: Escalated Performance Measures

## Planned Care

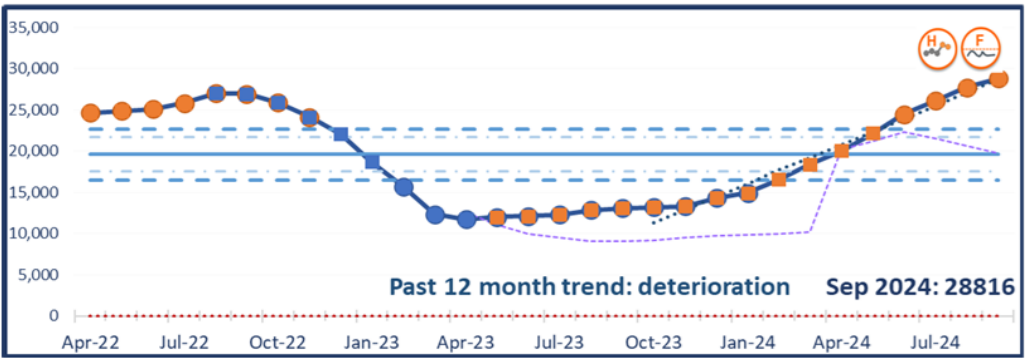
### Number 156+ Weeks RTT



### Number 104+ Weeks RTT



### Number waiting over 52 weeks for a new appointment



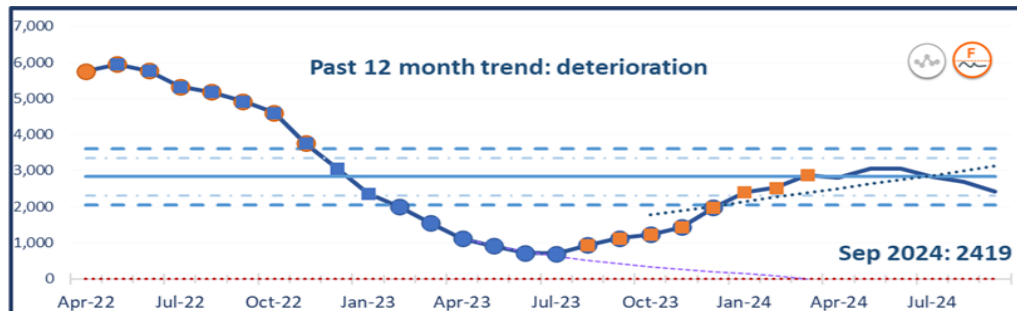
#### Extreme Waits

- 208 Weeks – Single figures in General Surgery being booked as priority
- 156 weeks – Reduction of nearly 500 breaches since July 2024, 1,573 September 2024.
- 104 weeks – Position stabilised and reducing for the first time since April 2024.
- Planned Care waiting list performance has been escalated with hands-on executive focus.
- Weekly performance by specialty is articulated and tracked. Key components deployed include:
  - (a) Improved use of theatres.
  - (b) Validation of lists.
  - (c) Improved treat-in-turn policy.
  - (d) Premium working (Weekend List Initiative (WLI), insourcing, and outsourcing).
- 52 weeks (Stage 1) – Continues to increase, though slightly lower than predicted.
  - Urgent Suspected Cancer (USC) and Urgent Referrals are impacting our ability to reduce routine long waits, with an increase in referrals to secondary care.
  - Progress in recruiting to support a single managed PABC (Patient Access and Booking Centre) is due to start November 2024 concluding January 2025.
  - Analysis of attendances per clinic session is being undertaken to provide sight of efficiency opportunity, this concluding wc 21/10/24.
  - eReferrals Introduction: The introduction and adoption of eReferrals (Full WAP) are supporting the management of Stage 1 demand.
  - Health Care pathways MOU has been signed-off with programme and project resource allocated to progress this programme at pace.

# Access & Activity: Escalated Performance Measures

## Diagnostics and Therapy Waits

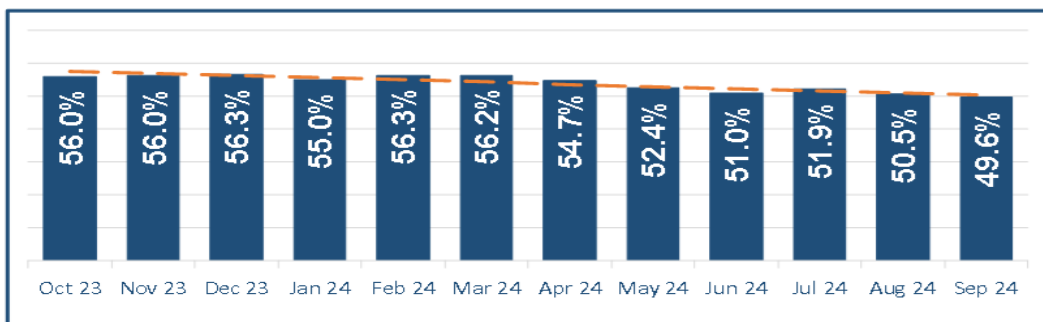
**Number Diagnostic Waits over 8 Weeks**



**Number Therapy Waits over 14 Weeks**



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



### Diagnostic 8 Weeks Wait Breaches Total 8,467 (2,760 over plan)

- Endoscopy – 3,536 Recommencing of insourcing from September 2024
- Radiology – 2,360 Working through additional staffing options, especially in CT Scanning.
- Cardiology – 1,592 Identifying possible insourcing opportunities

### Physiotherapy 14 Weeks Wait Breaches 2,236

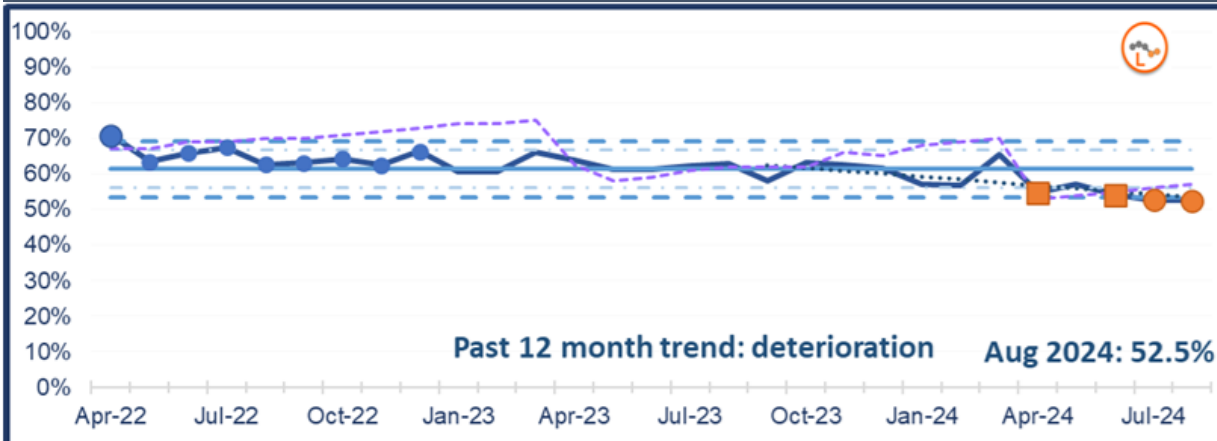
Breaches are in East and Centre with no breaches reported in West. Main breach reasons regard lack of accommodation in East and lack of staff in Centre.

- The service is working with two thirds less accommodation, with a plan to move to Plas Gororau.
- 'Knee blitz days' are taking place every 6 weeks in Wrexham and Flintshire
- RASP (Rapid Access Speciality Physio) clinics – focussing on knees moving into core activity from mid November. We also have reinstated RASP this for fractures on some sites and looking to expand and are piloting for shoulders
- Over-recruitment of substantive B5s and the latest graduates will be joining the service in January 2025 supporting MSK Services

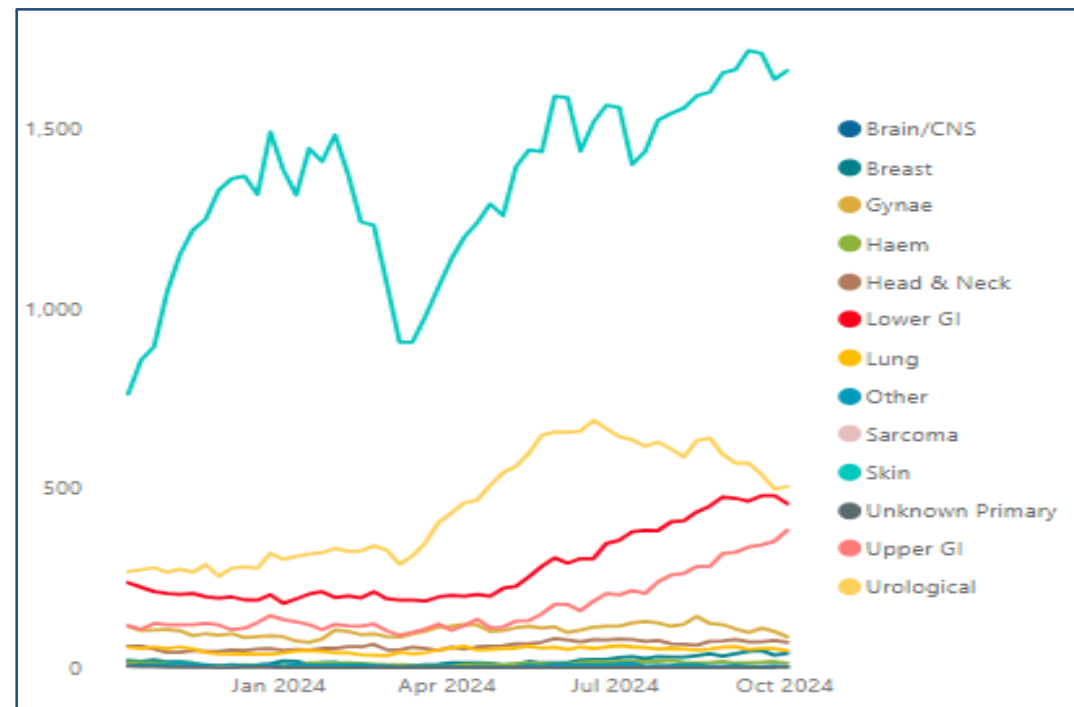
**Percentage of R1 Patients seen within 25% over their clinical due date at 49.6% has been falling consistently since February 2024.**

# Access & Activity: Escalated Performance Measures Cancer

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



	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Breast	71	77	44	49	47
Gynae	22	21	42	50	36
Haem	91	85	89	77	94
Head & Neck	15	47	53	31	17
Colorectal	41	38	38	36	51
Lung	60	54	63	56	63
Skin	65	73	77	76	61
Upper GI	86	68	67	61	62
Urology	36	27	31	31	42



- Performance in August remained at **52.5%**; this is below trajectory and below the threshold for de-escalation (4 months at 55%+)
- Performance is below trajectory due to less WLI activity than anticipated in particular in breast and skin
- Over 62 day backlog remains extremely high in particular skin (dermatology pressures) and upper and lower GI (lack of endoscopy insourcing April to Sept); note improvement in urology over 62 backlog

# Access & Activity: Escalated Performance Measures Cancer

## Breast

- Waits to first appointment continue to reduce with WLI activity and transfers of care between sites to equalise waits; aim to recover position by end of October leading to improved SCP performance from November

## Colorectal and upper GI

- Endoscopy insourcing contract activity recommenced September in Central & East and October in West; initial focus on reducing waits for patients on a suspected cancer pathway

## Gynaecology

- New unscheduled bleeding on HRT pathway implemented August – small reduction in USC referrals already noted
- BCUHB wide 2 stop PMB model agreed; project team working on implementation for 2025/26

## Head and neck/Thyroid

- Sickness within ENT surgical team in West continues to impact waiting times for thyroid surgery – transfers to Central actioned

## Skin

- Core capacity remains below demand; WLIs continue (one stop model) to increase capacity
- Clinical leads for dermatology appointed; appointment of Health Board wide managerial lead in progress
- Teledermoscopy service in Central will increase to 12 per clinic this month. East commenced in October and will increase capacity from November; options for outsourcing image review to increase capacity being explored. Current 67% discharge rate.
- Insourcing process underway with panels 2<sup>nd</sup> week in October

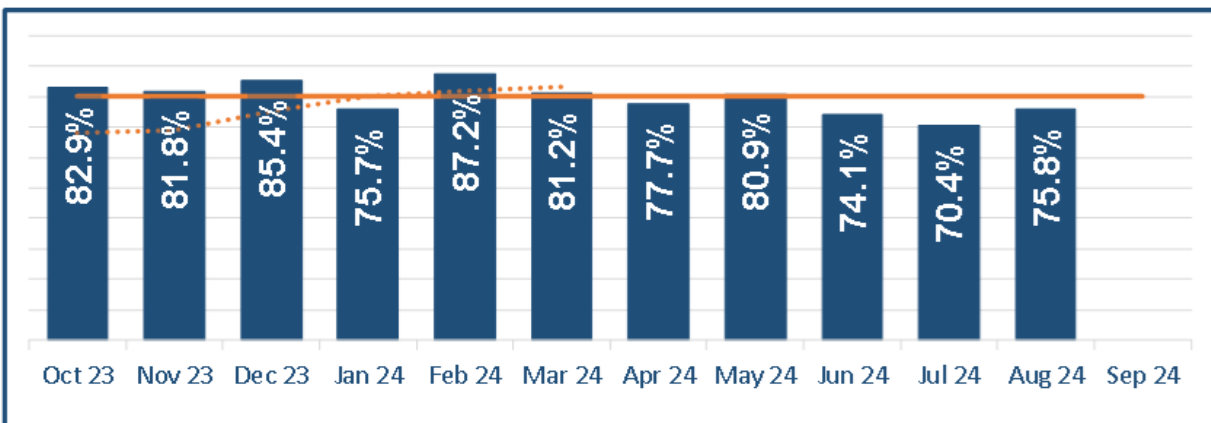
## Urology

- Prostate biopsy capacity scoping exercise discussed with urology teams with potential options to increase identified; currently being worked up
- Discussions ongoing with two potential major surgery partners

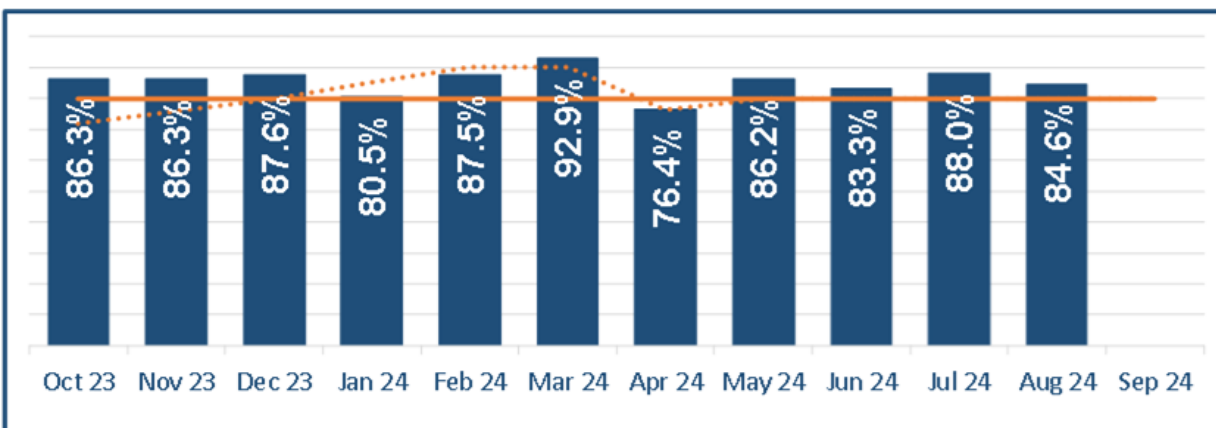
# Access & Activity: Escalated Performance Measures

## Adult Mental Health

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



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



**Part 1a** - 75.8%,  non-compliant with target.

We have seen a 5.4% increase in number of referrals in Aug 24 as compared to previous month, this equates to 12.5% increase on same period 2023.

**Part 1b** - 84.6%  continuing to exceed target despite increase in referrals.

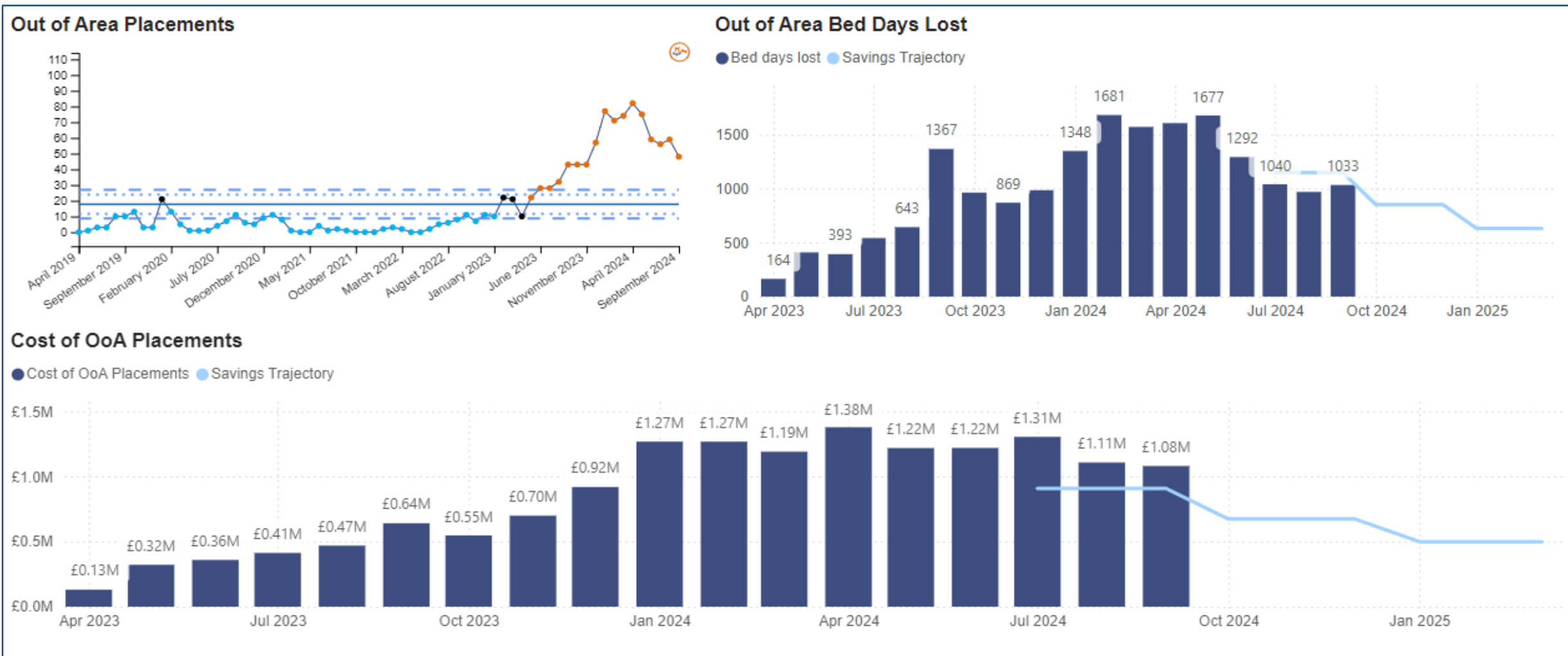
**Recovery Actions:**

Part 1 Position is due to prioritising the longest waiters to ‘treat in turn’. To improve this we are working to maximise the available assessment slots through a scheduling system to ensure visibility and therefore increase productivity of available resource. We are also looking at capacity and demand planning which will support improvements to both parts 1 and 2. A review of longest waits is being undertaken over the forthcoming weeks.

# Access & Activity: Escalated Performance Measures

## Adult Mental Health – Out of Area Placements

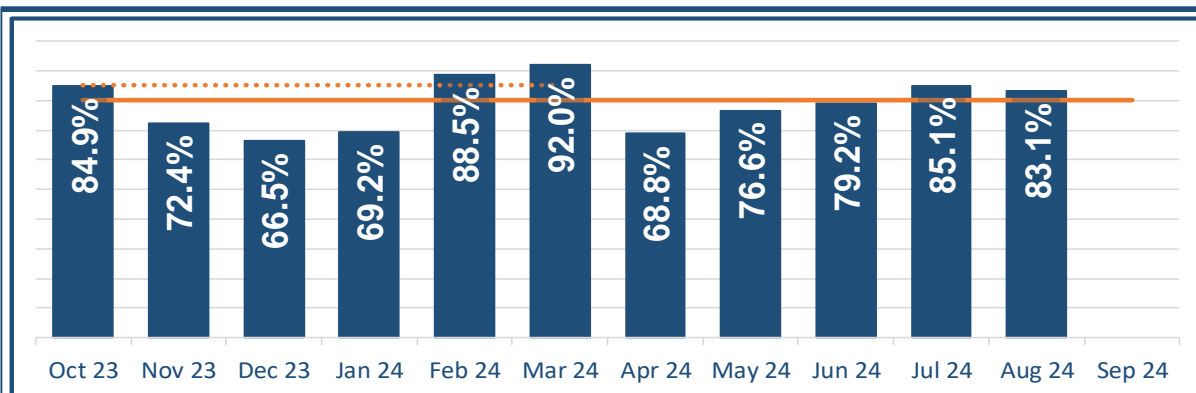
**Out of Area Placements – Reduced from 61 to 50, but still incurring over £1m per month in costs.**



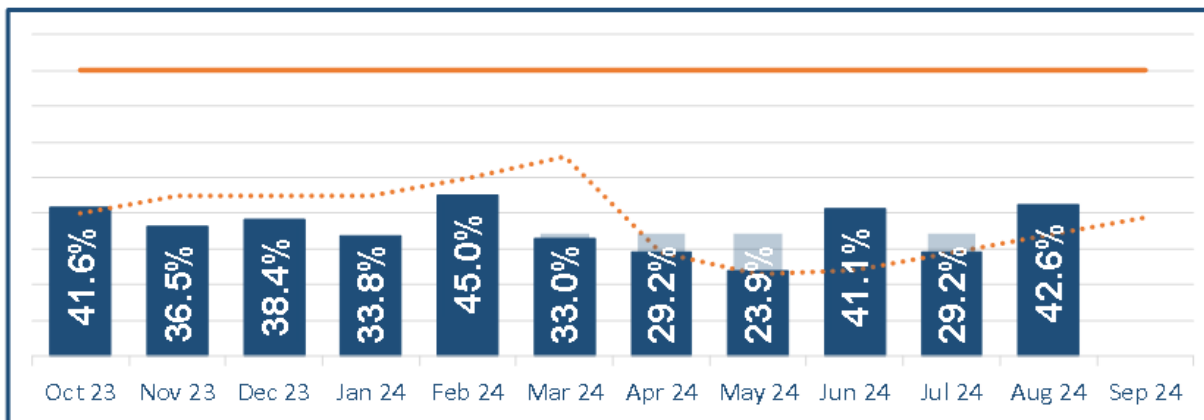
# Access & Activity: Escalated Performance Measures

## CAMHS and Neurodevelopment

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



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

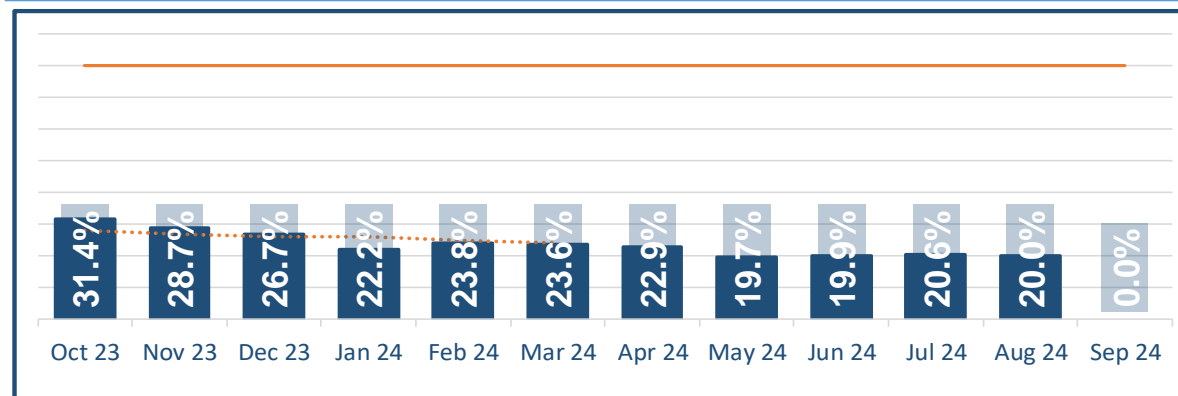


Performance against the measures remains variable. The forecast trajectory for the interventions metric is to increase performance to 60% by end of March 2025. At the end of Q1, performance is ahead of trajectory with a rate of 41.1% against the expected profile of 24%.

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

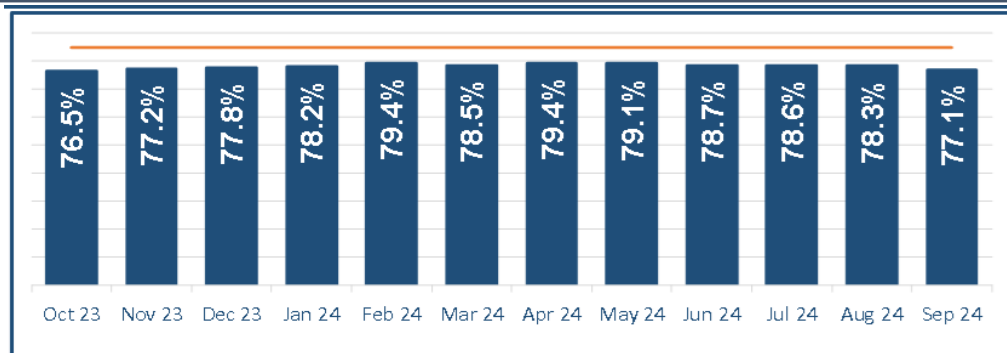
Neurodevelopment waiting times continue to deteriorate and remain a concern, with the Health board currently ranked as 6th of 7 in Wales. None of the Health boards are achieving the target at last review with best performing organisation having a rate of 45.8% against the 80% target.

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



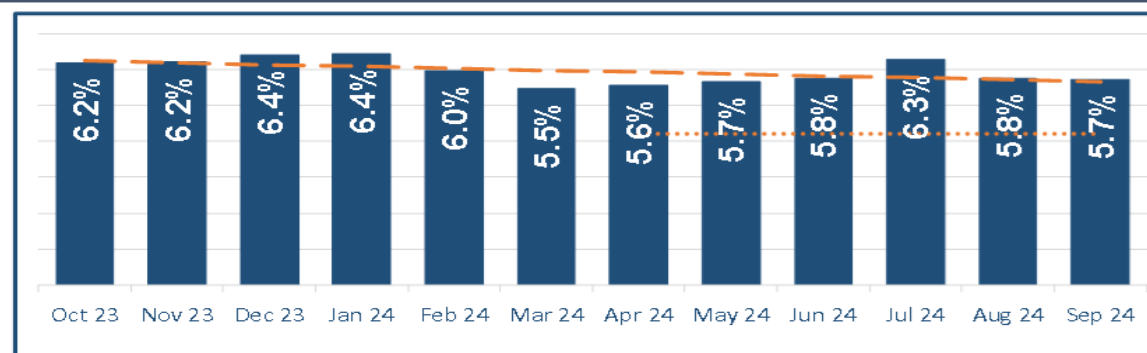
# People & OD: Escalated Performance Measures

% of headcount who have had PADR in previous 12 months



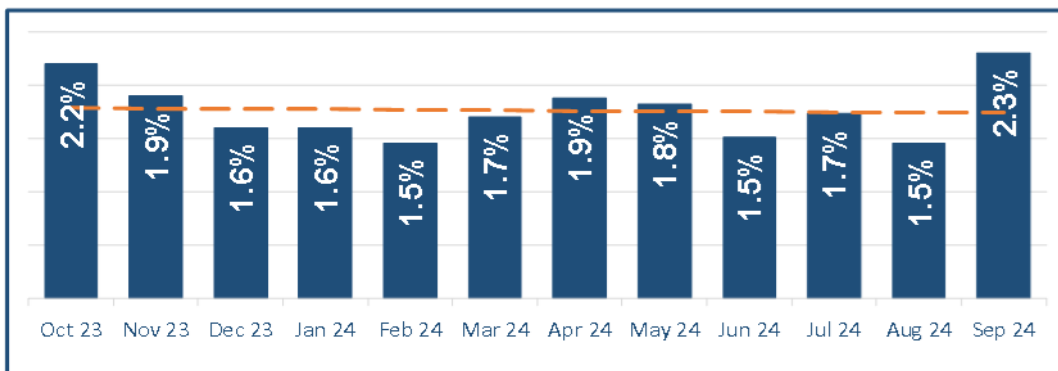
Performance remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

% of sickness absence rate of staff



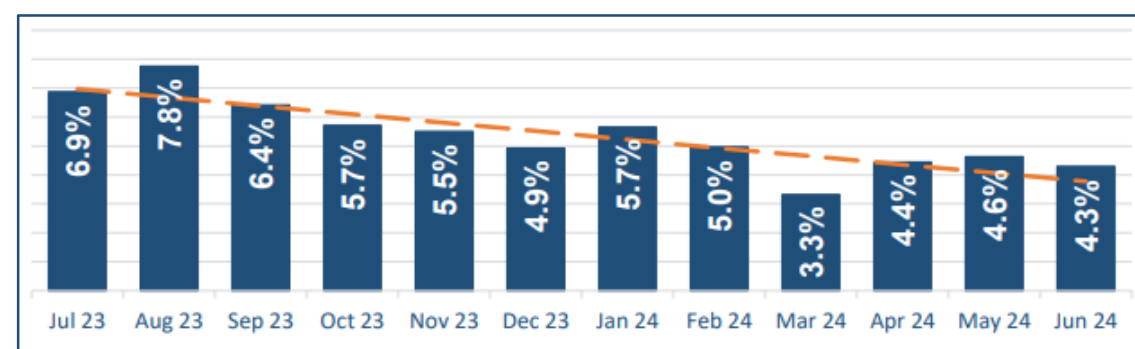
After a peak of 6.3% in July, sickness absence rate stayed below the 6% mark for the last two months in line with ongoing staff wellbeing work.

Turnover rate for nurse and midwifery register staff leaving NHS Wales



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

Agency Spend as % of pay bill



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

# Finance: Escalated Performance Measures

The 2024/25 financial plan is a £19.8m deficit at close of the financial year, this will not attain the key first duty to break-even in year. The plan includes receipt of £82m of one off funding for 2024/25 (a continuation from the previous financial year) and a requirement to attain a £48m savings ask. To secure the £82m recurrently (for each year post 2024/25) the Health board is required to attain financial plan, the savings requirement and the projected deficit are profiled equally across the financial year.

Actual							2024/25 Cumulative against Plan		
	M01	M02	M03	M04	M05	M06	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
<b>Total Deficit / (Surplus)</b>	4.3	4.8	3.7	0.7	3.3	1.9	(0.0)	18.7	18.7
Planned Deficit	1.7	1.6	1.6	1.6	1.6	1.6	9.8	0.0	9.8
<b>Total Deficit / (Surplus) above Plan</b>	2.6	3.2	2.1	(0.9)	1.6	0.3	9.8	18.7	8.9

## Financial Revenue Performance

The year to date deficit now totals £18.7m, adverse by £8.9m against plan, drivers Mental Health out of area placements, Continuing Healthcare, capacity & drugs

To attain plan of a £19.8m deficit at close of the financial year the year to date deficit will require recovery and emerging cost pressures contained.

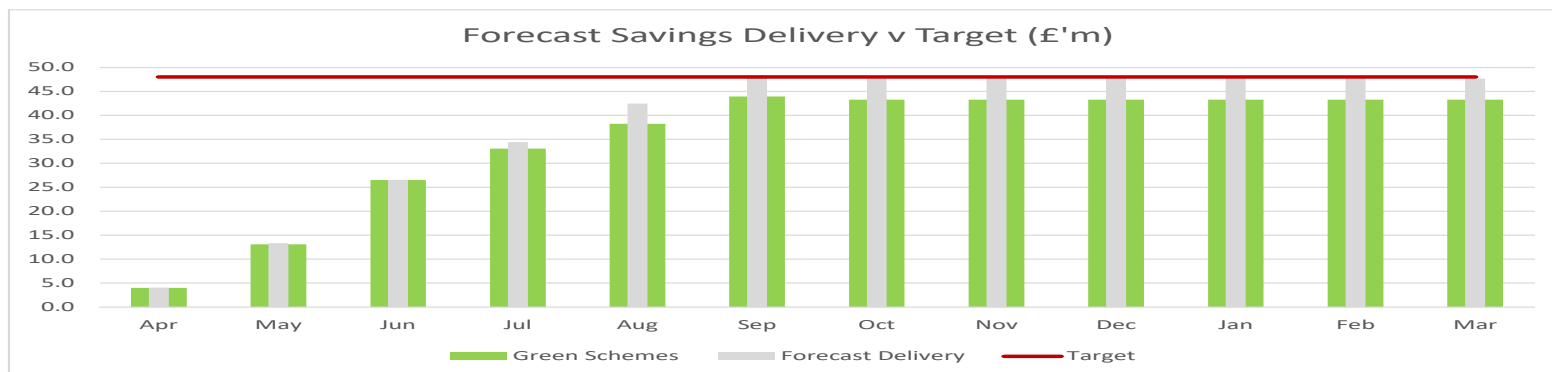
There are significant risks to these assumptions, which need to be noted and carefully managed (risks to delivery estimated to total c£25m).

