

## Bundle Performance, Finance & Information Governance Committee 27 August 2024

- 1 13:00 – PRELIMINARY MATTERS
- 2 PF24/81 Welcome and apologies for absence  
*Apologies Jason Brannan – Nick Graham to deputise, Russ Caldicott – Andrea Hughes to deputise, Chris Stockport – Paolo Tardivel to deputise, Justine Parry – Carol Johnson to deputise for item.*
- 3 PF24/82 Declaration of interest in relation to agenda items
- 4 PF24/83 Draft minutes of the previous meeting 25.6.24 for approval  
PF24.83 PFIGC Minutes 25.6.24 v.03 draft Public session
- 5 PF24/84 Matters arising and table of actions  
PF24.84 Table of Actions PFIGC public
- 6 STRATEGIC
- 7 13:05 – PF24/85 IG1 Information Governance Strategy Review  
*Carol Johnson Head of Information Governance in attendance on behalf of Assistant Director Compliance and Business Management DDAT*  
PF24.85a IG1 Information Governance Strategy August 2024\_revised  
PF24.85b Appendix 1 – IG1 BCUHB Information Governance Strategy V9.01 – Final for PFIG approval  
PF24.85c Appendix 2 – BCU EqIA Information Governance Strategy 2024  
PF24.85d Appendix 3 – Integrated Assessment Screening Tool– 2024
- 8 FOR ASSURANCE
- 9 13:25 – PF24/86 Finance report Month 4  
*Andrea Hughes, Interim Finance Director: Operational Finance in attendance on behalf of – Interim Executive Director Finance*  
PF24.86a Month 4 2024\_25 Finance Report  
PF24.86b 2024–25 M04 Finance Report v5\_.pdf
- 10 13:50 – PF24/87 Divisional Operational Finance and Performance report – Mental Health & Learning Disabilities (MHL) Division  
*Teresa Owen Executive Director Allied Health Professionals and Health Sciences , Iain Wilkie Mental Health and Learning Disability Services (MHL) Director and MHL Chief Finance Officer in attendance*  
PF24.87a MHL PFIG report Aug 24 v4  
PF24.87b MHL PFIGC slides Aug 24 v4
- 11 14:20 – Comfort break
- 12 14:30 – PF24/88 Integrated Performance report  
*Ed Williams Acting Director of Performance in attendance on behalf of – Interim Executive Director Finance*  
PF24.88a IPF  
PF24.88b IPR for PFIG 27.08.2024 – Fin
- 13 15:00 – PF24/89 Planned Care Performance (verbal)  
*Ed Williams Acting Director of Performance in attendance on behalf of – Interim Executive Director Finance*
- 14 15:20 – PF24/90 Shared Service Partnership performance assurance report – Interim Executive Director Finance  
*Andrea Hughes, Interim Finance Director: Operational Finance in attendance on behalf of – Interim Executive Director Finance*  
PF24.90a NWSSP QI report 2024.25\_BCUHB  
PF24.90b NWSSP report\_Betsi Cadwaladr Q1 24–25 incl Apps1\_4
- 15 15:25 – PF24/91 Corporate Risk Register – Director of Corporate Governance  
PF24.91 PFIGC Corporate Risk Register Report August 24 v3
- 16 15:35 – CLOSING BUSINESS
- 17 PF24/92 Agree items for Chair's assurance report – Committee Chair
- 18 PF24/93 Review of meeting effectiveness – Committee Chair
- 19 PF24/94 Summary of private business to be reported in public – Committee Chair  
PF24.94 Summary of items discussed in private PFIGC sessions
- 20 PF24/95 Date of next meeting 29.10.24

- 21 15:40 – Resolution to exclude the Press and Public  
*"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."*

**Draft minutes of the meeting of the Performance, Finance and Information Governance Committee (PFIGC) held in PUBLIC on 25.6.24 in the Boardroom, Carlton Court and via Teams**

<p><b>Present:</b> Gareth Williams Chris Field Rhian Watcyn Jones Prof Mike Larvin</p>	<p>Vice Chair / Committee Chair Independent Member (IM) via Teams Independent Member Independent Member</p>
<p><b>In Attendance:</b>  Paul Andrew Adrian Butlin Russ Caldicott Andrea Hughes Ffion Johnstone Gemma Orlick Dylan Roberts George Roberts Justine Parry  Philippa Peake Jones Dr Anita Pierce  Dr Chris Stockport Pam Wenger Andrea Williams  Diane Davies  <b>Observing</b> Olivia Jones Tomos MacFarlane</p>	<p>Hospital Operations Director (West) (Item PF24/64 only) Chief Finance Officer (West) (Item PF24/64 only) Interim Executive Director Finance Interim Finance Director – Operational Finance Integrated Healthcare Community (IHC) Director (West) (Item PF24/64 only) Chief Finance Officer IHC (West) (Item PF24/64 only) Chief Digital and Information Officer (part meeting - via Teams) Senior Associate Director People Services Assistant Director Compliance and Business Management – Digital, Data and Technology (DDAT) Head of Corporate Affairs Deputy Medical Director/Consultant Psychiatrist, Mental Health &amp; Learning Disabilities (MHL) (Item PF24/71- via Teams) Executive Director Planning and Transformation (part meeting) Director Corporate Governance Assistant Director – Digital Delivery, Strategy and Engagement (Item PF24/71) Corporate Governance Manager (for minutes)  Graduate Management Trainee Graduate Management Trainee</p>

<b>Agenda item discussed</b>	<b>Action by</b>
<p>The items are recorded in the order items were discussed</p> <p><b>PF24/59 Welcome and apologies</b></p> <p>The Committee Chair welcomed the Graduate Trainees who were observing the meeting for development purposes, having recently attended the public Board meeting. Apologies were received from Dave Harries, Head of Internal Audit and Jason Brannan, Deputy People Director for whom George Roberts deputised.</p>	

<p><b>PF24/60 Declaration of Interest</b></p> <p>None were noted</p>	
<p><b>PF24/61 Draft minutes of the previous meetings held on 30.4.24 for approval</b></p> <p><b>PF24/61.1</b> The draft minutes of the meeting held on 30.4.24 were <b>approved</b> as a true and correct record <b>subject to</b> the inclusion of Prof Larvin’s apologies and an amendment to reflect the importance of data access in regard to enquiries from the Public (PF24/37.3). Committee members wished to reflect the proactive discussion at the previous meeting in encouraging greater access to data on the BCUHB website to provide effective signposting for the public, lessening the need to submit Freedom of Information (FOI) requests. Albeit it was recognised that rigour would be an essential part of the data publication process.</p> <p><b>PF24/61.2</b> It was <b>noted</b> that the draft minutes of 22 February were being progressed following the return of the absent team member and would be circulated outside the meeting.</p>	PW/DD
<p><b>PF24/62 Matters arising and table of actions</b></p> <p>Following a discussion regarding closed items, it was agreed that future items would be closed only when the action had taken place. The table of actions was updated accordingly.</p>	PW/DD
<p><b>FINANCE AND PERFORMANCE</b></p>	
<p><b>PF24/63 Finance Report Month 2 2024/25</b></p> <p><b>PF24/63.1</b> The Interim Executive Director of Finance presented the item drawing attention to the key headlines of the position at Month 2. He reported that BCU was challenged to deliver £48.0m recurrent savings in order to deliver the £19.8m planned deficit budget for 2024/25. The Year to date position was a deficit of £9.1m which represented a £5.8m adverse variance compared to 2/12<sup>ths</sup> of the planned deficit. He advised that whilst monthly targets had been set, reprofiling would be undertaken as the year moved forward. The value and sustainability approach was being followed, with close attention to cost overruns, notably the Mental Health overspend.</p> <p><b>PF24/63.2</b> The overall underlying deficit remained at £176m. It was noted that all Health Boards in Wales were in a deficit position at present which reflected the huge challenges ahead, not only for the Health Board but also Welsh Government.</p> <p><b>PF24/63.3</b> In regard to Savings, the Interim Executive Director of Finance stated the year end target as £48m, whilst some traction was in place further recurrent and non-recurrent schemes needed to be agreed as early as possible.</p> <p><b>PF24/63.4</b> In regard to Capital, the approved Capital Resource Limit (CRL) for 2024/25 was reported as £41.19m and forecast to be spent in full. Funding was available for the Llandudno Orthopaedic Hub scheme and additional CT scanner.</p>	

<p><b>PF24/63.5</b> The Year to date expenditure on capital was £0.5m against a year to date plan of the same value. The Interim Executive Director of Finance had expressed disappointment at the allocation of £2.4m provided by WG to meet planned care backlog maintenance in comparison to £30m across Wales. The Committee noted concern in regard to the level of support apportioned to the organisation. He also advised that a submission had been made to WG for fee funding support to develop the Royal Alexandra Hospital Full Business Case.</p>	
<p><b>PF24/63.6</b> Discussion ensued on pay costs including variance with agency costs. In regard to nurse staffing levels it was <b>agreed</b> that the Quality, Safety and Experience Committee look into whether the correct levels were established against the appropriate staffing budgets allocated. In regard to the Orthopaedic Hub scheme it was <b>noted</b> that delays in commissioning could potentially push delay delivery to March 2025 which might result in a requirement for brokerage. In regard to staffing establishment grip, the Committee Chair was keen to understand how WTE reductions were distributed and the effect on remaining roles within teams, given staff feedback he had experienced whilst visiting various BCUHB sites. It was <b>agreed</b> he would discuss this with the Chair of the People and Culture Committee as an area to explore further. It was also <b>noted</b> that the Interim Executive Director of Finance would move the Committee's comments forward through the Workforce Value and Sustainability workstreams.</p>	PW/GW
<p><b>PF24/63.7</b> The Interim Executive Director of Finance <b>agreed</b> to provide monthly updates in between PFIGC meetings to Committee members in the interest of timeliness, in response to the Committee Chair's request.</p>	PW/GW
<p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Received</b> the report</li> <li>• <b>Noted</b> the additional Capital Funding offered by Welsh Government for the CT Scanner £2.9m and Backlog Maintenance £2.4m</li> <li>• <b>Noted</b> the request to Welsh Government for fee funding support to develop the Royal Alexandra Hospital Full Business Case</li> </ul>	RC
<p><b>PF24/64 Divisional Finance and Performance report – IHC West</b></p>	
<p><b>PF24/64.1</b> The Area Director IHC West highlighted positive developments in regard to utilising Primary Care funding to improve patient access to physiotherapy appointments, occupational therapy access and the successful introduction of Enhanced Community Resource Teams which reduced hospital admissions and a variety of other improvements. A successful reduction in medical outliers within Ysbyty Gwynedd had been introduced through working together with the Community. The Interim Executive Director of Finance was keen to understand the effect on skill mix support to this different way of working, which he would explore further outside the meeting with the IHC Team.</p>	
<p><b>PF24/64.2</b> In regard to areas of challenge, partnership issues were discussed. The Hospital Operations Director was keen to establish agreed Key Performance Indicators (KPIs) for Transfers of Care and package implementation, as in the case of some other Health Boards in Wales. The Committee Chair was keen to support</p>	

this and took on board the Director of Corporate Governance's advice regarding Regional Partnership Board's role in such discussion and the delegation required through the Board. The Executive Director of Planning and Transformation questioned the level of Trusted Assessor participation.

**PF24/64.3** Discussion ensued on clinical services reconfiguration across the organisation which the IHC West participants believed was necessary to increase efficiency and perceptions of engagement between IHC clinicians across the Health Board footprint. Examples of positive and negative experiences were shared regarding different services. The Chief Finance Officer highlighted the need to introduce effective benchmarking and requested analytical support to address this in order that transformational decisions could be based on a greater depth of understanding. The Hospital Operational Director shared that a recent Delivery Unit visit had confirmed that demand was understood however, there was a lack of capacity to deliver system wide. Discussion also ensued on Robotic Surgery including the need to increase usage.

**PF24/64.4** Independent Member Rhian Watcyn Jones questioned whether staff and other pressures were arising due to the current vacancies of Chief Operating Officer and IHC Operations Director. Treat in Turn was discussed including the potential for outcome measures. The Interim Executive Director of Finance encouraged the team to engage with the Value and Sustainability workstreams in order to deliver on their savings targets, especially in regard to recurrent schemes.

**PF24/64.5** The Committee Chair was pleased to **note** the very important developments being taken forward in Primary Care and it was **noted** that the information shared by the IHC Team would be fed back to appropriate members of the Board.

**It was resolved that the Committee**

- **Noted** the report

#### **PF24/65 Business Case Tracker**

**PF24/65.1** The Executive Director of Transformation and Planning presented the report which encompassed capital business schemes. New revenue business cases were being developed separately. The Director of Corporate Governance commented that the information provided would be useful to feed into the review of the Committee's business cycle to ensure appropriate scheduling.

**PF24/65.2** The Committee questioned whether the development of any business cases which were highly unlikely to be funded in the medium term had been stopped and whether this had resulted in staff redeployment. The Executive Director of Transformation and Planning advised that staff were appropriately deployed on schemes. The Interim Executive Director of Finance concurred and stated that mitigation of risk was considered in schemes which had been necessarily delayed through the reduced capital allocation and appropriate prioritisation had been undertaken.

**It was resolved that the Committee**

<ul style="list-style-type: none"> <li>• <b>Noted</b> the report.</li> </ul>	
<p><b>PF24/66 Chair's Assurance Report - Transformation &amp; Strategic Planning Executive Delivery Group (EDG)</b></p> <p>In response to the Committee Chair, the Executive Director of Transformation and Planning <b>agreed</b> to share the planning timetable for 2025/26 with Committee members.</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><i>The Executive Director of Transformation and Planning left the meeting</i></p>	CS
<p><b>PF24/67 Performance Report</b></p> <p><b>PF24/67.1</b> The Interim Executive Director of Finance presented the item highlighting generally good performance within Adult Mental Health although April had deteriorated slightly and Children and Adolescent Mental Health service (CAMHS) performance issues (which were common across Wales). He advised that there was a need to attain grip on ambulance handover waiting times and over 52 week waiting times which were of great concern and the subject of WG targets to eliminate waits of more than 104 weeks by the end of October. This was not believed to be attainable by BCU, however, and we were seeking a more realistic target to meet. He emphasised the need to make improvements through better theatre utilisation, efficient patient bookings and more effective transfers of care. Discussion ensued on the targets and focussed work required to address them, which included validation that required additional recruitment. Regular Planned Care Board meetings were currently being chaired by the Chief Executive, the work being undertaken was shared with the Committee which included Treat in Turn progress.</p> <p><b>PF24/67.2</b> Independent Member Rhian Watcyn Jones was deeply disappointed with the performance levels reported since the establishment of new Board Members. A discussion ensued on the realism of targets set and the need to address performance in the centre.</p> <p><i>The Chief Digital and Information Officer joined the meeting</i></p> <p><b>PF24/67.3</b> A discussion ensued on the complex reasons for issues with theatre utilisation in which areas of concern were highlighted. It was explained that a robust central patient booking system was being moved forward however, cultural changes also needed to be implemented to support this effectively and ensure a momentum shift in delivery. The Committee emphasised the need to ensure progress and improvement in delivery of the targets set by WG. The Director of Corporate Governance sought clarity on the timelines and performance trajectories which the Interim Executive Director of Finance outlined, including the intention to</p>	

<p>provide timelines the July Board meeting and include plans at the next PFIG Committee meeting.</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>	RC
<b>PF24/68</b> No item	
<b>INFORMATION GOVERNANCE</b>	
<p><b>PF24/69 Information Governance report</b></p> <p><b>PF24/69.1</b> The Assistant Director of Compliance and Business Management DDAT presented the item highlighting key performance issues that included delays in responding to Freedom of Information (FOI) requests due to complexities and delayed executive approval which were being addressed. She reported that the new Subject Access Record system was showing efficiencies however, there had been increased staff non-compliance with IG policy which was being addressed in a number of ways. Following discussion, it was <b>agreed</b> that the Assistant Director of Compliance and Business Management DDAT would liaise with workforce colleagues to understand potential employment implications for staff and arrange to disseminate a reminder regarding inappropriate access to health records across the organisation. It was <b>noted</b> that the IG Toolkit had been submitted on time. The Director of Governance advised the reporting route of the Information Governance Group would be clarified prior to the next scheduled submission.</p> <p><b>PF24/69.2</b> In response to Committee members' questions, the Assistant Director of Compliance and Business Management DDAT advised that future reporting would include greater detail of the National Intelligent Integrated Auditing Solution (NIAS) reporting (split by Admin &amp; Clerical / Medical data) and also historic data for comparison purposes. She highlighted exemption areas and the complexity associated with commercial implications and pharmaceutical enquiries. A discussion ensued on the ability to signpost enquirers to appropriate information provided on BCUHB's website.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• <b>Received</b> assurance on compliance with the Data Protection and Freedom of Information Legislation</li> </ul>	<p>JP</p> <p>PW</p> <p>JP</p>
<b>BUSINESS CASE</b>	
<p><b>PF24/71 All Ages Mental Health (MH) Digital Solution – Outline Business Case</b></p> <p><b>PF24/71.1</b> The Chief Digital and Information Officer presented the business case which had been developed at pace to enable submission to Welsh Government (WG) at the earliest opportunity. The strategic case was strong, given the need to provide an efficient and effective service MH service and the digital solution's integral role in supporting safe care and the prevention of future deaths through improved record keeping. The outline case put forward the best value for money</p>	

solution which included £3.5m WG funding and additional funding of £18.5m over 7 years. It was noted that BCUHB would be responsible for funding after 5 years. An Equalities Impact Assessment, along with skills assessment would be provided later in the process.

**PF24/71.2** The Deputy Medical Director/Consultant Psychiatrist (also Clinical Lead and Senior Responsible Officer for the project) emphasised the strong need for the investment to help to support Mental Health service delivery. She stressed it would be a very powerful statement for staff and the population of North Wales to realise the level of investment being put forward. She also stressed that it was important to try to quantify what were largely qualitative measures to demonstrate improvements that the solution would deliver.

**PF24/71.3** The Committee Chair was wholeheartedly supportive of the investment which had been the subject of Ministerial discussion with the Chief Executive. Committee Members also questioned whether the new system would be compatible with other BCUHB IT systems. The Chief Digital and Information Officer **agreed** this would be built into the business case to reflect the need to ensure multilevel integration with other patient care records.

**PF24/71.4** Whilst the Interim Executive Director of Finance was supportive, as it would hugely improve efficiency, he also questioned whether it was realistic to put forward a proposal based on increased revenue costs rather than savings after the system had 'bedded in';

**PF24/71.5** It was advised that the Full Business Case would include benefits realisation and validation work needed to be undertaken. The position on inclusion of inflationary costs was also explained.

**PF24/71.6** A discussion ensued regarding other potential solutions and it was noted that whilst Digital Health and Care Wales was moving forward a potential alternative, given past experiences, BCUHB needed to move forward a solution at greater pace and acknowledged the potential risk of duplication of effort. The Assistant Director – Digital Delivery, Strategy and Engagement emphasised the solution was future proofing record keeping in this area for BCUHB.

**PF24/71.7** In terms of the governance route, the Director of Corporate Governance clarified that the business case would need to be updated by the Chief Digital and Information Officer to address the concerns raised and risks highlighted prior to submission to the July Health Board meeting.

**It was resolved that the Committee**

- **Agreed** the recommendation to approve submission of the All Ages Mental Health Digital Solution Business Case to the Board in order to secure

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<p>national funding <b>subject to</b> including clarification and enhanced detail on funding and financial movement towards cost neutrality, along with addressing the concerns raised by the Committee.</p>	<p>DR</p>
<p><b>RISK</b></p>	
<p><b>PF24/70 Corporate Risk Register relating to the Committee</b></p> <p><b>PF24/70.1</b> The Director of Corporate Governance highlighted the financial risk and changes that were indicated within the paper.</p> <p><b>PF24/70.2</b> In response to Independent Member Rhian Watcyn Jones, the 6 facet survey process was explained.</p> <p><b>PF24/70.3</b> A discussion ensued on the delay in rationalisation of estates, which included understanding the process being followed and the need to refresh the Estates strategy agreed in 2023. Concerns were expressed with ongoing examples of deterioration in some buildings.</p> <p><b>PF24/70.4</b> Independent Member Rhian Watcyn Jones questioned whether Treat in Turn needed to be considered as a risk. The Interim Executive Director of Finance advised this was included within the Clinical prioritisation risk however, he concurred that the risk potentially needed more prominence.</p> <p><b>PF24/70.5</b> The Director of Corporate Governance took on board the Committee members' comments and, whilst welcoming the progress made by the Risk and Assurance Team, advised that the next format change discussed by Board Members would also provide opportunity to consider this further.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>• <b>Received</b> assurance for the four corporate risks to which the Committee had overall accountability.</li> </ul>	
<p><b>CLOSING BUSINESS</b></p>	
<p><b>PF24/72.1 Agree items for referral to Board / other Committees</b></p> <p>The discussion regarding how WTE reductions were distributed and the effect on remaining roles within teams was referred to the People and Culture Committee. The discussion on nurse staffing against establishment was referred to the QSE Committee.</p> <p><b>PF24/72.2 Summary of items to reference within the Chair's assurance report</b></p> <ul style="list-style-type: none"> <li>• BCUHB was not currently on financial target and there was a need to prioritise profiling of Savings</li> <li>• Importance of reassessing BCUHB's engagement with the RPB which was an important forum in moving forward important work together in partnership</li> <li>• Good examples of Primary Care and Partnership working were demonstrated by the IHC West team.</li> </ul>	

<ul style="list-style-type: none"> <li>• A One Betsi approach was an encouraging positive message emerging from discussion with the IHC which would require a different level of clinical engagement to move forwards.</li> <li>• A need to focus on the following areas to improve performance: Treat in Turn, Theatre utilisation, validation of waiting lists, booking centre resources</li> <li>• A new IG campaign would be run to remind staff of their responsibilities in regard to accessing records eg family and friends and advise of the potential employment implications of non-compliance.</li> <li>• There was strong support provided for the Mental Health record Business Case to be submitted for approval by the Board, and to include enhanced details on financial aspects eg benefits and business as usual costs.</li> </ul>	
<p><b>PF24/73 Summary of private business to be reported in Public</b> The report was <b>noted</b></p>	
<p><b>PF24/74 Review of meeting effectiveness</b> None provided.</p>	
<p><b>PF24/75 Date of next meeting</b> 27.8.24 – noting that the meeting would be rescheduled to take place from 13.00.</p>	All / DD
<p><b>Resolution to Exclude the Press and Public</b> "Those representatives of the press and other members of the public be excluded from the remainder of the meeting which would take place after the Trustee meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."</p>	

## PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE

### TABLE OF ACTIONS LOG – ARISING FROM MEETINGS HELD IN PUBLIC – updated 20.8.24

Minute Reference	Lead Executive / Member	Agreed action	Original Timescale	Update (date)	Action status	RAG status
PF24/38	Pam Wenger	Finance Report Make arrangements to ensure PFIGC also sighted on Financial Efficiencies review being undertaken by Wales Audit	18.6.24	To be provided once received by the organisation. No further update at this stage  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		
PF24/39.4	Pam Wenger	Independent Review Planning schedule Planning within the Board Development programme and schedule the Review's action plan update to the August PFIGC meeting	15.8.24	Initial session scheduled for July and further sessions to be included in the Board Development Plan  To be included on the forward work plans 25.6.24		

				Committee requested to leave open until completed		
PF24/41.3	Nick Lyons / Pam Wenger	Performance Report Provide focussed performance reports to PFIGC on Dermatology, Ophthalmology, Cancer, Theatre Utilisation and management of waiting lists, following Quality Round Table session with WG based on scheduling agreed with Director of Corporate Governance	18.6.24	The business cycle for all the Committees are being reviewed to align with the Annual Plan Delivery Plan as agreed by the Board in March 2024.  25.6.24 Committee requested to leave open until completed		
PF24/63.7	Interim Executive Director of Finance	Provide monthly updates in between PFIGC meetings to Committee members.	31.7.24			
Closed suggested for closure						
PF24/69	Assistant Director of Compliance and Business Management DDAT	Liaise with workforce colleagues to understand potential employment implications for staff and arrange to disseminate a reminder regarding inappropriate access to health records across the organisation.	18.8.24	The IG team have liaised with WOD colleagues and have arranged for figures to be provided and included in the quarterly KPI reports of staff who have faced disciplinary action due to inappropriate access, this will commence from quarter 1 of 2024/25.  A reminder <a href="#">has been</a> issued to all staff in the Health Board bulletin in August reminding them of the implications of accessing records	Suggest for closure	

				<p>inappropriately in line with IG23 (link included) - Procedure for the Auditing and Escalation of Staff Access to Patient Information Systems. - <a href="#">Weekly Bulletin - 19th August 2024 (sharepoint.com)</a></p> <p>NIAAS is covered in every IG training session.</p>		
PF24/69.2	Assistant Director of Compliance and Business Management DDAT	Provide greater detail of the National Intelligent Integrated Auditing Solution (NIIAS) reporting (split by A&C/Medical data) and also historic data for comparison purposes	15.10.24	<p>NIIAS has been unavailable nationally since March 2024 due to moving to a cloud based platform/solution. This has now been resolved and made available in July 24, therefore a full breakdown of data showing the split will be included from quarter 2, 2024/25 going forward. For assurance the IG team will review any inappropriate access and trends for that period and report their findings on completion.</p>	Suggest closure	
PF24/66	Executive Director of Transformation and Planning	Share the planning timetable for 2025/26 with Committee members.	16.8.24	Circulated via email to PFIGC members and Officers 12.8.24	Suggest closure	
PF24/66	Interim Executive	Provide trajectories and timelines to the July Board	18.7.24	Trajectories included within reporting to Health Board &	Suggest closure	

	Director of Finance	meeting and include plans at the next PFIG Committee meeting.	16.8.24	included in the Integrated Quality & Performance Report		
PF24/63.6	Committee Chair	Discuss with Chair of QSE exploring whether the correct nurse staffing levels were established against the appropriate staffing budgets allocated.	16.8.24	This was discussed between the two Chairs on 8 August. QSE will continue to monitor nurse staffing levels, including the issue of what happens if and when acute wards are changed into 'ready for discharge' wards.	Suggest closure	
PF24/63.6	Committee Chair	Discuss with the Chair of the People and Culture Committee how WTE reductions were distributed and the affect on remaining roles within teams as an area to explore further.	16.8.24	The Chair attended the P&C Committee on 7 August and also discussed this with the Chair of the Committee. The P&C Committee will continue to monitor this, but at present the HB has a somewhat higher proportion of its staff in support roles (Band 2 and 4) than the average across Wales.	Suggest closure	
PF24/71.3	Chief Digital and Information Officer	<p>Arrange to reflect the need to ensure multilevel integration with other patient care records built into the MH EHR business case.</p> <p>Submit MH HER Business Case to the Board in order to secure national funding <b>subject to</b> including clarification and enhanced detail on funding and financial movement towards cost</p>	18.7.24	<p>The requirement for integration and Application Programme Interfaces (APIs) to a standard specification to enable integration will be included in the specification of requirements to go to market.</p> <p>NB. As mentioned at the Board the ability and willingness of current Mental</p>	Suggest for closure	

		<p>neutrality, along with addressing the concerns raised by the Committee.</p>	<p>Health System providers to provide open interfaces to share all data with other Care Record systems is limited. However, the level of integration possible will be reflected in the scoring alongside other requirements.</p> <p>The Business Case was submitted to Board and clarified the commitment for cost neutrality once live. The full business case, post identification of the winning bidder and therefore winning application, will identify exactly where resources and funds will come from to enable this to happen.</p>		
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<b>Teitl adroddiad:</b> <i>Report title:</i>	IG1 Information Governance Strategy Review			
<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, 27 August 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The strategic aims and purpose of this strategy is to describe the governance arrangements that will deliver Information Governance and assurance within BCUHB and will set out the overall principles that will promote a culture of best practice around the processing of information and the use of information and systems.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>approve</b> the revised Information Governance Strategy (IG1)			
<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"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <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>Cyswllt ag Amcan/Amcanion Strategol:</b>	The arrangements set out in this document will underpin the Health Board's strategic objectives and			

<p><b>Link to Strategic Objective(s):</b></p>	<p>ensure that the information needed to support and deliver their implementation is available, accurate and easy to understand.</p> <ul style="list-style-type: none"> <li>• Improve health and wellbeing for all and reduce health inequalities</li> <li>• Work in partnership to design and deliver more care closer to home</li> <li>• Improve the safety and outcomes of care to match the NHS's best</li> <li>• Respect individuals and maintain dignity and care</li> <li>• Listen to and learn from the experiences of individuals</li> <li>• Support, train and develop our staff to excel</li> <li>• Use resources wisely, transforming services through innovation and research</li> </ul>																									
<p><b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b></p>	<p>Data Protection Act and Freedom of Information Act</p>																									
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b></p>	<p>See appendix 2</p>																									
<p><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></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> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>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="699 1608 1433 2016"> <thead> <tr> <th colspan="5"><b>Risk Register – Tier 1</b></th> </tr> <tr> <th>Risk Title</th> <th>Inherent risk rating</th> <th>Current risk rating</th> <th>Target risk rating</th> <th>Movement</th> </tr> </thead> <tbody> <tr> <td>ID4766 – Duplicate Hospital Numbers</td> <td>25</td> <td>15</td> <td>5</td> <td>Unchanged</td> </tr> <tr> <td>ID3659 –</td> <td colspan="4">Private register - Cyber</td> </tr> <tr> <td>ID4595 – Retention and storage</td> <td>20</td> <td>16</td> <td>8</td> <td>Unchanged</td> </tr> </tbody> </table>	<b>Risk Register – Tier 1</b>					Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement	ID4766 – Duplicate Hospital Numbers	25	15	5	Unchanged	ID3659 –	Private register - Cyber				ID4595 – Retention and storage	20	16	8	Unchanged
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	of Patient Records				
	<b>Risk Register Tier 2</b>				
	ID4603 – Lack of access to clinical and other patient data	20	12	8	Unchanged
	ID4420 – Non-compliance with the subject access rights	12	12	9	Unchanged
	ID2040 – Unsupported / Obsolete software or operating systems	12	12	3	Unchanged
	ID4306 – Data Flow Mapping and ROPA	9	9	6	Unchanged
	ID3804 – Management of Corporate Records	9	12	6	Increased due to external review findings and gaps in assurance
	ID3801 – Failure to develop and improve the Asset Register System	9	9	4	Unchanged
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.				
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable				
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	Circulated for comment and approved by the Information Governance Group 18th July 2024				