Key risks centre upon not securing the £82m in year allocation for future years through not attaining plan.

## Savings delivery

Targeting £48m savings delivery, Value & Sustainability thematic model. Full year forecast value of Green Schemes totals £48.4m (£40.2m Savings, £1.3m Income Generation, £6.9m Accountancy Gains and £0.7m Cost Avoidance).

£28.6m identified as recurring, with a full year effect of £39.2m, and £19.8m are non-recurring savings. The combined year to date delivery is £27.1m.

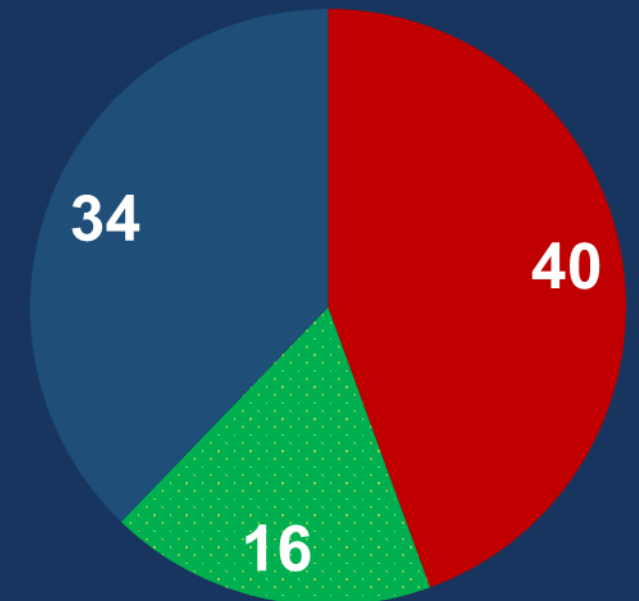


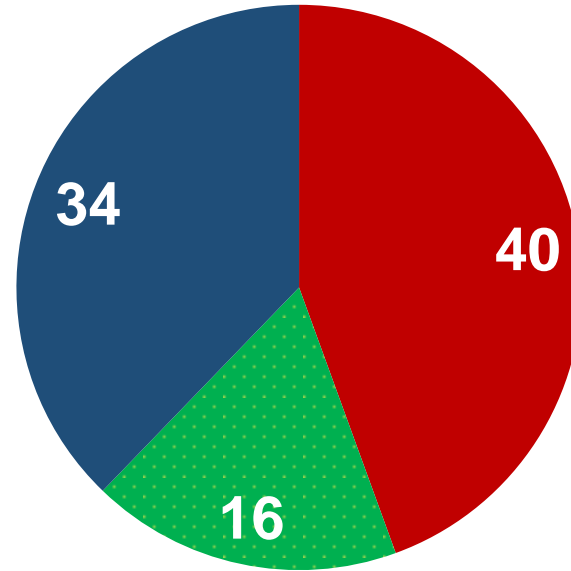


GIG  
CYMRU  
NHS  
WALES

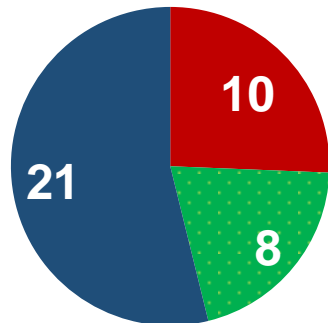
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Integrated Performance Report

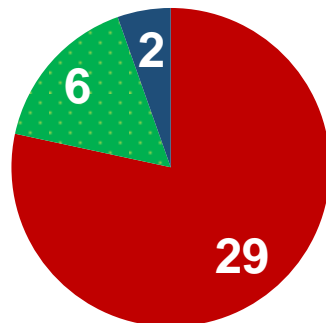




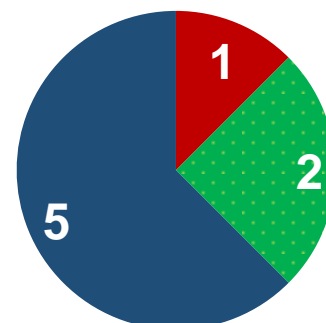
All Sections



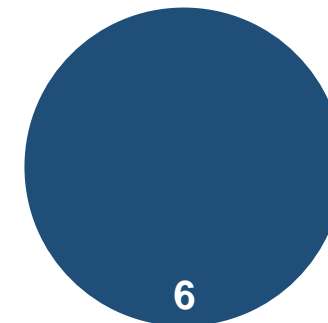
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance



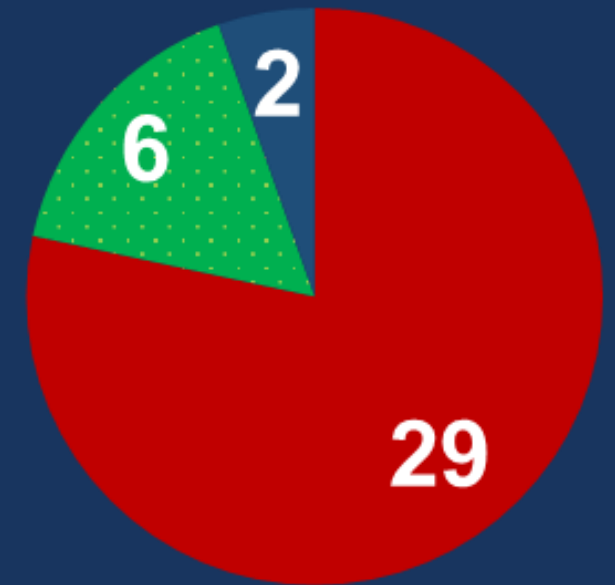
People & Organisational Development Performance



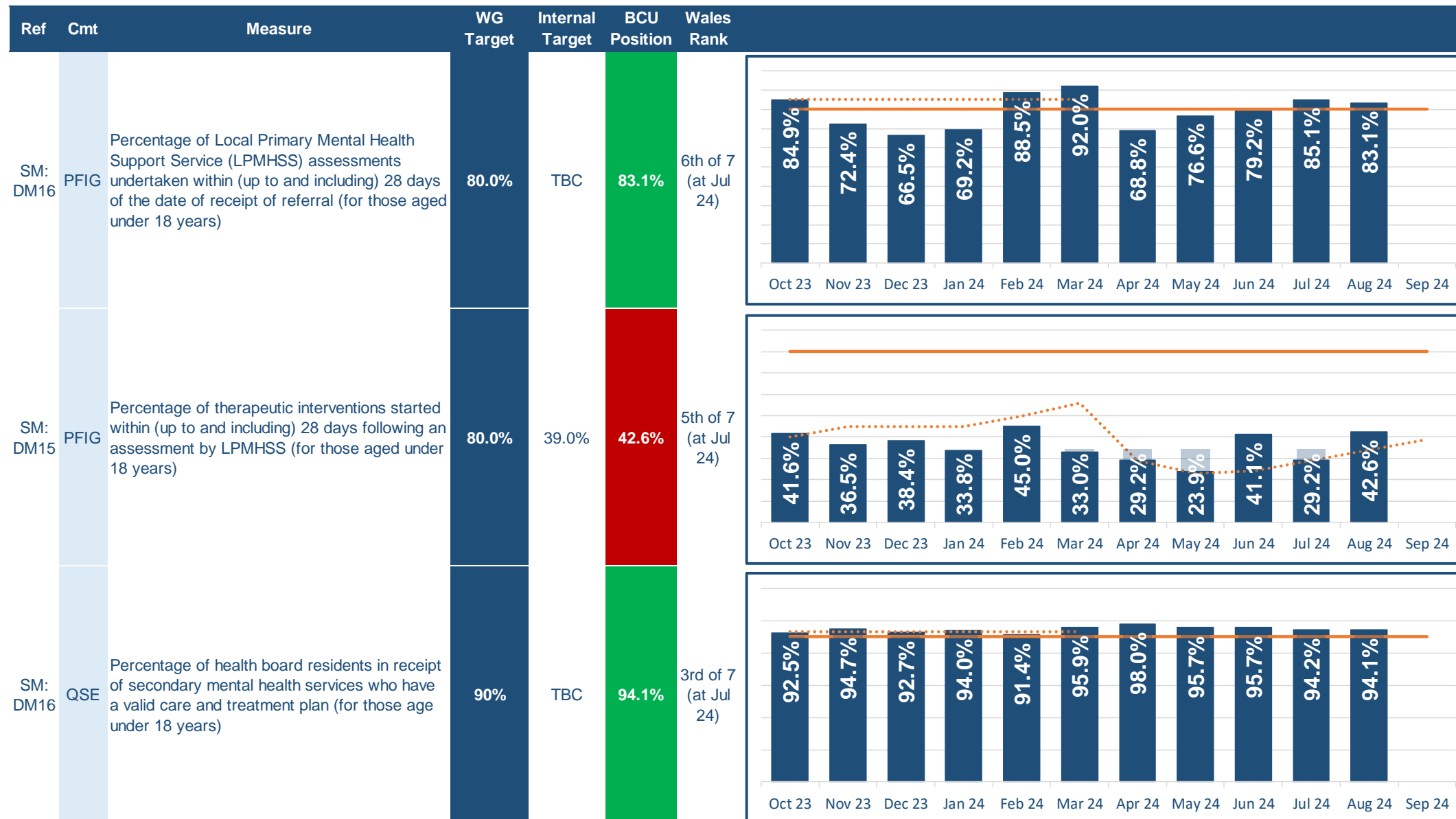
Financial Performance

# Section 1

## Access & Activity Performance

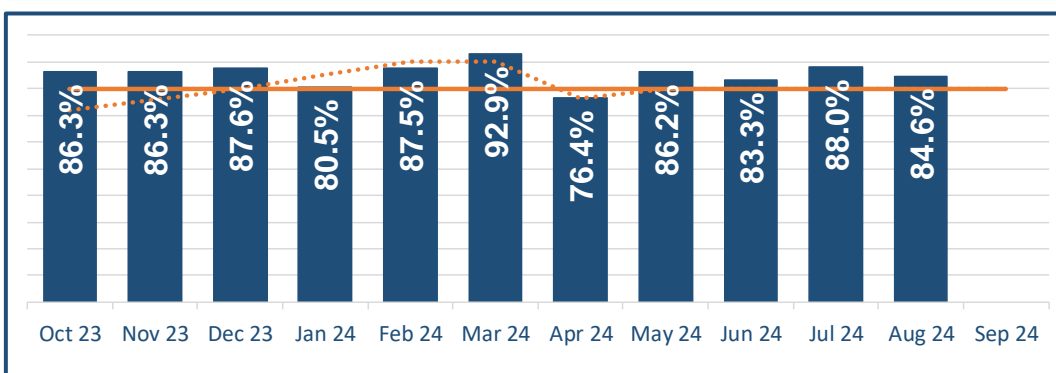
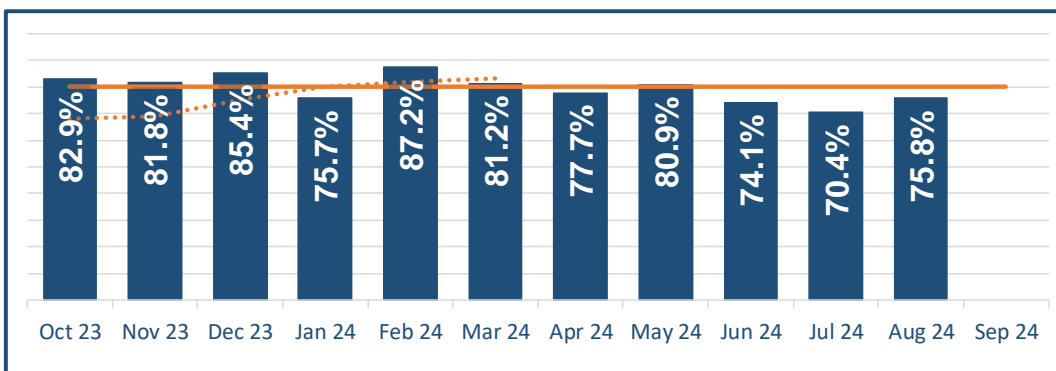
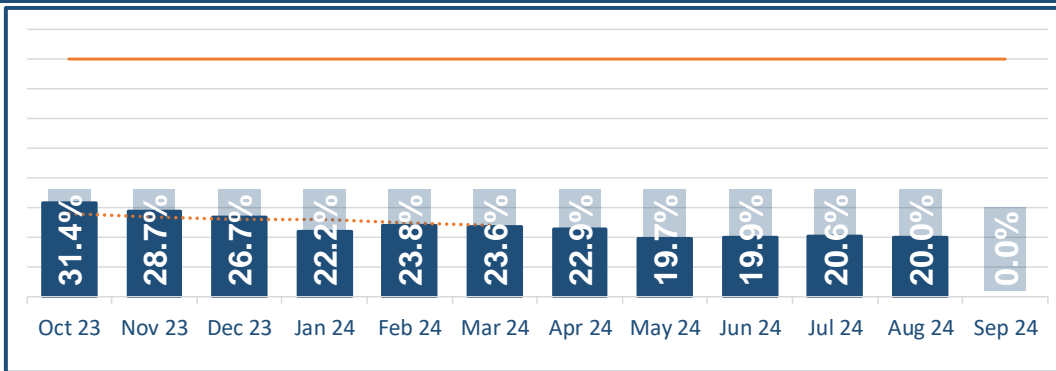


# Access & Activity: Performance



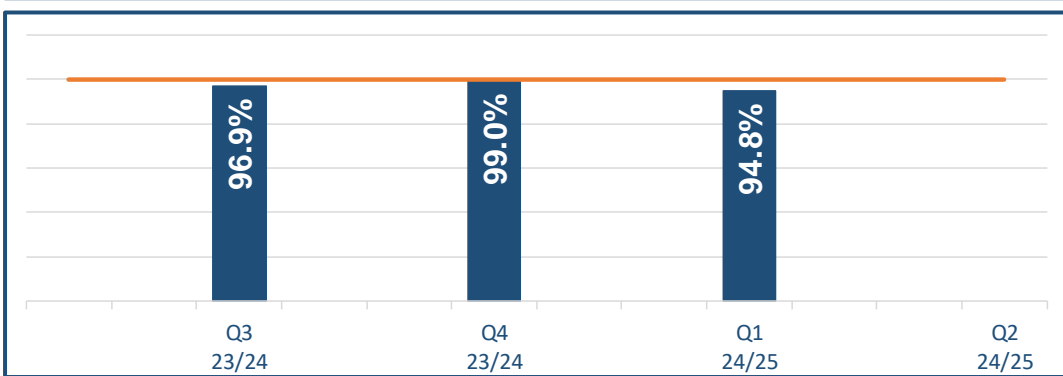
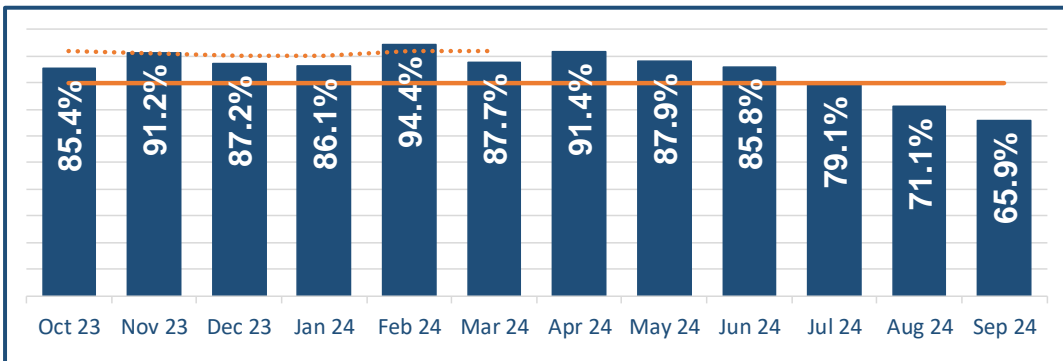
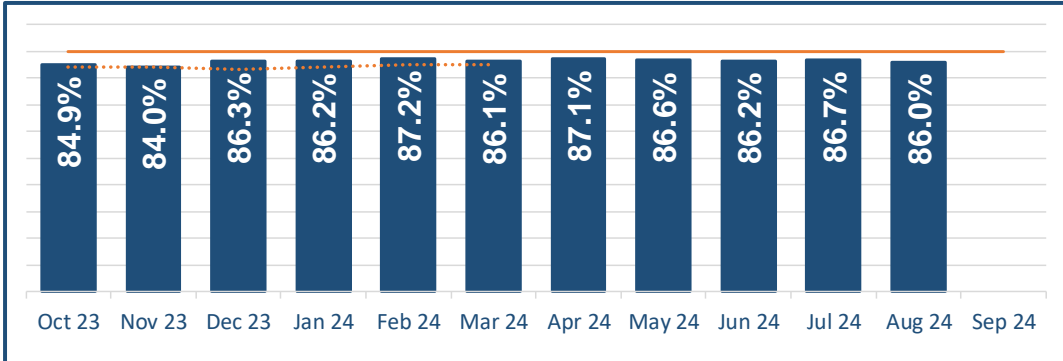
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11	PFIG	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	TBC	20.0%	6th of 7 (at Jul 24)
SM: DM11	PFIG	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	TBC	75.8%	5th of 7 (at Jul 24)
SM: DM12	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	80.0%	84.6%	6th of 7 (at Jul 24)



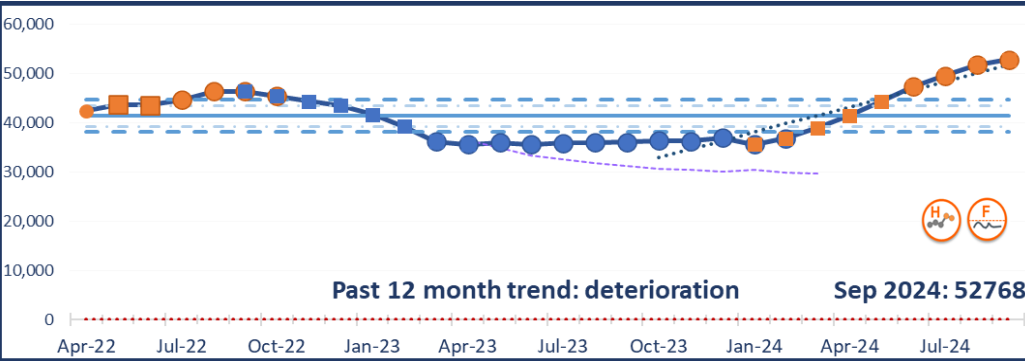
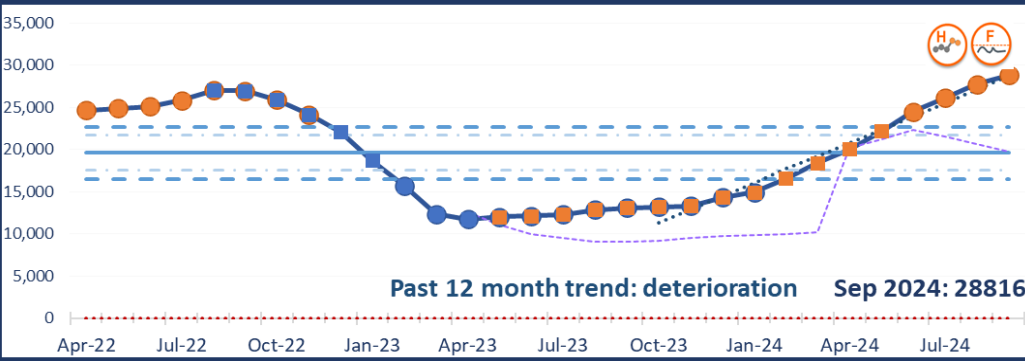
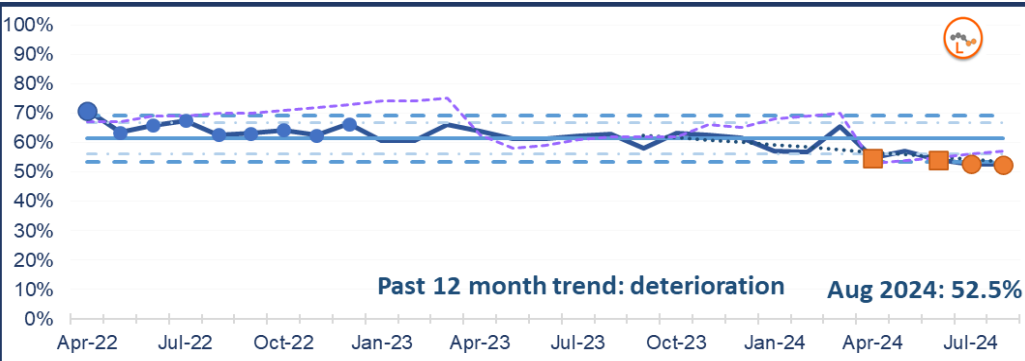
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
SM: DM13	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	90%	TBC	86.0%	5th of 7 (at Jul 24)
-	PFIG	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health BCU Level	80%	TBC	65.9%	1st of 7 (at Jul 24)
-	PFIG	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	TBC	94.79%	6th of 7 (at Mar 23)



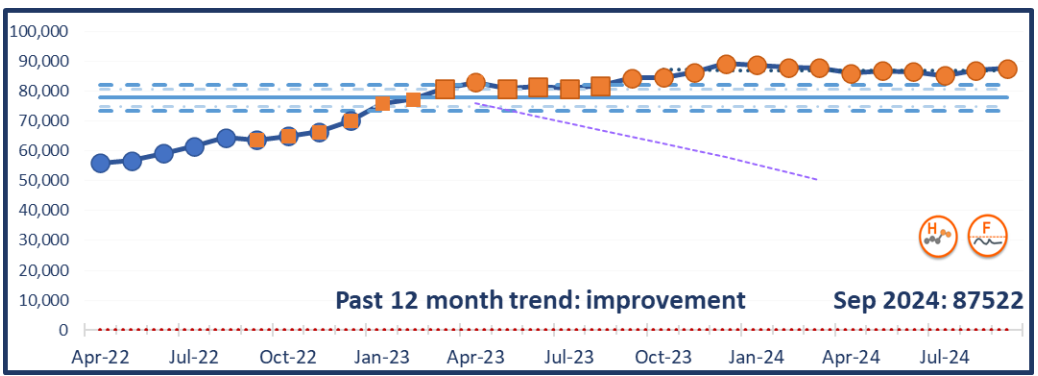
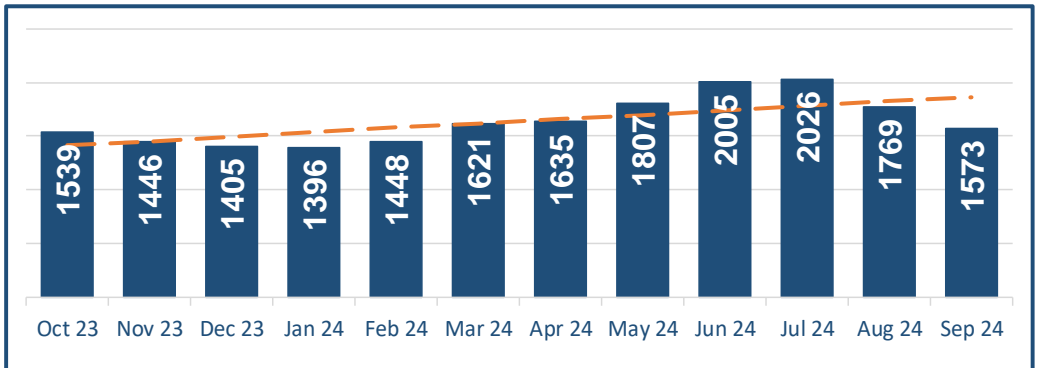
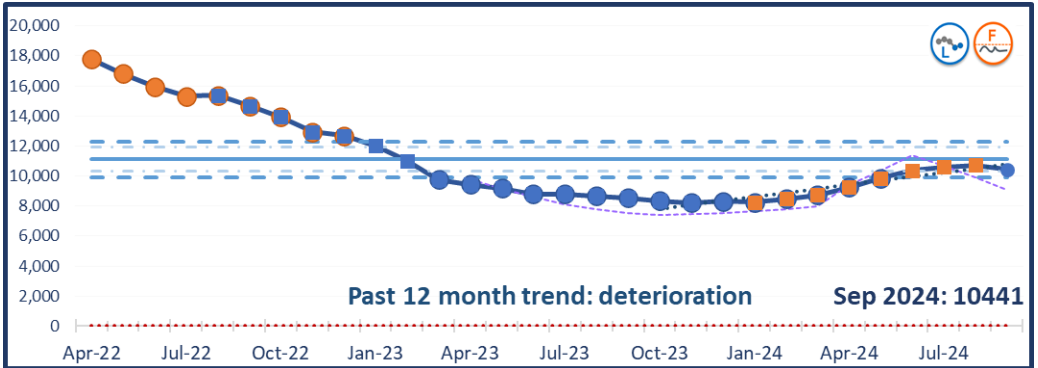
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM01	PFIG	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	<b>Increasing trend (to 80%)</b>	58.0%	<b>52.5%</b>	5th of 6 (at Jul 24)
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	<b>0</b>	19775	<b>28816</b>	7th of 7 (at Jul 24)
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	<b>Decreasing trend (to 0 by Jun 25)</b>	TBC	<b>52768</b>	7th of 7 (at Jul 24)

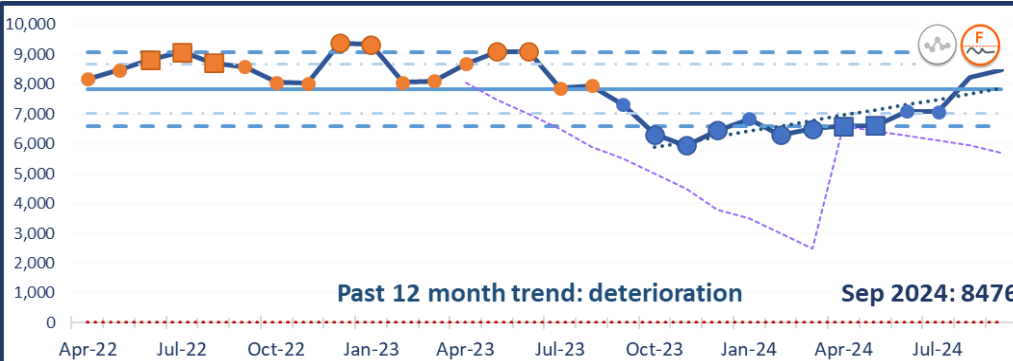
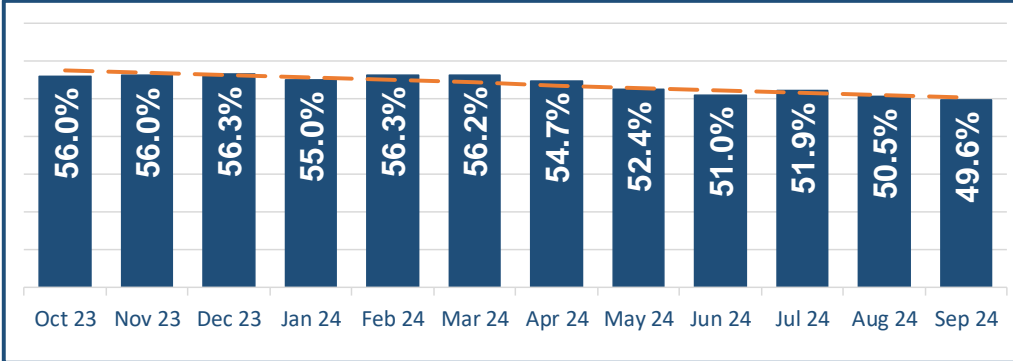
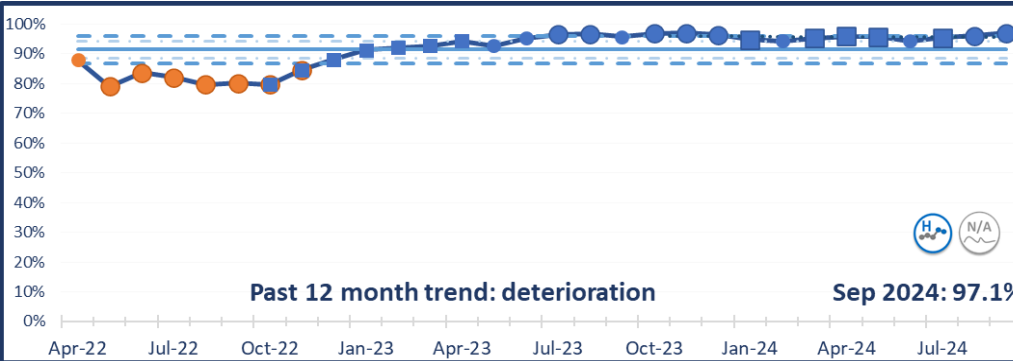


# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM03	PFIG	Number of patients waiting more than 104 weeks for referral to treatment	0	9088	10441	7th of 7 (at Jul 24)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	1573	
CRR: 24-11	PFIG	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	Decreasing trend (to 0)	TBC	87522	7th of 7 (at Aug 24)

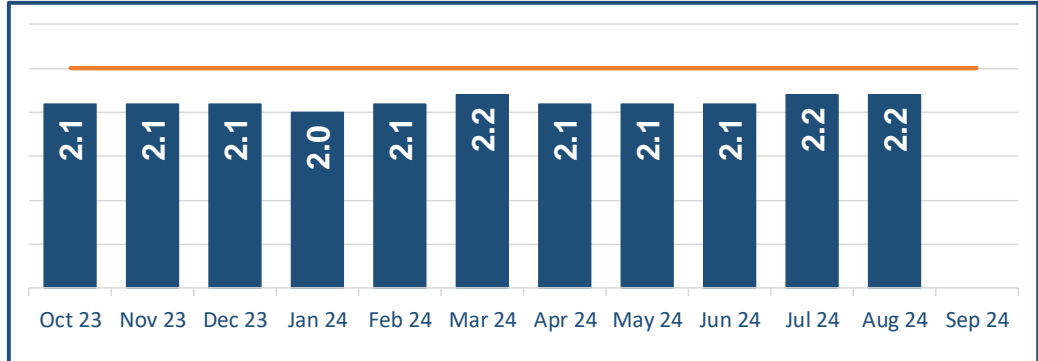
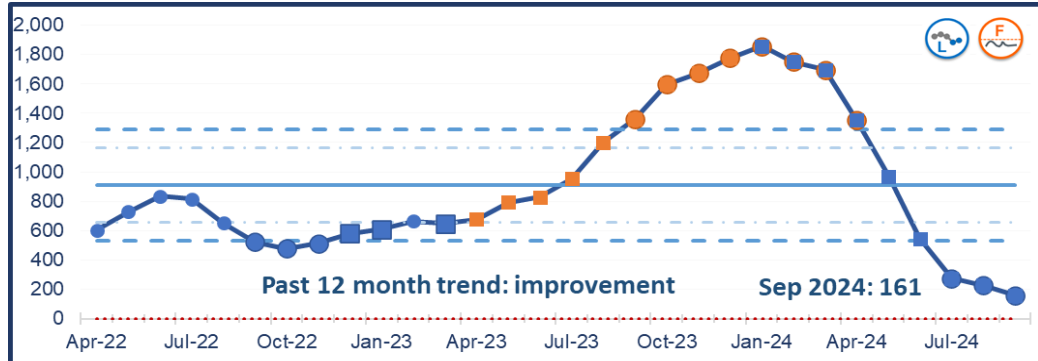
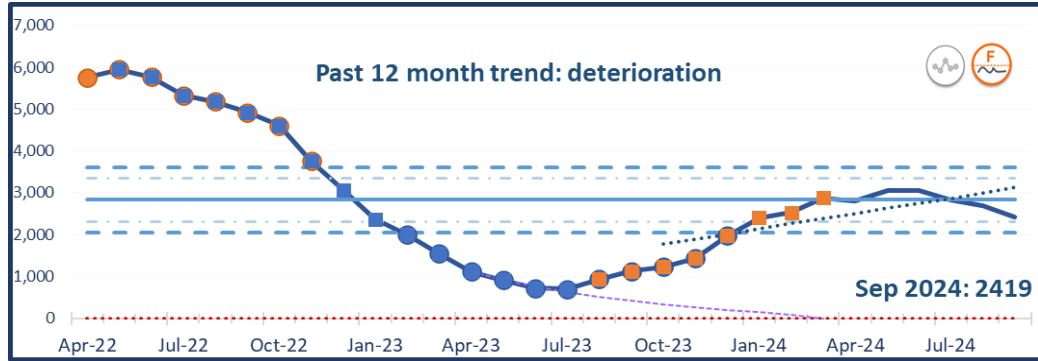


# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
CRR: 24-13 SM: DM04	PFIG	Number of pathways waiting 8 weeks for specific diagnostic	0	5708	8476	6th of 7 (at Jul 24)	 <p>Past 12 month trend: deterioration Sep 2024: 8476</p>
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	49.6%	7th of 7 (at Jul 24)	 <p>Past 12 month trend: deterioration Sep 2024: 49.6%</p>
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	97.1%	4th of 7 (at Jul 24)	 <p>Past 12 month trend: deterioration Sep 2024: 97.1%</p>

# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	2419	7th of 7 (at Jul 24)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	161	
-	PFIG	Number of cases per theatre session	2.5	TBC	2.2	



# Access & Activity: Performance

Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
PFIG	Theatre utilisation (Capped)	85.0%	TBC	72.4%	
PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	51.3%	
PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	24.0%	

Month	Value (%)
Oct 23	73.9%
Nov 23	67.3%
Dec 23	71.3%
Jan 24	67.7%
Feb 24	69.4%
Mar 24	72.5%
Apr 24	72.1%
May 24	72.9%
Jun 24	74.3%
Jul 24	73.2%
Aug 24	71.7%
Sep 24	72.4%

Month	Value (%)
Oct 23	49.5%
Nov 23	51.8%
Dec 23	55.6%
Jan 24	52.7%
Feb 24	52.8%
Mar 24	52.3%
Apr 24	51.3%
May 24	48.2%
Jun 24	49.0%
Jul 24	45.8%
Aug 24	53.3%
Sep 24	51.3%

Month	Value (%)
Oct 23	19.2%
Nov 23	22.0%
Dec 23	23.5%
Jan 24	28.5%
Feb 24	26.8%
Mar 24	20.7%
Apr 24	23.6%
May 24	24.3%
Jun 24	22.6%
Jul 24	23.5%
Aug 24	22.6%
Sep 24	24.0%

# Access & Activity: Performance

Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	9.6%	
PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	7.7%	
PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	297	7th of 8 (at Aug 24)

Month	Percentage
Oct 23	10.7%
Nov 23	11.5%
Dec 23	12.8%
Jan 24	15.9%
Feb 24	12.7%
Mar 24	10.8%
Apr 24	11.1%
May 24	12.3%
Jun 24	11.4%
Jul 24	10.2%
Aug 24	10.8%
Sep 24	9.6%

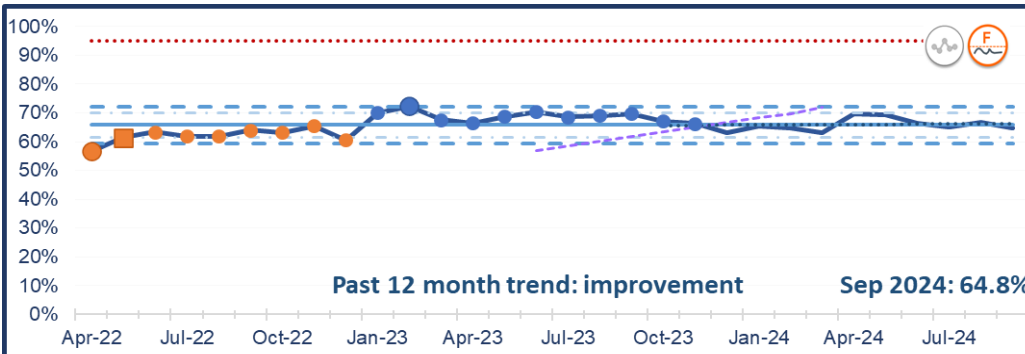
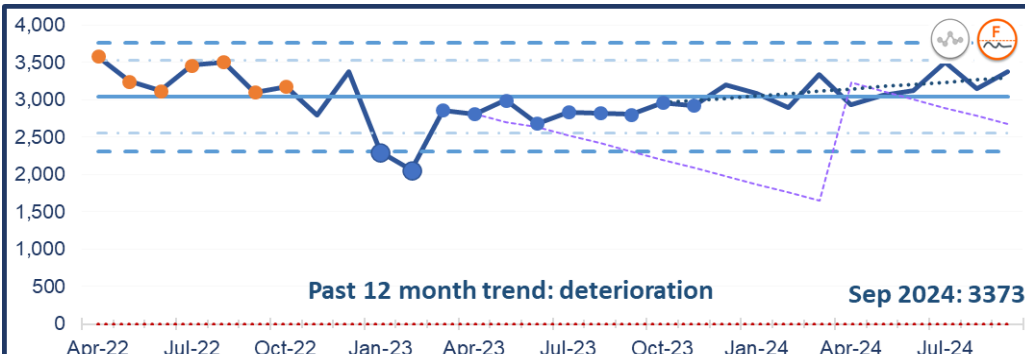
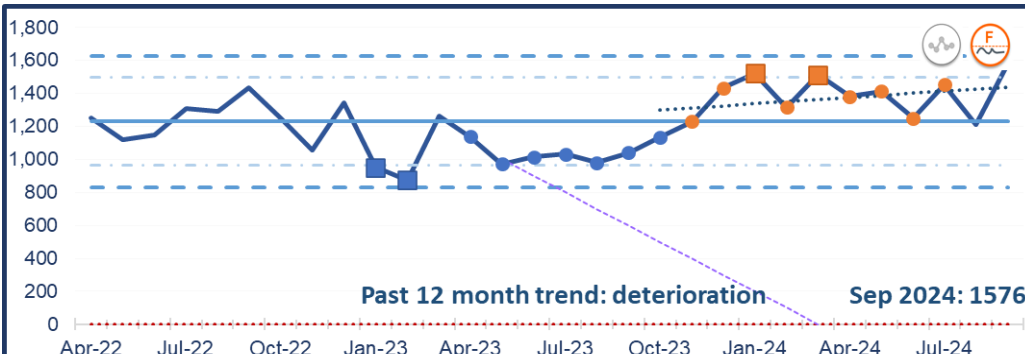
  

Month	Percentage
Oct 23	8.2%
Nov 23	8.4%
Dec 23	9.7%
Jan 24	9.3%
Feb 24	9.1%
Mar 24	8.9%
Apr 24	8.4%
May 24	9.1%
Jun 24	8.6%
Jul 24	8.0%
Aug 24	7.8%
Sep 24	7.7%

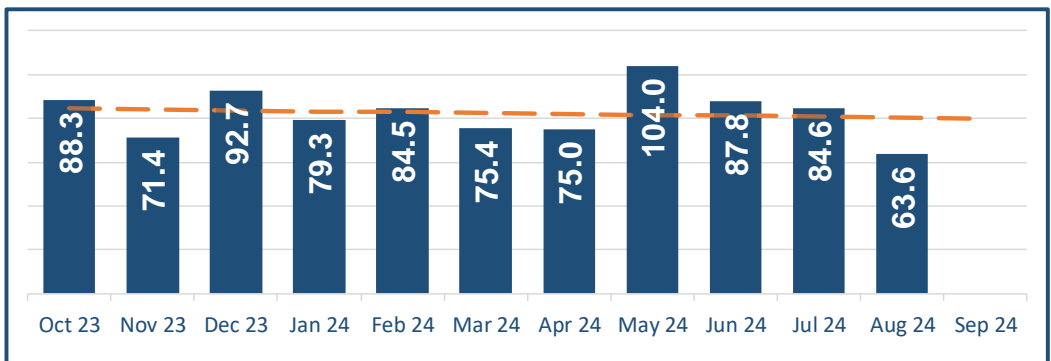
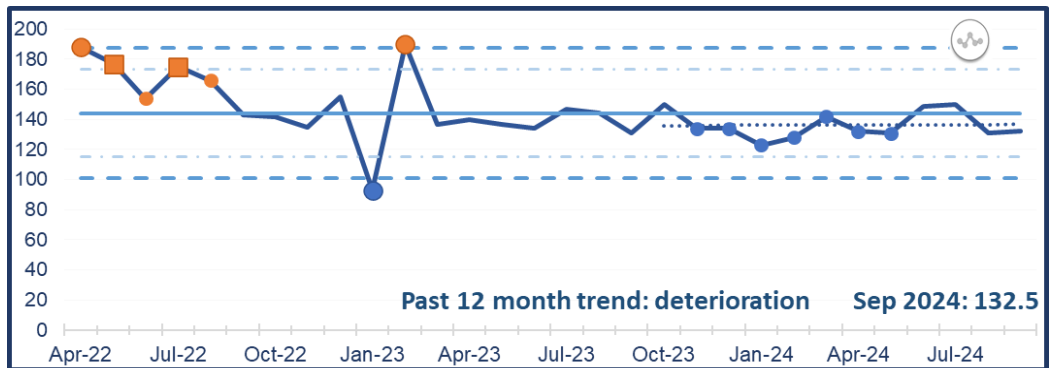
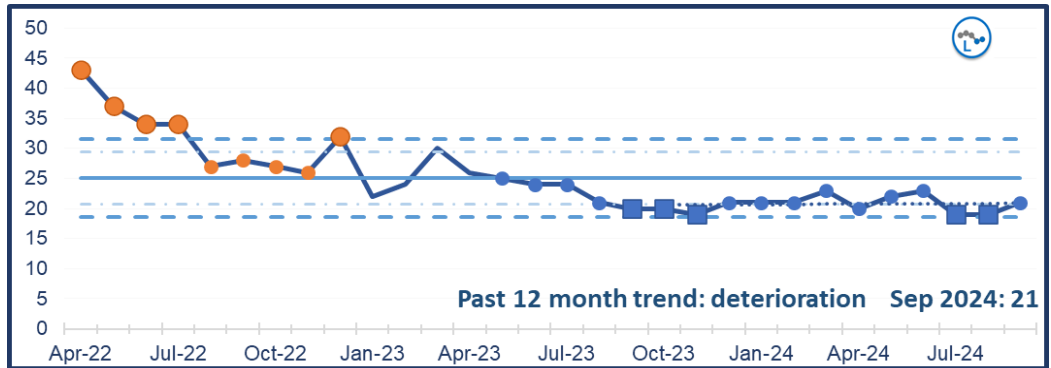
Month	Count
Oct 23	339
Nov 23	334
Dec 23	323
Jan 24	362
Feb 24	324
Mar 24	347
Apr 24	388
May 24	348
Jun 24	316
Jul 24	324
Aug 24	333
Sep 24	297

# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank	
CRR: 24-10	PFIG	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Equivalent month increase (2024/25 to 2023/24) to 95%	TBC	64.8%	4th of 7 (at Aug 24)	 <p>Past 12 month trend: improvement Sep 2024: 64.8%</p>
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	2676	3373	7th of 7 (at Aug 24)	 <p>Past 12 month trend: deterioration Sep 2024: 3373</p>
-	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	1576		 <p>Past 12 month trend: deterioration Sep 2024: 1576</p>

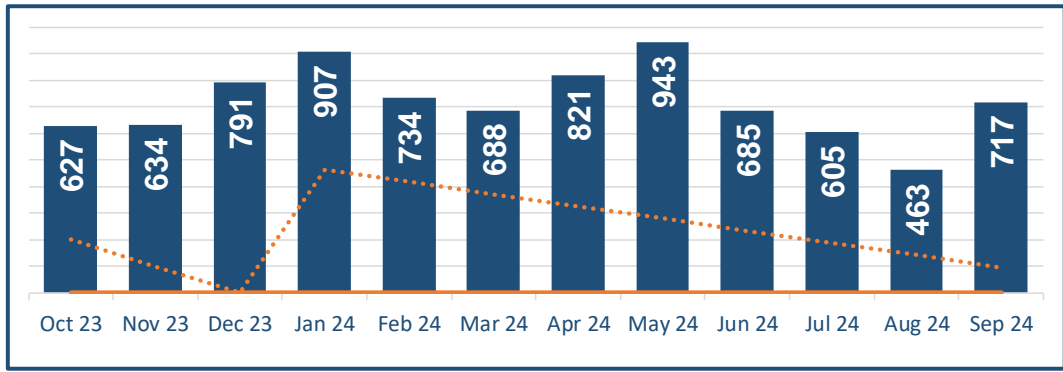
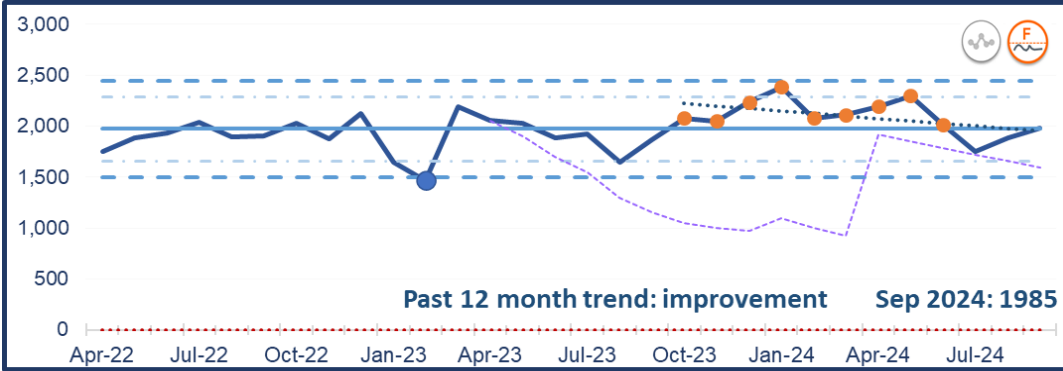
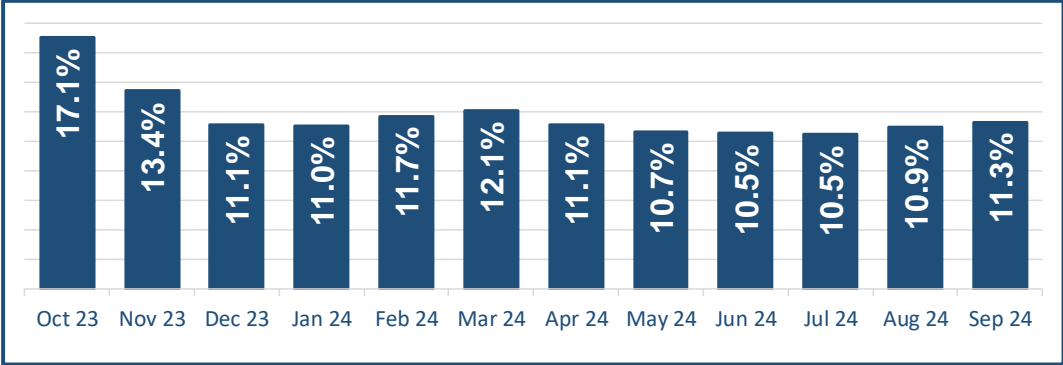
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-10	PFIG	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	TBC	21.0	4th of 6 (at Aug 24)
CRR: 24-10 SM: DM07	PFIG	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	TBC	132.5	6th of 6 (at Aug 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	63.6	2nd of 7 (at Aug 24)

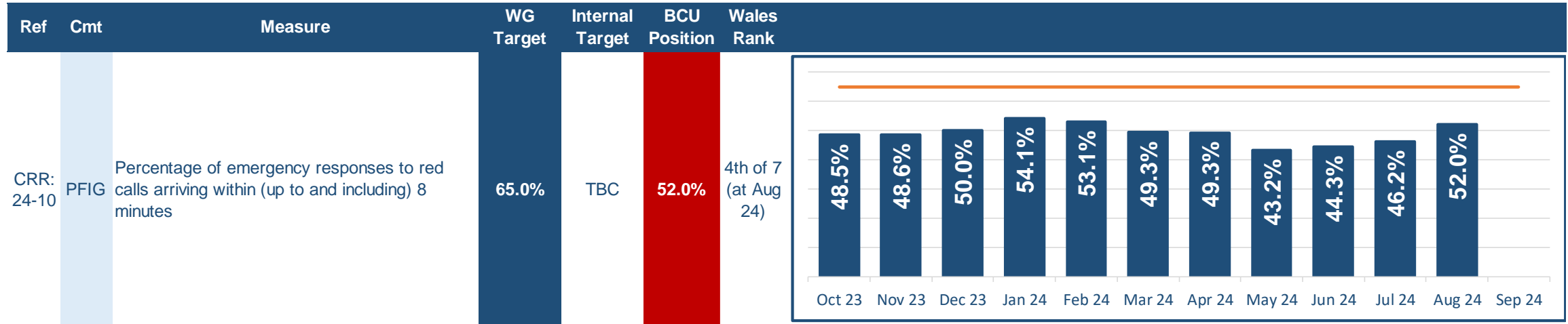


# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	11.3%	
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	1590	1985	6th of 6 (at Aug 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	96	717	



# Access & Activity: Performance



# Access & Activity: Activity versus Plan

Patient Type	Area													Total Plan	Total Actual	Total Diff	Total % Diff
	West	Actual	Diff	% Diff	Central	Actual	Diff	% Diff	East	Actual	Diff	% Diff					
Emergency Inpatients	14,602	15,843	1,241	8%	16,182	15,606	-576	-4%	17,031	17,965	934	5%	47,815	49,414	1,599	3%	
Elective Daycases	9,230	8,857	-373	-4%	4,938	4,056	-882	-18%	6,587	8,199	1,612	24%	20,755	21,112	357	2%	
Elective Inpatients	2,035	1,855	-180	-9%	2,235	2,378	143	6%	1,900	1,847	-53	-3%	6,170	6,080	-90	-1%	
Endoscopies	5,874	4,719	-1,155	-20%	3,695	2,229	-1,466	-40%	2,442	1,103	-1,339	-55%	12,011	8,051	-3,960	-33%	
MOPS (Cleansed DC)	1,067	50	-1,017	-95%	83	30	-53	-64%	220	74	-146	-66%	1,370	154	-1,216	-89%	
Regular Day Attenders	2,834	826	-2,008	-71%	1,258	2,033	775	62%	9,949	9,286	-663	-7%	14,041	12,145	-1,896	-14%	
Well Baby	674	661	-13	-2%	656	848	192	29%	839	854	15	2%	2,169	2,363	194	9%	
New Outpatients	43,226	42,281	-945	-2%	61,400	61,871	471	1%	49,859	48,125	-1,734	-3%	154,485	152,277	-2,208	-1%	
Review Outpatients	61,925	65,670	3,745	6%	97,685	100,025	2,340	2%	103,952	102,422	-1,530	-1%	263,562	268,117	4,555	2%	
Pre-Op Assessment	4,681	4,605	-76	-2%	5,405	4,871	-534	-10%	4,856	4,900	44	1%	14,942	14,376	-566	-4%	
New ED Attendances	38,843	38,094	-749	-2%	46,403	44,746	-1,657	-4%	32,764	34,367	1,603	5%	118,010	117,207	-803	-1%	
Review ED Attendances	1,068	1,045	-23	-2%	3,093	3,082	-11	0%	1,472	1,736	264	18%	5,633	5,863	230	4%	
<b>Grand Total</b>	<b>186,059</b>	<b>184,506</b>	<b>-1,553</b>	<b>-1%</b>	<b>243,033</b>	<b>241,775</b>	<b>-1,258</b>	<b>-1%</b>	<b>231,871</b>	<b>230,878</b>	<b>-993</b>	<b>0%</b>	<b>660,963</b>	<b>657,159</b>	<b>-3,804</b>	<b>-1%</b>	

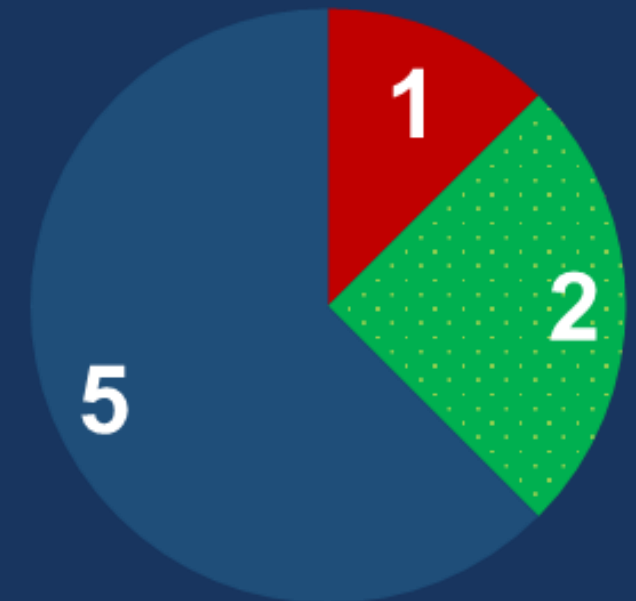
Please note : East's, Nephrology Regular Day Attenders figures are obtained from a manual source and are a month in arrears - September 2024 activity is missing from the above figures.

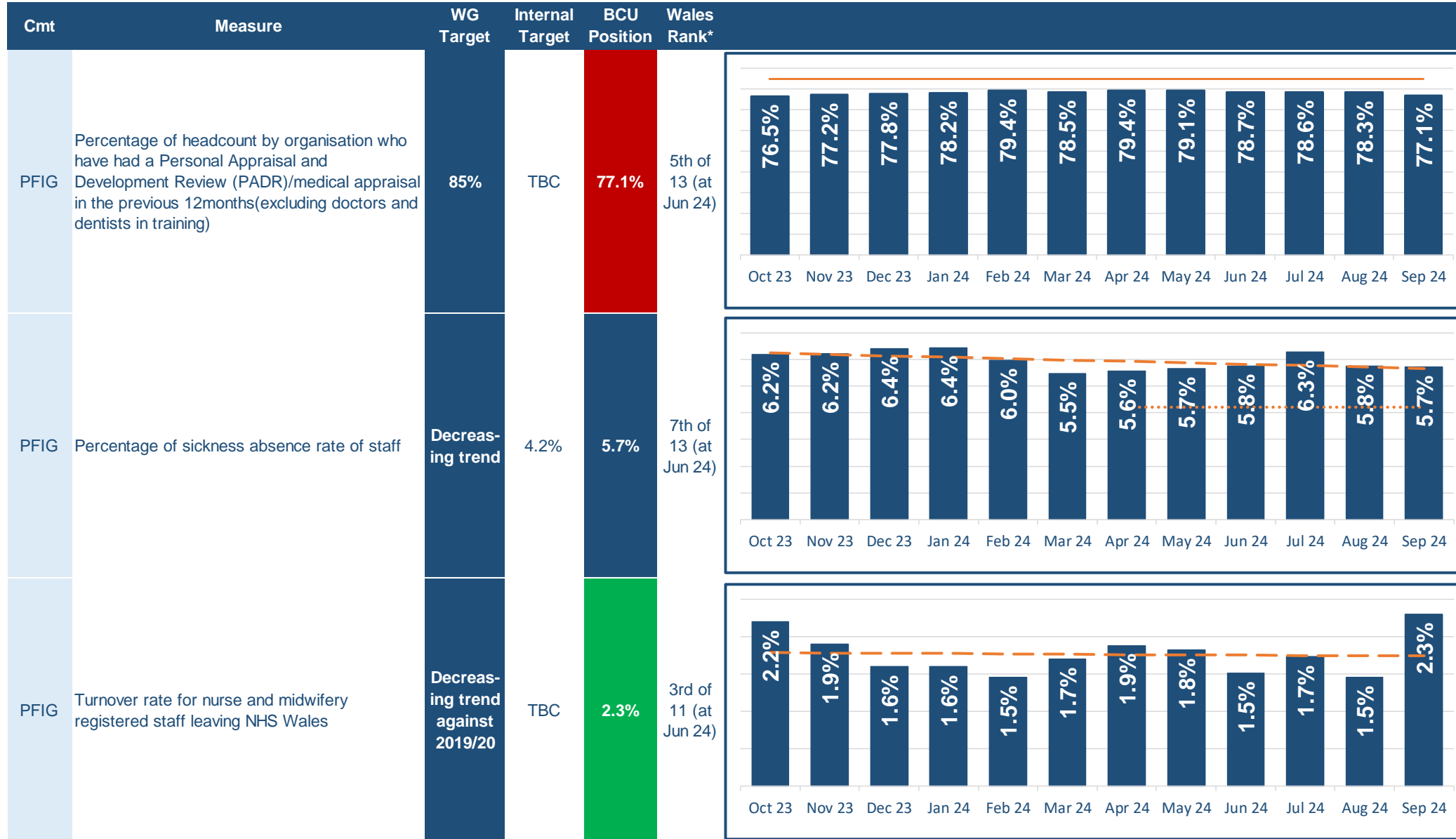
Year to date position up to and including Sept 2024

Source: Contract Activity Summary by Area, DDaT

# Section 2

## People & Organisational Development Performance





Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*
PFIG	12 month rolling turnover rate (External)	N/A	TBC	8.11%	
PFIG	Staff turnover rate for those who had less than 1 year service	N/A	TBC	12.98%	
PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	3.8%	10th of 12 (at Jun 24)

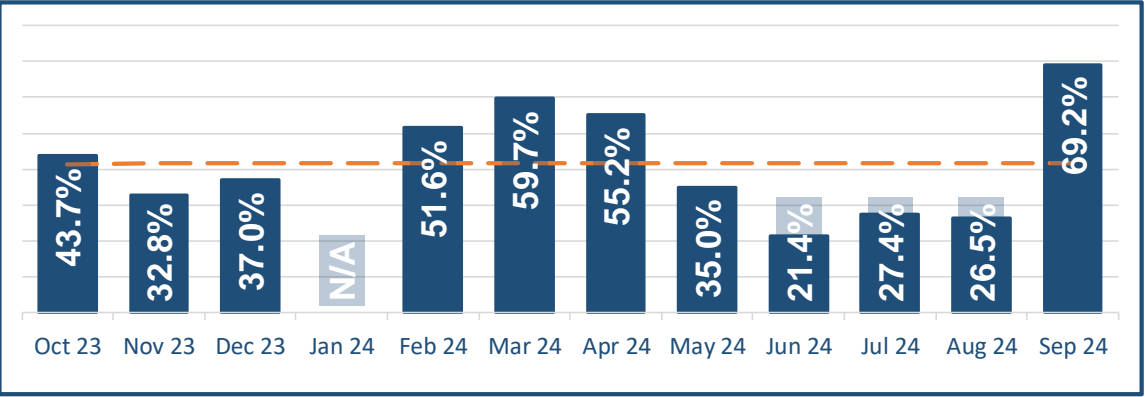
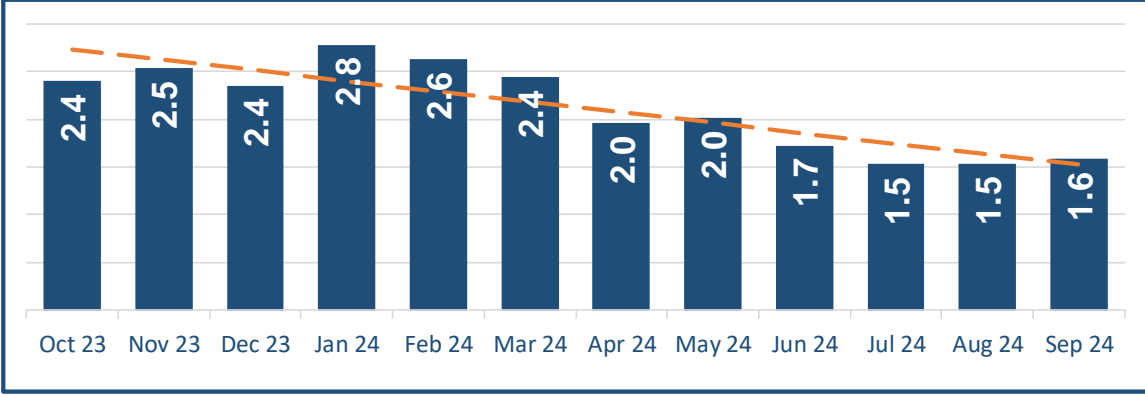
Month	Turnover Rate (%)
Oct 23	8.7%
Nov 23	8.7%
Dec 23	8.6%
Jan 24	8.6%
Feb 24	8.6%
Mar 24	8.5%
Apr 24	8.5%
May 24	8.5%
Jun 24	8.4%
Jul 24	8.3%
Aug 24	8.3%
Sep 24	8.1%

Month	Staff Turnover Rate (%)
Oct 23	14.9%
Nov 23	15.0%
Dec 23	14.5%
Jan 24	14.3%
Feb 24	14.4%
Mar 24	14.3%
Apr 24	14.4%
May 24	14.1%
Jun 24	14.1%
Jul 24	14.0%
Aug 24	13.5%
Sep 24	13.0%

Month	Agency Spend (%)
Oct 23	5.7%
Nov 23	5.5%
Dec 23	4.9%
Jan 24	5.7%
Feb 24	5.0%
Mar 24	3.3%
Apr 24	4.4%
May 24	4.6%
Jun 24	4.3%
Jul 24	4.6%
Aug 24	4.6%
Sep 24	3.8%

Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
PFIG	Roster compliance	N/A	TBC	69.2%	 <table border="1"> <caption>Roster Compliance Performance</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Oct 23</td><td>43.7%</td></tr> <tr><td>Nov 23</td><td>32.8%</td></tr> <tr><td>Dec 23</td><td>37.0%</td></tr> <tr><td>Jan 24</td><td>N/A</td></tr> <tr><td>Feb 24</td><td>51.6%</td></tr> <tr><td>Mar 24</td><td>59.7%</td></tr> <tr><td>Apr 24</td><td>55.2%</td></tr> <tr><td>May 24</td><td>35.0%</td></tr> <tr><td>Jun 24</td><td>21.4%</td></tr> <tr><td>Jul 24</td><td>27.4%</td></tr> <tr><td>Aug 24</td><td>26.5%</td></tr> <tr><td>Sep 24</td><td>69.2%</td></tr> </tbody> </table>	Month	Value	Oct 23	43.7%	Nov 23	32.8%	Dec 23	37.0%	Jan 24	N/A	Feb 24	51.6%	Mar 24	59.7%	Apr 24	55.2%	May 24	35.0%	Jun 24	21.4%	Jul 24	27.4%	Aug 24	26.5%	Sep 24	69.2%
Month	Value																														
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Jul 24	27.4%																														
Aug 24	26.5%																														
Sep 24	69.2%																														
PFIG	Open disciplinary cases per 1000 staff	N/A	TBC	1.6	 <table border="1"> <caption>Open Disciplinary Cases per 1000 Staff</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Oct 23</td><td>2.4</td></tr> <tr><td>Nov 23</td><td>2.5</td></tr> <tr><td>Dec 23</td><td>2.4</td></tr> <tr><td>Jan 24</td><td>2.8</td></tr> <tr><td>Feb 24</td><td>2.6</td></tr> <tr><td>Mar 24</td><td>2.4</td></tr> <tr><td>Apr 24</td><td>2.0</td></tr> <tr><td>May 24</td><td>2.0</td></tr> <tr><td>Jun 24</td><td>1.7</td></tr> <tr><td>Jul 24</td><td>1.5</td></tr> <tr><td>Aug 24</td><td>1.5</td></tr> <tr><td>Sep 24</td><td>1.6</td></tr> </tbody> </table>	Month	Value	Oct 23	2.4	Nov 23	2.5	Dec 23	2.4	Jan 24	2.8	Feb 24	2.6	Mar 24	2.4	Apr 24	2.0	May 24	2.0	Jun 24	1.7	Jul 24	1.5	Aug 24	1.5	Sep 24	1.6
Month	Value																														
Oct 23	2.4																														
Nov 23	2.5																														
Dec 23	2.4																														
Jan 24	2.8																														
Feb 24	2.6																														
Mar 24	2.4																														
Apr 24	2.0																														
May 24	2.0																														
Jun 24	1.7																														
Jul 24	1.5																														
Aug 24	1.5																														
Sep 24	1.6																														



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Section 3

## Financial Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	Forecast outturn (£million)	N/A	TBC	0.0	
CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-3.8	
CRR: 24-05	PFIG	Year to date deficit against plan (£million)	N/A	TBC	8.9	



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



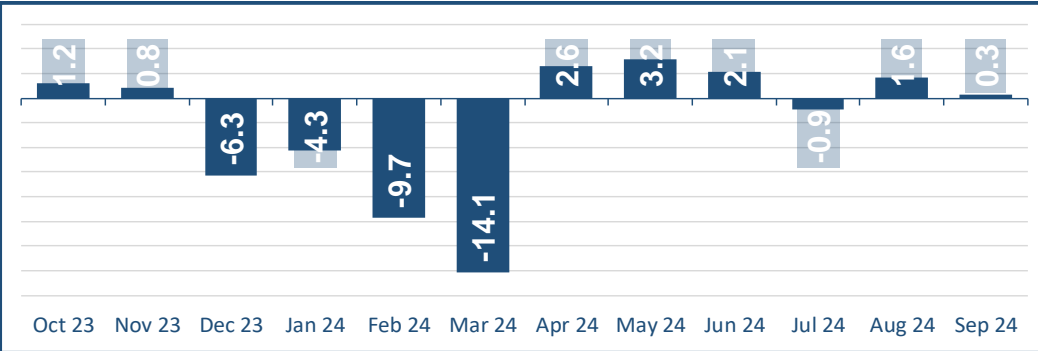
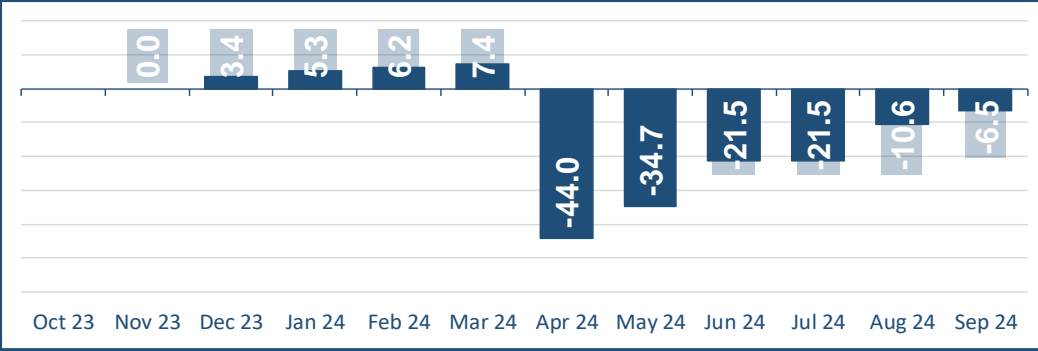
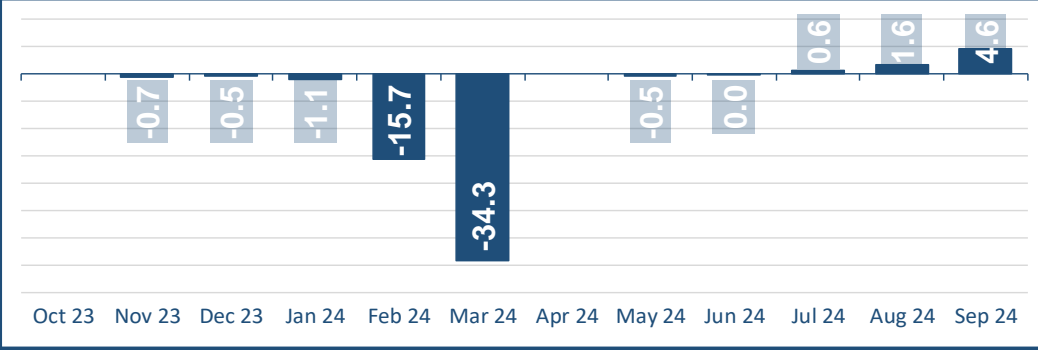
Month	Value
Oct 23	-1.9
Nov 23	0.0
Dec 23	2.3
Jan 24	4.9
Feb 24	5.9
Mar 24	7.4
Apr 24	-3.5
May 24	-5.3
Jun 24	-5.9
Jul 24	-6.7
Aug 24	-5.3
Sep 24	-3.8