	Approved by Dylan Roberts, Chief Digital and Information Officer and Justine Parry, Data Protection Officer.
<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>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>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	Not applicable
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <p>Circulate across BCUHB</p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b> Appendix 1 – IG1 Information Governance Strategy Appendix 2 – Equality Impact Assessment Appendix 3 - Integrated Assessment Screening Tool</p>	



**GIG**  
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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**IG1**  
**V 9.0**

# IG1 INFORMATION GOVERNANCE STRATEGY

<b>Author &amp; Title</b>	Carol Johnson, Head of Information Governance
<b>Responsible Dept / director:</b>	Chief Digital and Information Officer Digital, Data and Technology (DDaT)
<b>Approved by:</b>	Information Governance Group – 19/07/2024 Performance, Finance and Information Governance Committee – 27/08/2024
<b>Date approved:</b>	TBC
<b>Date activated (live):</b>	17/11/2014
<b>Date EQIA completed</b>	14/06/2024
<b>Documents to be read alongside this document:</b>	Risk Management Strategy, Policy and Procedures Information Governance Policies and Procedures Estates Strategy People Strategy and Plan 2022/25 Digital Strategy (2021/2024) Clinical Services Strategy
<b>Date of next review:</b>	April 2025

<b>First operational:</b>	17/11/2014								
<b>Previously reviewed:</b>	April 2015	April 2016	Sept 2017	Jan 2018	May 2019	Dec 2020	Dec 2021	April 2023	June 2024
<b>Changes made yes/no:</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

*N.B. Employees/workers should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.*

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## 1. INTRODUCTION

- 1.1 This Strategy sets out the Strategic approach that Betsi Cadwaladr University Health Board (BCUHB) will adopt to provide a robust Information Governance framework for the management of information.
- 1.2 Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. Information is critical to decision making, it enables the most appropriate decisions for direct patient care to be made and allows the Health Board to make informed choices around how limited money is invested for the best results to deliver its services across North Wales. This Strategy links into all these aspects and sets out the approach to be taken across BCUHB to provide a robust information governance framework. It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures are in place to provide a robust governance framework for information management, both now and in the future.
- 1.3 Information Governance (IG) is about setting high standards for the handling of information and giving organisations the tools to achieve those standards. The ultimate aim is to demonstrate that an organisation can be trusted to maintain and demonstrate that personal information is being handled legally, securely, efficiently and effectively, in order to deliver the best possible care. It additionally enables organisations to put in place procedures and processes for their corporate information that support the efficient location and retrieval of corporate records where and when needed, in particular to meet requests for information and assist compliance with contractual and regulatory requirements.
- 1.4 The Welsh Information Governance Toolkit is a self-assessment tool which enables organisations to measure their level of compliance against national Information Governance standards and legislation. It aims to deliver a greater level of transparency and provide the public with confidence in how their information is being used, shared and protected. The annual self-assessment and reporting tool allows the Health Board to identify where improvements are required and to put the appropriate measures in place to meet the standards. This will lead to 'year on year' improvements.
- 1.5 The NIS Regulations are the ['Network and Information Systems Regulations 2018'](#) which came into force on 10 May 2018.

BCUHB is designated as an Operator of Essential Services under the Network and Information Systems Regulations 2018 (NIS-R). NIS-R aims to ensure the resilience of critical national infrastructure and several responsibilities on the Health Board in relation to the provision of critical services and to:

- Manage risks posed to the security of the network and information systems

- Prevent and minimise the impact of incidents on the delivery of essential services
- Report serious network and information incidents that impact on provision of the essential service.

BCU's compliance with NIS-R is regulated by the Cyber Resilience Unit (CRU) on behalf of Welsh Government who are the "Competent Authority". Failure to comply with the NIS-R can result in significant monetary penalties.

1.6 This strategy includes the continuing development, implementation and embedding of a robust information governance framework. The information governance arrangements will underpin the requirements set out by the Well-being of Future Generations (Wales) Act 2015 and the Health Board's strategic objectives by ensuring the integrity, availability and confidentiality of the information needed to support and deliver its services.

1.7 BCUHB is committed to securing the best quality health care for the population of North Wales. In doing so, it acknowledges that this can only be achieved through the skills and continuing commitment of its staff and those of its partner organisations.

1.8 BCUHB will support its employees by providing the skills and knowledge to deliver the organisations' strategic objectives and priorities, thus giving them the confidence to make the right choices at the right time.

## **2. STRATEGY STATEMENT**

2.1 This strategy outlines the Health Board's aims and objectives to enable and maintain compliance with its Information Governance responsibilities and duties. The Health Board understands how important accurate, timely and relevant information is vital to support day to day clinical and business operations and the effective management of the Board's services and resources to deliver high quality health care and to operate effectively.

The Health Board will therefore ensure that:

- Information is valued as an asset of the Board which plays a critical part in corporate and clinical governance, and in strategic risk, service planning and performance management.
- Accurate timely and relevant information is available at the time and place where it is needed.
- All staff understand their respective responsibility to ensure that information is complete and up to date and that it is used proactively to support the business of the organisation.

2.2 The Board has put in place an Information Governance Framework and a series of best practice guidelines and principles in relation to the handling of information. This shall apply to all personal information, including sensitive information, of both employees and patients and to the management of the Board's corporate information.

2.3 The Information Governance Framework sets out the Board's approach within which accountability, standards, policies and procedures are developed and implemented.

### **3. STRATEGIC AIM**

3.1 The strategic aim of this strategy is to describe the governance arrangements in place that will deliver Information Governance and assurance within BCUHB and will set out the overall principles that will promote a culture of best practice around the processing of information and the use of information and systems.

The strategy has been developed from:

- General Data Protection Regulation (GDPR) 2016;
- Data Protection Act 2018 (DPA 2018);
- UK GDPR following the UK exit from the European Union;
- The All Wales Information Governance Toolkit;
- Caldicott Principles;
- The Security of Network & Information Systems Regulations 2018 (NIS Regulations).

#### **3.2 All Wales Information Governance Toolkit**

The Health Board will complete a self-assessment against the objectives for the toolkit by the 31st March of each year. Completing the toolkit will identify the gaps in the Health Board's Information Governance systems and an action plan will be drawn up with proposed solutions and timescales. The Information Governance Group will monitor these actions to ensure continual improvement and report through to the Performance, Finance and Information Governance Committee for assurance.

The Welsh Information Governance Toolkit is formed of several assessments, each assessment is reflective of an area of information governance responsibility as set out in legislation and/or national information governance standards.

#### **3.3 NIS Regulations**

BCUHB's ongoing compliance with the NIS Regulations is reviewed and benchmarked by the Welsh Cyber Resilience Unit (CRU) using the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF) document. The CAF lists a series of organisational and technical controls in relation to Cyber Security best practice, with the organisation required to record its state of compliance against each.

BCUHB will complete a Cyber Assessment Framework for each group of IT systems on a minimum of an annual basis; the results from this exercise will be used to identify areas for improvement and will inform the Cyber Security Work Programme.

The Cyber Security and Compliance Team will be responsible for leading the CAF process, monitoring compliance and reporting on progress.

### 3.4 **Data Protection legislation**

Data protection legislation is the most fundamental piece of legislation that underpins Information Governance. BCUHB is registered with the Information Commissioner's Office (ICO) and will seek to fully comply with all legal requirements of this legislation. A Data Protection Officer has been appointed to support the fulfilment of this requirement under the legislation.

BCUHB has in place an Information Asset Register (IAR) and a process has been adopted to ensure that a review of all current and new information assets and systems will be carried out. Where there is a requirement to process personal data the impact of this will be assessed via a Data Protection Impact Assessment. All the elements of this assessment with actions will be completed and captured within the lifecycle of that asset on the register.

### 3.5 **Risk Management**

Information plays a key part in corporate governance, strategic risk, clinical governance, service planning and performance management. This strategy links into all these aspects and sets out the approach to be taken across BCUHB to provide a robust information governance framework.

Information Governance risks have been identified in the BCUHB Corporate Risk Management Framework and in local department risk registers. The implementation of this strategy will facilitate and maintain a reduction in the level of current identified risks.

### 3.6 **Incident Management**

Information Governance related incidents must be reported via the Incident Management Procedures. These incidents will have active involvement from the IG Team who will risk assess the incident to establish whether it reaches the severity rating as reportable to the Information Commissioner's Office (ICO) and Welsh Government using the adopted Health & Social Care Information Centre (HSCIC) risk scoring matrix and the NHS Wales Guidance for the Categorisation and Notification of Personal Data Breaches. Any such reporting must be done within 72 hours of knowledge of the incident in line with legislative requirements. Significant incidents will be subject to a full Root Cause Analysis (RCA) investigation and reporting actions.

IG incidents may include, but are not limited to, breaches of policy, breaches of confidentiality and issues related to IT security.

### 3.7 **Accountability Framework Structure**

An Information Governance Group (IGG) has been established which provides assurance to the Performance, Finance and Information Governance Committee (PFIG) of the Health Board. This Group has delegated authority to oversee information governance issues, operational information risk management and the management of information governance work plans and associated responsibilities.

## 4. OBJECTIVES

4.1 The arrangements set out in this document will underpin the Health Board's strategic objectives and ensure that the information needed to support and deliver their implementation is available, accurate and easy to understand.

- Improve well-being for all;
- Target our resources to people who have the greatest needs and reduce inequalities;
- Support children to have the best start in life;
- Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being;
- Improve the safety and quality of all services;
- Respect people and their dignity;
- Listen to people and learn from their experiences.

The BCU Information Governance Department and the wider Digital, Data and Technology (DDaT) areas work collaboratively to ensure that we not only protect our patient data but also have measures in place which allows for the appropriate access and lawful processing of data, in line with Data Protection regulations, for other purposes including innovation and research. This allows the Health Board to make improvements to its services across the whole Health Board and contributes to the overall delivery of the above objectives. Data should be available in the right format, at the right time for the appropriate use and sharing.

4.2 The Health Board will continue to build on previous strategies and to have in place the ability, flexibility and skillset to adapt to the ever changing Information Governance landscape and the challenges it brings.

4.3 The Health Board will continue to work closely with local authorities, partner organisations and third party providers to enable the safe sharing of information and continue to work collaboratively to make improvements for the benefit of our patients and service users.

4.4 The Information Governance Strategy is aligned to the Health Board's strategic objectives as set out in the Annual Plan.

4.5 The Strategy is also aligned with the Digital, Data and Technology (DDaT) mission and work streams to:

“Empower our staff and populations through high-quality digital, data and technology services to improve health outcomes”.

4.6 The supporting information governance objectives will be achieved by ensuring there is an effective Information Governance framework in place by:

- 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 Artificial Intelligence (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 Workforce & Organisations Development (W&OD) Division to develop proposals for the implementation of 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.

## **5. SCOPE**

- 5.1 This strategy applies to all employees, contractors, volunteers and students working for, or supplying services for, the Health Board.

- 5.2 Any GP Managed Practices that fall within the responsibility of the Health Board will be subject to Information Governance audits to ensure the principles within this strategy are being applied.
- 5.3 Primary Care Contractors are independent to the Health Board; however it is recognised and acknowledged that the principles and legal obligations within this strategy will be reflected in their own working practices in line with regulatory and legal requirements.

## 6. ROLES 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;
  - 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 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 to have overall responsibility for the management of all patient record types.
- 6.5 **Executive Lead for Corporate Records** - This role is responsible for the overall management and performance of the Corporate Records Management function within BCUHB. This role currently sits with the Chief Digital and

Information Officer. It has been acknowledged that additional resources are needed to improve in this area, however whilst there is executive support there is a lack of funding available. This has been captured on the Health Board's Risk Register. The Information Governance team continue to provide limited support and guidance to all staff.

- 6.6 **Senior Information Risk Owner (SIRO)** - The current SIRO is the Chief Digital and Information Officer (CDIO). The SIRO 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 Boards 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. In particular they must identify an Information Governance lead/champion.
- 6.13 **Information Governance Leads** – The Information Governance Leads work with the Information Governance team to ensure compliance with corporate Information Governance policies, procedures, standards, legislation and to promote best practice within their areas.
- 6.14 **Information Asset Owners (IAO)** - Are senior/responsible individuals involved in the running of the 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, and 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 organisation's 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.

## **7. IMPLEMENTATION AND MONITORING**

- 7.1 BCUHB have implemented a number of Information Governance policies and procedures which are regularly reviewed and updated. These are published in line with the Corporate Policy on Policies and awareness is raised via communication channels such as the Corporate Bulletin, IG Bulletin, staff alerts and IG training which are all included in the IG Communications plan.

The key policies relate to:

- Information Governance (Data Protection & Confidentiality)
- Information Management and Technology (IM&T) Security (including incident management)
- Access to Information (including Freedom of Information and Subject Access Requests)
- Records Management (corporate and personal records)

All Information Governance policies can be accessed via the Corporate Policy pages of the intranet.

- 7.2 All staff will have access to a programme of training and awareness to enable them to comply with these policies.
- 7.3 Robust controls and auditing processes have been put in place to monitor compliance and manage any incidents with regard to data security breaches.
- 7.4 Non-compliance with Data Protection and Freedom of Information legislation is robustly monitored by the Information Governance department and reported in the first instance to the service leads to enable improvements to be made. In the event there is continued non-compliance the Information Governance team will escalate to the Senior Leadership Teams, and where necessary escalate to the Executive Leadership Teams. Improvement plans are implemented which are closely monitored by the Information Governance Department.

Compliance and non-compliance with both the Data Protection and Freedom of Information legislation is routinely reported as part of the Information Governance quarterly key performance indicator reports which are presented to the Performance, Finance and Information Governance Committee with the Committee Chairs Report highlighting compliance issues through to the Board.

In addition the direct escalation route in the event of a major breach, externally reportable incident or continued non-compliance would be escalated directly to the Data Protection Officer (DPO) who would inform the Chief Executive who would then advise the Board.

- 7.5 Quarterly Key Performance Indicator (KPI) reports are presented to the Information Governance Group with issues of significance reported to the Performance, Finance and Information Governance Committee.
- 7.6 The Information Governance operational plan will be managed by the Information Governance Team, monitored via the Information Governance Group and issues of significant escalated to the Performance, Finance and Information Governance Committee.
- 7.7 Annual self-assessment against the Welsh Information Governance Toolkit will be carried out and presented to the Performance, Finance and Information Governance Committee.