Month	Value
Oct 23	24.9
Nov 23	25.7
Dec 23	19.4
Jan 24	15.1
Feb 24	5.4
Mar 24	8.7
Apr 24	2.6
May 24	5.8
Jun 24	7.9
Jul 24	7.0
Aug 24	8.6
Sep 24	8.9

**Including Accountancy Gains of £6.9m both the YTD and Forecast Savings Plan has been achieved**

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank																										
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	0.3	 <table border="1"> <caption>Monthly Variance to Plan (£million)</caption> <thead> <tr><th>Month</th><th>Variance</th></tr> </thead> <tbody> <tr><td>Oct 23</td><td>1.2</td></tr> <tr><td>Nov 23</td><td>0.8</td></tr> <tr><td>Dec 23</td><td>-6.3</td></tr> <tr><td>Jan 24</td><td>-4.3</td></tr> <tr><td>Feb 24</td><td>-9.7</td></tr> <tr><td>Mar 24</td><td>-14.1</td></tr> <tr><td>Apr 24</td><td>2.6</td></tr> <tr><td>May 24</td><td>3.2</td></tr> <tr><td>Jun 24</td><td>2.1</td></tr> <tr><td>Jul 24</td><td>-0.9</td></tr> <tr><td>Aug 24</td><td>1.6</td></tr> <tr><td>Sep 24</td><td>0.3</td></tr> </tbody> </table>	Month	Variance	Oct 23	1.2	Nov 23	0.8	Dec 23	-6.3	Jan 24	-4.3	Feb 24	-9.7	Mar 24	-14.1	Apr 24	2.6	May 24	3.2	Jun 24	2.1	Jul 24	-0.9	Aug 24	1.6	Sep 24	0.3
Month	Variance																															
Oct 23	1.2																															
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Dec 23	-6.3																															
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Feb 24	-9.7																															
Mar 24	-14.1																															
Apr 24	2.6																															
May 24	3.2																															
Jun 24	2.1																															
Jul 24	-0.9																															
Aug 24	1.6																															
Sep 24	0.3																															
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-6.5	 <table border="1"> <caption>Forecast Savings Delivery Against Target (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Oct 23</td><td>0.0</td></tr> <tr><td>Nov 23</td><td>3.4</td></tr> <tr><td>Dec 23</td><td>5.3</td></tr> <tr><td>Jan 24</td><td>6.2</td></tr> <tr><td>Feb 24</td><td>7.4</td></tr> <tr><td>Mar 24</td><td>-44.0</td></tr> <tr><td>Apr 24</td><td>-34.7</td></tr> <tr><td>May 24</td><td>-21.5</td></tr> <tr><td>Jun 24</td><td>-21.5</td></tr> <tr><td>Jul 24</td><td>-10.6</td></tr> <tr><td>Aug 24</td><td>-6.5</td></tr> <tr><td>Sep 24</td><td>-6.5</td></tr> </tbody> </table>	Month	Value	Oct 23	0.0	Nov 23	3.4	Dec 23	5.3	Jan 24	6.2	Feb 24	7.4	Mar 24	-44.0	Apr 24	-34.7	May 24	-21.5	Jun 24	-21.5	Jul 24	-10.6	Aug 24	-6.5	Sep 24	-6.5
Month	Value																															
Oct 23	0.0																															
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Jul 24	-10.6																															
Aug 24	-6.5																															
Sep 24	-6.5																															
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	4.6	 <table border="1"> <caption>In-Year Capital Expenditure Against Plan (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Oct 23</td><td>-0.7</td></tr> <tr><td>Nov 23</td><td>-0.5</td></tr> <tr><td>Dec 23</td><td>-1.1</td></tr> <tr><td>Jan 24</td><td>-15.7</td></tr> <tr><td>Feb 24</td><td>-34.3</td></tr> <tr><td>Mar 24</td><td>-0.5</td></tr> <tr><td>Apr 24</td><td>0.0</td></tr> <tr><td>May 24</td><td>0.6</td></tr> <tr><td>Jun 24</td><td>1.6</td></tr> <tr><td>Jul 24</td><td>4.6</td></tr> <tr><td>Aug 24</td><td>4.6</td></tr> <tr><td>Sep 24</td><td>4.6</td></tr> </tbody> </table>	Month	Value	Oct 23	-0.7	Nov 23	-0.5	Dec 23	-1.1	Jan 24	-15.7	Feb 24	-34.3	Mar 24	-0.5	Apr 24	0.0	May 24	0.6	Jun 24	1.6	Jul 24	4.6	Aug 24	4.6	Sep 24	4.6
Month	Value																															
Oct 23	-0.7																															
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**Including Accountancy Gains of £6.9m both the YTD and Forecast Savings Plan has been achieved**

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. The plan incorporates a £48m recurrent savings requirement, but still has a full year deficit of £19.8m. Both the savings requirement and the projected deficit are profiled equally across the financial year.

The below table shows the movement in the deficit per month, and year to date deficit of £8.9m against plan, which is predominantly due to pressures in CHC, MH out of area placements, Drugs and Contracting pressures. The projection reflects an assumption that the full savings forecast will be delivered in the year, the year to date deficit can be recovered and emerging cost pressures can be contained. There are significant risks to these assumptions, which need to be noted and carefully managed.

## Financial Position to date and forecast Position

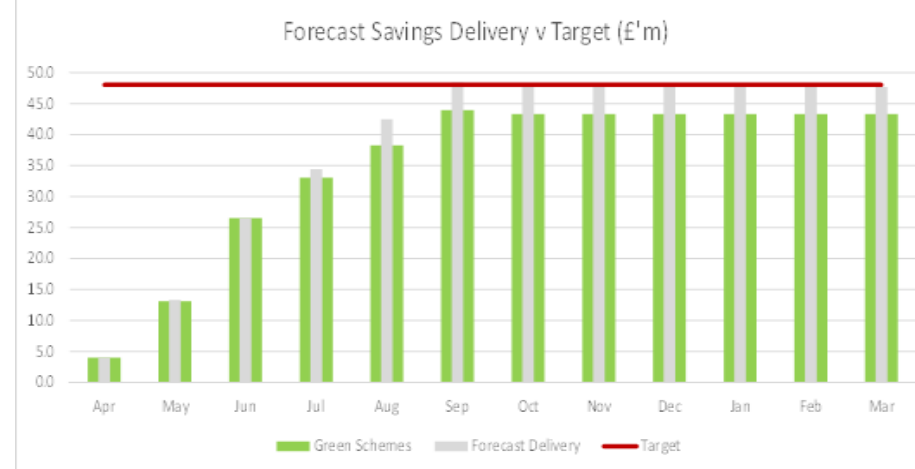
	Actual Position						
	Apr	May	Jun	Jul	Aug	Sep	Total <u>YTD</u>
	£m	£m	£m	£m	£m	£m	£m
<b>Surplus/ (deficit)</b>	(4.3)	(4.8)	(3.7)	(0.7)	(3.3)	(1.9)	<b>(18.7)</b>
<b>Planned position</b>	(1.7)	(1.6)	(1.6)	(1.6)	(1.6)	(1.6)	<b>(9.8)</b>
<b>Surplus/ (deficit) over plan</b>	<b>(2.6)</b>	<b>(3.2)</b>	<b>(2.1)</b>	<b>0.9</b>	<b>(1.7)</b>	<b>(0.3)</b>	<b>(8.9)</b>

	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m
		(0.5)	(0.3)	(0.3)	0.0	0.0	0.0
	(1.6)	(1.7)	(1.6)	(1.7)	(1.7)	(1.7)	(19.8)
	<b>1.1</b>	<b>1.4</b>	<b>1.3</b>	<b>1.7</b>	<b>1.7</b>	<b>1.7</b>	<b>(19.8)</b>

The graph to the right shows that savings have been identified to meet the target of £48m, however additional savings will be required to meet the cost overruns.

Savings identification, reporting and monitoring has been developed via a Value and Sustainability Thematic Model, which works well to identify opportunities within the organisation. Many of these opportunities have been converted into deliverable forecasts, with Green Schemes being expected to be fully deliverable and Red Schemes which require further work to be converted to Green.

Each theme has an Executive Lead and is being performance managed at the IPEDG, which is chaired by the Chief Executive.



BCU Wide and Divisional Positions (Red = overspend against plan)							
	April £m	May £m	June £m	July £m	August £m	September £m	YTD £m
West IHC	(1.8)	(1.8)	(1.2)	(1.7)	(1.9)	(1.5)	(9.8)
Central IHC	(2.9)	(2.9)	(2.9)	(2.2)	(2.1)	(2.5)	(15.4)
East IHC	(3.3)	(2.7)	(2.6)	(2.6)	(3.4)	(2.5)	(17.1)
Womens	(0.1)	(0.1)	(0.1)	(0.0)	(0.2)	0.0	(0.5)
MH & LD	(1.6)	(1.7)	(1.6)	(1.8)	(1.6)	(1.5)	(9.9)
Commissioning Contracts	(1.7)	(1.9)	1.0	2.4	(0.7)	(0.2)	(1.2)
ICD Primary Care	0.2	0.6	0.3	0.4	0.7	0.3	2.4
ICD Regional Services	(1.3)	(0.2)	(1.0)	(1.7)	0.1	(0.3)	(4.5)
Support Functions & Other Budgets	9.8	7.6	6.2	8.0	7.5	8.0	47.1
<b>BCU Wide</b>	<b>(2.6)</b>	<b>(3.2)</b>	<b>(2.1)</b>	<b>0.9</b>	<b>(1.6)</b>	<b>(0.3)</b>	<b>(8.9)</b>

Service Performance against Target	Annual			Year to Date		
	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	8.7	7.1	1.5	4.3	3.5	0.8
Central Integrated Health Community	10.9	8.1	2.8	5.5	4.3	1.2
East Integrated Health Community	11.2	8.9	2.3	5.6	4.9	0.7
MHLD	4.2	8.5	-4.2	2.1	1.9	0.2
Womens Services	1.4	1.0	0.4	0.7	0.6	0.1
Diagnostic and Specialist Clinical Support	2.1	0.9	1.2	1.1	0.5	0.6
Cancer Services	1.6	1.4	0.2	0.8	0.7	0.1
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.1	0.1	0.0	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.7	-0.7
Corporate & Support Services	3.7	3.1	0.6	1.8	1.8	0.1
Reserves	4.0	1.4	2.6	2.0	1.4	0.6
<b>Saving Total</b>	<b>48.0</b>	<b>41.5</b>	<b>6.5</b>	<b>24.0</b>	<b>20.2</b>	<b>3.8</b>
Accountancy Gains		6.9	-6.9		6.9	-6.9
<b>Total</b>		<b>48.4</b>	<b>-0.4</b>	<b>24.0</b>	<b>27.1</b>	<b>-3.1</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	81	70	69	72	66	66	66	57	57	57	403	772
2	Medical & Dental	1,489	1,597	1,428	1,766	1,672	1,410	1,637	1,617	1,583	1,572	1,572	1,572	9,362	18,915
3	Nursing & Midwifery Registered	1,912	1,985	1,902	1,904	1,889	1,768	1,839	1,868	1,868	1,848	1,848	1,848	11,360	22,479
4	Prof Scientific & Technical	10	10	12	10	23	14	23	23	23	23	23	23	79	217
5	Additional Clinical Services	19	23	32	9	27	16	11	11	11	11	11	11	126	192
6	Allied Health Professionals	467	449	378	396	485	428	460	455	447	420	414	414	2,603	5,213
7	Healthcare Scientists	25	15	3	9	11	10	10	10	10	10	10	10	73	133
8	Estates & Ancillary	-1	9	8	1	5	16	9	9	9	9	9	9	38	92
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>3,844</b>	<b>4,165</b>	<b>4,181</b>	<b>3,734</b>	<b>4,055</b>	<b>4,059</b>	<b>4,017</b>	<b>3,950</b>	<b>3,944</b>	<b>3,944</b>	<b>24,044</b>	<b>48,013</b>
11	<b>Agency/Locum (premium) % of pay</b>	<b>4.40%</b>	<b>4.60%</b>	<b>4.30%</b>	<b>4.60%</b>	<b>4.60%</b>	<b>3.80%</b>	<b>4.40%</b>	<b>4.40%</b>	<b>4.30%</b>	<b>4.20%</b>	<b>4.20%</b>	<b>4.20%</b>	<b>4.40%</b>	<b>4.30%</b>

# About the Integrated Performance Report



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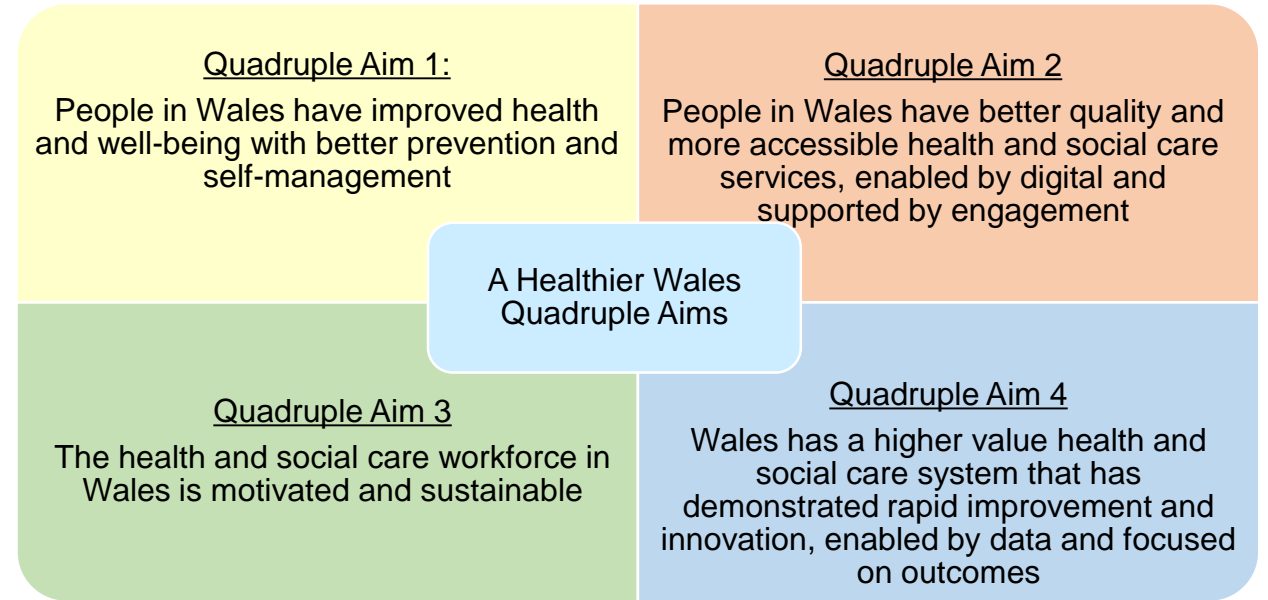


# NHS Wales Performance Framework 2024-25

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.



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



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



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



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

## Exception

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

### Criteria of an exception

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

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

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

## Escalation

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

### Criteria for escalation

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








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

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

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

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

## Variance





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

**Orange** icons indicate negative occurrence

**Blue** icons indicate a positive occurrence

**Grey** icons indicate no significant data occurrence

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

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

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

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

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

## 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.

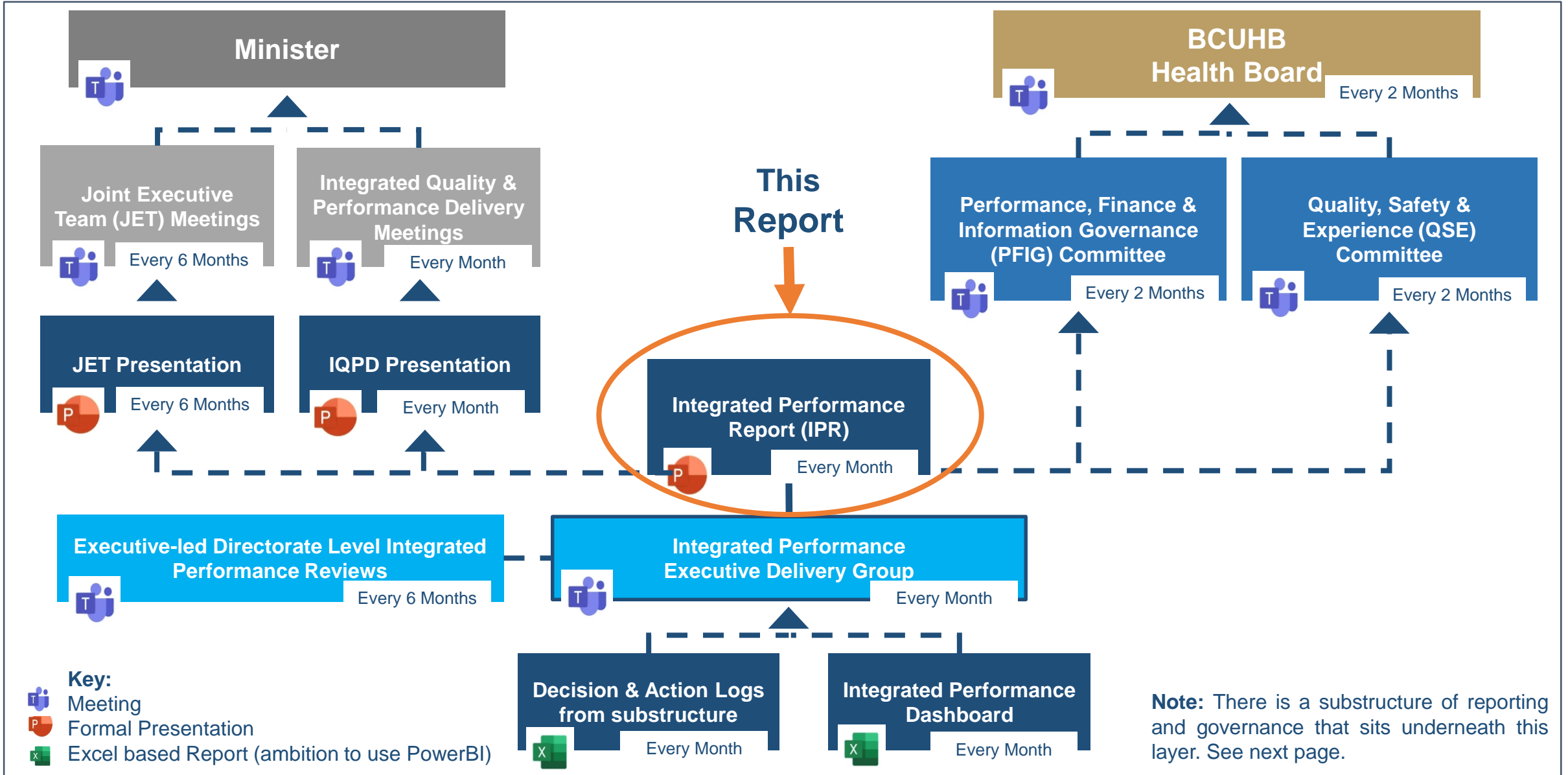
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28<sup>th</sup> September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring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

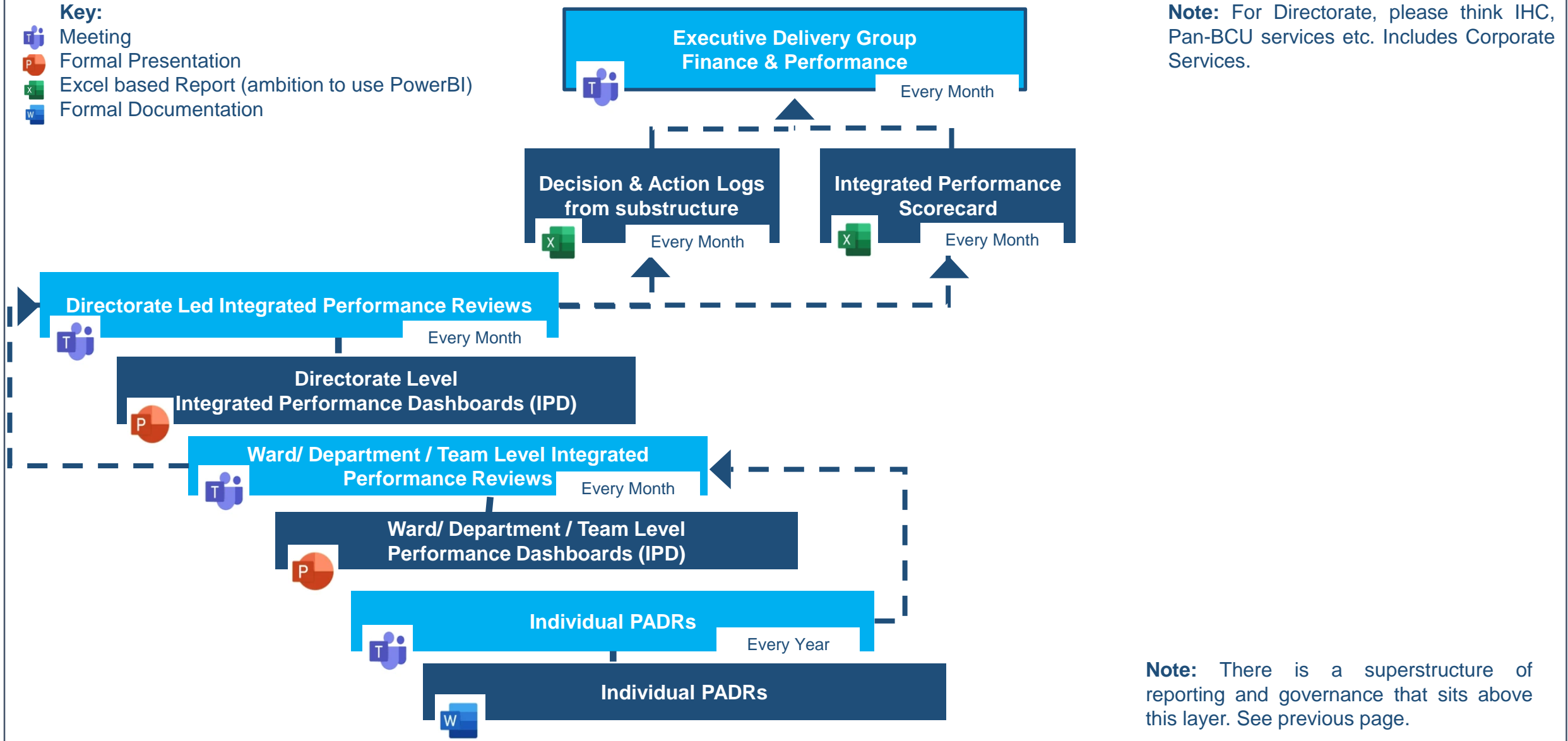


# The Integrated Performance Reporting & Governance Substructure

**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.

# Additional Information

# Our Integrated Performance Report Betsi Cadwaladr University Health Board

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

- Our website [www.bcu.wales.nhs.uk](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 **Performance, Finance & Information Governance Committee** by the **Performance Directorate** in partnership with:

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

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

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

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



<b>Teitl adroddiad:</b> <i>Report title:</i>	BCUHB compliance with NICE Care Processes for Type 2 diabetes & update on All Wales Diabetes Prevention Programme			
<b>Adrodd i:</b> <i>Report to:</i>	PFIGC			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 29 October 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	Purpose of paper is to update the committee on Primary care compliance with the 8 NICE care processes and also to provide an update on the All Wales Diabetes Prevention Programme Rollout in N Wales			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Jane Moore, Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Claire Jones, Cllr Dr Rob Atenstaedt & Julie Lewis			
<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 darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<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>	Not applicable			
<b>Link to Strategic Objective(s):</b>	Not applicable			
<b>Goblygiadau rheoleiddio a lleol:</b>	Not applicable			
<b>Regulatory and legal implications:</b>	No			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>	No			

<b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	
<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>	No
<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>	Not applicable
<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>	Not applicable
<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>	Not applicable
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	Not applicable
<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> )	Not applicable
<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>	Not applicable
<b><i>Next Steps:</i></b> <b><i>Implementation of recommendations</i></b>  For noting	
<b>Rhestr o Atodiadau:</b> Dim  <b><i>List of Appendices:</i></b> None	



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# **BCUHB compliance with NICE Care Processes for Type 2 diabetes & update on All Wales Diabetes Prevention Programme**

**Author:** Claire Jones, Public Health Intelligence Specialist, BCUHB Public Health Team; Cllr Dr Rob Atenstaedt, Consultant, BCUHB Public Health Team; Julie Lewis, Nurse Consultant / Diabetes Clinical Lead, Primary & Community Care

**Date:** 18<sup>th</sup> October, 2024

**Version:** 1 (Final)

**Publication/ Distribution:** (Delete as applicable)

- PFIGC

**Review Date:** n/a

**Purpose and Summary of Document:**

To provide a summary of BCUHB's compliance with the eight NICE care processes for Type 2 diabetes and an update on the All Wales Diabetes Prevention Programme

**Work Plan reference:** N/A

## **Contents**

<b>1.</b>	<b>Introduction</b>	<b>3</b>
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## 1. Introduction

A vital component for the effective prevention of diabetes complications is the Annual Review (Lewis, J. 2023). This consists of nine essential care processes, eight of which are the direct responsibility of GP Practices (the ninth is referral of newly diagnosed patients to the national diabetic eye screening programme). These important elements of planned care identify treatable risks, reduce exacerbations and optimise effective care (Lewis, J. 2023). In addition, they provide important signposting to self-management programmes. The eight care processes NICE recommend are undertaken once a year in primary care are as follows:

**Table 1: NICE care processes**

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

The All-Wales Diabetes Prevention Programme (AWDPP), developed nationally by Public Health Wales, offers targeted support to individuals who are at increased risk of Type 2 diabetes. The AWDPP provides support to people to make changes to their diet and to become more physically active (Public Health Wales, n.d.). This brief intervention is cost effective to deliver as demonstrated by economic analysis from Swansea University (Lewis, J. 2023).

## 2. BCUHB compliance with diabetes care processes

Table 2 and Figure 1 show the latest compliance figures for all eight care processes across Wales. BCUHB has the lowest percentage compliance (38.3%); Powys THB has the highest (50.2%).

**Table 2: Percentage compliance, all eight care processes, Type 2 diabetes, Wales health board regions, Quarter 2 2024/25**

	%
Aneurin Bevan UHB	45.4
Betsi Cadwaldr UHB	38.3
Cwm Taf Morgannwg UHB	41.8
Cardiff & Vale UHB	48.7
Hywel Dda UHB	44.0
Powys Teaching HB	50.2
Swansea Bay UHB	44.9

Source: Diabetes Insight & Variation Atlas (NHS Executive)

**Figure 1: Percentage compliance, all eight care processes, Type 2 diabetes, Wales health board regions, Quarter 2 2024/25**

Source: Diabetes Insight & Variation Atlas (NHS Executive)

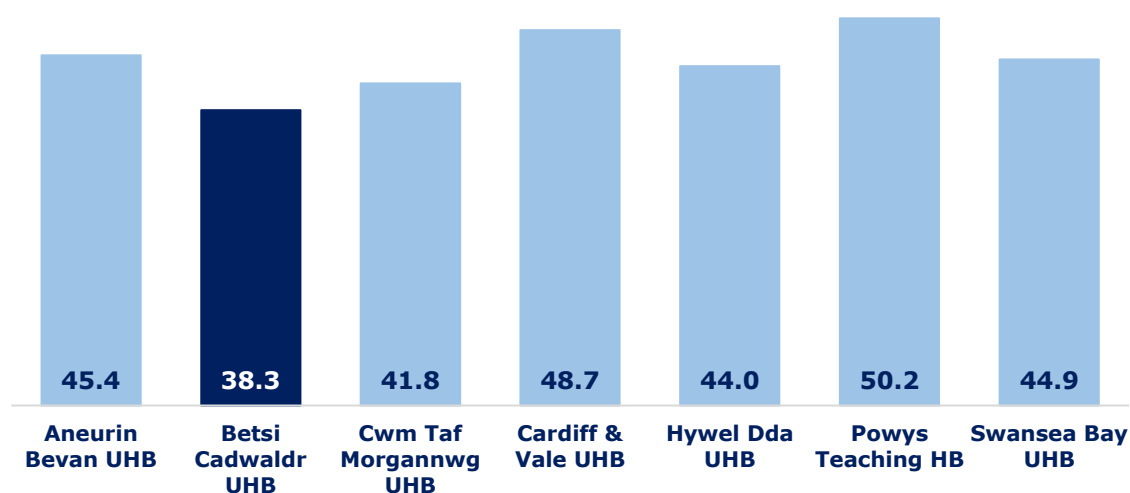


Figure 2 shows the overall trend of care process compliance for BCUHB for all eight care processes; it should be noted that:

- There was a substantial drop in compliance during the Covid-19 pandemic, which we are still recovering from.
- Between April 2021 and September 2022, there was a rise of just over 8% in attainment (NHS Executive, 2024).
- There has been an upward trend in compliance between October 2022 and August 2024, with a rise of 5%.
- Some primary care systems do not lend themselves well to the reporting of the data, so there could be recording issues.
- If a person with diabetes attends a hospital outpatient appointment, they may well receive some of these care processes but this is not captured within this dataset, so we may be duplicating effort for these individuals.

**Figure 2: Percentage compliance, all eight care processes, Type 2 diabetes, Betsi Cadwaladr UHB, 2018 to 2024**

Source: Diabetes Insight & Variation Atlas (NHS Executive)

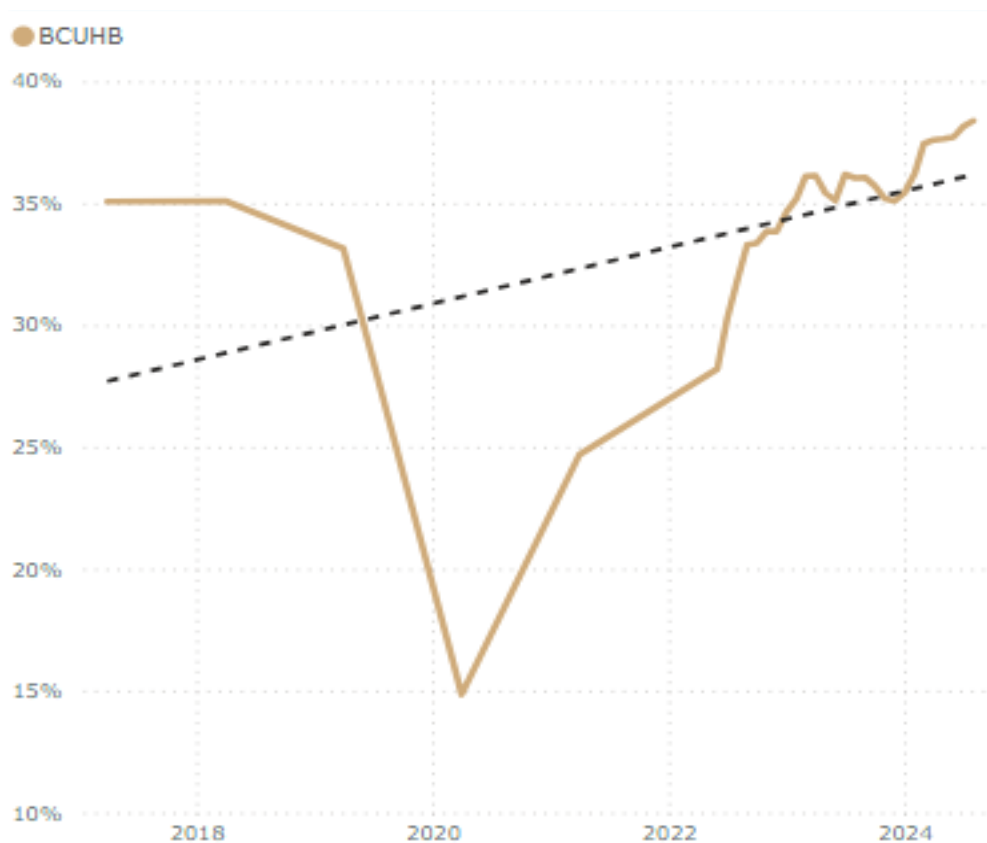


Figure 3 shows the compliance percentages for all of the eight care processes for each Primary Care Cluster in North Wales.

The compliance percentages range from 28.2% in Central Wrexham to 46.8% in North Denbighshire (where there is a specific focus on diabetes through the Long-term conditions Hub).