7.8 An IG Annual report will be presented to the Performance, Finance and Information Governance Committee to demonstrate assurance against the Information Governance Framework, its associated policies and the Information Governance Toolkit.

## **8. RESOURCES**

8.1 Departments should ensure that their appointed Information Governance Leads, Information Asset Owners and System Owners have sufficient time and resource in order to execute the requirements within these job roles.

## **9. TRAINING**

9.1 All staff within BCUHB are mandated to undertake Information Governance training. This training must be renewed every two years.

9.2 In addition to induction and mandatory training requirements, there are job roles which require specialised training in order to fulfill their duties, for example: Caldicott Guardian, Data Protection Officer (DPO), Senior Information Risk Information Risk Owner (SIRO), IG Team, IAO, IAA, System Owners and staff who manage subject access requests.

9.3 The Information Governance Team are responsible for developing and delivering the IG training programme which is supported by a three year IG Training Strategy and action plan.

9.4 In 2018 NHS Wales has put in place a national compliance target of 85% for Information Governance training. The 3 year IG Training Strategy has been reviewed and updated, with measures put in place to continue to achieve and maintain compliance with the National target.

## **10. IMPACT ANALYSES**

### **10.1 Equality**

In accordance with equality duties, an Equality Impact Assessment has been carried out on this Strategy. There is no evidence to suggest that the Strategy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights. However, this Strategy can demonstrate that it will have a positive impact on the enhanced protection of 'special category' data as required under the new data protection legislation.

### **10.2 Welsh Language**

The Information Governance Team has responded to the requirements within the Welsh Language Standards document by ensuring that:

- All correspondence received from the public will be responded to in the language in which it was received;
- All telephone calls will be answered bilingually. If an individual wishes to continue in Welsh the call can either be put through to the IG Manager in the West or the Welsh Translation Team;
- Out of hours, all phones will be transferred to an answering machine with a bilingual message;

- All information developed specifically for the public is available bilingually;
- All offices will have bilingual door signs on entry;
- All staff members have bilingual ID badges;
- All staff members have fully bilingual email signatures for internal and external emails;
- Any new policies and procedures developed will use the new BCUHB template which ensures that Welsh language is considered;
- All staff can request access to Cysgair and Cysillt software which can assist with informal translation;
- The IG training handout for staff is available in Welsh.

### 10.3 **Well-being of future generations**

The five ways of working have been interwoven within this Strategy, those being:

- **Long term** – balancing short-term needs with long-term needs.
- **Prevention** – stopping problems happening or getting worse.
- **Integration** – thinking about how this strategy works with other plans.
- **Collaboration** – working together with other services to meet our goals.
- **Involvement** – involving people so they have a say in decisions.

### 10.4 **Environmental**

A new confidential waste contract was put in place in April 2021. The successful bidder is working with the Health Board to improve its carbon footprint by locally sourcing, recycling and a strong respect for conservation. In addition, they provide a secure confidential waste service which complies with data protection obligations.

## 11. **AUDIT**

- 11.1 Internal Audit will provide an independent and objective opinion on Information Governance risk management, control and governance arrangements by measuring and evaluating their effectiveness.
- 11.2 The Health Board will continue to work with the ICO to progress any recommendations and to appropriately plan and engage with any future audits that may be required.
- 11.3 The IG Team will carry out audits to:
- a) review IG compliance across departments and teams within BCUHB;
  - b) review and risk assess the IG elements of the Information asset register submissions;
  - c) assess the data protection impact of all new or revised systems, service or pathway developments.
- 11.4 **Information Asset Owners Group** - There will be an Information Asset Owners group created to replace the System Owners Group, it will be led by Digital, Data and Technology. A joint programme of training and accountability responsibilities will be put in place for the Information Asset Owners/Administrators to ensure they fully understand and are able to discharge their responsibilities.

The Information Asset Register remains under constant review and will be managed by the Information Asset Owners, ICT and the Information Governance team.

## **12. REVIEW**

This Strategy will be reviewed in one year. An earlier review may be required in response to exceptional circumstances, organisational change or changes to legislation / guidance.

## **13. LEGISLATION AND COMPLIANCE WITH STANDARDS**

13.1 The legislation and guidance supporting this strategy includes:

- Freedom of Information Act 2000
- Environmental Information Regulation 2004
- Data Protection Act 2018
- General Data Protection Regulation 2016
- UK General Data Protection Regulation 2020
- Human Rights Act 1998
- Access to Health Records Act 1990
- Common Law – duty of confidence
- Computer Misuse Act 2000
- Copyright, designs and Patents Act 1988 (as amended by the Copyright Computer programs regulations 1992)
- Network and Information Systems (NIS) Directive
- Crime and Disorder Act 1998
- Privacy and Electronic Communications Act 2003
- Regulation and Investigatory Powers Act 2000

### **13.2 References**

- Lord Chancellor's Code of Practice on the Management of Records Under Section 46 of the FOI Act 2000
- Records Management: NHS Code of Practice
- Caldicott Report
- Caldicott: Principles into Practice (C-PIP) Foundation Manual for Caldicott Guardians
- National Data Guardian Standards
- Information Security ISO/IEC 27001:2005; ISO/IEC 27001:2013
- Confidentiality: Code of Practice for Health & Social Care in Wales
- Wales Accord for Sharing Personal Information (WASPI)



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CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## EQUALITY IMPACT ASSESSMENT FORMS PARTS A and B: SCREENING AND OUTCOME REPORT

### Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

**This is not optional:** Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

### The Forms:

You must complete:

- **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

AND

- **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

Together, these forms will help to provide evidence of your Impact Assessment and how you have shown “due regard” to the duties.

You may also need to complete Part C (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.

To enter text, click on the grey box in the part of the form you are completing. Help text will appear in the status bar at the foot of the page. Some boxes have drop-down lists from which you can select options. Others may simply be a box to answer a question. Once completed, the EqlA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.



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## Part A

### Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	Information Governance Strategy	
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Health Board aims to achieve a high level of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of its business, in order to support high quality patient care. The strategy supports the Board to deliver a positive culture of information governance management and ensures that all staff recognise “information governance as everyone’s business”. It supports decision making in a way in which contributes to the achievement of the organisation's purpose, values and corporate objectives.	
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Dylan Roberts - Chief Digital Information Officer	
4.	Who is Involved in undertaking this EqIA? Include the names of all the people in your sub-group.	Name	Title/Role
		Justine Parry	Assistant Director Of Compliance And Business Management
		Carol Johnson	Head of Information Governance
5.	Is the Policy related to, or influenced by, other Policies/areas of work?	Risk Management Strategy, Policy and Procedures Information Governance Policies and Procedures Estates Strategy People Strategy and Plan 2022/25 Digital Strategy (2021/2024) Clinical Services Strategy	

6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	The Board and all employees.
7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Information Governance training is a mandatory requirement for all staff however it is difficult for managers to find time to release staff from clinical duties to attend the training

**Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights**

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, <u>for each characteristic listed on the left:-</u> (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or (3) any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	Scale (see Table A on next page)	
Age	(N/a)	No impact/Not applicable (N/a)	
Disability	(N/a)	No impact/Not applicable (N/a)	
Gender Reassignment	(N/a)	No impact/Not applicable (N/a)	
Pregnancy & Maternity	(N/a)	No impact/Not applicable (N/a)	
Race / Ethnicity	(N/a)	No impact/Not applicable (N/a)	
Religion or Belief	(N/a)	No impact/Not applicable (N/a)	
Sex	(N/a)	No impact/Not applicable (N/a)	
Sexual Orientation	(N/a)	No impact/Not applicable (N/a)	
Welsh Language	(+)	Medium positive (+)	The strategy includes the Health Boards inclusion of the Welsh Language Standard and the measures in place to meet those standards.
Human Rights	(+)	Medium positive (+)	It ensures that privacy by design and default is considered at all stages of service design, system procurement and partnership working to ensures patient and staff privacy rights are considered in accordance with both data protection laws and Article 8 of the Human Rights Act 1998.

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use the table below to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

**Table A**

High negative	Note: It is important to understand that we will be required to demonstrate what we have considered and/or done in order to mitigate or eliminate any negative impact on protected groups identified within the assessment. Details should be recorded in sections 3a/3b in the Action Plan in Form 4.
Medium negative	
Low negative	
Neutral	
Low positive	
Medium positive	
High positive	
No impact/Not applicable	

**Form 3: Assessing Impact Against the General Equality Duty**

<p>As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-</p> <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination, harassment and victimisation;</li> <li>• Advance equality of opportunity; and</li> <li>• Foster good relations between different groups</li> </ul>	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise	The Information Governance Strategy is aligned to the Standing Orders which include the development of a robust governance framework to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for it’s citizens, in a manner that promotes human rights.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	N/A

3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	N/A
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# Part B:

## Form 4 (i): Outcome Report

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
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1. What is being assessed?	Information Governance Strategy
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2. Brief Aims and Objectives:	<p>The aim of this document is to set out the commitment of the Health Board to ensure the effective management of information and identify how this will be achieved. It will specify who is responsible at each stage of the process. The Health Board considers that its approach to information governance is integral to achieving its strategic objectives and corporate priorities. The Health Board aims to achieve a high level of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of its business, in order to support high quality patient care.</p> <p>All information processing will be undertaken in accordance with relevant legislation, standards and best practice.</p> <p>The Health Board will set policies and procedures to ensure that appropriate standards are defined, implemented and maintained.</p> <p>The Health Board aims to reduce the risks arising from information handling processes, these being:</p> <ul style="list-style-type: none"><li>• Legal action due to non-compliance with statutory and regulatory requirements</li><li>• Loss of public confidence in the Health Board</li><li>• Contribution to clinical or corporate negligence</li></ul>
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	<ul style="list-style-type: none"> <li>• Damage or stress to individuals.</li> </ul> <p>The Health Board aims to provide support to its staff to be consistent in the way they handle information and to avoid duplication of effort. This will lead to:</p> <ul style="list-style-type: none"> <li>• Improvements in information handling activities;</li> <li>• Improving patient confidence in the Health Board;</li> <li>• Increasing staff knowledge and awareness in information governance to empower them to make appropriate decisions;</li> <li>• Embed a culture of good information governance practice across the Health Board.</li> </ul>
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3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could any of the protected groups be negatively affected?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your decision or policy of high significance – consider the scale and potential impact across BCUHB including costs/savings, the numbers of people affected and any other factors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

4. Did the assessment of potential impact on Form 2, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	Record Reasons for Decision i.e. what did the assessment of scale on Form 2 indicate in terms of positive and negative impact for each characteristic? N/A		
5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not applicable <input type="checkbox"/>
	Record Details:		

6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	Information Governance Team and Information Governance Group
	Who is responsible?	
	What information is being used?	<p>E.g. will you be using existing reports/data or do you need to gather your own information?</p> <p>i) An annual self-assessment is carried out against the Information Governance Toolkit with the results presented to the Performance, Finance and Information Governance Committee (PFIG).</p> <p>ii) IG operational plan is actioned and updated by the IG Team and monitored by the IGG with issues of significance escalated to the Performance, Finance and Information Governance Committee (PFIG).</p> <p>ii) Information Governance Team produce quarterly IG KPI reports which are submitted to the Information Governance Group with issues of significance reported to the Performance, Finance and Information Governance Committee(PFIG).</p>
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	Every year.

7. Where will your decision or policy be forwarded for approval?	Performance, Finance and Information Governance Committee
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8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	Engagement has taken place with the Assistant Director of Compliance and Business Management Dylan and the IG Team to help inform the assessment.
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Name	Title/Role
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9. Name/role of person responsible for this Impact Assessment	Carol Johnson	Head of Information Governance
10. Name/role of person <u>approving</u> this Impact Assessment	Dylan Roberts	Chief Digital Information Officer
<b>Please Note: The Action Plan below forms an integral part of this Outcome Report</b>		

#### Form 4 (ii): Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make (or have already made) to your document or proposal as a result of the EqIA?	N/A		
3a. Where negative impact(s) on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	N/A		

	Proposed Actions	Who is responsible for this action?	When will this be done by?
3b. Where negative impact(s) on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A		

**NOTE: If your decision recorded above is that you will need to proceed to a Full Equality Impact Assessment, then you should refer to the Full Impact Assessment Forms (Part C)**

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## Appendix 3: BCUHB Integrated Assessment Screening Tool

Each of the Assessments below must be considered. Where screening indicates a more than negligible impact or you are unsure of a specific area, you should liaise with the BCUHB specialty lead (detailed below at section 11) and conduct a more thorough assessment in that area. Not all assessments will be applicable though you should consider each in turn.

Please ensure that any additional impact assessments / evidence is retained in the event that the responsible director / approving group or committee requests them.

*The term 'Written Control Document' (WCD) includes, but is not limited to, strategies, business cases, projects, policies, protocols, procedures, guidelines etc.*

### 1. Document Details:

<b>New document or review?</b>	<i>Review</i>
<b>Title of WCD Proposed:</b>	<i>Information Governance Strategy</i>
<b>Type of WCD</b>	<i>Strategy</i>
<b>Author name and Job Title:</b>	<i>Carol Johnson Head of Information Governance</i>
<b>Responsible Director</b>	<i>Dylan Roberts Chief Digital and Information Officer – Director of Digital (DDaT)</i>
<b>Division/Department</b>	<i>Digital, Data &amp; Technology</i>
<b>Date of Assessment/Screening</b>	<i>5/07/2024</i>

## 2. Equality Impact Assessment

Equality Impact Assessments (EqIAs) are a ***mandatory*** requirement for all BCUHB wide WCDs/projects as per the Procedure for Equality Impact Assessment (WP7). Failure to comply with the requirements may result in legal challenge/Judicial Review. EqIAs help to inform better decision-making and policy development leading to improved services for patients, carers and staff. The EqIA should commence as early as possible in the decision making process.

Further information and template is available here: [EqIAs - Equality Impact Assessments \(sharepoint.com\)](#)

**Date EqIA completed: 14/06/2024**

## 3. Socio-Economic Impact Assessment

A Socio-economic Impact Assessment (SEIA) is required for strategic decisions and includes strategic decisions which are subject to review. In general, strategic decisions will be those which effect how Health Board fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. SEIA helps to inform better decision-making by aiming to deliver better outcomes for people that experience socio-economic disadvantage. SEIA should commence as early as possible in the decision making process.

### Links:

[List of documents which require an SEIA.](#)

Template and further information: [Socio-Economic Duty \(SED\) \(sharepoint.com\)](#)

**SEIA Completed – Y/N. No – Local service strategy which does not impact or affect SED**

**Date SEIA completed: 'N/A'**

## 4. Welsh Language

The Welsh Language Standards are a set of statutory requirements that place a duty on BCUHB to provide bilingual services to patients and the public.

Under the Standards, we must not treat the Welsh language less favourably than the English language. BCUHB aims to provide an “Active Offer”, meaning services should be provided in Welsh without the person having to ask for it. Enabling our patients and the public to receive high-quality, language appropriate care is paramount to the way we provide and plan our services, as well as encouraging other users and providers to use and promote the Welsh language in the health sector.

If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh if; (a) the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Does the subject of the document deal with Welsh language issues or an area of particular interest in terms of the Welsh language?	N
Is the document one that will be publicly displayed?	N
Is the document likely to attract public response and attention (e.g. on social media)?	N
Is the document a document which individuals are required to respond to?	N
Is the subject of the document related to a matter that is relevant to, affects or is of importance to a large number of individuals (defined as residents of Wales acting in their personal capacity)?	N
Do you know that a percentage or a large number of the predicted audience (individuals and organisations in North Wales) are Welsh speakers, and for whom the Welsh language is an important consideration to them or they operate through Welsh.	N
Has more than one person asked for the document to be available in Welsh?	N
<b>Outcome – does document require translating Y/N</b>	<b>N</b>

**Further Considerations:** *In addition to the requirement to translate documents, consideration should also be given to the nature of the document:*

- *Will there be an impact on services offered to Welsh speaking patients?*
- *Is there an opportunity to identify the preferred language of patients/service users to ensure that their care needs are fully met in line with the Welsh Language Standards?*

A recent case (*Swansea Council v Welsh Language Commissioner* (TyG/WLT/21/01)) has emphasised that any organisational ‘policy’ decision, **MUST** consider the impact on the Welsh Language. This means more than just a written policy document, and can include decisions made regarding the exercise of an organisation’s functions.

If you are in any doubt as to whether your WCD constitutes a ‘policy decision’, please contact the Welsh Language Team.

## 5. Rights of Children and Young People

Guidance: The UN Convention on the Rights of the Child (CRC) sets out the fundamental human rights that all children should have, so that every child is able to have a good childhood and develop to their full potential. The Social Services and Wellbeing (Wales) Act 2014 (SSWBA) places a duty that decision makers must have regard to the convention.

Children have needs and rights that are separate and different to adults. You should carefully consider whether the proposed WCD/project will have any impact on children and whether it will effectively protect and implement the rights expressed in the [UNCRC](#).

**Detail your considerations here:** *Some children are unable to communicate their views as a result of age, development, neurodevelopment, mental health or disability. Are there consent or capacity issues? Does the WCD/project apply to Looked After children and require Local Authority input? Where possible, WCDs/projects should promote listening and include the child in decisions made about them. The child's Best Interests should always be paramount.*

*Parents also have rights under the Human Rights Act 1998 and Children's Act 1989/SSWBA 2014 – whilst decisions should always be made in the best interests of the child and particularly safeguarding procedures and policies followed, there is however, a balance – parents' rights must also be taken into consideration.*

## 6. Older Person and/or People living with Dementia (including young onset dementia).

**Guidance:** BCUHB have a duty to ensure older people have their rights respected and are involved in decisions. All WCDs/projects should be developed using a person centered approach. WCDs/projects should ensure an evidence based approach in relation to the older adult and/or those with dementia (who may be under the age of 50 years). Due regard should be given to the [United Nations Principles for Older Persons](#). Further reference points include the **Good Work Dementia Learning and Development Framework, All Wales Dementia Strategy and Dementia Friendly Hospital Charter**. If necessary, separate clinical WCDs should be developed with input from experts.

**Detail your considerations here:**

*Consider needs of older adults and/or people living with dementia including:*

- *Make sure you see the person, not the condition and promote an independence/assets based approach.*
- *Focus on inclusivity, including for those at end of life care.*
- *Are there any communication needs due to cognitive impairment or environmental factors such as noise or distraction?*
- *Are access needs a consideration – mobility, literacy or technological/digital literacy?*

- *What is the impact where the individual has multiple health conditions?*
- *Focus on prevention - continued support to recover following poor health or admissions and community support to reduce further admissions.*
- *Are there any dependent relationships or caring responsibilities?*
- *Use a holistic approach – important to consider the living and working situations of individuals as well as any other constraints.*
- *Where applicable, ensure a whole system approach (health, social care and third sector).*
- *Is there capacity for involvement and/or a need for advocacy?*
- *Is there a requirement for the involvement patient/carer representative organisations such as the Community Health Councils?*

## 7. Carers

**Guidance:** A carer is a person, of any age, who provides unpaid support to a family member or friend who could not manage without their help. The Social Services and Well-being (Wales) Act 2014 places a statutory obligation upon local authorities to assess carers where it appears they have a need for support. The legislation places a responsibility on health staff to identify unpaid carers, acknowledge their importance as an equal partner in care and provide them with information, advice and assistance.

**Detail your considerations here:** *Will the WCD/project impact patients? Could this have a potential impact on their carers?*

## 8. Environment

**Guidance:** BCUHB have legislative duties to comply with Environmental legislation. The purpose of which is to protect the environment we occupy and to ensure the public are given early and effective opportunity to participate in our decision making procedures. The Health Board is accredited to the Environmental Management System, (EMS) ISO 14001, which is the internationally recognised standard for managing the environment. The EMS provides a framework for managing environmental impacts associated with the Health Board's activities

**Detail your considerations here:**

*Will there be an impact in terms of air quality, noise, waste or energy? Is there any potential damage to natural resources?*

## 9. Data Protection

<p>Data protection impact assessments (DPIAs) are tools which will assist organisations in identifying the most effective way to comply with their data protection obligations and meet individuals' expectations of privacy. Carrying out a data protection impact screening assessment is a systematic way of doing this to establish if a full Data Protection Impact Assessment (DPIA) is required. <b>Should you answer yes to any of the DPIA Screening questions below, please contact a member of the Information Governance Team</b> for support in deciding if a full DPIA is required.</p>	
Will the WCD involve the collection of new information about individuals?	<b>N</b>
Will the WCD compel individuals to provide information about themselves?	<b>N</b>
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	<b>N</b>
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	<b>N</b>
Does the WCD involve using new technology which might be perceived as being privacy intruding for example biometrics or facial recognition?	<b>N</b>
Will the WCD result in you making decisions or taking action around individuals in ways which could have a significant impact on them?	<b>N</b>
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	<b>N</b>
Will the WCD require you to contact individuals in ways which they may find intrusive?	<b>N</b>
<b>Have you answered 'Yes' to any of the questions above? If so, then please contact a member of the Information Governance Team</b>	<b>N</b>

## 10. Screening Summary

After completing the screening areas, you should now document where you have identified that further assessment is required and/or where engagement with the relevant Corporate Lead / other experts may be necessary. Additional impact assessments and evidence should then be used to inform the plan, project or written control document development.

Please ensure that any additional impact assessments / evidence is retained in the event that the responsible director or approving group requests them.

Impact Assessment	Further Assessment Undertaken / Consultation with Relevant Lead?
Equality Impact	Mandatory
Socio-economic	No
Welsh Language	No
Children	No
Older Person	No
Environment	No
Data Protection	No
Carers	No

## 11. Corporate Lead Contact Information

Impact Area	BCUHB Lead Name & Title	Contact
Equality	Steve Doore, Equality and Inclusion Manager	<a href="mailto:Stephen.doore@nhs.wales.uk">Stephen.doore@nhs.wales.uk</a>
Socio-economic	Jennifer Dowell-Mulloy, Equality and Inclusion Manager	<a href="mailto:Jennifer.dowell-mulloy@nhs.wales.uk">Jennifer.dowell-mulloy@nhs.wales.uk</a>
Welsh Language	Alaw Griffith, Welsh Language Standards Compliance Officer	<a href="mailto:Alaw.Griffith@wales.nhs.uk">Alaw.Griffith@wales.nhs.uk</a>
Older Person and/or People living with Dementia (including young onset dementia).	Tracey Williamson Consultant Nurse - Dementia & Honorary Professor of Patient and Family Engagement	<a href="mailto:Tracey.Williamson@wales.nhs.uk">Tracey.Williamson@wales.nhs.uk</a>
Children	IHC Operational Managers	<a href="mailto:Jessica.Jones@wales.nhs.uk">Jessica.Jones@wales.nhs.uk</a> <a href="mailto:Jo.Douglas@wales.nhs.uk">Jo.Douglas@wales.nhs.uk</a> <a href="mailto:Christina.Billingham@wales.nhs.uk">Christina.Billingham@wales.nhs.uk</a>
Safeguarding	Generic account	<a href="mailto:BCu.safeguardingregionalbusinessteam@wales.nhs.uk">BCu.safeguardingregionalbusinessteam@wales.nhs.uk</a>



<b>Teitl adroddiad:</b>	<b>2024-25 Month 4 Finance, Capital and Savings Report</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	Performance, Finance and Information Governance Committee (PFIG)
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Tuesday, 27 August 2024
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	<p>This report provides a briefing on the financial performance of the Health Board for the year to date position as at the end of Month 4 (July 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.</p>
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with a £48.0m recurrent savings requirement to deliver the £19.8m planned deficit for 2024/25. Both the savings requirement and the projected deficit are profiled equally across the financial year. The forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.</p> <p>The July position is reporting an in-month deficit of £0.7m, an improvement of £3.0m from Month 3 and is £0.9m less than the profiled Financial Plan deficit of £1.6m for Month 4. However, this is predominantly driven by the £3.3m Accountancy Gains reported in month.</p> <p>The year to date position is a deficit of £13.5m. This represents a £7.0m adverse variance compared to 4/12ths of the planned deficit, of which £3.5m is undelivered savings. The position has benefited from fortuitous accountancy gains in month of £3.3m (reducing the adverse variance in month). As the accountancy gains are one off, the underlying trend of expenditure remains challenging, and requires continued significant effort to both deliver all the required savings, and keep control of emerging pressures.</p> <p>A forecast outturn is undertaken in each financial month, with this highlighting (including the year to date adverse variance of £7m) a risk to delivery of plan of approximately £20m for the year.</p> <p>The Welsh Government has recently clarified that should the Health Board deliver the Annual Plan Deficit of £19.8m, then the £82m Strategic Support Funding will become recurrent. It is therefore essential that the Health Board places additional focus on mitigation of cost overruns and delivery of further savings opportunities, to ensure the 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 Projects. The approved Capital Resource Limit (CRL) for 2024/25 is</p>

	<p>£50.331m and is forecast to be spent in full. Year to date expenditure is £2.9m against a year to date plan of £3.6m.</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 all discretionary budget allocated a 2.8% savings target to be attained within the financial year. To support attainment of improvements and financial savings a Value &amp; Sustainability approach has been implemented within the Health Board covering 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 opportunities and converting them to deliverable forecast savings in Month 4. The full year forecast value of finalised Green schemes (expected to be fully deliverable) has increased by £7.9m, from £26.5m to £34.4m (including the £3.3m Accountancy Gains). Of these, £9.7m are non-recurring and £24.7m have been identified as recurring, with a full year effect of £35.7m.</p> <p>Savings delivered in Month 4 totalled £6.4m of which £2.2m is recurring. However, £3.3m of Accountancy Gains were identified in Month 4 and this contributes to the in-month delivery. The full year plan value of Red schemes totals £0.8m, and the full year plan value of further pipeline opportunities totals £3.5m.</p> <p>As stated earlier, the identification and delivery of the savings alongside containment and reversal of cost overruns, remains a key risk of £20m to the attainment of the 2024/25 plan. A further review of the forecast will be undertaken in month and reported within August reporting of financial performance (month five).</p>
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Board is asked to</p> <ul style="list-style-type: none"> <li>• <b>receive</b> and scrutinise this report</li> </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>

<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <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> <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>	<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>		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>Regulatory and legal implications:</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 <i>(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.)</i></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><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b></p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b> A - 2024/25 Finance Report (Revenue, Capital and Savings) - Month 4</p>	

# Finance Report

## July - Month 4 2024/25

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



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<p><b>Objective</b></p>	<ul style="list-style-type: none"> <li>To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.</li> </ul>	
<p><b>Key Messages</b></p>	<ul style="list-style-type: none"> <li>The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with a £48.0m recurrent savings requirement to deliver the £19.8m planned deficit for 2024/25. The savings and the projected deficit are profiled equally across the financial year.</li> <li>Month 4 in-month position is reporting a deficit of £0.7m, an improvement of £3.0m from Month 3 and is £0.9m less than the profiled Financial Plan deficit of £1.6m for Month 4, which is predominantly driven by the £3.3m Accountancy Gains reported in month (£0.9m CHC, £1.7m Prescribing, £0.4m Energy, £0.3m Other).</li> <li>Year to date position is reporting a deficit of £13.5m. This represents a £7.0m adverse variance compared to 4/12<sup>ths</sup> of the planned deficit.</li> <li>2024/25 Savings Programme is being developed through allocating the targeted savings as a percentage of discretionary budgets, with a Value &amp; Sustainability approach to support improvement and savings attainment. As at Month 4, the Health Board has identified £31.1m savings and £3.3m of Accountancy Gains, an overall increase of £7.9m from Month 3. Of these savings, £9.7m are non-recurring and £24.7m are identified as recurring, with a full year effect of £35.7m.</li> <li>The Health Board requires mitigation of cost overruns and further savings opportunities delivery to attain the 2024/25 financial plan. The Welsh Government have committed to fund £82m of non recurring funding, on a recurring basis subject to the Health Board achieving the 24/25 financial plan.</li> </ul>	
<p><b>Key Financial Targets</b></p>	<p><b>Revenue</b></p>	<ul style="list-style-type: none"> <li>In-Month deficit of £0.7m (improvement of £3.0m from Month 3) and £0.9m less than the profiled financial plan deficit of £1.6m for Month 4. Year to date position is reporting a deficit of £13.5m, which is £7.0m higher compared to 4/12ths of the planned deficit.</li> <li>The forecast position is to deliver a deficit of £19.8m, which is in line with the financial plan for the year.</li> </ul>
	<p><b>Cash</b></p>	<ul style="list-style-type: none"> <li>Closing cash balance as at 31st July 2024 was £7.8m, including £4.1m cash held for revenue expenditure and £3.7m for capital projects. Current forecast closing cash balance of (£14.7m) is made up of (£17.2m) revenue cash and £2.5m capital cash.</li> </ul>
	<p><b>Savings</b></p>	<ul style="list-style-type: none"> <li>The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25. Savings delivered in Month 4 totalled £6.4m, against a £6.6m Plan and £4.0m Target. Savings total £31.1m and Accountancy Gains total £3.3m. Non recurring actions total £9.7m and £24.7m have been identified as recurring, with a full year effect of £35.7m</li> </ul>
	<p><b>Capital</b></p>	<ul style="list-style-type: none"> <li>Approved Capital Resource Limit (CRL) for 2024/25 is £50.3m and is forecast to be spent in full. Year to date expenditure is £2.9m against a year to date plan of £3.6m.</li> </ul>

# Key Performance Indicators



## Month 4 Position

In Month: £178.9m against plan of £179.9m

**£0.9m favourable position**

YTD Spend: £708.2m against plan of £701.2m

**£7.0m adverse position**



## Forecast

Projection held at planned deficit of £19.7m. However, the forecast indicates the risk to delivery of plan to total in excess of £20m (this would move the forecast to a c£40m deficit).