**Figure 3: Percentage compliance, all eight care processes, Type 2 diabetes, Betsi Cadwaladr UHB and Primary Care Clusters, Quarter 2 2024/25**

Source: Diabetes Insight & Variation Atlas (NHS Executive)

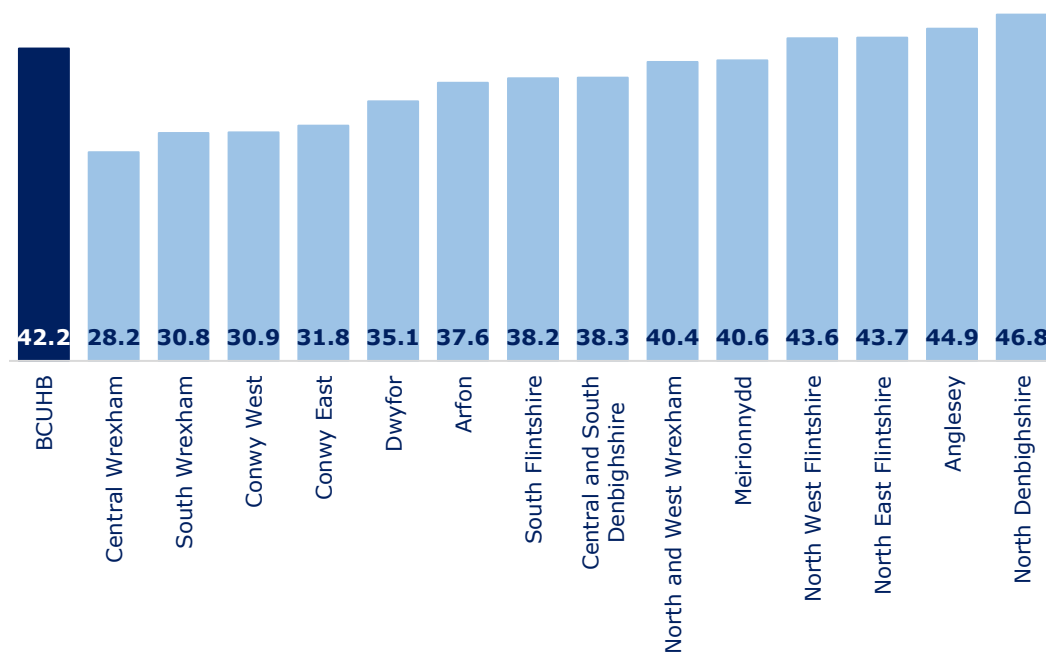


Table 3 shows the compliance percentages for the eight individual care processes for BCUHB as a whole. The highest percentage compliance figures are for Serum Creatinine (89.6%), HbA1c (88.8%) and blood pressure (87.7%). The lowest percentage figures are for urine albumin (55.1%) and foot surveillance (64.5%).

**Table 3: Percentage compliance, NICE care processes, Type 2 diabetes, Betsi Cadwaladr UHB, Quarter 2 2024/25**

	%
All 8 care processes	42.2
Blood pressure	87.7
BMI	78.8
Cholesterol	77.7
Foot surveillance	64.5
HbA1c	88.8
Serum Creatinine	89.6
Smoking	73.0
Urine Albumin	55.1

Source: Diabetes Insight & Variation Atlas (NHS Executive)

Table 4 shows the compliance percentages for the eight individual care processes by Primary Care Cluster.

**Table 4: Percentage compliance, NICE care processes, Type 2 diabetes, Betsi Cadwaladr UHB and Primary Care Clusters, Quarter 2 2024/25**

	All 8 care processes	Blood pressure	BMI	Cholesterol	Foot surveillance	HbA1c	Serum Creatinine	Smoking	Urine Albumin
Anglesey	44.9	88.5	78.1	75.5	69.2	88.8	89.3	78.9	59.4
Arfon	37.6	83.3	72.2	78.1	56.9	88.1	89.6	65.1	48.2
Central and South Denbighshire	38.3	87.7	78.8	77.7	64.5	88.8	89.6	73.0	55.1
Central Wrexham	28.2	91.8	79.2	70.9	70.5	94.9	95.3	63.9	64.6
Conwy East	31.8	81.5	75.3	71.9	58.6	79.5	81.0	70.0	44.9
Conwy West	30.9	85.3	75.2	74.1	54.1	85.7	88.3	72.2	47.3
Dwyfor	35.1	88.3	78.2	79.1	64.1	90.7	91.1	64.3	55.0
Meirionnydd	40.6	84.1	71.2	70.3	59.4	85.3	85.9	68.9	60.1
North and West Wrexham	40.4	89.9	79.8	76.1	57.1	89.7	92.1	69.4	65.1
North Denbighshire	46.8	92.1	86.4	84.5	74.0	90.9	91.1	81.3	61.4
North East Flintshire	43.7	86.3	79.5	80.8	64.5	87.2	87.9	79.7	58.1
North West Flintshire	43.6	90.9	86.2	83.8	75.0	91.9	92.5	77.2	58.8
South Flintshire	38.2	87.8	78.6	79.8	63.2	90.9	90.0	69.7	53.5
South Wrexham	30.8	89.3	82.0	76.2	59.9	90.8	90.7	74.9	53.8
<b>BCUHB</b>	<b>42.2</b>	<b>91.8</b>	<b>82.7</b>	<b>84.2</b>	<b>74.3</b>	<b>91.2</b>	<b>92.2</b>	<b>80.5</b>	<b>50.8</b>

Source: Diabetes Insight & Variation Atlas (NHS Executive)

Figure 4 shows the trend in compliance for all individual care processes except for urine albumin for BCUHB. It can be seen that most processes have recovered after the pandemic, with the exception of smoking history.

**Figure 4: Percentage compliance, NICE care processes, Type 2 diabetes, Betsi Cadwaladr UHB 2018 to 2024**

Source: Diabetes Insight & Variation Atlas (NHS Executive)



### **3. All Wales Diabetes Prevention Programme Rollout**

The AWDPP is currently delivered at two pilot sites in north west Wales, contributing to a wider pan Wales strategy as follows:

- Searches are conducted on EMIS, patients are triaged and then all eligible patients are invited.
- Primary care staff are being used to deliver the programme.
- One support worker delivering a clinic in Meirionnydd; three surgeries in that Cluster are involved - Dolgellau, Tywyn and Bala.
- Anglesey is the second Cluster involved with the programme.
- In Beaumaris surgery, a Health Care Assistant (HCA) has been trained and is offering a clinic one day per week.
- LlanfairPG surgery had one HCA undergoing training; clinics commenced in May and are held two and a half days a week.
- Work is ongoing to invite patients for a 12-month review and gather data for evaluation purposes.
- Gwalchmai surgery are having ongoing discussions regarding their involvement in the programme.

Programme data on 12-month reviews for January to March 2024 showed:

- 31% of patients have been referred for National Exercise Referral Scheme (NERS) and 36% for weight management services; however, it is unclear if they have engaged with services
- There appears to be a higher percentage of patients improving their HbA1c when they have attended the diabetes prevention program than not; however, at present this data is based on a very small number and differences may occur 12-month data continues to be collected.

Many other Health Boards in Wales have widened this service beyond the initial Public Health Wales financed pilots (Lewis, J. 2023).

BCUHB is looking at extending the AWDPP across all Primary Care Clusters across North Wales using Strategic Programme for Primary Care (SPPC) funding; approval has been given by Associate Directors of Primary care and final approval from the Strategic Programme for Primary Care is awaited.

### **4. Conclusions**

It can be seen that it has been identified that BCUHB is the lowest in Wales in terms of attainment of the eight NICE care processes conducted in primary care. There is significant variation by cluster and also by the type of care process. The low compliance rate in North Wales could be due to a combination of both recording issues, as well as practices dedicating insufficient resource to implementation. This is something that should be examined as part of the ongoing BCU diabetes transformation project.

The AWDPP is currently active in 2 of the 14 clusters in North Wales, but there are firm plans to extend it to all clusters in North Wales using SPPC funding.

## 5. References

Lewis J., 2023. Diabetes in BCUHB.

NHS Executive, 2024. Diabetes Insight & Variation Atlas.

Public Health Wales, n.d. [All Wales Diabetes Prevention Programme](#).



<b>Teitl adroddiad:</b> <i>Report title:</i>	Information Governance Quarter 1 2024/25 Key Performance Indicators (KPI) Report.			
<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, 29 October 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>			
<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</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <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>				

**Cyswllt ag Amcan/Amcanion Strategol:**

***Link to Strategic Objective(s):***

- Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, UK GDPR and European GDPR 2016;
  - a) Develop and implement system for Records of Processing Activity (ROPA)
  - b) Ensure privacy by design and default is considered at all stages of service design, system procurement and partnership working.
  - c) Transform and implement a revised Data Protection Impact Assessment processes.
  - d) Implement the revised Compliance Audit Programme.
- Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation including social media and AI.
- Develop and implement a system and process for the regular review of information sharing agreements / protocols.
- Implement, monitor and report on compliance with the Asset Register.
- 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;
- Support the proposals outlined in the Corporate Records Management Report and findings where resources permit.
- Continue to meet the Information Governance training national target of 85% to help improve staff understanding and continuous awareness with the introduction of a new training programme.
- Design and implement new ways of working with Primary Care Contractors.
- Support the Health Board's move towards a 'Digital Future' by working collaboratively with each area of the Digital, Data and Technology (DDaT) team.
- Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence, including participation in the Health Board Datix working group.
- Support the W&OD Division to develop proposals for the implementation a fully digital staff record including the development of standardised templates.
- Review, refresh and commence reporting in line with the corporate calendar reporting requirements.
- Increase service user and Regulator confidence in the Health Board and its staff with increased visibility and working relationships, including a refresh of the IG Webpages.
- Encourage and support the professional development of team members by providing opportunities for training, skill enhancement, and knowledge acquisition in relevant areas and to include the development of training programmes.

<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>Data Protection Act and Freedom of Information Act</p>																																			
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>																																			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></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><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>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> <table border="1" data-bbox="603 965 1406 2078"> <thead> <tr> <th colspan="5"><b>Risk Register - Tier 2</b></th> </tr> </thead> <tbody> <tr> <td>ID3801 – Failure to develop and improve the Asset Register System</td> <td>9</td> <td>9</td> <td>4</td> <td>Unchanged</td> </tr> <tr> <td>ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)</td> <td>9</td> <td>9</td> <td>6</td> <td>Unchanged</td> </tr> <tr> <td>ID5238 - Development and ongoing management of Corporate Records Management function</td> <td>9</td> <td>9</td> <td>9</td> <td>New Risk which replaced ID3804 - Management of Corporate Records</td> </tr> <tr> <td>ID5239 - BCU site wide audit to identify health and corporate records store in vulnerable locations</td> <td>9</td> <td>9</td> <td>9</td> <td>New Risk</td> </tr> <tr> <th colspan="5"><b>Risk Register - Tier 3</b></th> </tr> <tr> <td>ID2803 - Data Protection Legislation / Freedom of Information Act 2000</td> <td>9</td> <td>6</td> <td>6</td> <td>Unchanged</td> </tr> </tbody> </table>	<b>Risk Register - Tier 2</b>					ID3801 – Failure to develop and improve the Asset Register System	9	9	4	Unchanged	ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)	9	9	6	Unchanged	ID5238 - Development and ongoing management of Corporate Records Management function	9	9	9	New Risk which replaced ID3804 - Management of Corporate Records	ID5239 - BCU site wide audit to identify health and corporate records store in vulnerable locations	9	9	9	New Risk	<b>Risk Register - Tier 3</b>					ID2803 - Data Protection Legislation / Freedom of Information Act 2000	9	6	6	Unchanged
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ID2803 - Data Protection Legislation / Freedom of Information Act 2000	9	6	6	Unchanged																																

	ID3803 - MS Office 365 - Management of HB Records	12	8	6	Unchanged Tier 3
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	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>  <b>Workforce implications as a result of implementing the recommendations</b>	Not applicable				
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	<p><i>Information Governance – Q1 KPI 2024/25 V0.1</i> sent to Carol Johnson for review 9<sup>th</sup> August 2024. All feedback for further information actioned.</p> <p>KPI report has been amended to reflect comments received during previous Information Governance Group and Performance, Finance and Information Governance Committee meetings to incorporate NIIAS outcomes and emphasise poor FOI compliance by area.</p> <p>Approved at Information Governance Group 28<sup>th</sup> August 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>Next Steps:</b>					
<ol style="list-style-type: none"> <li>1) Target areas with low FOI compliance</li> <li>2) Discuss with Temporary Staffing teams how to improve Bank Staff's Mandatory Training compliance</li> <li>3) Continue to target areas with low mandatory training compliance.</li> </ol>					
<b>List of Appendices:</b>					
Appendix 1 – Information Governance Quarter 1 2024/25 Key Performance Indicators (KPI) Report.					



# Atodiad 1 - Dangosyddion Perfformiad Allweddol

Chwarter 1 – Ebrill i Mehefin 2024

# Appendix 1 - Key Performance Indicators

Quarter 1 – April to June 2024



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Appendix 1 - Key Performance Indicators: Quarter 1 – April to June 2024

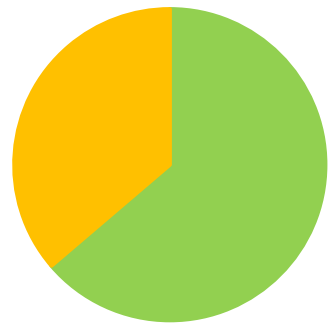
## Freedom of Information (FOI) Compliance

There has been an increase in total number of Freedom of Information requests received from previous quarter. A total of 216 requests were received during Quarter 1 in comparison to 200 in quarter 4. Compliance has decreased to 62% from 79% reported during Quarter 4 of 2023/24.

## 2024/25 Improvement Actions

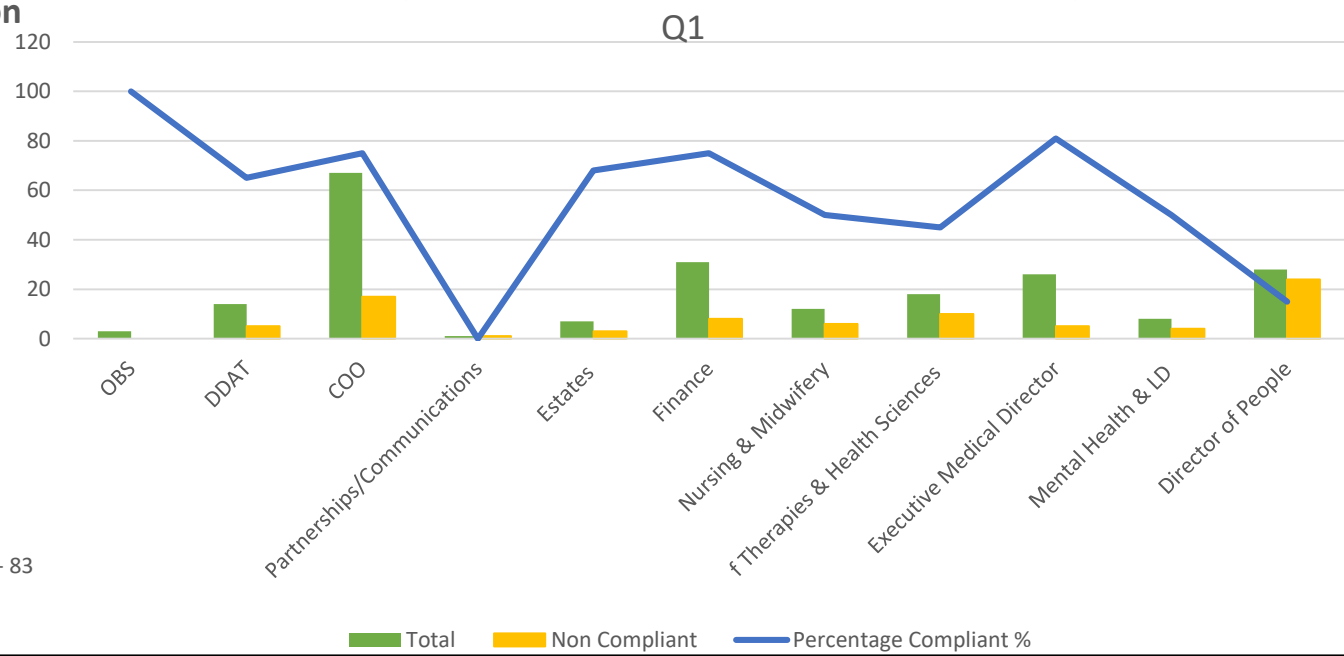
During Quarter 1 of 2024/25 the Information Governance Team have set a target of 85% compliance. We will be working closely with the areas which have a low compliance, regular meetings have been set up with Workforce & Organisational Development and the Chief Operating Office to discuss areas for improvements to ensure compliance improves and maintained.

**Freedom of Information Compliance Q1**  
**Compliant 62% Non Compliant 38%**



Compliant - 146    Non Compliant - 83

Number of requests per Executive Area and their non-compliance



**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	15	1	Upheld
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	5		
Section 22 – Intended for future publication	Absolute – No Public Interest Test Required	0		
Section 31 - Law Enforcement	Public Interest Test applied	0		
Section 40 - Personal Information	Absolute – No Public Interest Test Required	8	1	Upheld
Section 43 – Commercially Sensitive	Public Interest Test applied	3		
No Exemption applied	N/A	185	2	1 x Partially Overturned 1 x Upheld
<b>Total</b>		<b>216</b>	<b>4</b>	

## Freedom of Information: Three highest reported reasons for delays/breaches

- 38 delays reported due to receiving the information from Divisional Leads.
- 37 delays due to Executive approval.
- 8 delays due to formulation of response from Information Governance Team

## The Divisions with the lowest percentage of compliance

- Director of People - 24 out of 28 non-compliant (15%)
- Director of Therapies & Health Science – 10 out of 18 non-compliant (45 %)
- Mental Health & Learning Disabilities – 4 out of 8 non compliant (50%)
- Partnerships & Communications – 1 out of 1 non compliant (0%)

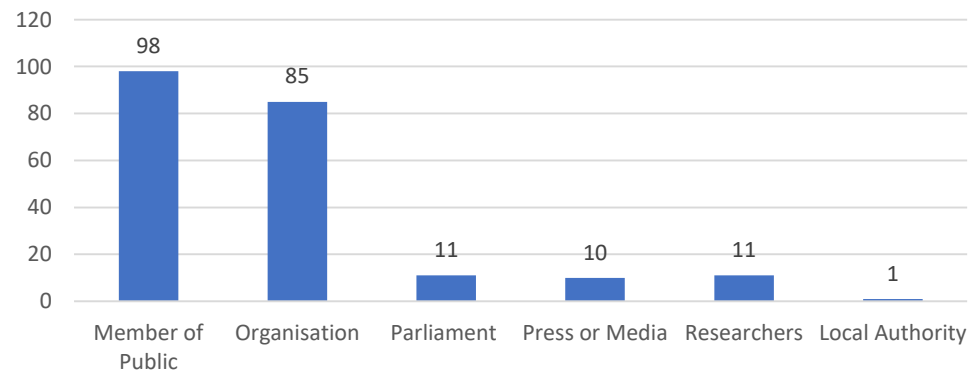
Non-compliance of divisions will now be asked to give reasoning behind non compliance for future KPI reports.

## Trends in Freedom of Information Subject

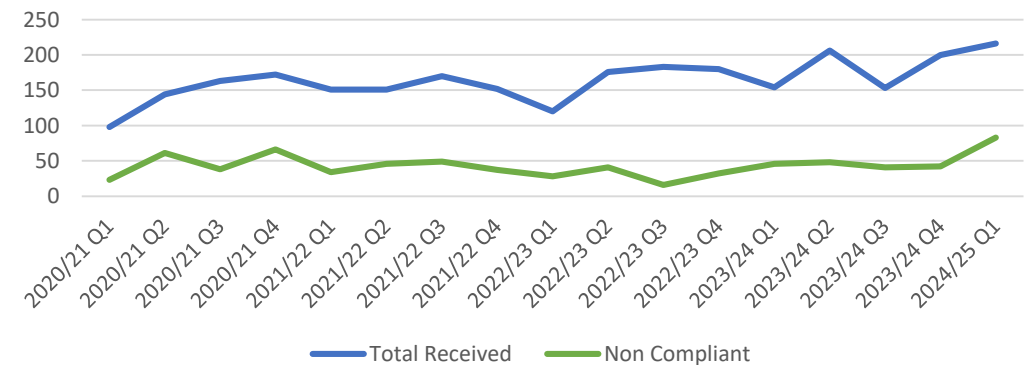
- 12 requests regarding the Health Board spend on agency staff.
- 11 requests regarding waiting list numbers and waiting times.
- 10 requests for Policies & Procedures
- 9 requests relating to GP Practices within the East Area
- 7 requests Nursing & Midwifery Council (NMC) Referrals or complaints made against Nursing Staff.
- 5 requests regarding Dermatology Service Provisions

- The total hours spent processing requests this Quarter was 886 hours which equates to £22,150 under the Freedom of Information act. This included time spent by the Information Governance Team, Divisional Leads and Executive Directors, whilst compliance has decreased this quarter the total amount of hours spent on requests has significantly increased.
- There were no trends identified that would attract media attention or to have a negative effect the Health Board's reputation.

Freedom of Information Requests received by Requestor Q1



Previous Freedom of Information Quarterly Compliance



### Subject Access Request Compliance

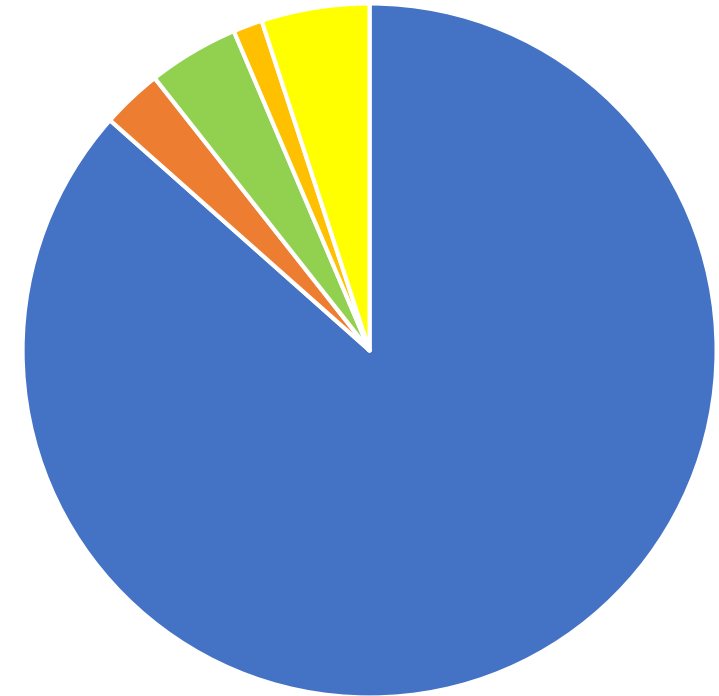
During Quarter 1, the compliance for Subject Access Requests (SAR) was 98%. This has remained the same from Quarter 4. This figure reflects overall compliance for all departments that deal with request for information under Data Protection legislation.

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. We have also continued to receive a high number of requests asking for email correspondence.

### 2024/25 Improvement Actions

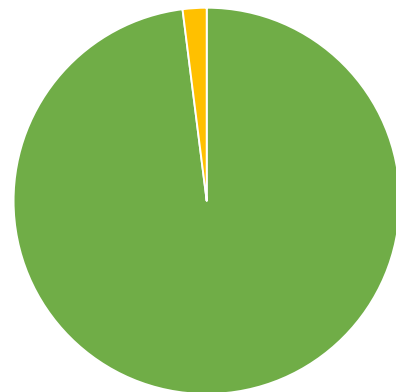
During Quarter 1 the iCasework system used to manage requests has integrated with Office 365 which will improve functionality in the system. Regular meetings have been set up between Access to Health Records and the Information Governance Team to discuss any complex requests that span both services to ensure consistency and to share lessons learnt etc.

Data Protection Subject Access Requests (SAR) for non-clinical information by type Q1  
Compliant: 98% Non Compliant: 2%



- Subject access request - 1840
- Verbal request - 60
- Third party request- Solicitors - 90
- Third party request- Local Authority - 29
- Third party request- Other - 107

Data Protection Subject Access Requests (SAR) for non-clinical information Q1



- Compliant- 98%
- Non-Compliant- 2%

**Incidents and Complaints Quarter 1 – April to June 2024.**

Incident Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	Data Loss	1	0	0
	Email	17	2	1
	External Mail	22	0	2
	Records	13	0	1
	Prescription Error	5	0	0
	Social Media	1	0	0
Confidentiality Breach (Internal)	Data Loss	4	0	0
	Email	4	0	0
	Internal Mail	1	0	0
	Records	29	0	0
	Other	4	0	0
Information Management & Technical Security	Hardware	7	0	0
	Identification Badge Loss	6	0	0
	Records	2	0	0
	Data Loss	1	0	0
	Inappropriate Access	1	0	0
	Other	2	0	0
Non Compliance with Policies & Procedures	IG15 Saft Storage & Transport of Personal Data	20	0	0
	IG14 Information Management & Technology Security Procedure	5	0	0
	IG13 Confidentiality Code of Conduct	2	0	0
	IG17 Photography, Video & Audio Recording Procedure for Non-Clinical Purpose	1	0	0
	IG16 Disclosing Personal Data Procedure	2	0	0
	Other	2	0	0
<b>Total</b>		<b>152</b>	<b>2</b>	<b>4</b>

Increase in number of incidents reported from 132 in Quarter 4, with a further 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

- A reminder was sent to all staff in relation to logging Information Governance incidents correctly in Datix, along with examples of what an Information Governance related incident entails.
- Follow up checks are being undertaken 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 was issued on the Health Board Bulletin advising staff to use the Blind Carbon Copy (BCC) field when sending an email appropriately.
- During quarter 2 we will be undertaking a trend analysis for incidents relating to records, and identifying any particular actions for areas to improve practices, our mandatory training package has recently been updated to incorporate more guidance on records management and we hope this will improve the number of incidents being reported.

### Near Misses

0 near misses reported in Quarter 1 , this has decreased from 1 reported in Quarter 4.

### Legal Claims

1 legal claim was made during Quarter 1.

A patient wished for a restriction to be placed on their records with regards to sharing sensitive information with their General Practitioner (GP), this was unfortunately missed and records were shared. – Ongoing.

### Complaints

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

### Complaints Received

- An email asking patients to provide feedback was sent out to all members of a Group without using the Blind Carbon Copy (BCC) field, hence all email addresses were visible – Closed .
- Staff member disclosed information to patient's partner, IG10 submitted by manager – Ongoing.
- Alleged Inappropriate Access - Ongoing
- Letter sent to incorrect address which resulted in patient being removed from the waiting list – Ongoing.

## Information Commissioners Office (ICO) Complaints

### Self-reported incidents to the Information Commissioners Office Q1

During Quarter 1, there has been 2 self reported incidents to the Information Commissioners Office . One was regarding 41 patients letters from several specialties being sent to one patients address, some of which contained sensitive medical information.

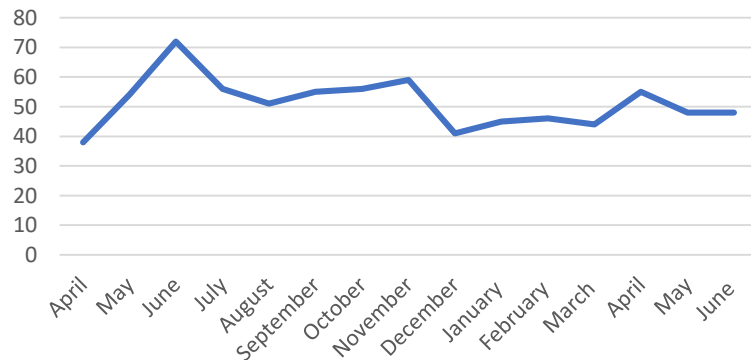
The second incident was in relation to a handover sheet containing 23 patients details and medical conditions which was sent with a patient when they were discharged home.

Both Cases were fully investigated and no further action was taken by the Information Commissioners Office

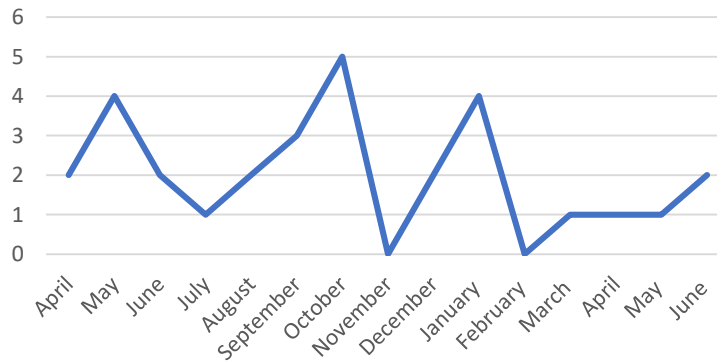
### Complaints received from the Information Commissioners Office Q1

During Quarter 1, there has been a decrease in the number of complaint notifications received from the Information Commissioners Office from those reported in Quarter 4. There were a total number of 1 complaint notifications this quarter in relation to a Access to Health Record Request not being responded to in line with the legislative deadline, this is still undergoing investigation.

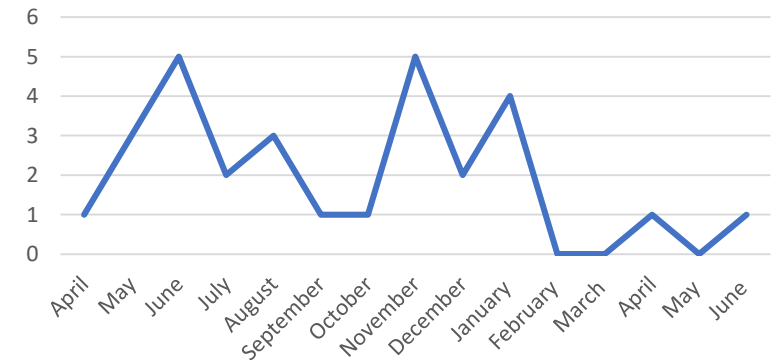
Information Governance Related Incidents 23-24 /24-25



Information Governance Related Complaints 23-24 / 24-25



Information Commissioners Office Related Complaints 23-24 / 24-25



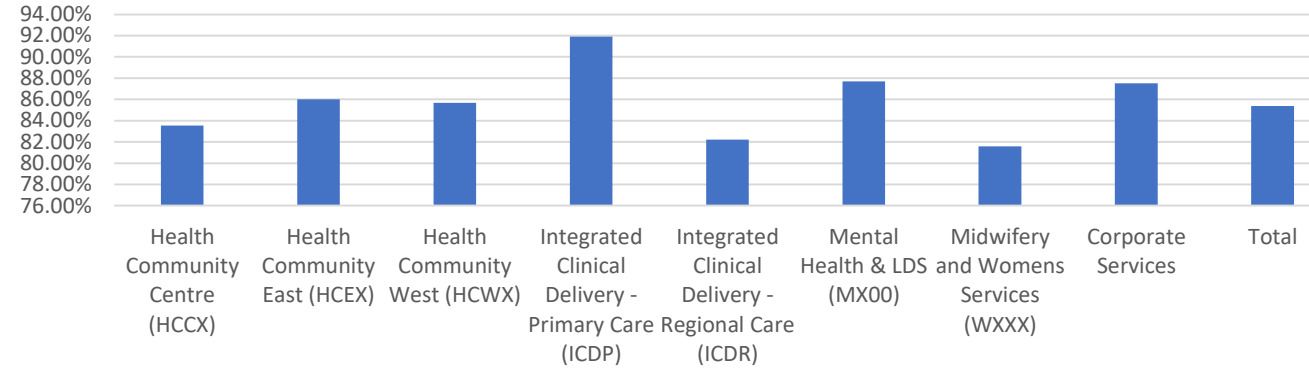
**Information Governance Mandatory Training**

Virtual mandatory training sessions have continued via MS Teams with 4 taking place in Quarter 1 with a total number of 42 staff attending. This is a decrease from the 91 who attended in Quarter 4. Training sessions have now changed to run fortnightly, reduced from the previous weekly sessions to help increase the number of attendees in each session and in turn increase interaction between delegates. An additional 205 staff have completed their online E-Learning, which has significantly decreased since previous quarters. We have escalated this nationally to identify if there are any known issues affecting the accuracy of employees training records.

The overall compliance for mandatory Information Governance training across the Health Board has decreased in Quarter 1 to **78%** as we are now including bank and locum compliance in our reporting. Although for Permanent and Fixed Term members of staff this remains above the national target at 85%. Bank, Locum and Honorary staff’s compliance is 66%, during quarter 2 we will be focusing on this area to ensure that compliance improves by working with the temporary staffing teams as we are aware that staff who are registered to work on the bank who have never undertaken any shifts affect our overall compliance.

During quarter 2 we will also commence targeting departments with poor compliance, reminding them to ensure staff members undertake Information Governance training in order to meet the national target. We will be offering further training sessions to increase compliance within services tailored to their needs and monitoring compliance via Information Governance compliance audits. We will also be holding face to face training sessions in Lecture Theatres in all 3 Acute sites from July 2024, and adding the option for staff to drop in to sessions in addition to booking in advance.

Information Governance Mandatory Training Compliance by Area  
78%



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	827,756 (reduction from previous year-removal of one off consolidated pay award)	145,365	61,304 underspend (not a true reflection, please see below comments)

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

- Staff turnover, Establishment Control Processes and time to recruit to remaining vacancy;
- Continued agile / home working thus reducing travel costs;
- Savings to also be removed from the budget, plans have recently been submitted for approval;
- £161,846 still showing in General Reserves which requires transfer for staff moves, monies to fund the Freedom of Information and Subject Access Request system and Information Asset Register.

More business as usual activity is being undertaken including onsite compliance audits / due diligence checks / face to face 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 1 – April to June 2024

### IG10

29 IG10 requests in Quarter 1, 28 of these approved, mainly in relation to CCTV footage. The total number of IG10's approved has increased from the 10 reported in Quarter 4.

The IG10's approved in this Quarter were from a number of different areas and no trends were identified.

### Service Desk – Information Governance Portal

The total number of service desk queries increased to **40** from 34 reported in Quarter 4. During quarter 2, we will be moving over to the Health Board's new service point platform, Halo. This will enable us to provide in-depth reporting in future through the KPI reports. The Information Governance Team continuously look at trends identified in queries received and publish guidance on our intranet pages. We are also reviewing the information available to staff members on our BetsiNet site to provide further guidance and incorporate this into the Information Governance training sessions.

### NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 1 there was a national issue which prevented notifications coming through for action. This was due to the NIIAS platform migrating to a cloud based solution which affected use until the end of July 2024. Any historical inappropriate access is now being reviewed and escalated accordingly and will be reported in KPI quarter 2.

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 required to train staff members in the severity of these notifications. We will also be working closely with the Office of the Medical Director to ensure Clinical staff inappropriately accessing records is escalated accordingly. We will also begin reporting on the disciplinary outcomes of any staff inappropriately accessing their own or families records. For quarter 1 only please find a breakdown of outcomes for the period of 2023/24 due to the national outage in the table below and the only data that is available to date:

Area	Case Not proven	Informal Action	No Case to Answer	Referred to Hearing	Unknown
Central					9
East		2			1
West	1	4	3	2	

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

Total: 29



- CCTV: 9
- Door Access: 4
- Outlook and Systems access : 10
- Telephone Calls: 3
- Access to files: 1
- List of users: 1
- Stroke Bleep: 1

**Caldicott Guardian  
Decisions/Authorisations on behalf of  
the Board  
Total: 7**



■ Information Sharing Agreement : 5    ■ Data Disclosure Agreement : 1  
■ Intra NHS Sharing Agreement: 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 has been developed to meet the demands on capacity in the system and meets the requirements of both Cyber and Information Technology Teams. We are currently in the final stages of User acceptance Testing and should be ready to launch during quarter 2.

During Q1 there were 21 new record types inputted onto the Information Asset Register, the majority of these being from Health Records and Prestatyn District Nurses.

There were no new systems added to the Asset Register in Q1.

**Compliance Audits**

During Quarter 1, there have been 4 compliance audits completed -

- Ultrasound Department, Ysbyty Gwynedd
- Endoscopy Department, Ysbyty Glan Clwyd
- Mental Health, Cefni Hospital
- Children's Mental Health, Talrafon

Pre-assessments will continue to be scheduled during quarter 2 and any findings will be reported in future reports.

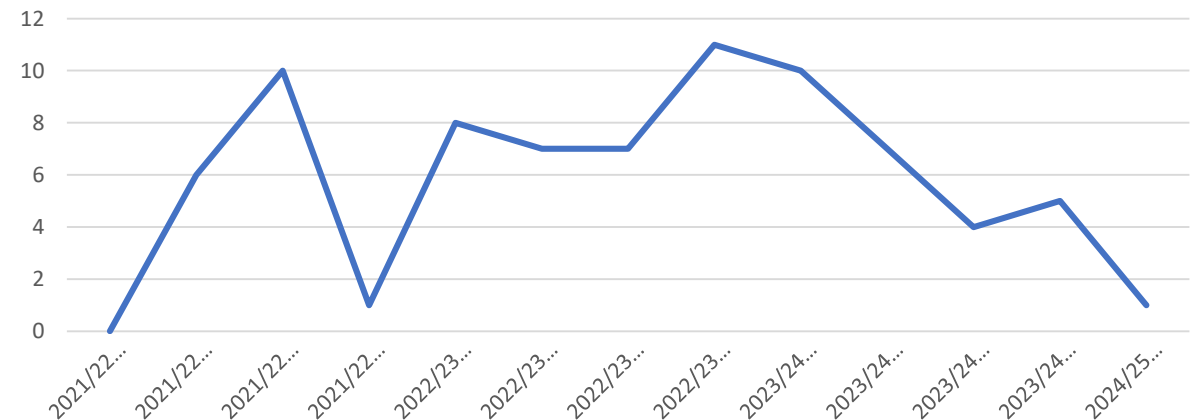
**Data Protection Impact Assessments (DPIAs)**

There has been 1 Data Protection Impact approved during Quarter 1, this is a decrease to the 5 reported in Quarter 4. There are currently 31 under review at various stages.

The Information Governance Team continued to work closely with the Project leads to progress their Impact Assessments through those stages during Q1 2024/25.

There has been a review of the process locally with the Information Governance Officers now supporting/assisting the Information Governance managers to undertake the initial review and work with the project leads to gain all the information prior to the Information Governance Managers review in an attempt to improve turnaround times.

Number of Approved DPIAs



<b>Teitl adroddiad:</b> <i>Report title:</i>	Information Governance Annual Report 2023/24
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	29 <sup>th</sup> October 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. 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.</p> <p>The report identifies areas of weaknesses, any further actions/recommendations required, lessons learnt and areas of good practice and overall achievements.</p> <p>IG Mandatory Training compliance has remained above the national target at 85% for the last three years.</p> <p>During the year the development and implementation of a new Freedom of Information/Subject Access Request (SAR) system for both Information Governance and Health Records which will result in improved efficiencies, with improvements in overall compliance with just a slight decrease in Freedom of Information Act (FOI) requests which was partly due to the increase in volume of requests received.</p>
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Performance, Finance and Information Governance Committee is asked to:</p> <ul style="list-style-type: none"> <li>Note the report and receive assurance on compliance with Data Protection and Freedom of Information Legislation.</li> </ul>
<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>	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>
<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><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		<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 IG 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> </ul>		

	<ul style="list-style-type: none"> <li>· Maintain IG Training Compliance of 85% to raise staff understanding and awareness; meeting the national target.</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>																				
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	Data Protection Act and Freedom of Information Act																				
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	N/A																				
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</b>	N/A																				
<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>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	<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. There are currently six Information Governance risks being managed and monitored by the Information Governance Group, four of which are Tier 2 and two at Tier 2</p> <table border="1"> <thead> <tr> <th colspan="5">Risk Register - Tier 2</th> </tr> </thead> <tbody> <tr> <td>ID3801 – Failure to develop and improve the Asset Register System</td> <td>9</td> <td>9</td> <td>4</td> <td>Unchanged</td> </tr> <tr> <td>ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)</td> <td>9</td> <td>9</td> <td>6</td> <td>Unchanged</td> </tr> <tr> <td>ID5238 - Development and ongoing management of Corporate</td> <td>9</td> <td>9</td> <td>9</td> <td>New Risk which replaced ID3804 - Management</td> </tr> </tbody> </table>	Risk Register - Tier 2					ID3801 – Failure to develop and improve the Asset Register System	9	9	4	Unchanged	ID4306 – Data Flow Mapping and Records of Processing Activity (ROPA)	9	9	6	Unchanged	ID5238 - Development and ongoing management of Corporate	9	9	9	New Risk which replaced ID3804 - Management
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	Records Management function				of Corporate Records
	ID5239 - BCU site wide audit to identify health and corporate records store in vulnerable locations	9	9	9	New Risk
	<b>Risk Register - Tier 3</b>				
	ID2803 - Data Protection Legislation / Freedom of Information Act 2000	9	6	6	Unchanged
	ID3803 - MS Office 365 - Management of HB Records	12	8	6	Unchanged Tier 3
<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>	N/A				
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i>	Approved at Information Governance Group 28 <sup>th</sup> August 2024  Dylan Roberts would like the report to be condensed into slides for ease, which can be found in appendix 1.				
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	<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.  <b>Corporate Risk Register</b> CRR24-07 – Availability and Integrity of Patient Information CRR24-17 – ICT Failure and Cyber				
<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
<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• Ensure working to and meeting the objectives within the <a href="#">BCUHB IG Strategy</a>;</li> <li>• Continue to meet statutory requirements and obligations with Data Protection Legislation and Freedom of Information Act 2000;</li> <li>• Ensure priorities set for the 2023/24 IG toolkit submission are implemented, and work with the IG Toolkit leads to improve standards for the 2024/25 toolkit submission;</li> <li>• Continue to improve IG training compliance and maintain the national target of 85%;</li> <li>• Work with ICT and roll out the newly developed Information Asset Register, working with Information Asset Owners to ensure they understand their role and that the Information Asset Register remains up to date and is robustly monitored.</li> <li>• Make available additional improvement tools and guidance for Freedom of Information leads and continue to build relationships to improve overall compliance to FOI requests.</li> <li>• Continue to monitor and progress Corporate Records Rapid Review findings.</li> </ul> <p><b>Areas for improvement include:</b></p> <ul style="list-style-type: none"> <li>• Record of Processing Activities (ROPA) – Requirement not met within the Information Governance Toolkit.</li> <li>• Development and roll out of the new Information asset Register which will capture records of processing once populated.</li> </ul>	
<p><b>List of Appendices:</b>  Appendix 1 – Information Governance Annual Report 2023/24 - Slides  Appendix 2 - Information Governance Annual Report 2023/24 - Full Report</p>	

# INFORMATION GOVERNANCE ANNUAL REPORT 2023/24

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## Background

The term 'Information Governance' is used to describe how organisations manage the way information is handled. It covers the requirements and standards that Betsi Cadwaladr University Health Board (BCUHB) needs to achieve to fulfil its obligations that information is handled legally, securely, efficiently, effectively and in a manner which maintains public trust.

Information Governance applies the balance between privacy and sharing of personal confidential data and is therefore fundamental to the health care system, both providing the necessary safeguards to protect personal information and an effective framework to guide those working in health to decide when to share, or not to share.

There is a comprehensive and complex range of national guidance and legislation which BCUHB must operate within, including compliance with:

- Data Protection Act 2018
- EU General Data Protection Regulation 2016
- UK General Data Protection Regulation 2021
- Freedom of Information Act 2000
- Environmental Information Legislation 2004
- Public Records Act 1958
- Access to Health Records Act 1990
- Computer Misuse Act 2000
- Caldicott Principles in Practice (C-PIP)
- Welsh Information Governance (IG) Toolkit
- Common Law duty of confidentiality
- Wales Accord to Share Personal Information (WASPI)
- Data Quality
- Information Security assurance - ISO 27001:2013 Information security management
- Records Management NHS Code of Practice
- Information Commissioners Codes of Practice
- NIS (Networks and Information Systems) regulations

A robust Information Governance Framework has been put in place to provide assurance against these which is monitored and administered via the Information Governance Team and the wider Digital, Data and Technology Team.

### 1.0 Purpose

BCUHB has a responsibility to ensure robust information governance systems and processes are in place to protect personal and corporate information.

The purpose of this report is to: -

Provide the Information Governance Group (IGG) and the Performance, Finance and Information Governance (PFIG) Committee with assurance on the progress and developments made within Information Governance throughout the Health Board in 2023/24. This report aims to clearly describe the Health Board's current position, the work undertaken along with the aims, objectives and the challenges ahead for the forthcoming year.

This report aims to provide assurance across the key areas of information governance including, but not limited to: -

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

The Information Governance Teams overarching aims with this report is to: -

- Provide assurance to key stakeholders that information governance systems and processes are appropriate and effective.
- Inform BCUHB and key stakeholders in relation to BCUHB compliance rates with legislation and standards.
- Describe the achievements relating to information governance within BCUHB during the previous 12 months.
- Give an overview of our priorities and the plans being put in place to improve compliance for the next 12 months.

## 2.0 Accountability and Responsibilities

- 6.1 **Chief Executive** - The Chief Executive takes overall responsibility for the Health Board's information governance performance and in particular is required to ensure that:
- The Health Board can demonstrate accountability against the requirements within the Data Protection Act;
  - Decision-making is in line with the Board's policy and procedure for information governance and any statutory provisions set out in legislation;
  - The information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;
  - Suitable action plans for improving information governance are developed and implemented;
  - Ensure IG training is mandated for all staff and is provided at a level relevant to their role.

To satisfy the above, the Chief Executive has delegated this responsibility to the Chief Digital and Information Officer who will be accountable for the Board's overall information governance arrangements.

- 6.2 **The Chief Digital and Information Officer** has responsibility for ensuring that the Board corporately meets its legal responsibilities, and for the adoption of internal and external information governance requirements. They will act as the conscience for information governance on the Board and advises on the effectiveness of information governance management across the organisation. The Chief Digital and Information Officer has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Health Board.

- 6.3 **Caldicott Guardian** - The Executive Medical Director has been nominated as the Board's Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients' interests regarding the use of patient identifiable information. They are responsible for

ensuring patient identifiable information is shared in an appropriate, ethical and secure manner. The Caldicott Guardian is the Chair of the Information Governance Group.

- 6.4 **Executive Medical Director** - The Executive Medical Director has been nominated by the Board and has overall responsibility for the management of all patient record types.
- 6.5 **Executive Lead for Corporate Records** - The Chief Digital Information Officer (CDIO) is responsible for the overall management and performance of the Corporate Records Management within BCUHB.
- 6.6 **Senior Information Risk Owner (SIRO)** - The Chief Digital Information Officer (CDIO) has been nominated as the Board's Senior Information Risk Owner and has overall ownership of the information risks and plays a key role in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture. The SIRO has undertaken additional training specific to the role.
- 6.7 **Data Protection Officer (DPO)** - The Assistant Director of Compliance and Business Management undertakes the designated role of the Health Board's Data Protection Officer. They are responsible for providing the Health Board with independent risk-based advice to support its decision-making in the appropriateness of processing 'Personal and Special Categories of Data' as laid down in the General Data Protection Regulation (GDPR) and the UK Data Protection Act. The DPO is required to provide advice and guidance on all data protection legislation queries to staff, patients and the Board. The Health Board recognises its obligations and accountability responsibilities with the GDPR and Data Protection Laws.

The Information Governance structure sits within this area.

- 6.8 **Information Governance Team** - The Head of Information Governance will be responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the Board adopts information governance best practice and standards. This role will report to the Assistant Director of Compliance and Business Management and will be supported by the Information Governance Team who will also work in collaboration with the Information Governance Leads and Information Asset Owners.
- 6.9 **Assistant Director / Chief Technology Officer (CTO)** – Leads on all matters relating to the Health Board's ICT infrastructure security and regulatory compliance. Furthermore, provides strategic direction and expert advice on all technical matters relating to sustained compliance and conformance against the NHS Wales Code of Connection and NIS Directive.
- 6.10 **Cyber Security and Compliance Manager** - Acts as the Health Board's expert on cyber security protection, detection, response, and recovery. The Cyber Security and Compliance Manager is responsible for the strategic approach to cyber threat management and leads the strategic planning of current and future IT security solutions. The Cyber Security and Compliance Manager leads and advises on compliance with the NIS Directive and Cyber Essentials certification.
- 6.11 **Assistant Director of Patient Records Management** – This role is responsible for the overall management and performance of the Health Records Service within BCUHB including the provision of organisation-wide access to health records and providing assurance against record management standards across all patient record types both paper and digital.

- 6.12 **Executive Directors/ Directors/ Integrated Health Community Directors (IHC)** - Each Director is responsible for the information within their area and therefore must take responsibility for information governance matters.
- 6.13 **Information Governance Leads** – The Information Governance Leads work with the IG Team to ensure compliance with corporate IG policies, procedures, standards, legislation and to promote best practice within their areas. The Information Governance Leads will be reviewed in 2024/25 to ensure we have the correct individuals in place and they know what's expected of them.
- 6.14 **Information Asset Owners (IAO)** - Are senior responsible individuals involved in the running of their relevant services. Their role is to understand what information assets are held, and for what purpose. They should have an understanding of how the information held in the asset is created, amended, added to, quality assured and processed. They will know who has access to the information and why, be responsible for any identified risks and provide assurance to the SIRO. They will have overall responsibility to understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.
- 6.15 **Information Asset Administrator (IAA)** – Are staff who normally use the system as part of their daily routine. They will recognise actual or potential security incidents, consult with their IAO on appropriate incident management, access controls and system level security issues and ensure that information asset registers are accurate and up to date.
- 6.16 **All Staff** - All employees, contractors, volunteers and students working for or supplying services for the Health Board are responsible for any records or data they create and what they do with information they use.

All staff have a responsibility to adhere to information governance policies and procedures and standards which are written into the terms and conditions of their contracts of employment and the organisations Staff Code of Conduct.

- 6.17 **Third Party Contractors** – appropriate contracts and confidentiality agreements shall be in place with third parties where potential or actual access to the Health Board's confidential information assets is identified.

### 3.0 Information Governance Operational Plan

The Health Board continues to remain committed to achieving the objectives detailed in the Information Governance Operational Plan and the Information Governance Strategy for 2024/25. The plan is located on the Microsoft planner platform, where all actions and position updates are recorded, allowing for easier real time reporting and monitoring.

The plan includes:

- High Level Objectives.
- Outstanding actions from the 2023/24 Operational Plan.
- Recommendations made by the Information Commissioners Office.
- Recommendations made by Internal and External Audits / Reviews.
- Priorities identified as a result of the Welsh IG Toolkit submission 2023/24.

- National programmes of work.
- Local programmes of work identified for implementation which includes transformation and improvement, and the move towards the Electronic Health Record

#### 4.0 IG Toolkit

The 2023/24 Information Governance (IG) toolkit self-assessment was successfully completed within the given timescales and submitted on the 25th March 2024.

The monthly IG toolkit subgroup meetings re-commenced in October 2023 as normal in readiness for the 2023/24 IG toolkit being released and continued to receive support and the appropriate compliance evidence from the Health Records, IT, Mental Health and Learning Disabilities, Community Services, Procurement, Health & Safety/Security, Contracting Services-Finance and Workforce departments which enabled a timely and smooth submission.

Please find below the final submission levels:

Level	Total
Expectations Not Met	1
Minimum Expectations Met	2
Expectations Exceeded Met	8

Requirement	Minimum Expectations	Expectations Exceeded
Leadership & Oversight	100%	100%
Policies & Procedures	100%	100%
Training & Awareness	100%	100%
Individual Rights	100%	100%
Record of Processing and Lawful Basis*	0%	0%
Contracts and Information Sharing	100%	71%
Risks and Data Protection Impact Assessments (DPIAs)	100%	63%
Breach Response and Monitoring	100%	100%
Freedom of Information (FOI) and Environmental Information (EIR)	100%	100%
Information Security	100%	100%
Business Continuity	100%	100%

\*Due to limitations within the question set for this requirement, a nil compliance was submitted, however it should be noted that this does not reflect the Health Board’s true position in relation to its records of processing activities. The 2024/25 question set has been reviewed and updated by DHCW and now allows us to evidence our true position and our ability to meet the requirement. The Health Board is continuing to strengthen current practices to ensure all elements of the toolkit can

be met for the 2024/25 submission. It should also be noted that our position with this requirement is consistent with the rest of the Health Boards and Trusts in Wales.

Please find details below of the priorities identified which form part of the 2024/25 Information Governance Toolkit Action Plan and are incorporated into the IG Operational Work Plan along with IG Toolkit Leads operational plans where required:

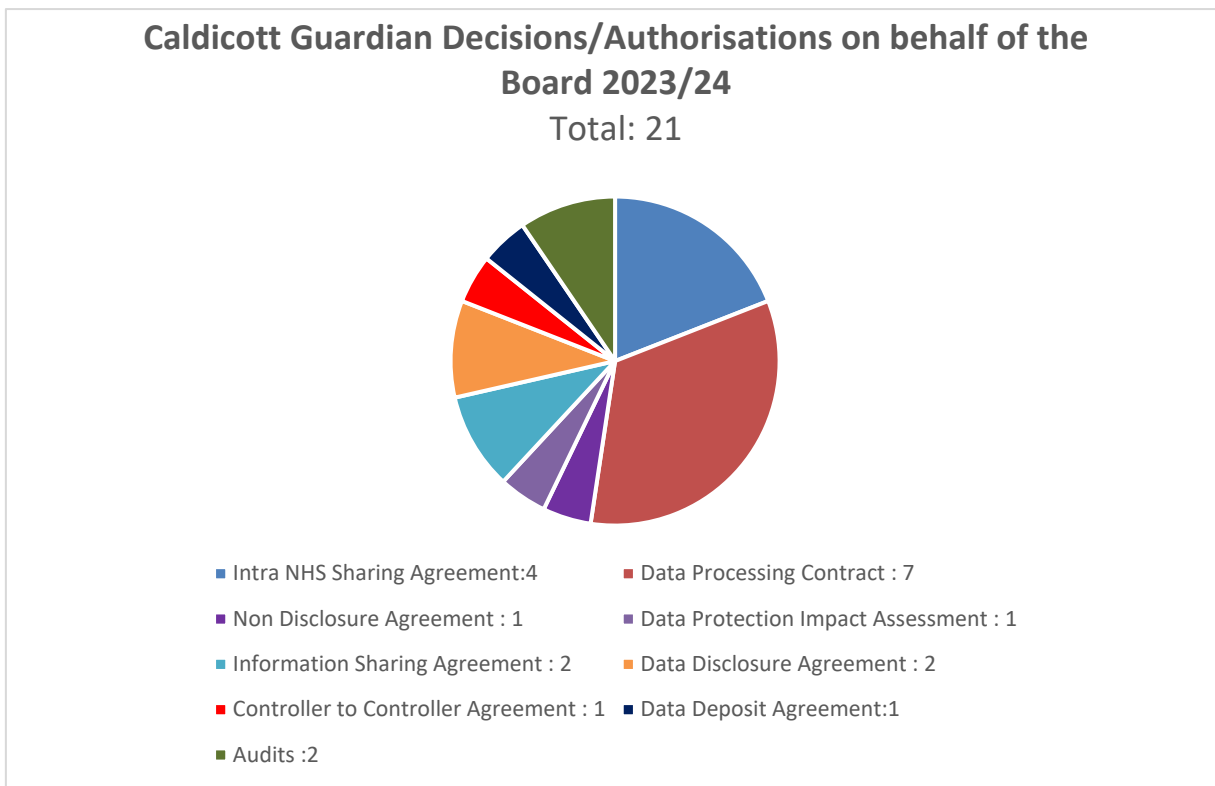
<b>Requirement</b>	<b>Priorities for 2024/25</b>
<b>Leadership &amp; Oversight</b>	No priorities required/identified/added.
<b>Policies &amp; Procedures</b>	No priorities required/identified/added.
<b>Training &amp; Awareness</b>	Maintain compliance with the 85% National target.
<b>Individual Rights</b>	Review local Standard Operating Procedures to ensure they remain fit for purpose and up to date.
<b>Record of Processing and Lawful Basis</b>	Review, record and monitor current practices across the Health Board utilising the new Information Asset Register and other methods of recording our processing activities.
<b>Contracts and Information Sharing</b>	Review and embed robust processes for the monitoring of all Contracts and Information Sharing Agreements.
<b>Risks and Data Protection Impact Assessments (DPIAs)</b>	Develop and introduce an Information Asset Register policy/procedure which includes risk management.  Review ways of publishing minimum data for approved DPIAs on the BCUHB Internet page and provide further details within Key Performance Indicator reports for assurance.
<b>Breach Response and Monitoring</b>	No priorities required/identified/added
<b>Freedom of Information (FOI) and Environmental Information (EIR)</b>	New informative Intranet Page to be created for Freedom of Information (FOI) leads and arrange FOI workshops where necessary.
<b>Information Security</b>	No priorities required/identified/added.
<b>Business Continuity</b>	Finalise recent draft Information Governance Draft Business Continuity Plan (BCP).  Test the Information Governance BCP.  Ensure Information Governance support is sufficient for the BCP working group.

The overall achievement status has been recorded as “Minimum Expectations Not Met”, this is due to the question set within in the toolkit and the Health Board not being able to fully evidence all of its Records of Processing activities. Work is underway to ensure the Health Board meets this requirement.

#### **4.1 Caldicott Guardian Authorisations**

As part of the role of the Caldicott Guardian (CG) there is a requirement for operational decisions or, as the delegated officer, to authorise information sharing on behalf of the Board where services or systems involve patient or information.

In 2023/24 the following information sharing was authorised by the Caldicott Guardian.



## 5.0 Senior Information Risk Owner

### 5.1 Information Security

During 2023/24, the risk posed by Cyber threats continued at a heightened level due to global tensions and the increasing sophistication used by Cyber Criminals in their attacks.

Throughout the year there were multiple high profile Cyber-attacks on healthcare organisations throughout the home nations, which resulted in disclosure of sensitive patient information and long-term ICT outages which impacted on patient treatment.

Ransomware “double extortion” continues to be the single biggest Cyber threat facing the organisation. During such an attack, the criminals will gain access to the ICT network, slowly stealing confidential data over a period of time. Once they have stolen significant volumes of data, the attacker will trigger Ransomware software which encrypts ICT systems across the victim organisation rendering them useless. The organisation is then asked to pay a ransom payment for the release of their systems. Should the organisation refuse to pay the ransom, the Cyber criminals will share the stolen sensitive data on the Internet.

In compliance with the Network and Information System Regulations 2018 (NIS-R), the Health Board has taken a continuous improvement approach to its Cyber Security posture and has agreed several

Key Performance Indicators. Progress has been made in aligning processes and procedures with the ISO27001 best practice framework and several exercises have been held to test major incident recovery plans. A comprehensive Cyber Awareness Programme has been implemented and now operates as Business as Usual, the aim being to continuously improve awareness of Cyber threats amongst staff.

### 5.2 Information Governance Incidents

There have been 633 incidents reported for this period against 423 in the previous year, an increase of 210 (50%). All were categorised and reported as information governance incidents.

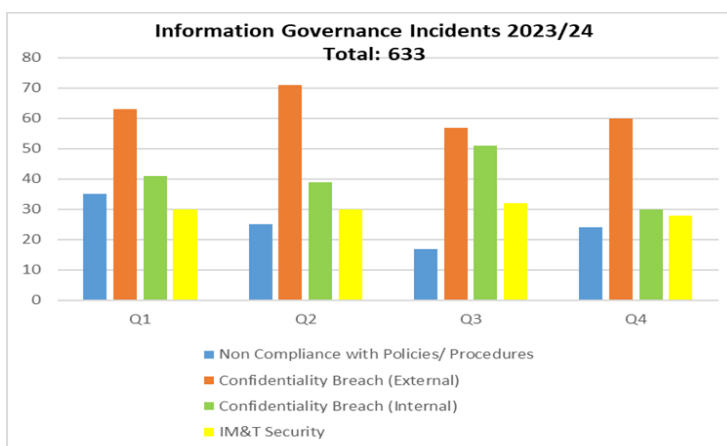
Given the increase in incidents this year, the Information Governance Team undertook a trend analysis to identify if there was any pattern to the increase. No significant trends were identified other than the increase in training compliance may have led to an increase in incident reporting. The Information Governance Team also agreed with the Datix team this year to switch on the option ‘don’t know’ if an IG associated incident which could have led to more incidents being signposted to our team. We will continue to monitor any increase in incidents and report these findings through the Information Governance Group.

The Health Board has developed guidance on the Notification of Information Security Breaches which follows the Department of Health’s Checklist for Reporting, Managing and Investigating Information Governance Serious Incidents. The guidance assists in categorising incidents to be scored appropriately in terms of the severity and the likely consequences of harm to the freedoms and rights of the individual affected. All incidents scored as 2 or above are notifiable to the Information Commissioners Office in line with new data protection laws within 72 hours of the incident taking place.

The number of incidents categorised 0 to 1 or 2 are broken down below:

Category 0 or 1	Category 2 or above – reportable to the ICO
628	5

These incidents are reported to the Information Governance Group and the Performance, Finance and Information Governance Committee on a quarterly basis and are broken down into categories:



During 2023/24 there was a significant increase in the number of data breaches which included:

-

- External mail being sent to the incorrect address.
- Patient records being incorrectly stored or misplaced.
- Duplication of the same incident being reported by separate individuals

The Information Governance Team have updated the Information Governance training package to ensure staff members are aware of the potential impact of the incident and how they can be avoided. Examples of incidents are frequently used in the mandatory training sessions.

Any lessons learned are disseminated throughout the Health Board and published in the Information Governance bulletin. The following topics have been covered in the bulletins circulated to all staff in 2023/24:

- Inappropriate Access
- Loss of ID Badges
- Internal Use of Emails
- Unnecessary Printing of Documents

### 5.3 Serious Information Governance Incidents

The Health Board self-reported 5 data security breaches that triggered referral to the Information Commissioner’s Office and Welsh Government.

This was in relation to:

Confidentiality Breach-External	4
IM&T Security	1
<b>Total</b>	<b>5</b>

All self-reported incidents have been closed by the Information Commissioner’s Office with no further action required by them due to the immediate actions and improvements put in place by the Health Board. The Information Commissioners Office made recommendations to the Health Board, some of these included;

1. Check that policies and procedures are still fit for purpose and that all staff who handle personal data should receive regular data protection training.
2. Review the controls that are in place surrounding personal data to ensure personal data is kept secure. Conduct periodic audits, including project specific audits, to monitor staff adherence to data protection and information governance policies and procedures.
3. Reviewing processes for hardcopy documents to ensure that these are stored appropriately. Consider implementing a log for staff to sign documents in and out as this may help to keep track of documents and consider whether this information could be provided and stored electronically.
4. Continue to support the individuals, regularly evaluating and adjusting as needed to ensure the individuals receive the best possible assistance. Should further information come to light that indicates significant harm or detriment caused as a result of this incident, you should reassess this report and determine if any further remedial action is required.

All of these recommendations have or will be implemented by the Health Board and monitored by the Information Governance Team and we continue to work with services to improve practices in line with legislation.

### 5.4 Identified Incident Improvement Actions

Below are just some of the improvements that have or will be made as a result of incident investigations:

1. Concerns Policy and Procedures makes reference to reporting breaches which affect the rights and freedoms of a data subject, specific reference to this is located in Section 12 under Special Considerations.
2. Updated Information Governance Standard Operating Procedure for managing incident to include externally reporting within 72 hours.
3. Communications Team to disseminate messages across the Health Board to raise awareness of incident reporting duties and timescales.
4. Following recent incidents in relation to emails being sent to incorrect recipients, some of which have contained highly sensitive information, reminder to staff issued of the appropriate use of the email system.
5. Introduction of new Service Standard Operating Procedures in relation clinic preparation of notes.
6. Reminder issued to all staff on the appropriate use of What's App with guidance available on the Information Governance pages of BetsiNet.

## **5.5 Personal Injury claims**

During 2023/24 the Health Board has received six personal injury claims for harm and distress caused by a data breach and has settled 2 claims totalling £7,676.55. The Information Governance Team will continue to raise awareness of these types of incidents within our training and through publishing alerts in the Health Board bulletin to avoid these situations in further and to raise awareness of the consequences of data breaches.

## **5.6 Information Governance Risk Register**

The Health Board has a robust Incident Reporting system (Datix) and Policy in place. There is an established Information Governance risk register within Datix which the Head of Information Governance monitors and updates and is reported through the Information Governance Group (IGG).

A full review of the existing Information Governance risks by the Head of Information Governance has resulted in a number of risks being closed and other risks with minor outstanding actions being merged into ongoing programmes of work for consistency.

During 2023/24 there were 6 risks being monitored on the register as follows:

1. MS Office 365 - Management of Health Board Records – Tier 3
2. Management of Corporate Records – Tier 2
3. Data Protection Legislation / Freedom of Information Act 2000 – Tier 3
4. Failure to develop and make improvements to the Information Asset Register – Tier 2
5. Data Flow Mapping - Tier 2
6. Legislative timescales not being met in relation to FOI and DPA – Closed during Quarter 1 of 2023/24 due to all actions met and compliance was consistently above the National target.

## **6.0 Complaints/Concerns & Outcomes**

During 2023/24 BCUHB received 28 complaints, a decrease on the previous year (49), involving:

Breaches in confidentiality such as:

- Inappropriate access to information
- Disclosure of information to a third party
- Correspondence sent to incorrect address or recipient
- Data Loss
- Delay in a Subject Access Request response

As part of the investigation process for each complaint, an action plan is implemented along with lessons learnt which are monitored by the Information Governance Team and operationally within the service.

### **6.1 Complaints to the Information Commissioners Office (ICO)**

In addition to the complaints reported locally to the Health Board, there was a total of 24 complaints received from the ICO during 2023/24 which is an increase from 2022/23 (9). This is linked to the increase in the total number of complex cases we have received and dealt with between Information Governance, Access to Health Records and the Complaints Team.

All 24 complaints have been investigated with 20 now closed and the remaining 4 remain open with the ICO.

Please find below a breakdown of these complaints:

#### Subject Access Requests

There were **20** complaints received from the ICO regarding delays and incorrect recipients when responding to subject access requests during 2023/24, all of which were Access to Health Record Requests, all were closed by the ICO with no action required.

#### Ad-Hoc

The remaining **4** complaints relate to allegations of inappropriate sharing of personal information.

As part of the investigation process for each ICO complaint, an action plan is implemented along with lessons learnt which are monitored by the Information Governance Team and operationally within the service, any trends are monitored by the Information Governance Team and are highlighted to Health Board staff further, raising awareness and to avoid incidents from occurring in future.

## **7.0 Compliance Audits/Assurance/Reporting**

Compliance is measured in a number of ways as follows:

### **7.1 Compliance checks**

As part of the Health Board's requirement to ensure compliance with legislation, national and local standards, compliance checks are essential to provide assurance that the information is being safeguarded; areas of good practice are identified and areas of weaknesses are addressed via the production of an action plan.

During 2023/24 the compliance audit process was revised to incorporate a pre-assessment over Microsoft Teams with a member of the IG team to support and prompt them with any questions or concerns that they had. A pilot was undertaken of the revised process in quarter 2 of 2023/24 which was successful and has led to this method being the agreed process going forwards.

**18** audits in total were conducted in the following sites:

1. Cefni Hospital, Llangefni
2. Eryri Hospital, Caernarfon
3. Heddfan Unit, Wrexham
4. Hergest Unit, Ysbyty Gwynedd
5. Posture and Mobility Service, Wrexham

The Information Governance Team will also continue to complete ad hoc face to face audits and conduct audits on the back of any incidents where there is a high risk identified or particular trends identified.