**£19.8m deficit**

## Month 4 Divisional Performance

West IHC	£6.4m adverse
Central IHC	£10.8m adverse
East IHC	£11.1m adverse
Womens	£0.4m adverse
MH & LD	£6.8m adverse
Commissioning Contracts	£0.3m adverse
ICD Primary Care	£1.3m favourable
ICD Regional Services	£4.2m adverse
Support Functions	£1.2m favourable
Other Budgets	£30.4m favourable



## Savings

In-month delivery: £6.4m against target of £4.0m

**£2.4m favourable**

YTD delivery: £12.5m against a target of £16.0m

**£3.5m adverse**



## Savings Forecast

The Health Board has performed well against the ask of a £48m savings plan, securing £34.4m YTD. However, to attain plan further savings are required.

**£13.6m adverse**



## COVID-19 Impact

£3.2m YTD cost

**£12.2m forecast cost**

**Fully funded by Welsh Government**



## Year to Date Income

£52.8m against budget of £52.5m

**£0.3m favourable**



## Year to Date Pay

£348.4m against budget of £331.3m

**£17.1m adverse**



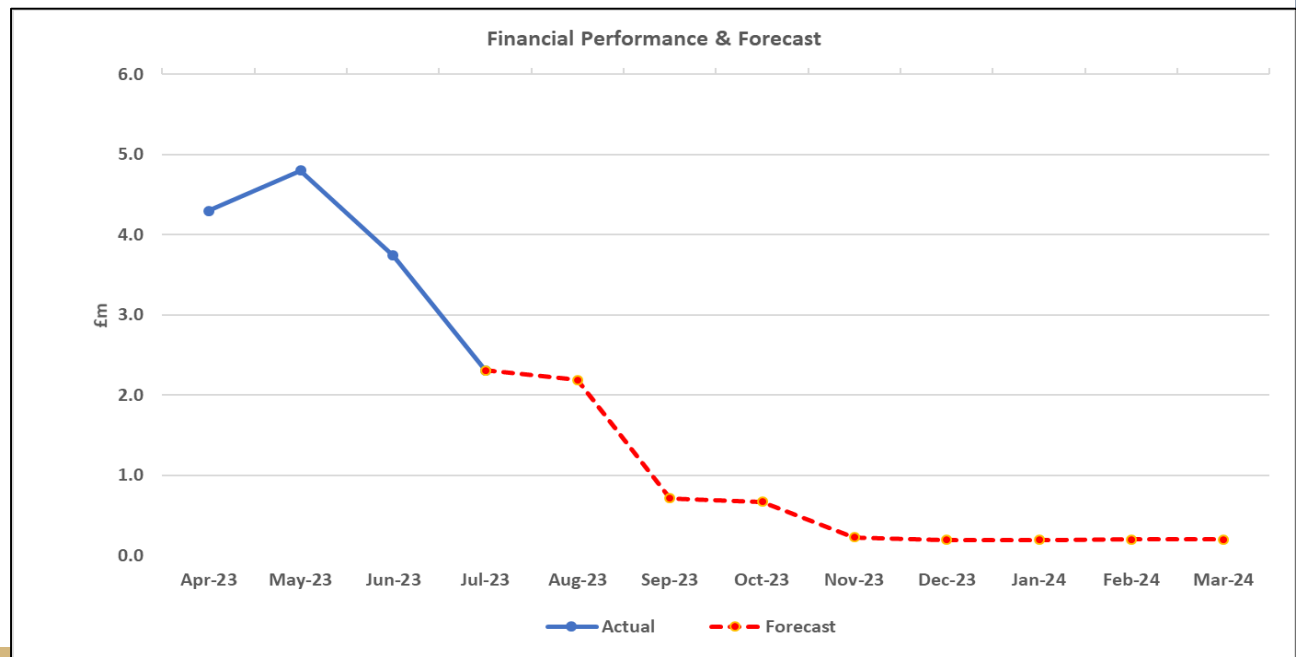
## Year to Date Non-Pay

£412.6m against budget of £422.4m

**£9.8m favourable**

# Revenue Position

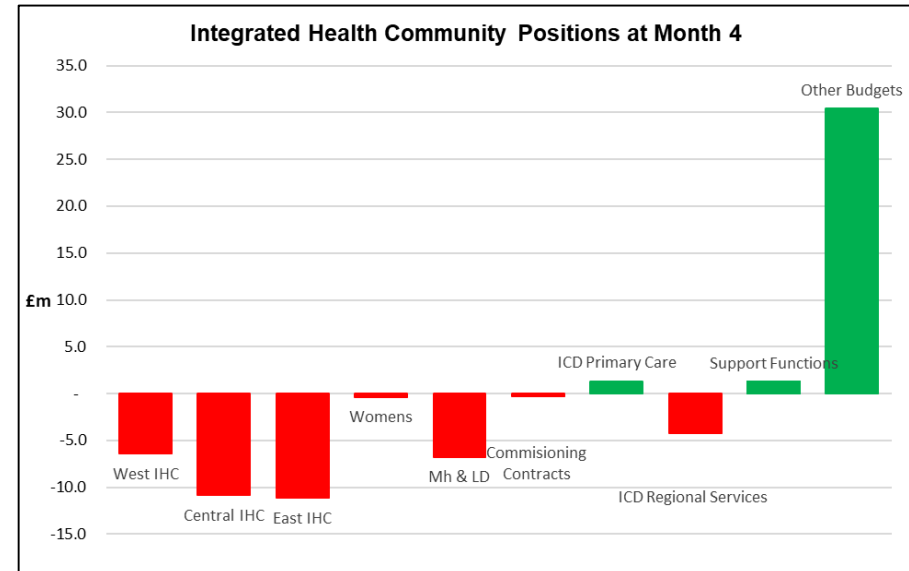
	Actual				2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(694.6)	(694.6)	0.0	0.00%	(2109.0)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(52.5)	(52.8)	-0.3	0.57%	(158.1)
Health Board Pay									
Expenditure	86.7	87.2	86.7	87.7	331.3	348.4	17.1	5.16%	1,059.4
Non-Pay Expenditure	103.1	102.0	102.9	104.6	415.9	412.6	-3.3	-0.77%	1,227.5
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>3.7</b>	<b>0.7</b>	<b>0.0</b>	<b>13.5</b>	<b>13.5</b>		<b>19.8</b>
Planned Deficit	1.7	1.6	1.6	1.6	6.5	0.0	6.5	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>6.5</b>	<b>13.5</b>	<b>7.0</b>		



- The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate, despite the receipt of an uplift in funding.
- Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) has been allocated for an additional year in 2024/25 on a non-recurrent basis. Welsh Government also confirmed that £74.6m of the non-recurrent additional support issued in 2023/24 has been agreed as recurrent for 2024/25; therefore, the opening recurrent underlying deficit position is £178.2m.
- The Health Board has issued savings targeted performance against discretionary budgets and implemented a Value & Sustainability programme to deliver patient benefits and savings within five core domains of (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management. Each Theme has an Executive Leads and is being performance managed at the Integrated Performance – Executive Delivery Group, chaired by the Chief Executive.
- The in-month position is reporting a deficit of £0.7m, an improvement of £3.0m from Month 3 and is £0.9m less than the profiled Financial Plan deficit of £1.6m for Month 4, which is predominantly driven by the £3.3m Accountancy Gains.
- Year to date position is reporting a deficit of £13.5m. This represents a £7.0m adverse variance compared to 4/12<sup>ths</sup> of the planned deficit, of which £3.5m is undelivered savings. The position has benefited from fortuitous accountancy gains in month of £3.3m. As the accountancy gains are one off gains, the underlying trend of expenditure remains challenging, and requires continued significant effort to both deliver all the required savings, and keep control of emerging pressures.
- The risk to delivery of the plan exceeds £20m, though the forecast position remains a deficit of £19.8m, which is in line with the financial plan for the year.

# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £000
	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000	% Variance to Plan £000	
<b>WG RESOURCE ALLOCATION</b>	<b>(178,235)</b>	<b>(178,235)</b>	<b>0</b>	<b>0%</b>	<b>(694,646)</b>	<b>(694,646)</b>	<b>0</b>	<b>0%</b>	<b>0</b>
<b>WEST INTEGRATED HEALTH COMMUNITY</b>									
Management	105	91	14	-13%	418	358	60	-14%	143
West Area	15,969	16,458	(489)	-3%	63,166	65,127	(1,961)	-3%	(7,103)
Ysbyty Gwynedd	10,225	11,306	(1,082)	-11%	40,278	44,345	(4,068)	-10%	(13,261)
Facilities	1,044	1,145	(100)	-10%	4,177	4,615	(438)	-10%	(1,380)
<b>Total West</b>	<b>27,343</b>	<b>29,000</b>	<b>(1,657)</b>	<b>-6%</b>	<b>108,039</b>	<b>114,446</b>	<b>(6,407)</b>	<b>-6%</b>	<b>(21,601)</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>									
Management	91	75	15	-17%	362	321	41	-11%	(31)
Central Area	20,734	20,756	(22)	0%	81,953	84,184	(2,231)	-3%	(10,554)
Ysbyty Glan Clwyd	12,619	14,666	(2,047)	-16%	49,579	57,773	(8,194)	-17%	(22,836)
Facilities	1,257	1,392	(135)	-11%	4,950	5,399	(449)	-9%	(1,396)
<b>Total Central</b>	<b>34,700</b>	<b>36,889</b>	<b>(2,189)</b>	<b>-6%</b>	<b>136,843</b>	<b>147,677</b>	<b>(10,833)</b>	<b>-8%</b>	<b>(34,816)</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>									
Management	87	87	(1)	1%	347	347	(1)	0%	(7)
East Area	23,285	24,478	(1,193)	-5%	91,159	96,371	(5,212)	-6%	(14,650)
Ysbyty Wrexham Maelor	10,955	12,121	(1,166)	-11%	43,389	48,583	(5,194)	-12%	(13,184)
Facilities	1,120	1,319	(199)	-18%	4,478	5,201	(723)	-16%	(2,164)
<b>Total East</b>	<b>35,446</b>	<b>38,004</b>	<b>(2,558)</b>	<b>-7%</b>	<b>139,374</b>	<b>150,503</b>	<b>(11,129)</b>	<b>-8%</b>	<b>(30,005)</b>
<b>Total Midwifery and Women's Services</b>	<b>3,991</b>	<b>4,028</b>	<b>(37)</b>	<b>-1%</b>	<b>15,479</b>	<b>15,839</b>	<b>(360)</b>	<b>-2%</b>	<b>(1,149)</b>
<b>Total Mental Health and LDS</b>	<b>14,035</b>	<b>15,806</b>	<b>(1,772)</b>	<b>-13%</b>	<b>55,757</b>	<b>62,510</b>	<b>(6,753)</b>	<b>-12%</b>	<b>(13,056)</b>
<b>Total Commissioning Contracts</b>	<b>25,161</b>	<b>22,760</b>	<b>2,401</b>	<b>10%</b>	<b>91,811</b>	<b>92,064</b>	<b>(253)</b>	<b>0%</b>	<b>(1,055)</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>									
Covid Programmes	541	538	3	1%	2,235	2,235	(0)	0%	0
Dental North Wales	2,839	2,553	286	10%	11,355	9,869	1,485	13%	4,000
Community Dental Services	517	560	(43)	-8%	2,066	2,257	(191)	-9%	(600)
Other Primary Care	2,088	1,951	136	7%	6,836	6,815	21	0%	(78)
<b>Total Integrated Clinical Delivery Primary care</b>	<b>5,984</b>	<b>5,602</b>	<b>382</b>	<b>6%</b>	<b>22,492</b>	<b>21,176</b>	<b>1,316</b>	<b>6%</b>	<b>3,322</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>									
Provider Income	(1,949)	(1,623)	(326)	17%	(7,794)	(7,456)	(338)	4%	(1,018)
Diagnostic and Specialist Clinical Support	6,575	7,242	(667)	-10%	26,153	28,212	(2,059)	-8%	(6,507)
Cancer Services	5,195	5,865	(671)	-13%	20,334	22,149	(1,816)	-9%	(3,833)
<b>Total Integrated Clinical Delivery</b>	<b>9,821</b>	<b>11,484</b>	<b>(1,663)</b>	<b>-17%</b>	<b>38,692</b>	<b>42,905</b>	<b>(4,213)</b>	<b>-11%</b>	<b>(11,359)</b>
<b>Total Service Support Functions</b>	<b>13,197</b>	<b>12,317</b>	<b>880</b>	<b>7%</b>	<b>51,668</b>	<b>50,426</b>	<b>1,243</b>	<b>2%</b>	<b>(1,429)</b>
<b>Total Other Budgets</b>	<b>10,204</b>	<b>3,046</b>	<b>7,158</b>	<b>70%</b>	<b>41,077</b>	<b>10,643</b>	<b>30,434</b>	<b>74%</b>	<b>111,147</b>
<b>Total Deficit above Plan</b>	<b>1,647</b>	<b>702</b>	<b>945</b>	<b>57%</b>	<b>6,587</b>	<b>13,542</b>	<b>(6,955)</b>	<b>-106%</b>	<b>0</b>
<b>Planned Deficit</b>	<b>(1,647)</b>	<b>0</b>	<b>(1,647)</b>		<b>(6,587)</b>	<b>0</b>	<b>(6,587)</b>		
<b>Total Deficit</b>	<b>0</b>	<b>702</b>	<b>(702)</b>		<b>0</b>	<b>13,542</b>	<b>(13,542)</b>		



- In-month deficit position of £0.7m which is £0.9m less than the monthly profiled financial plan deficit of £1.6m and an improvement of £3.0m from Month 3. This is predominantly driven by the £3.3m Accountancy Gains reported in month.
- Overall pay costs have increased slightly in July with an upwards trend in agency, bank and overtime.
- Non pay climbed in month by £2.0m due to increases in Drugs (particularly secondary care) and Other non pay which has been offset by reductions in other non-pay areas predominately in HC services provided by other NHS.
- Pressures continue within CHC and out of area care packages.

# Expenditure – Pay & Non-Pay

Pay Costs	Actual						Cumulative			Full Year Forecast
	P11-24	P12-24	P01-25	P02-25	P03-25	P04-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	12.0	18.9	11.9	11.9	12.1	12.0	50.8	47.9	2.8	153.0
Medical & Dental	18.5	25.9	19.7	20.0	19.5	20.3	71.0	79.5	(8.4)	236.2
Nursing & Midwifery Registered	26.5	39.9	26.6	26.8	26.9	27.0	101.8	107.3	(5.5)	327.4
Additional Clinical Services	13.0	20.4	13.5	13.6	13.5	13.6	48.7	54.2	(5.5)	162.0
Add Prof Scientific & Technical	3.5	5.3	3.5	3.5	3.5	3.5	15.6	14.1	1.5	41.4
Allied Health Professionals	5.6	8.3	5.8	5.7	5.6	5.7	21.6	22.8	(1.2)	70.2
Healthcare Scientists	1.4	2.0	1.5	1.5	1.5	1.5	5.8	5.9	(0.1)	17.6
Estates & Ancillary	3.9	6.2	4.1	4.0	4.1	4.1	15.6	16.2	(0.6)	50.6
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	(0.0)	1.0
<b>Health Board Total</b>	<b>84.5</b>	<b>127.0</b>	<b>86.7</b>	<b>87.2</b>	<b>86.7</b>	<b>87.7</b>	<b>331.3</b>	<b>348.4</b>	<b>(17.1)</b>	<b>1,059.4</b>
Other Services (Incl. Primary Care)	2.7	3.4	2.6	2.6	2.8	2.8	9.0	10.8	(1.8)	32.6
<b>Total Pay</b>	<b>87.2</b>	<b>130.4</b>	<b>89.3</b>	<b>89.8</b>	<b>89.6</b>	<b>90.5</b>	<b>340.3</b>	<b>359.2</b>	<b>(18.9)</b>	<b>1,092.0</b>

## Health Board Pay:

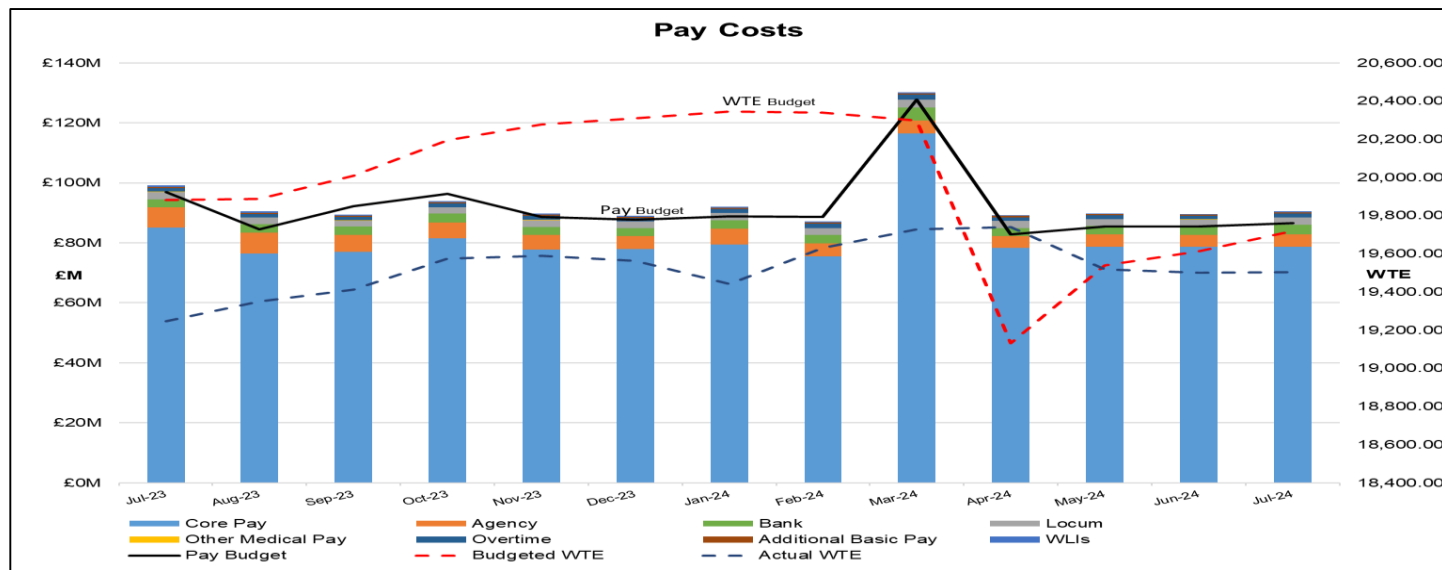
- Month 4 Provider Services Pay expenditure is £1.0m (1.2%) higher than previous month.
- Month 4 Agency expenditure has increased by £0.3m. Other in-month variable pay increases include Bank (£0.2m), Overtime (£0.2m), WLI's (£0.1m) and NHS Locum (£0.1m).

Non-Pay Costs as per Monitoring Return Table	Actual						Cumulative			Full Year Forecast
	P11-24	P12-24	P01-25	P02-25	P03-25	P04-25	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor	19.5	19.5	19.6	18.6	20.0	19.6	77.7	77.8	(0.1)	234.0
Primary Care - Drugs & Appliances	11.4	11.0	10.9	10.5	10.2	10.8	39.5	42.5	(3.0)	130.3
Provider Services - Non Pay (excl drugs & depreciation)	15.6	14.6	19.0	16.1	16.6	20.2	91.5	71.8	19.7	197.9
Secondary Care - Drugs	8.4	8.4	7.9	8.2	7.8	9.0	28.1	32.9	(4.8)	102.4
Healthcare Services Provided by Other NHS Bodies	30.9	30.8	30.5	31.5	30.8	22.3	113.9	115.1	(1.2)	351.7
Continuing Care and Funded Nursing Care	11.1	11.1	10.6	11.9	11.6	11.3	43.6	45.4	(1.8)	131.5
Other Private & Voluntary Sector	2.2	2.2	1.2	1.5	1.6	6.8	5.4	11.1	(5.6)	34.0
Joint Financing and Other	0.3	0.3	0.0	0.3	0.2	0.3	0.9	0.8	0.1	3.3
Losses, Special Payments and Irrecoverable Debts	0.2	0.2	0.2	0.3	0.3	0.3	1.0	1.0	(0.0)	2.9
<b>Non-pay costs</b>	<b>99.6</b>	<b>98.0</b>	<b>99.9</b>	<b>98.8</b>	<b>99.1</b>	<b>100.6</b>	<b>401.6</b>	<b>398.4</b>	<b>3.3</b>	<b>1,187.9</b>
AME/DEL Depreciation	3.2	3.2	3.2	3.2	4.0	4.0	14.3	14.3	0.0	39.6
<b>Total non-pay</b>	<b>102.8</b>	<b>101.1</b>	<b>103.1</b>	<b>102.0</b>	<b>103.0</b>	<b>104.5</b>	<b>415.9</b>	<b>412.6</b>	<b>3.3</b>	<b>1,227.5</b>

## Non-Pay Expenditure (excluding Depreciation):

- Non Pay has increased by £1.5m from previous month. Further detail on Non-Pay expenditure movements are reported in Slide 10.
- Unidentified savings are reported within the Non Pay forecast until finalised, when they are re-categorised to the applicable expenditure type.

# Expenditure – Pay



	Apr-24	May-24	Jun-24	Jul-24
<b>Budgeted WTE</b>	19,130	19,537	19,611	19,721
<b>Actual WTE</b>	19,740	19,518	19,500	19,503

- Actual worked in July is 19,503 WTE, an increase of 3 WTE from June.
- Budgeted WTE increased by 110wte in July, with the main increases relating to the agreement of the use of Sustainability funds for specific posts and staffing costs, RIGA funding, and increased clarity on the staffing impacts of recent WG allocations for RIF and DDAT projects.

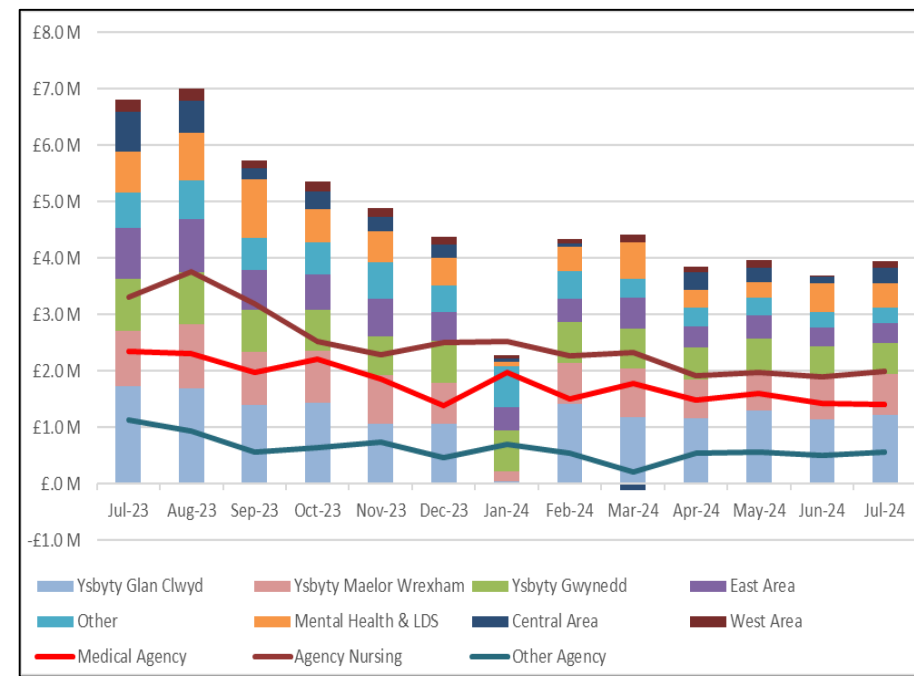
Variable Pay	Actual				YTD Total 24/25
	Apr-24	May-24	Jun-24	Jul-24	
	£m	£m	£m	£m	
Agency	4.0	4.2	3.8	4.2	16.1
Overtime	1.1	1.3	1.2	1.4	5.0
Locum	2.6	2.3	2.3	2.5	9.6
WLI's	0.3	0.2	0.2	0.3	1.1
Bank	2.6	2.9	2.8	3.0	11.3
Other Non Core	0.0	0.0	0.0	0.0	0.1
Additional Hours	0.4	0.3	0.3	0.4	1.4
<b>Total</b>	<b>11.1</b>	<b>11.1</b>	<b>10.8</b>	<b>11.8</b>	<b>44.6</b>

- Variable Pay totals £11.8m for July, an increase of £1.0m from previous month. Agency spend has increase by £0.4m whilst overtime costs have also increased by £0.2m from previous month.

	Jun WTE	Jul WTE	Movement M4 v M3
West Area	1,530.91	1,546.24	15.33
Central Area	2,166.36	2,177.31	10.95
Ysbyty Glan Clwyd	2,156.20	2,166.37	10.17
Ysbyty Maelor Wrexham	1,786.25	1,805.01	18.76
Diagnostic and Specialist Clinical Support	964.30	973.56	9.26
Cancer Services	392.34	398.89	6.55
Chief Digital Information Officer	508.14	528.77	20.63

# Pay Costs – Agency

	2024-25 Agency Spend £000												Total Year to Date £000	Total Forecast £000
	Actual M01	Actual M02	Actual M03	Actual M04	Forecast M05	Forecast M06	Forecast M07	Forecast M08	Forecast M09	Forecast M10	Forecast M11	Forecast M12		
West Area	82	131	3	133	104	104	104	104	104	104	104	104	349	1,185
Central Area	321	261	123	273	220	220	220	220	220	220	220	220	978	2,735
East Area	382	421	331	360	402	402	402	402	402	402	402	402	1,495	4,707
Ysbyty Gwynedd	577	586	505	554	538	538	538	538	538	538	538	538	2,222	6,528
Ysbyty Glan Clwyd	1,168	1,298	1,151	1,215	1,268	1,278	1,268	1,244	1,234	1,244	1,234	1,244	4,833	14,847
Ysbyty Maelor Wrexham	672	686	776	724	744	744	744	744	744	744	744	744	2,858	8,806
Mental Health & LDS	319	268	498	431	233	233	233	233	233	233	233	233	1,516	3,382
Womens	128	181	170	208	186	186	159	159	159	159	159	159	687	2,011
Other incl pan BCU Cancer Servcies and Corporate	321	319	286	267	314	315	313	313	300	300	320	320	1,192	3,690
<b>Total Agency</b>	<b>3,970</b>	<b>4,150</b>	<b>3,844</b>	<b>4,166</b>	<b>4,009</b>	<b>4,020</b>	<b>3,981</b>	<b>3,957</b>	<b>3,934</b>	<b>3,944</b>	<b>3,954</b>	<b>3,964</b>	<b>16,130</b>	<b>47,891</b>