This new process will commence during early 2024/25 and all findings/ scores/ recommendations from the Compliance Audits will be reported in the Information Governance Quarterly Key Performance Indicator Report, which reports into Information Governance Group and then to the Performance Finance and Information Governance Committee.

## **7.2 Internal Audit/ External Audit**

No specific internal audit reviews on information governance compliance were carried out during 2023/24, although wider Digital, Data and Technology Audits have been undertaken which the IG team have contributed to.

An externally commissioned audit was undertaken by Veritau to assess and look for gaps in the Health Board's Information Governance and Corporate Records Management practices. As a result, 8 recommendations were made to the Health Board. Within those recommendations were 48 actions. The actions resulted in a mixture of short- and long-term plans being put in place. Some longer-term recommendations /actions required further commitment and identified as major projects of work requiring resources to be able to meet the recommendations.

Some of the key areas identified are:

- Corporate Records Management Function
- Publication Scheme
- Staff Training
- Staff Induction
- Leavers/Movers
- Information Asset Register

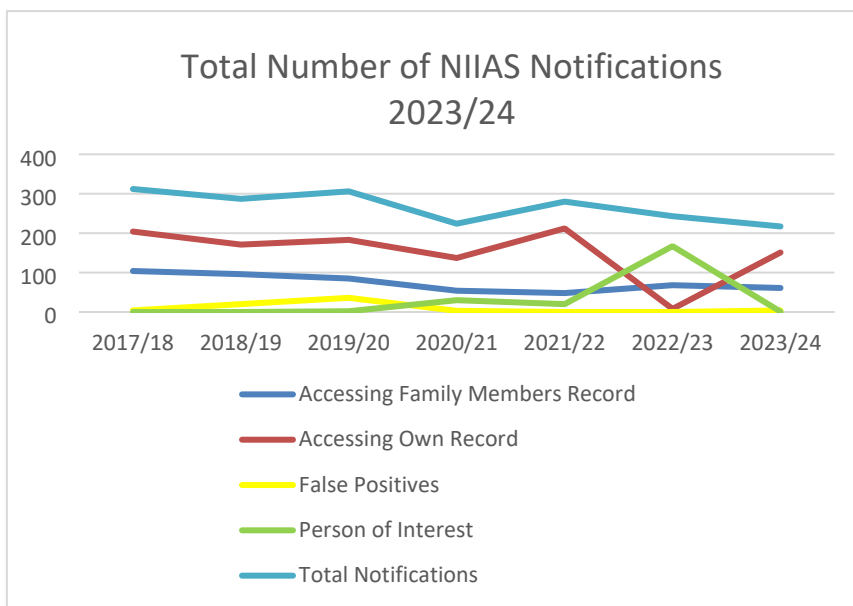
As of the 31<sup>st</sup> March 2024, 30 of the 48 actions have been completed, with 18 actions still in progress, all have plans in place to continually review until they can be closed. The Information Governance team continue to monitor the progress and improvements needed to implement the recommendations in full, liaising with the relevant services as appropriate. As part of this Rapid Review work a proposal was submitted to the Executive Team with regards to the Management of Corporate Records, and it was agreed that Option 2 of this proposal 'Do the minimum at an annual recurring additional cost to get a small team to manage the function' was the preferred option. However, to date, there has been no funding identified and therefore the Health Board are continuing as normal for the foreseeable future.

## **7.3 Auditing of systems**

During 2023/24 the National Intelligent Integrated Auditing System (NIIAS) generated 217 notifications of alleged inappropriate access to family records or own health records, which is a decrease (674 notifications) compared to last year.

We are unable to provide a full report for the whole reporting period, due to the continued outage of NIIAS affected from January 2024 to the present day. This was due to a technical issue following the transfer of the NIIAS software to a new platform. Once this is resolved by Digital Health Care Wales (DCHW), we will work through the backlog of notifications and include in our 2024/25 reports.

During 2024/25 we will continue to monitor any trends and work will commence with Workforce & OD to report on the disciplinary outcome of the staff member involved, this will be reported in our quarterly KPI reports to the Information Governance Group. We will also be working with the Office of the Medical Director to escalate any inappropriate access from medical staff going forward.



### 7.6 Reporting Responsibilities

There is a robust reporting framework in place which ensures there is accountability across the Health Board for accurate reporting and to ensure that compliance is being reviewed and met in every area.

The Patient Records Group and the Information Communication Technology (ICT) Governance and Security Group report issues of significance into the Information Governance Group (IGG), who in turn report into the Performance, Finance and Information Governance Committee. There is representation from the Information Governance Department at both of these groups.

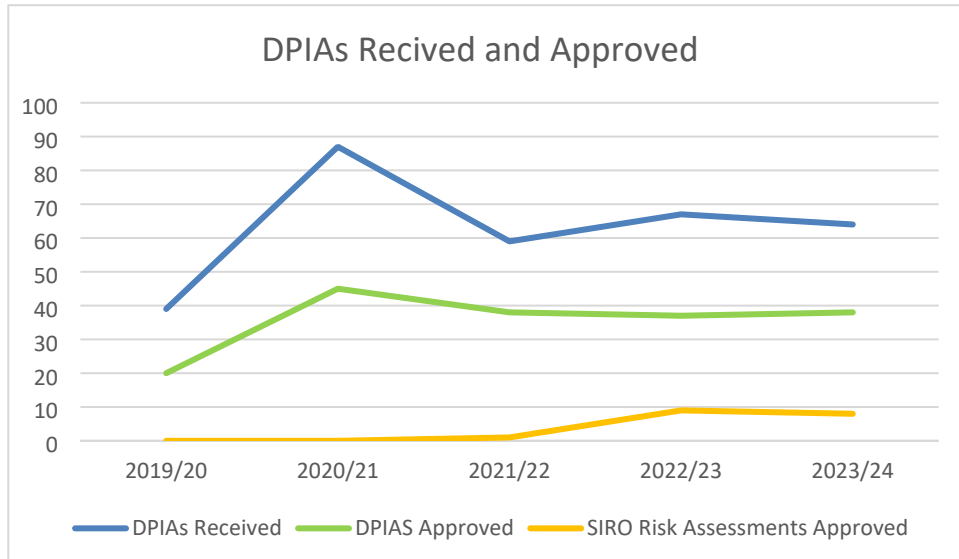
The Information Governance Toolkit Subgroup reports issues of significance into the Information Governance Group (IGG).

The Information Governance Group (IGG) meets on a quarterly basis. The IGG is chaired by the Health Board’s Caldicott Guardian and is attended by the Data Protection Officer, representatives from Information Governance, ICT, Health Records and other Clinical and Corporate services across the Health Board.

In addition, there is representation from BCUHB at the Information Governance Management Advisory Group (IGMAG) which is a national forum for all NHS organisations in Wales.

## 8.0 Data Protection Impact Assessments DPIA Assurance

### 8.1 Data Protection Impact Assessment (DPIA)



There were **64** requirements for a DPIA logged during 2023/24 with 24 of those being approved and an additional 14 being approved from 2022/23.

Status	Total
No Longer Required	13
Awaiting DPIA	6
Declined	0
Approved in 2023/24	38
In Progress	21

During 2023/24 we continued to see an increase in the need to complete a SIRO risk statement against suppliers who do not meet the requirements of the Welsh Health Circular (WHC) for Cyber Security. 8 were submitted for and approved by the SIRO in 2023/24.

It should be noted that the WHC is dated 2017, which is pre GDPR and NIS regulations coming into place, the SIRO risk assessments will outline the risk mitigations and other assurances in place from the supplier. Decisions to approve are undertaken by Information Technology, IG and the Senior Information Risk Owner (SIRO). The out of date WHC has been recognised nationally by Welsh Government.

## 9.0 Data Quality

The Data, Intelligence and Insight function are responsible for data quality of information held in systems including; Welsh Patient Administration System (WPAS) and the Welsh Immunisation system, they are led by the Assistant Director - Data, Intelligence & Insight. The team works to ensure compliance with national standards and engages with colleagues across the organisation to improve quality and timeliness of data collection.

A Data Quality and Governance forum has been established, with representatives of a number of corporate services including Quality, Workforce, Performance and Finance. The purpose of the forum is to ensure that the organisation understands the quality of its data and makes best use of the available data by embedding best practice principles of data governance across a range of systems and services. The Forum also identify areas of additional training need and the WPAS team works closely with operational colleagues to provide targeted training and support.

The Information Governance Team will continue to provide advice and support when necessary to ensure a consistent approach across the Health Board.

## **10.0 Policies and Procedures**

During 2023/24 the following Information Governance policies and procedures were reviewed and approved in line with legislation:

- IG1 Information Governance Strategy
- IG01 – Records Management Policy
- IG02 – Records Management Procedure
- IG10 – Procedure for requesting approval and review of an information system
- IG14 – ICT Security Procedure

Policies and procedures will continue to be developed or updated during 2024/25 to further support the Information Governance Framework.

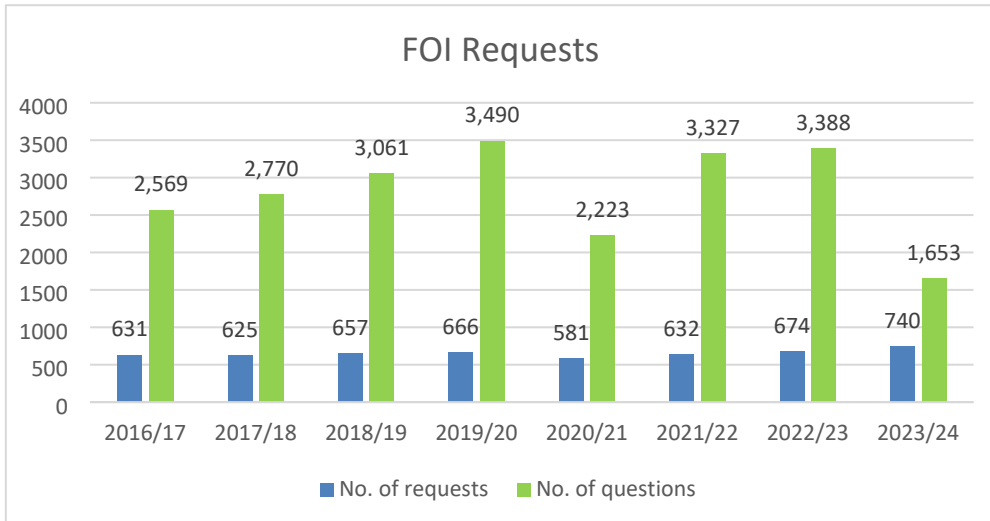
## **11.0 Requests for Information**

The BCUHB Access to Information Policy incorporates requests for information under the Freedom of Information Act, Environmental Information Regulations, Data Protection Act and Access to Health Records Act.

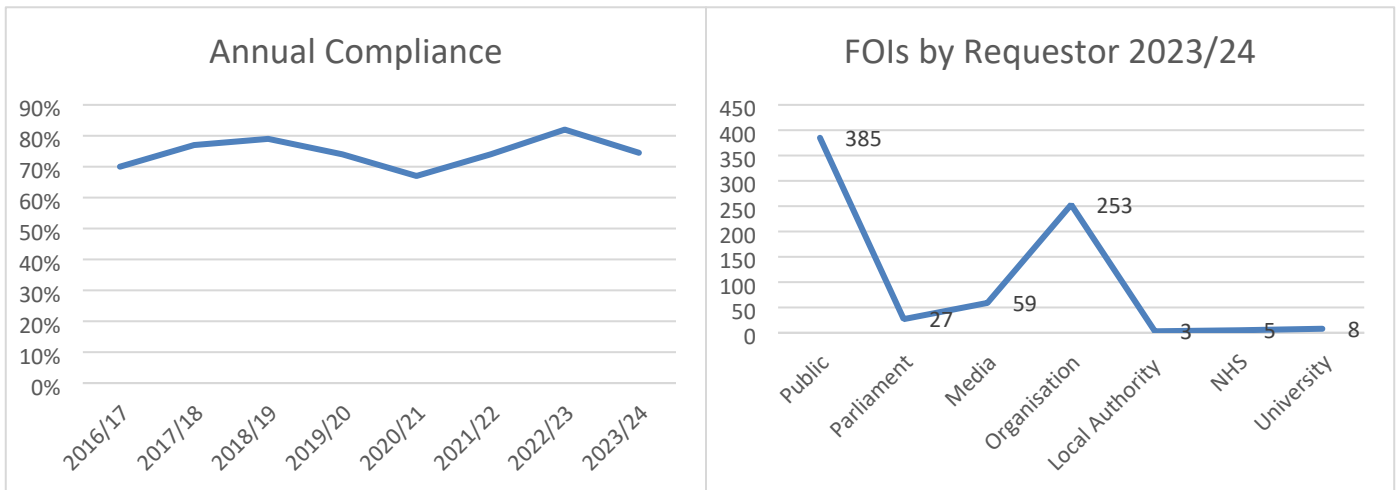
### **11.1 Freedom of Information Act 2000/Environmental Information Regulations 2004 Requests**

During 2023/24 BCUHB received and processed **740** Freedom of Information (FOI) requests, an increase of just under 10% from the previous year (674), with compliance decreasing from 82% to **75%**. This was partially due to the increase in the total number of requests received, the highest number to date in addition to receiving a number of complex cases whose requests spanned into multiple requests. A reduction in resource also had an impact on the team for the last two quarters of 2023/24.

During quarter 3 of 2023/24 a new digital FOI and Subject Access Request (SAR) management system for both Information Governance and Access to Health Records was implemented. On implementation we saw a slight decrease in compliance due to the initial crossover of training staff and leads. However the system will improve efficiency and compliance for both the Information Governance and the Access to Health Records Teams as all requests for information are managed centrally in one system and allows the requestor to submit online using an electronic form. The system has a large range of reporting tools available which we hope to utilise fully in 2024/25, as well as a redaction tool, customer portal and the facility to process third party requests from North Wales Police etc.



Please note we are unable to report on the total number of questions asked as this is not captured in the new system, therefore the figures for the number of questions included below are up to the 19th October 2023, we are however in 2024/25 able to report on the time and effort spent on these requests.



In the spirit of openness and transparency and where appropriate, all finalised responses are published anonymously on the BCUHB Internet site under the [FOI Disclosure log](#).

### 11.2 Requests for Internal Reviews

There were 14 requests in total for an internal review during 2023/24, an increase compared to the 12 received in 2022/23. It should be noted a number of the internal reviews received are linked to complex cases.

### 11.3 Exemptions applied

Of the 740 Freedom of Information Requests 105 exemptions were applied to the requests. The below table breaks down the exemptions used and the overall decision taken by the Health Board and ICO:

**FOIs received, Internal Reviews and exemptions applied 2023/24**

<b>Exemption</b>	<b>Exemption Category</b>	<b>Total</b>	<b>Internal Review</b>	<b>Upheld/ Overturned</b>	<b>ICO</b>	<b>Upheld/ Overturned</b>
<b>Section 17</b> – Refusal Notice	Section 12 – fee limit.	43	3	1 x Partially Overturned 2 x Upheld	-	-
<b>Section 21</b> - Information accessible by other means	Absolute – No Public Interest Test required	25	3	3 x Upheld	-	-
<b>Section 22</b> – Information intended for future public release	Class Based, so Public Interest Test assessed	5	2	1 x Partially upheld 1 x Upheld	-	-
<b>Section 36</b> - Qualified Person Statement	Class Based, so Public Interest Test assessed	1	1	1 x Upheld	-	-
<b>Section 31</b> – Law Enforcement	Class Based, so Public Interest Test assessed	9	-	-	-	-
<b>Section 40</b> - Personal Information	Absolute – No Public Interest Test required	23	2	2 x Upheld	-	-
<b>Section 43</b> - Commercial interests	Class based, so Public Interest Test assessed	9	-	-	-	-
<b>No Exemptions Used</b>		625	3	3 x Upheld	-	-
<b>Total</b>		<b>740</b>	<b>14</b>	<b>-</b>	<b>0</b>	<b>-</b>

### **11.3 Data Protection Act Subject Access Requests (DPA SAR)**

During quarter 4 of 2023/24 it was agreed to report on the compliance of subject access requests as a whole, with one figure showing the overall compliance for requests received into, Information Governance, Access to Health Records, HMP Berwyn and Managed GP Practices. During 2023/24, **6,400** requests were received into the Health Board with the average overall compliance being **86%**. The Information Governance Team have continued to receive a high number of complex requests which are requests for emails or all the information held about an individual as a Health Board, this can sometimes result in thousands of emails/documents having to be manually reviewed and redacted. During 2024/25 a review of the initial request will be undertaken including communicating to the applicant to ensure the request does not reach the threshold of being deemed manifestly unreasonable under the legislation.

### **11.4 Third Party Requests for Personal Information**

The Information Governance Team and Access to Health Record Team have received **734** requests for information from North Wales Police during 2023/24. Some examples of requests are Medical Records, Personnel Records, CCTV, Witness Statements and Telephone Records, these were all processed in a timely manner.

### **11.5 National Inquiries**

During 2023/24 the National Covid Inquiry continued, leading to potential retention of records beyond their minimum retention period until the inquiry finishes.

The Thirlwall inquiry was also set up to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of a former neonatal nurse. This inquiry may also require records to be held for longer than their minimum retention period. A Steering Group has been implemented, to ensure the Health Board are ready to respond to the requirements of the Inquiry and to provide evidence in response to the Inquiry. They will also identify any learning needs.

During 2023/24 notification was received to confirm that the Infected Blood Inquiry had come to a close and the embargo on destroying records had been lifted and any records due for destruction could be disposed of.

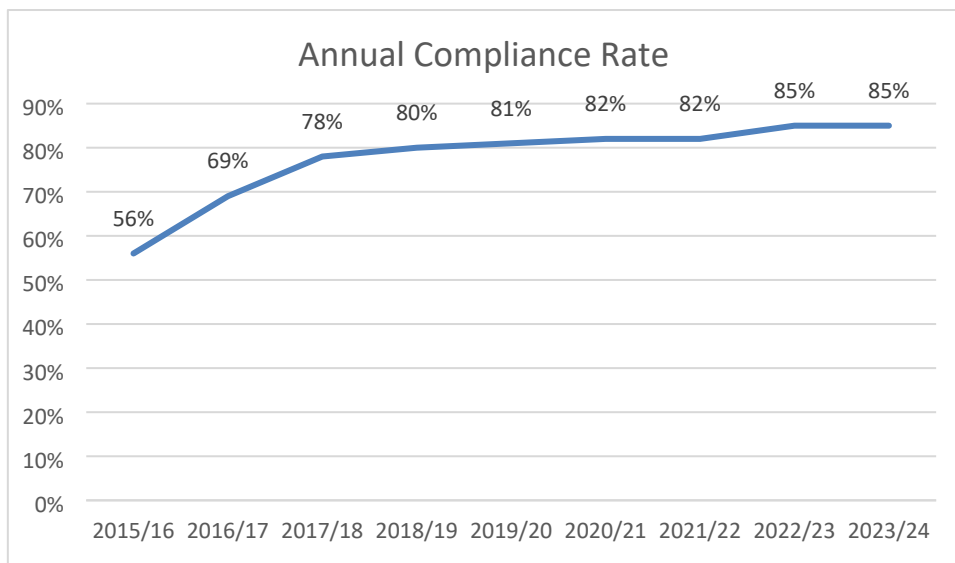
### **12.0 Training**

Information Governance training has been revised locally and nationally to incorporate records management and cyber security. All aspects of Information Governance training including information security, data protection and confidentiality and is provided via a number of sources:

- IG training (as part of the UK Core Skills for Health) is mandatory for all staff every 2 years and is embedded into the Workforce & Organisational Development & Clinical mandatory training days.
- Staff have access to the All-Wales e-learning package.
- Formal training sessions for all staff across the organisation via Microsoft Teams.
- Ad-hoc sessions to individual departments/ teams to coincide with their training days / staff meetings etc. at a time and place convenient to them.
- Workbook available for facilities staff without supervisory responsibilities, who are unable to access IT facilities.
- Regular awareness raising and sharing lessons learnt via corporate bulletin & BetsiNet.
- Regular distribution of guidance and updated policies and procedures.

During 2023/24 we continued to hold our training sessions virtually on Microsoft Teams, with 38 sessions taking place across the year and **357** staff members completing these sessions. **3391** staff have also completed their training via E-Learning in this period. Whilst this is a decrease on the previous year, this is due to the two-year training cycle and staff not being due to complete again until 2024/25.

Mandatory IG training compliance in all divisions is monitored by the Information Governance Group and if needed targeted reminders are issued to encourage completion of the mandatory training via E-Learning. The overall compliance for staff passing their mandatory IG training continued to meet the national target of **85%**.



### 13.0 Information Governance within Primary Care

Of the 96 practices across North Wales, 13 are managed by BCUHB. All practices successfully submitting their self-assessments.

Please find below the submission statuses for GP Practices in North Wales for the 2023/24 Toolkit:

- Non-Submitters: **2**
- Minimum Expectations Met: **21**
- Minimum Expectations Not Met: **41**
- Expectations Exceeded: **32**
- Total Practices: **96**

During 2024/25 the Information Governance Team will continue to work closely with the managed practices in order to support and advise on how they can increase their compliance for 2024/25 submissions. DHCW will continue to focus on the non-managed practices to ensure compliance is monitored and to provide assistance where required.

### 14.0 Achievements

In 2023/24 there has been a number of significant achievements across the Health Board which include:

- Continued to meet the objectives set within the [BCUHB IG Strategy](#) for 2022/23
- Met the national compliance target of 85% for IG mandatory training incorporating the following actions:
  - Development of new In-House IG Mandatory Training Package, including new video clips using BCUHB staff within BCUHB sites.
  - Supported nationally with the successful development and roll out of the new IG e-learning package to incorporate Records Management and Cyber Security.
  - Delivery of bespoke workshop to senior members of the Data Intelligence and Insight Team.
  - Delivery of bespoke IG session to Student Doctors at their induction event covering over 200 staff.
  - Delivery of bespoke IG session to Board Members to improve knowledge and understanding. Reduction in scoring for two Information Governance risks.
- Continued to meet statutory requirements and obligations with Data Protection Legislation and Freedom of Information Act 2000.
- Improved compliance with Data Protection Subject Access Requests.
- Development and implementation/roll out of a new FOI and SAR Management system which streamlines process, improving efficiency and compliance.
- Successful submission of the All-Wales Information Governance Toolkit.
- Collaborative working with DDAT to support the roll out of new projects and initiatives.
- Provided continuous IG support across BCUHB and National teams to help deliver and implement new ways of working/projects.
- Improvement and streamlined reporting within Information Governance.
- Continued involvement of the development of the replacement Information Asset Register which now incorporates Cyber Security, Data Protection Impact Assessment and other key functionalities.
- Completed review of the IG Compliance Audit Process undertaken and roll out of IG reviews via MS Teams has commenced in addition to face-to-face audits.
- Continued team development, with a number of workshops and events being attended by staff to strengthen knowledge within the team especially around new emerging themes such as Artificial Intelligence.
- Full review and streamlining of the Data Protection Impact Assessment process undertaken.
- Working closely with Individual Health Communities (IHC's) to provide support and guidance where appropriate.

## 15.0 Conclusion

There has been continued improvements made over the last year despite increased workloads and pressures within the team. The Information Governance team has worked tirelessly with staff to drive the IG agenda forwards in all areas. This has enabled the Health Board to continue to meet its legal and statutory duties, despite the increase we have continued to:

Be consistent in its approach to the IG toolkit submissions for the past five years to Digital Health & Care Wales (DHCW). There is ownership and accountability in place across the Health Board to ensure the requirements are either met or being worked towards. The department will continue to strive to make the necessary improvements and are preparing for the next submission of the updated 2024/25 toolkit. One of the main focuses will be to meet the requirements of Records of Processing Activities (ROPA), this will be done by looking at the processes in place and to understand what the gaps are, we will then put the necessary action plans in place to meet this requirement in 2024/25.

Improving staff training and awareness will continue to be driven forward by the IG Department. We have continued to maintain compliance above the National target of 85%. During 2023/24 bespoke training was developed for the Executive Team and Independent Members, to provide additional understanding of their responsibilities with a session being delivered in March 2024. During 2024/25 we will continue to monitor compliance in all services and target areas of low compliance.

We have continued to support the management of complex complaints / incidents, sometimes totalling hundreds of hours of resources required. Work is ongoing to review the outcome from these cases and address the gaps in systems and processes, which will be reported through the Information Governance Key Performance Indicator Reports to the Information Governance Group and onto the Performance, Finance and Information Governance Committee. During 2024/25 we will be working closely with complaints and the Access to Health Records service to agree a way forward for requests that could be deemed manifestly unreasonable.

The Information Governance Department continues to have robust monitoring & reporting arrangements in place which they are continuously being strengthened. The work output continued to increase in most areas which resulted in additional pressures being placed on the whole department, this was due to increased requests for information, supporting new initiatives, national projects and improving the processes already in place. There is continued drive and commitment from the team to improve year on year to deliver a robust Information Governance framework. The introduction and roll out of the new FOI/SAR system during 2023, has streamlined the FOI and SAR process and we hope this shows in an increase in compliance during 2024/25 when it is fully embedded in both services. We also look forward to the successful completion and roll out of the Information Asset Register which in turn will provide assurance to the board around improved compliance and the management of our Information assets and the whole lifecycle of those assets.

The overall achievements within this report should be recognised, as there has been continuous improvements throughout. It is acknowledged that there are still many areas for improvement which the team will continue to work with all staff to achieve.

## **16.0 Looking forward**

The main emphasis for 2024/25 will be to ensure there is continued improvements made throughout the Health Board and appropriate support is provided to successfully commence delivering on the Electronic Health Record. Plans are already in place for the following high-level objectives which have been included in the IG Operational work plan for 2024/25:

- Delivery of the objectives in the Information Governance Strategy for 2024/25;
- Continue to meet statutory requirements and obligations with Data Protection Legislation and Freedom of Information Act 2000;
- Ensure priorities set for the 2023/24 IG toolkit submission are implemented, and collaborative working continues with the IG Toolkit leads to improve standards for the 2024/25 toolkit submission;
- Records of Processing Activities (ROPA) to be fully reviewed and a gap analysis conducted against the requirement to be undertaken.
- Continue to improve IG training compliance and meet the national target of 85%;

- Continue to work collaboratively with ICT and Cyber teams to roll out the newly developed Information Asset Register, whilst supporting the Information Asset Owners so they understand their responsibilities.
- Collaborative working with DDaT colleagues to ensure there is robust monitoring and reviews undertaken of the Information Assets to ensure the register remains up to date.
- Introduce a bespoke Freedom of Information Request Intranet page for FOI leads to help improve their knowledge and compliance.
- Continue to support the Health Board's move towards a 'Digital Future' by working collaboratively with each area of the Digital, Data and Technology (DDaT) Team.
- Provide a diverse range of multidisciplinary staff and members of the public with professional advice on all Information Governance issues.
- Work with DDAT, Office of the Board Secretary (OBS) and other services to establish what additional information can be published on the Health Board's publication scheme to reduce the number of FOI's and to enable the Health Board to be more transparent.
- Continue to support and implement the remaining actions from the IG Rapid Review undertaken by Veritau.
- Fully deliver and embed the new Information Governance compliance audit process in as Business as usual (BAU).
- Increase the number of face-to-face Information Governance Mandatory Training sessions which are due to commence in lecture theatres in acute sites.

***\* Further details and a breakdown of the Information Governance work plan can be requested from the Head of Information Governance***

# Atodiad 1 - Adroddiad Blynyddol Llywodraethu Gwybodaeth

2023/24

# Appendix 1 – Information Governance Annual Report

2023/24



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Information Governance Toolkit

The 2023/24 Information Governance (IG) toolkit self-assessment was successfully completed within the given timescales and submitted on the 25th March 2024.

Please find below

Level	Total
Expectations Not Met	1
Minimum Expectations Met	2
Expectations Exceeded Met	8

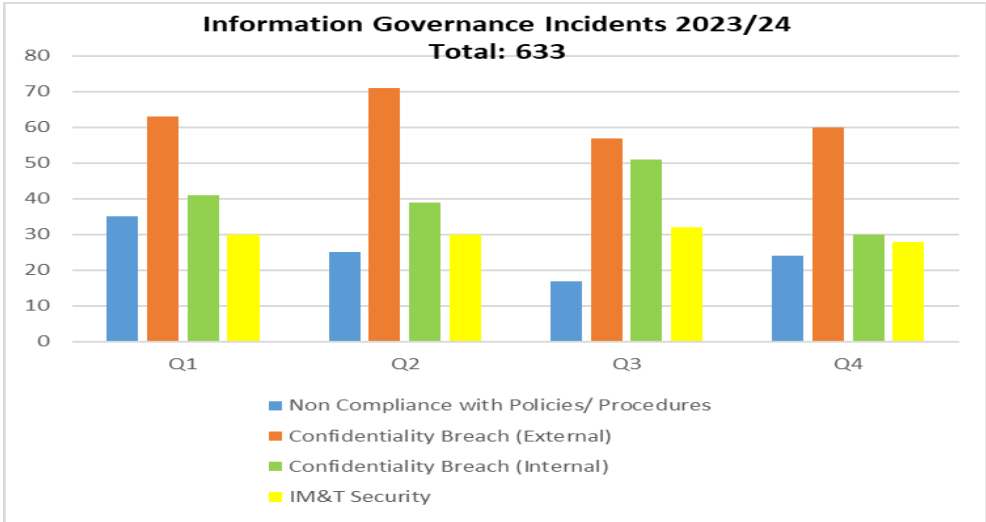
Requirement	Minimum Expectations	Expectations Exceeded
Leadership & Oversight	100%	100%
Policies & Procedures	100%	100%
Training & Awareness	100%	100%
Individual Rights	100%	100%
Record of Processing and Lawful Basis*	0%	0%
Contracts and Information Sharing	100%	71%
Risks and Data Protection Impact Assessments (DPIAs)	100%	63%
Breach Response and Monitoring	100%	100%
Freedom of Information (FOI) and Environmental Information (EIR)	100%	100%
Information Security	100%	100%
Business Continuity	100%	100%

Requirement	Priorities for 2024/25
<b>Leadership &amp; Oversight</b>	No priorities required/identified/added.
<b>Policies &amp; Procedures</b>	No priorities required/identified/added.
<b>Training &amp; Awareness</b>	Maintain compliance with the 85% National target.
<b>Individual Rights</b>	Review local Standard Operating Procedures to ensure they remain fit for purpose and up to date.
<b>Record of Processing and Lawful Basis</b>	Review, record and monitor current practices across the Health Board utilising the new Information Asset Register and other methods of recording our processing activities.
<b>Contracts and Information Sharing</b>	Review and embed robust processes for the monitoring of all Contracts and Information Sharing Agreements.
<b>Risks and Data Protection Impact Assessments (DPIAs)</b>	Develop and introduce an Information Asset Register policy/procedure which includes risk management.  Review ways of publishing minimum data for approved DPIAs on the BCUHB Internet page and provide further details within Key Performance Indicator reports for assurance.
<b>Breach Response and Monitoring</b>	No priorities required/identified/added
<b>Freedom of Information (FOI) and Environmental Information (EIR)</b>	New informative Intranet Page to be created for Freedom of Information (FOI) leads and arrange FOI workshops where necessary.
<b>Information Security</b>	No priorities required/identified/added.
<b>Business Continuity</b>	<ul style="list-style-type: none"> <li>Finalise recent draft Information Governance Draft Business Continuity Plan (BCP).</li> <li>Test the Information Governance BCP.</li> <li>Ensure Information Governance support is sufficient for the BCP working group.</li> </ul>

\*Due to limitations within the question set for this requirement, a nil compliance the final submission levels.

# Incidents & Complaints 2023/24

Category 0 or 1	Category 2 or above – reportable to the ICO
628	5



The Health Board self-reported 5 data security breaches that triggered referral to the Information Commissioner’s Office and Welsh Government. This was in relation to:

All self-reported incidents have been closed by the Information Commissioner’s Office with no further action required by them due to the immediate actions and improvements put in place by the Health Board. The Information Commissioners Office made recommendations to the Health Board, some of these included;

Confidentiality Breach-External	4
IM&T Security	1
<b>Total</b>	<b>5</b>

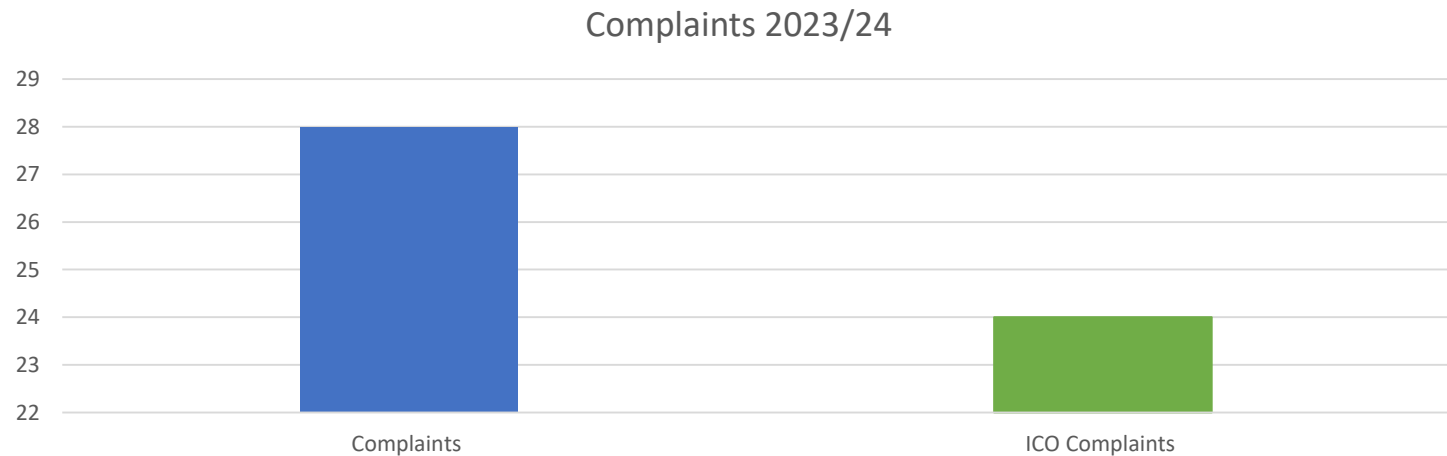
During 2023/24 there was a significant increase in the number of data breaches which included: -

- External mail being sent to the incorrect address.
- Patient records being incorrectly stored or misplaced.
- Duplication of the same incident being reported by separate individuals

The Information Governance Team have updated the Information Governance training package to ensure staff members are aware of the potential impact of the incident and how they can be avoided. Examples of incidents are frequently used in the mandatory training sessions.

Any lessons learned are disseminated throughout the Health Board and published in the Information Governance bulletin. The following topics have been covered in the bulletins circulated to all staff in 2023/24:

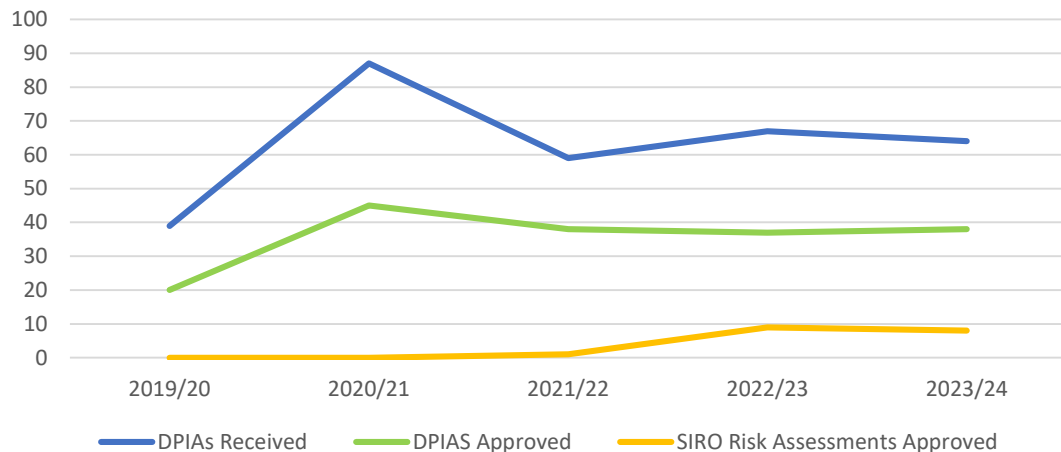
- Inappropriate Access
- Loss of ID Badges
- Internal Use of Emails
- Unnecessary Printing of Documents



During 2023/24 the Health Board has received six personal injury claims for harm and distress caused by a data breach and has settled 2 claims totalling £7,676.55. The Information Governance Team will continue to raise awareness of these types of incidents within our training and through publishing alerts in the Health Board bulletin to avoid these situations in further and to raise awareness of the consequences of data breaches.

# Data Protection Impact Assessments, Caldicott Authorisations and Compliance Audits

## DPIAs Recieved and Approved



There were **64** requirements for a DPIA logged during 2023/24 with 24 of those being approved and an additional 14 being approved from 2022/23.

Status	Total
No Longer Required	13
Awaiting DPIA	6
Declined	0
Approved in 2023/24	38
In Progress	21

## Information Governance Compliance checks

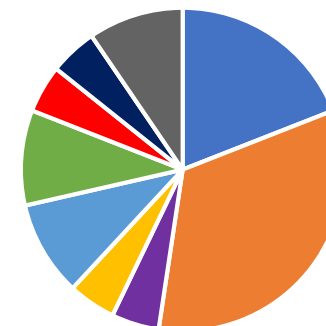
During 2023/24 the compliance audit process was revised to incorporate a pre-assessment over Microsoft Teams with a member of the IG team to support and prompt them with any questions or concerns that they had. A pilot was undertaken of the revised process in quarter 2 of 2023/24 which was successful and has led to this method being the agreed process going forwards. **18** audits in total were conducted in the following sites:

1. Cefni Hospital, Llangefni
2. Eryri Hospital, Caernarfon
3. Heddfan Unit, Wrexham
4. Hergest Unit, Ysbyty Gwynedd
5. Posture and Mobility Service, Wrexham

The Information Governance Team will also continue to complete ad hoc face to face audits and conduct audits on the back of any incidents where there is a high risk identified or particular trends identified.

## Caldicott Guardian Decisions/Authorisations on behalf of the Board 2023/24

Total: 21

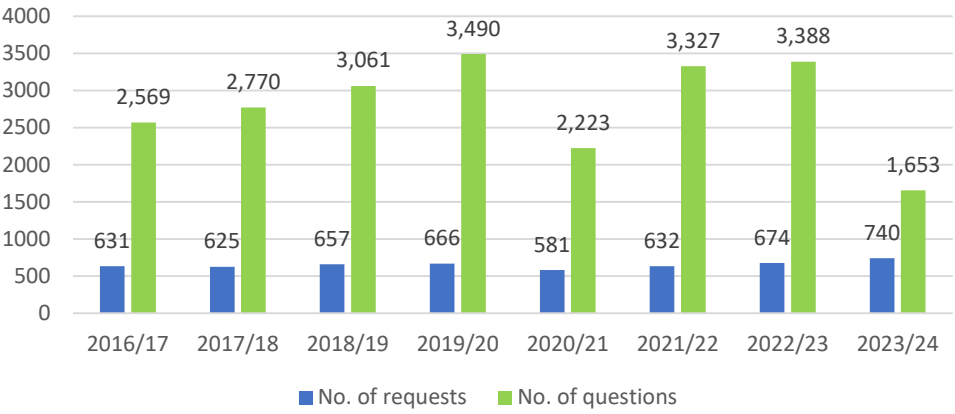


- Intra NHS Sharing Agreement: 4
- Data Processing Contract : 7
- Non Disclosure Agreement : 1
- Data Protection Impact Assessment : 1
- Information Sharing Agreement : 2
- Data Disclosure Agreement : 2
- Controller to Controller Agreement : 1
- Data Deposit Agreement: 1
- Audits : 2

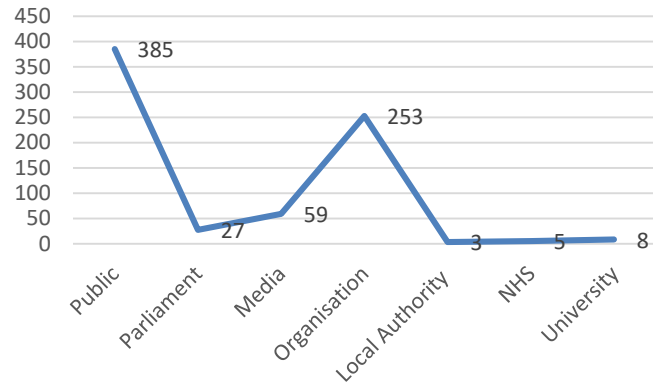
# Freedom of Information Requests

During 2023/24 BCUHB received and processed 740 Freedom of Information (FOI) requests, an increase of just under 10% from the previous year (674), with compliance decreasing from 82% to 75%. This was partially due to the increase in the total number of requests received, the highest number to date in addition to receiving a number of complex cases whose requests spanned into multiple requests. A reduction in resource also had an impact on the team for the last two quarters of 2023/24.

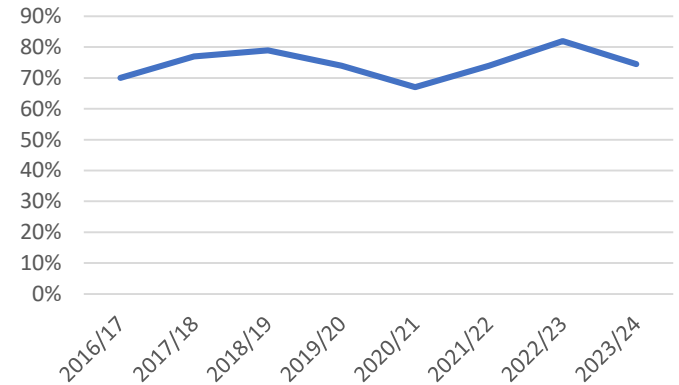
FOI Requests



FOIs by Requestor 2023/24



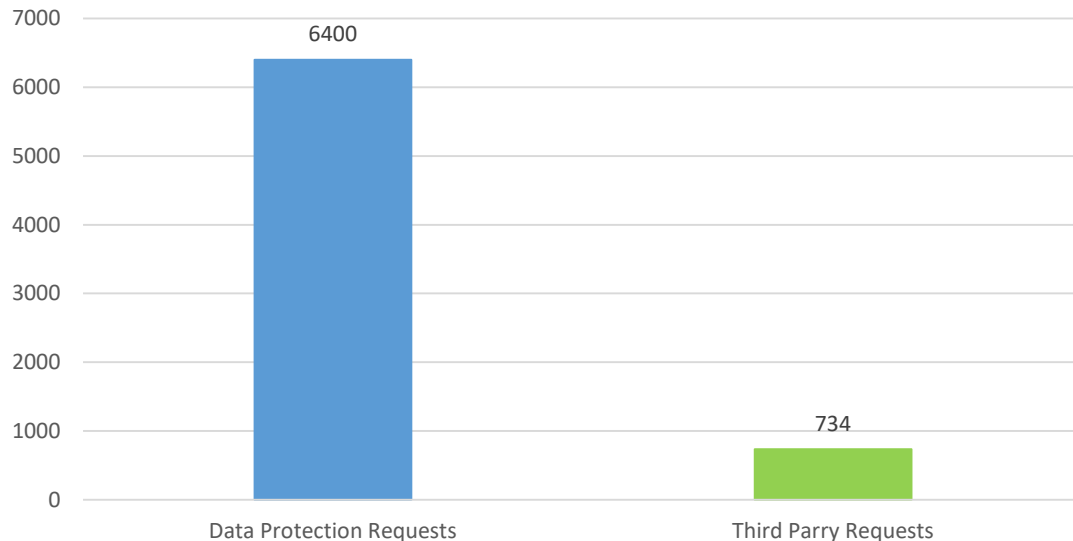
Annual Compliance



Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned	ICO	Upheld/ Overturned
Section 17 – Refusal Notice	Section 12 – fee limit.	43	3	1 x Partially Overturned 2 x Upheld	-	-
Section 21 - Information accessible by other means	Absolute – No Public Interest Test required	25	3	3 x Upheld	-	-
Section 22 – Information intended for future public release	Class Based, so Public Interest Test assessed	5	2	1 x Partially upheld 1 x Upheld	-	-
Section 36 - Qualified Person Statement	Class Based, so Public Interest Test assessed	1	1	1 x Upheld	-	-
Section 31 – Law Enforcement	Class Based, so Public Interest Test assessed	9	-	-	-	-
Section 40 - Personal Information	Absolute – No Public Interest Test required	23	2	2 x Upheld	-	-
Section 43 - Commercial interests	Class based, so Public Interest Test assessed	9	-	-	-	-
No Exemptions Used		625	3	3 x Upheld	-	-
<b>Total</b>		<b>740</b>	<b>14</b>	-	<b>0</b>	-

# Subject Access Requests & National Intelligent Integrated Auditing System (NIIAS) Notifications

Subject Access Requests 2023/24



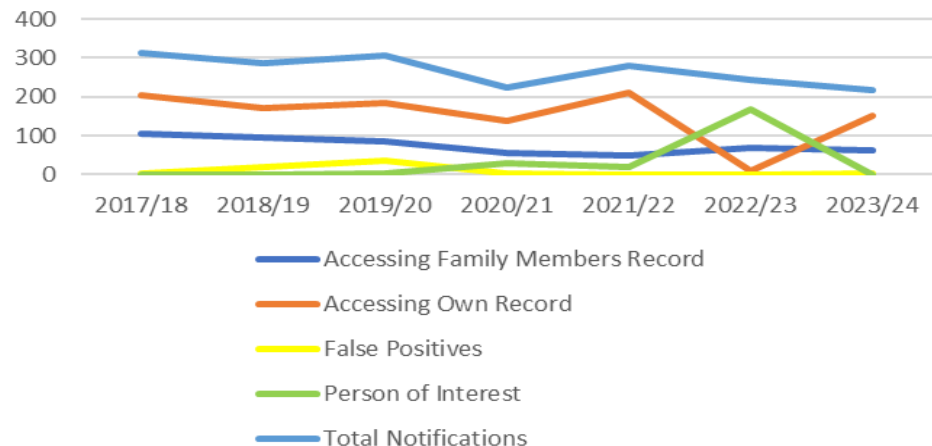
## Data Protection Act Subject Access Requests (DPA SAR)

During quarter 4 of 2023/24 it was agreed to report on the compliance of subject access requests as a whole, with one figure showing the overall compliance for requests received into, Information Governance, Access to Health Records, HMP Berwyn and Managed GP Practices. During 2023/24, **6,400** requests were received into the Health Board with the average overall compliance being **86%**. The Information Governance Team have continued to receive a high number of complex requests which are requests for emails or all the information held about an individual as a Health Board, this can sometimes result in thousands of emails/documents having to be manually reviewed and redacted. During 2024/25 a review of the initial request will be undertaken including communicating to the applicant to ensure the request does not reach the threshold of being deemed manifestly unreasonable under the legislation.

## Third Party Requests for Personal Information

The Information Governance Team and Access to Health Record Team have received **734** requests for information from North Wales Police during 2023/24. Some examples of requests are Medical Records, Personnel Records, CCTV, Witness Statements and Telephone Records, these were all processed in a timely manner

Total Number of NIIAS Notifications 2023/24



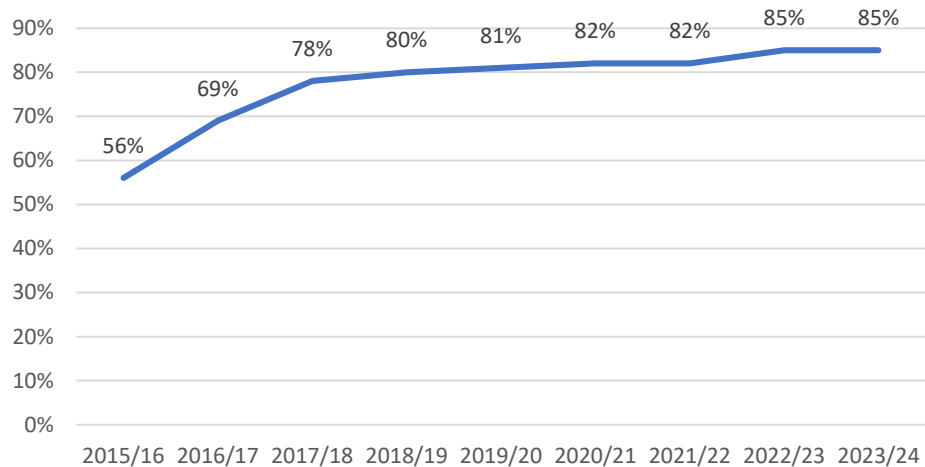
## National Intelligent Integrated Auditing System (NIIAS)

During 2023/24 the National Intelligent Integrated Auditing System (NIIAS) generated 217 notifications of alleged inappropriate access to family records or own health records, which is a decrease (674 notifications) compared to last year.

We are unable to provide a full report for the whole reporting period, due to the continued outage of NIIAS affected from January 2024 to the present day. This was due to a technical issue following the transfer of the NIIAS software to a new platform. Once this is resolved by Digital Health Care Wales (DCHW), we will work through the backlog of notifications and include in our 2024/25 reports.

# Information Governance Training, Risks and Policies & Procedures

Annual Compliance Rate



## Information Governance Mandatory Training

During 2023/24 we continued to hold our training sessions virtually on Microsoft Teams, with 38 sessions taking place across the year and **357** staff members completing these sessions. **3391** staff have also completed their training via E-Learning in this period. Whilst this is a decrease on the previous year, this is due to the two-year training cycle and staff not being due to complete again until 2024/25.

Mandatory IG training compliance in all divisions is monitored by the Information Governance Group and if needed targeted reminders are issued to encourage completion of the mandatory training via E-Learning. The overall compliance for staff passing their mandatory IG training continued to meet the national target of **85%**.

## Information Governance Risk Register

The Health Board has a robust Incident Reporting system (Datix) and Policy in place. There is an established Information Governance risk register within Datix which the Head of Information Governance monitors and updates and is reported through the Information Governance Group (IGG). A full review of the existing Information Governance risks by the Head of Information Governance has resulted in a number of risks being closed and other risks with minor outstanding actions being merged into ongoing programmes of work for consistency.

During 2023/24 there were 6 risks being monitored on the register as follows:

1. MS Office 365 - Management of Health Board Records – Tier 3
2. Management of Corporate Records – Tier 2
3. Data Protection Legislation / Freedom of Information Act 2000 – Tier 3
4. Failure to develop and make improvements to the Information Asset Register – Tier 2
5. Data Flow Mapping - Tier 2
6. Legislative timescales not being met in relation to FOI and DPA – Closed during Quarter 1 of 2023/24 due to all actions met and compliance was consistently above the National target.

## Policies and Procedures

During 2023/24 the following Information Governance policies and procedures were reviewed and approved in line with legislation:

- IG1 Information Governance Strategy
- IG01 – Records Management Policy
- IG02 – Records Management Procedure
- IG10 – Procedure for requesting approval and review of an information system
- IG14 – ICT Security Procedure

Policies and procedures will continue to be developed or updated during 2024/25 to further support the Information Governance Framework.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report : Risks assigned to Performance, Finance and Information Governance Committee			
<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, 29 October 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>All 4 risks for which the Committee has overall accountability, currently have their risk score being above the tolerance set within the risk appetite.</p>			
<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 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 checked="" 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><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: Two out of the four corporate risks to which the committee are accountable have not been updated by Directorates and subsequently was</i></b></p>				



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



<i>(or links to the Corporate Risk Register)</i>	
<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>	Not applicable for this report
<b>Camau Nesaf:</b>  <b><i>Next Steps:</i></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><i>List of Appendices:</i></b> Appendix 1 – Corporate Risk Dashboard - Performance, Finance and Information Governance Committee  Appendix 2 – Corporate Risk Register Report - Performance, Finance and Information Governance Committee (Risk score above tolerance set within the risk appetite)  <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

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#### What Is a Corporate Risk?

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

1.1 There are 4 Corporate Risks for Performance, Finance and Information Governance Committee oversight and assurance. The full details of those risks where the risk score is above tolerance set within the risk appetite 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

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

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

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

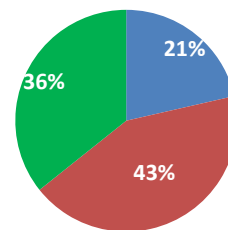
- CRR24-06 '2024/25 Financial Plan' - Year to date position is reporting a deficit of £18.7m. This represents an £8.9m adverse variance compared to 6/12ths of the full year £19.8m planned deficit. The year-to-date deficit above plan is driven by Primary Prescribing, CHC, Out of Area MH and Contracting pressures.

- CRR24-10 'Urgent and Emergency Care' – Update required. Work is underway with the newly appointed Chief Operating Officer to review and fully update the risks to align with current position.
- CRR24-11 'Planned Care' – Update required. Work is underway with the newly appointed Chief Operating Officer to review and fully update the risks to align with current position.

Out of the 4 corporate risks, 28 actions have been developed to mitigate the risks. 10 actions have been completed, 6 actions are progressing and on track, with 12 actions overdue in relation to action due date. All overdue actions relate to CRR24-10 'Urgent and Emergency Care' (7 overdue actions) and CRR24-11 'Planned Care' (5 overdue actions).

#### 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 Open 15-19	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, updated to reflect current financial year. 3 actions identified with 1 progressing, 1 completed action and 1 new action.  <b>Risk Score above tolerance set in risk appetite.</b>
EDoF	CRR24-06	Suitability and Safety of Sites	4 x 5 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened March 24, 7 actions identified, 2 completed, 5 progressing, 2 revised dates. Backlog maintenance costs <b>£348m</b> .  Completion of several actions and the allocation of additional £4.16M of capital funding to focus on Backlog Maintenance recognised at RSG.  <b>Risk Score above tolerance set in risk appetite.</b>
EDoO	CRR24-10	Urgent and Emergency Care	4 x 5 = 20 ↔	12	Quality Open 15-19	Performance, Finance and Information Governance Committee	Opened Feb 24, 10 actions identified, 7 overdue, 3 completed.  Risk was partially updated prior to the last PFIGC Committee, however due to absence no full update has been carried out for the risk.  Work is underway with the newly appointed Chief Operating Officer to review and fully update the risks to align with current position.  <b>Risk Score above tolerance set in risk appetite.</b>
EDoO	CRR24-11	Planned Care	5 x 4 = 20 ↔	8	Quality	Performance, Finance and	Newly developed strategic risk Feb 24, 8 actions identified, 3 completed with 5 actions currently overdue in relation to the action due date identified. Risk

					Open 15-19	Information Governance Committee	<p>Management Team discussed that the target score should be 12. This will need to be approved by the Executive owner.</p> <p>Risk was partially updated, however due to absence no full update has been carried out for the risk.</p> <p>Work is underway with the newly appointed Chief Operating Officer to review and fully update the risks to align with current position.</p> <p><b>Risk Score above tolerance set in risk appetite.</b></p>
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**Key:**

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

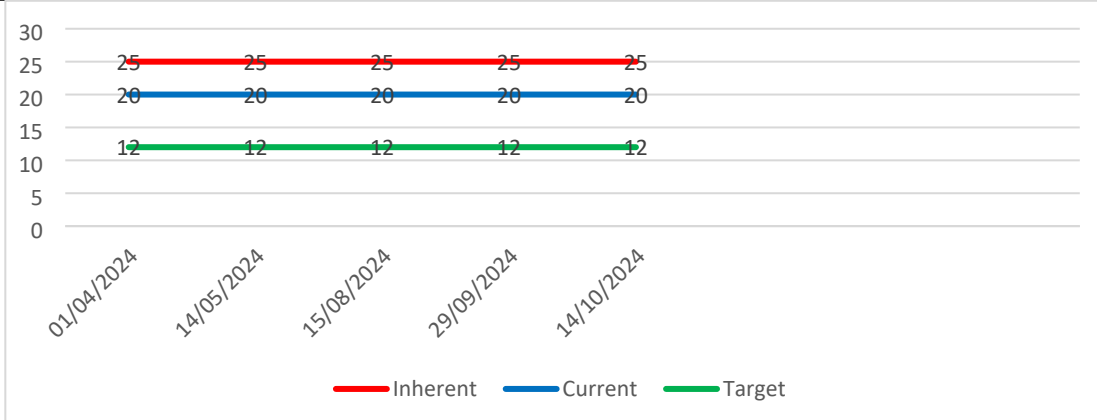
## Appendix 2 – Corporate Risk Register Report - Performance, Finance and Information Governance Committee

CRR 24-05	<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> 27/08/2024
<b>Date Last Reviewed:</b> 14/10/24	<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>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<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> <li>Regular communication with Welsh Government regarding £82m strategic funding with regards to making this recurrent rather than non-recurrent.</li> <li>Early identification of emerging issues through horizon scanning and trends in run rate and alerting Operational Management to changes to regularity requirements.</li> </ol>		<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. The Month 6 position shows a material deficit to date and therefore additional actions are now required to cease the run rate and recover the deficit above plan. WG have clarified that should the Health Board achieve the planned outturn, then the £82m Strategic Funding will be made recurrent.</li> </ol>	



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

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



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

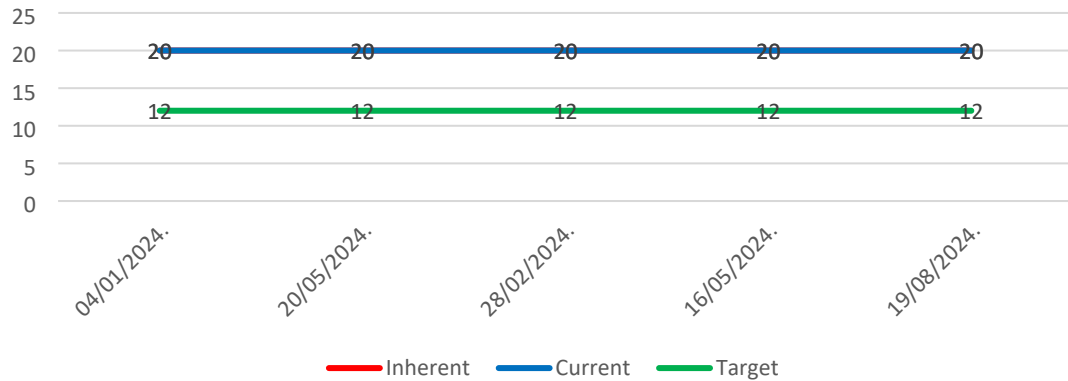
**Rationale for Corporate Risk**

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

CRR 24-06	<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> 27/08/2024
<b>Date Last Reviewed:</b> 19/08/2024	<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 submitted to Welsh Government – completion target date 2035).
<p>There is a risk that the suitability and safety of the estates and infrastructure across BCU could severely impact on service delivery, staff and patient safety. This could be caused by aging and unsuitable buildings, backlog maintenance issues, non-compliance with regulations, inadequate space capacity, and lack of capital funding. The impacts may include inability to meet service needs, reduced access to diagnostics and treatment, risks of infection, fire, asbestos, legionella and other hazards, increased costs, regulatory enforcement action, and significant reputational damage. This presents risks to the continuity of care, patient outcomes, staff wellbeing, and the Health Board's ability to provide safe, therapeutic environments across the region.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<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 <ol style="list-style-type: none"> <li>a) Fire Management</li> <li>b) Asbestos Management</li> <li>c) Water Safety,</li> <li>d) Ventilation Safety</li> <li>e) Electrical Safety</li> </ol> </li> <li>8. Welsh Government Capital Resource Meetings in place to provide route for escalation.</li> <li>9. Estates and Facilities Performance Management System (EFPMS) reporting template and recording of backlog maintenance</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 has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance.</li> </ol>	



<p>10. Capital Allocation from Welsh Government – additional capital funding of £4.16M allocated to the Health Board to focus on Backlog Maintenance</p> <p>11. 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 capital prioritisation form that we will submit to Welsh Government.</p> <p>12. 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>		
Actions	Due Date	Progression Analysis
<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> <p>A group has been established to review / scrutinise future <i>all wales capital business cases</i> prior to submission to CIG; Exec Team etc. Revenue case process / policy is current under review and is being led the Transformation and Improvement team – which we are fully engaged in.</p>	30/09/2024	Revised from Feb 24 Progressing
<p>Completion of Welsh Government Prioritisation exercise.</p> <p>Welsh Government Prioritisation exercise completed and approved by the Health Board</p>	31/03/2024	Completed
<p>Undertake action to deliver 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> <p>Health Board Rationalisation Programme to be presented to CIG on 12<sup>th</sup> September 2024</p>	30/09/2024	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> <p>6 Facet survey contract is being procured through the SBS framework via mini-competition with closing date of 30<sup>th</sup> August 2024</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.

In addition to the additional backlog maintenance significant works have been undertaken on the fire project at Ysbyty Gwynedd which will result in approx £2M being invested and works completed by March 2025, Wrexham Resilience Programme has undertaken a risk



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

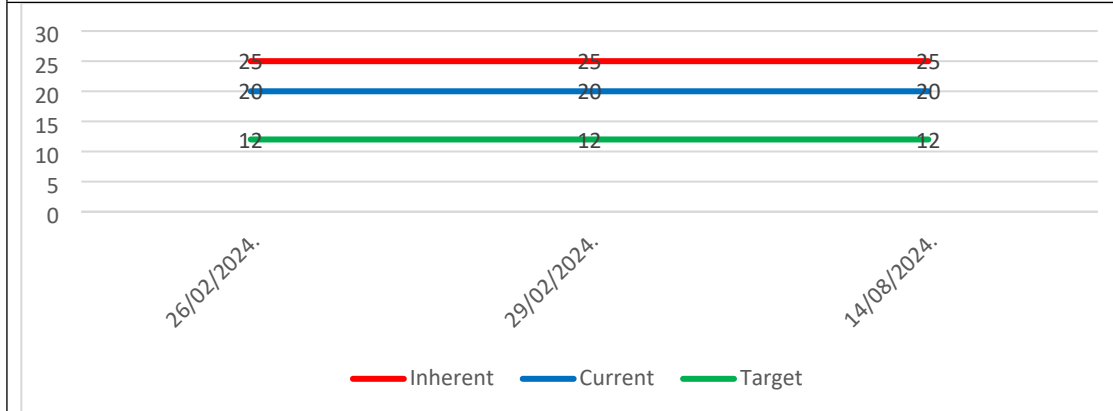
	<p>based approach to address key findings of the original Business Case. The Health Board has disposed of 2NO sites (Ala Road and Cilan) this financial year which were vacated as not being fit for purpose, approval has also been received to dispose of Rossett HC and Ruthin HC which have been vacated due to condition of the Estate.</p>
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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> 27/08/2024
<b>Date Last Reviewed:</b> 14/08/2024	<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>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<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>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>		<ol style="list-style-type: none"> <li>1. Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.</li> <li>2. Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.</li> <li>3. Resources – System lead runs alongside staffs day to day roles and is extremely fragile in the current climate and requires either extending criteria of staff to support or development of a permanent hub similar to that of IA.</li> <li>4. Funding spot purchasing of beds to assist with stepping up of patient care rather than hospital admissions.</li> <li>5. Vacant essential roles across BCUHB that will impact on patient care and operational management resulting in inability to drive system change.</li> <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>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>		
Actions	Due Date	Progression Analysis
Health board to identify permanent Executive lead for UEC to allow sustainable programme development over the next 3 years.	01/09/2024	Overdue
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	Overdue.
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	Overdue
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	Overdue
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. <a href="#">This action is currently on hold due to governance issues that have been raised by executive nursing directorate around the wider system challenges which need to be resolved before it can progress. At the time of updating, revised timeframe is not known – tbc.</a>	30/06/2024	Overdue
Confirmation of national requirement for winter resilience plan going forwards or focus on a North Wales resilience plan for 2024-2025	31/08/2024	Overdue
Communication – BCUHB requires a singular approach to communication on UEC planning to prevent conflicting information occurring due to planned care forecasting	30/07/2024	Overdue

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



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

**Rationale for Corporate Risk**

Regulations 28, preventing future death reports (2020-2023),

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> 27/08/2024	
<b>Date Last Reviewed:</b> 28/08/2024	<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>Additional Controls required</b>		
<ol style="list-style-type: none"> <li>1. Routine prioritisation of patients by clinical risk according to national Referral to Treatment Time (RTT) guidance (Cancer &gt; Urgent &gt; Routine)</li> <li>2. Performance monitored via weekly corporate access meeting and locally via IHC weekly access meetings including long waits and clinical prioritisation.</li> <li>3. Clinical prioritisation and review of waiting lists ongoing.</li> <li>4. Validating waiting list cohorts.</li> </ol>		<ol style="list-style-type: none"> <li>1. Capacity and demand modelling and trajectory tracking</li> <li>2. Development of sustainable service models to mitigate existing clinical risks</li> <li>3. Application of GiRFT and other performance improvement approaches (monitor progress of implementation via planned care board and performance outputs via access).</li> <li>4. The planned care funds available will mitigate the risks and will be closely monitored through the Planned Care Programme Board</li> <li>5. Chief Operating Officer vacancy.</li> <li>6. Refresh and renew INNU policy to ensure referrals are appropriate.</li> <li>7. Commissioning services where there is need</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 revised 10/06/2024	Overdue
Approval of the application of sustainability funds and authority to deploy in line with Plan. <a href="#">Phase 1 completed as planned</a>			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	Overdue

Board Development session for Executives on planned care	Original date Dec revised 06/05/2024	Complete
Chief Operating Officer Recruitment underway <a href="#">interim COO to start september</a>	30/09/2024	Overdue
Procurement for insourcing for endoscopy and diagnostics	01/05/2024	Overdue
Endoscopy business case approval	19/05/2024	Overdue

Date	Inherent	Current	Target
04/12/2023	25	20	1
23/02/2024	25	20	1
25/03/2024	25	20	1
12/06/2024	25	20	8
28/08/2024	25	20	8

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

**Rationale for Corporate Risk**

RTT 52 week waits stage one - NHS Wales Performance Framework 2024-25 Target = 0. Current positions RTT 52 Stage 1 - 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>	<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, 29 October 2024		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Finance, Performance and Information Governance Committee considered the following matters in private session at the meeting held on 27<sup>th</sup> August 2027.</p> <p><b>It was resolved that</b> the Committee</p> <p><b>Endorsed</b> the Strategic Outline Case for the Integrated Holyhead Health and Wellbeing Centre for onward consideration by the Board to submit to Welsh Government</p> <p><b>Endorsed</b> submission to the Health Board to consider</p> <ul style="list-style-type: none"><li>• the Electrical Infrastructure at Ysbyty Glan Clwyd Capital Business Case (based on tendered costs); and</li><li>• the award of the tender to the contractors (following Welsh Government confirmation of support)</li></ul> <p><b>Approved</b> the request to publish a tender for a GMS contract</p> <p><b>Agreed</b> further work was required to consider accommodation for Community Dental services in the West area at the next meeting</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> <b>Assurance level:</b>	<b>Arwyddocaol</b> <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>	<b>Derbyniol</b> <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>	<b>Rhannol</b> <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>	<b>Dim Sicrwydd</b> <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>				
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.			
<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>Details of risks associated with the subject and scope of this paper, including</b>	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.			

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