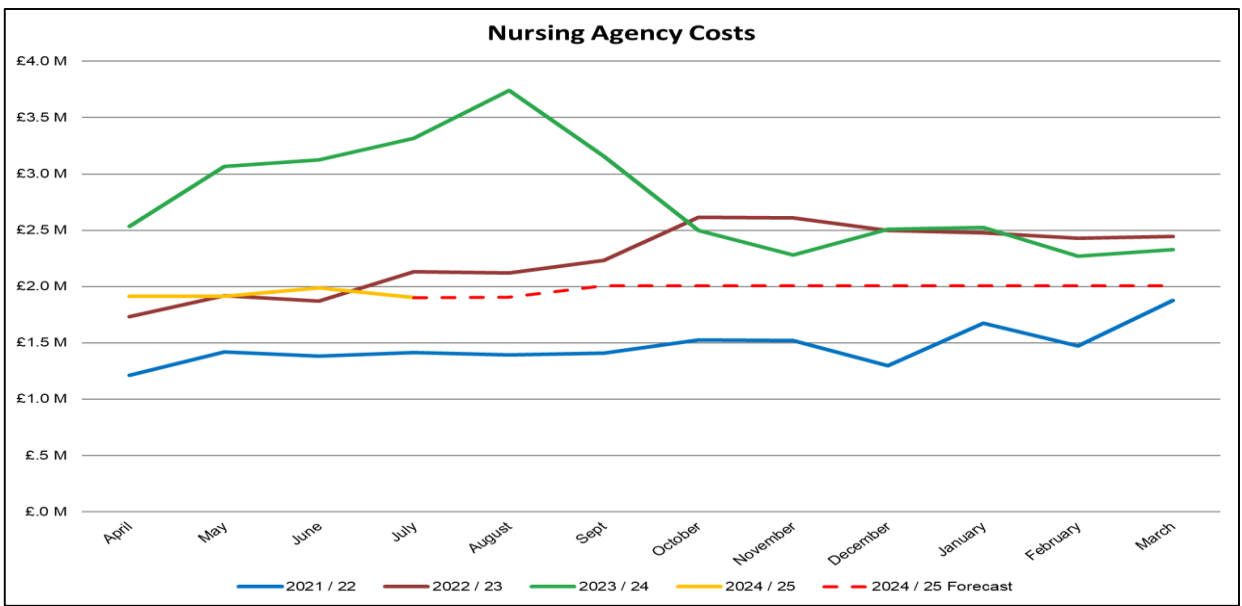
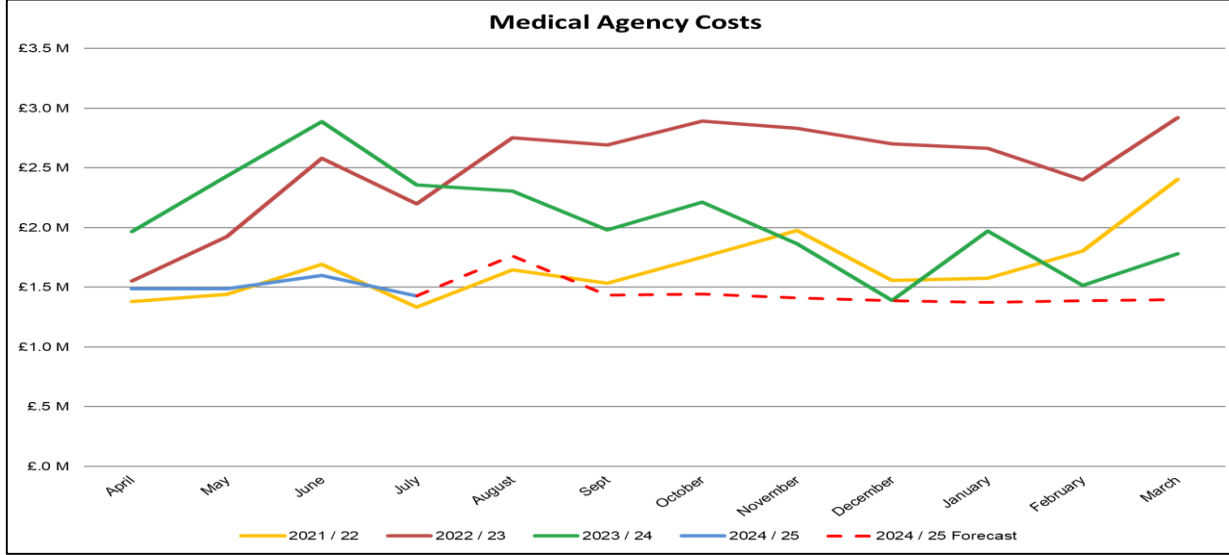
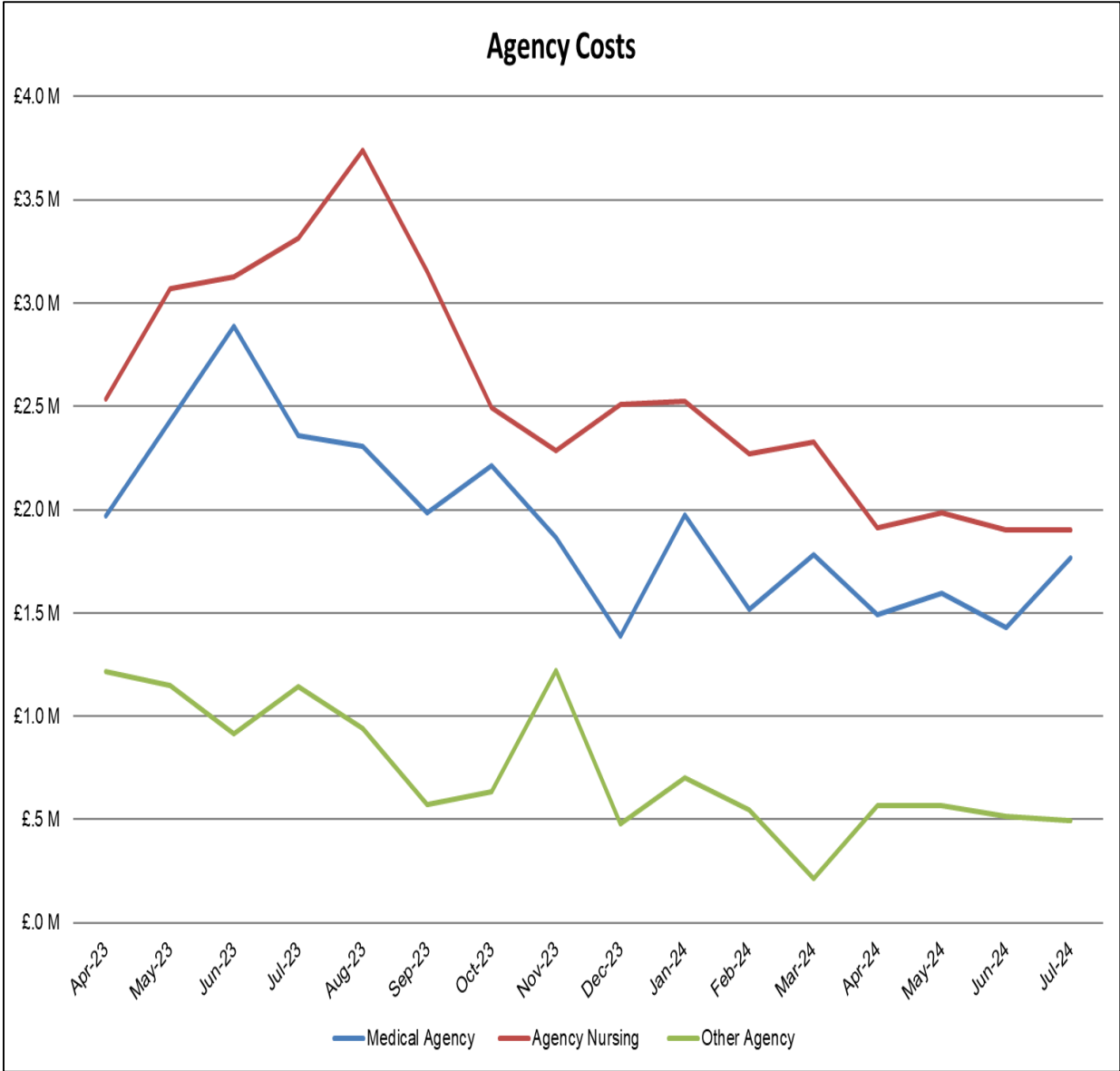
Agency expenditure for Month 4 is £4.2m representing 4.6% of total pay, and an increase of £0.3m from Month 3. The 2023-24 monthly average Agency expenditure was £5.6m. 2024/25 Agency year end forecast outturn is £50.3m, an increase of £2.6m from the £47.7m reported at Month 3.

Month 4 Medical Agency expenditure is £1.7m, an increase 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 Glan Clwyd (£0.4m), Mental Health (£0.3m), Ysbyty Gwynedd (£0.3m), Ysbyty Maelor Wrexham (£0.2m), Womens (£0.2m), East Area (£0.1m) and West Area (£0.1m).

Nurse agency costs totalled £1.9m for the month, which is in line with previous month spend, and is £0.9m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.8m), Ysbyty Maelor Wrexham (£0.4m), Ysbyty Gwynedd (£0.2m), Mental Health (£0.2m), East Area (£0.1m) and Central Area (£0.1m). Nurse Agency costs remain due to covering vacancies and sickness and to ensure that Nurse Staffing Act Ward staffing levels are maintained.

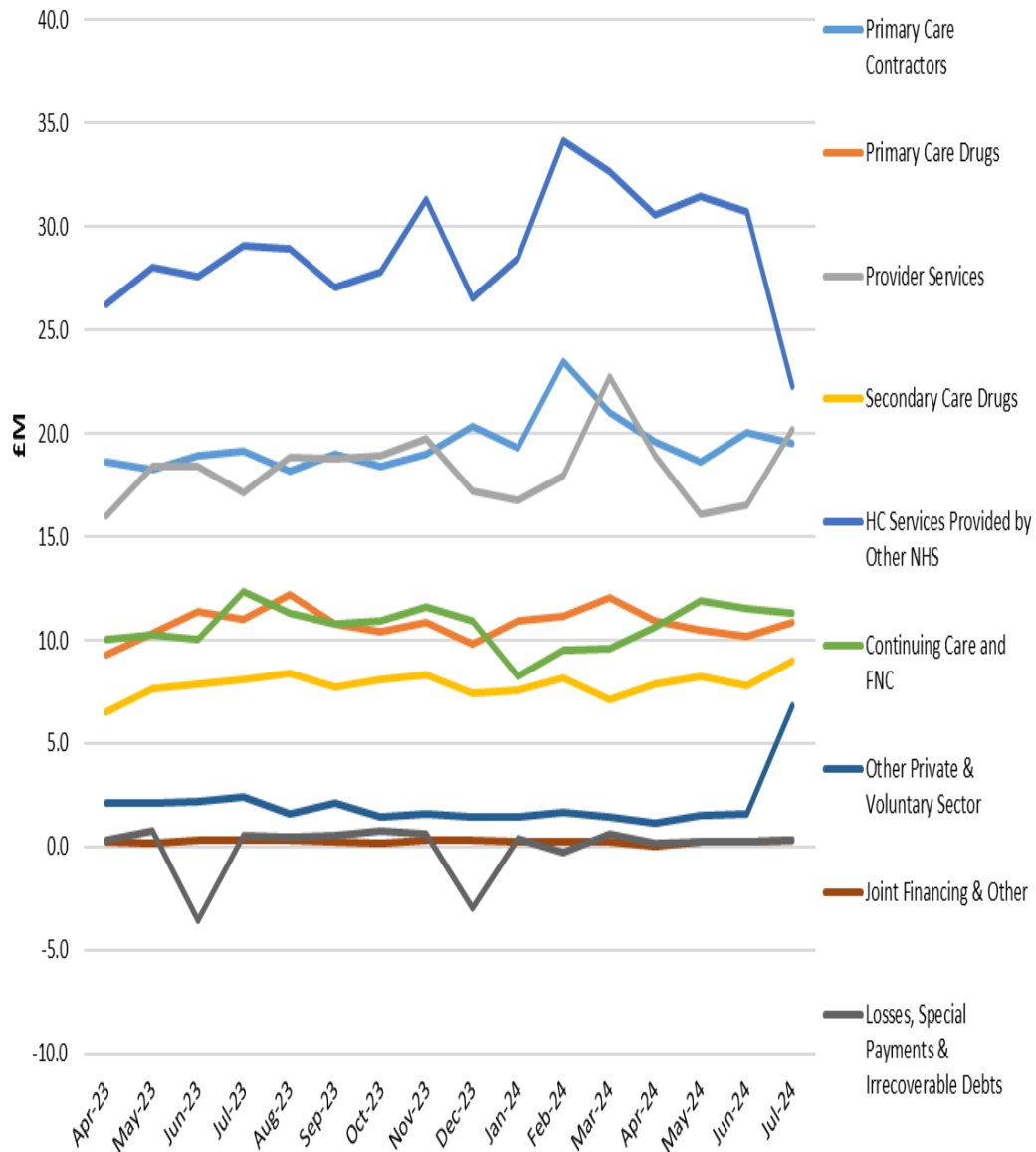
Other agency costs totalled £0.6m in Month 4 and is in line with previous month spend. Other Agency costs mainly consists of Allied Health Professionals (£0.4m) and Admin & Clerical (£0.1m).

# Pay Costs – Agency



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** Month 4 expenditure is £0.5m (2.4%) less than previous month, of which £0.1m is reduction in GMS due to lower managed practice locum spend, with the remaining reduction being against Other Primary Care Services and Pharmaceutical Services, of which £0.2m is the Primary Care element of the Pharmacy & Medicines Accountancy Gain released in Month 4.
- Primary Care Drugs:** Expenditure is £0.6m (5.9%) higher than previous month. July estimate is based on the latest 3-month average cost per prescribing day model x 23 prescribing days for July (June included 20 prescribing days). An Accountancy Gain of £1.7m has been released into the Month 4 position, which has been offset by an under-accrual of £0.5m following receipt of the May data.
- Secondary Care Drugs:** Expenditure is £1.2m (14.7%) higher than previous month, of which £0.5m increase is within Cancer Services driven by a 5.7% increase in activity on Month 3 due to growth and cycles of regimes. An increase of £0.6m was also reported across Secondary Care for Ophthalmology, Respiratory and AMD Drugs due to increased activity.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £8.4m (27.4%) less than previous month and £8.5m less than forecast for the month, of which £5.1m is re-categorisation of Out of Area Placements spend from Healthcare Services provided by other NHS Bodies to Other Private and Voluntary Sector. The remaining £3.3m reduction is re-categorisation of DDAT contract spend from Healthcare Services provided by other NHS Bodies to Provider Services Non Pay.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £0.3m (2.2%) less than previous month due to the £0.2m CHC Accountancy Gains released in-month, and Month 4 (July) having 31 days compared to 30 days expenditure in Month 3 (June). Total Care Package Numbers have remained consistent with previous month.
- Other Private & Voluntary Sector:** Expenditure relates to a variety of providers, including Hospices, Mental Health organisations and planned care activity providers. Expenditure is £5.2m higher than Month 3 due to £5.1m re-categorisation of Out of Area Placements spend from Healthcare Services Provided by Other NHS Bodies to Other Private and Voluntary Sector.

# Allocations

Description	£m
Allocations Received	2,041.1
<b>Total Allocations Received</b>	<b>2,041.1</b>

Description	£m
<b>Allocations anticipated</b>	
Capital Depreciation - Impairment	2.3
Removal of IFRS-16 Leases (Revenue)	-4.6
Real Living Wage (Care Homes)	3.5
IM&T Refresh Programme	1.9
Six Goals	1.6
Pay uplift M&D and A4C	62.2
Increase in Real Living Wage – Band 2 and Certain Points Band 3	1.4
WRP Top Slice for 24/25 as per IMTP	-5.7
Early Years and Prevention 24/25	1.2
EPMA DPIF Funding	0.8
Other	3.4
<b>Total Allocations Anticipated</b>	<b>68.0</b>

	£m
Total Allocations Received	2,041.1
Total Allocations Anticipated	68.0
<b>Total Welsh Government Income</b>	<b>2,109.1</b>

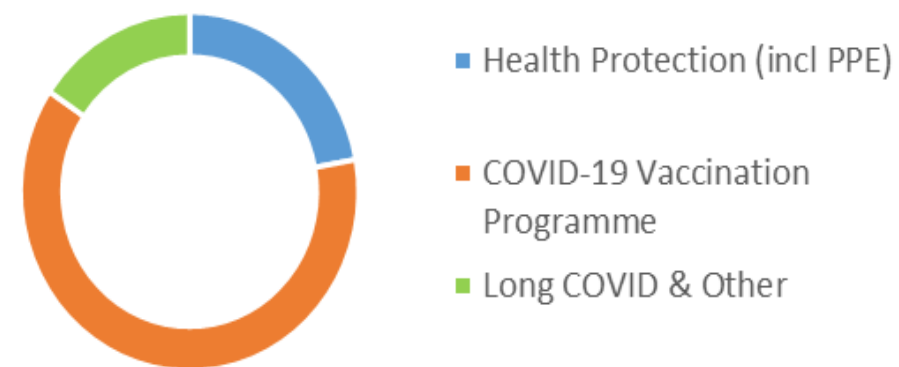
- The Health Board is funded in the main from Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is £2,109.1m. £694.6m of the RRL has been profiled into the cumulative position, which is £8.4m less than an equal twelfth. This is due to the 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 £2,041.1m. This includes £12.2m allocation for COVID-19, with £3.2m of the COVID-19 funding profiled into the cumulative position.
- Further anticipated allocations in year totals £68.0m, consisting mainly of £62.2m Pay uplift M&D and A4C (23/24), £3.5m Real Living Wage (Care Homes), £1.9m IM&T Refresh Programme, £1.6m Six Goals, and £1.2m 24/25 Early years and Prevention.
- The anticipated income for Real Living Wage for CHC & FNC is based upon a calculation of National Living Wage £11.44, and the Real Living Wage of £12.00 applied to the estimated affected hours.
- Also included within the anticipated allocations is the removal of the £5.7m 24/25 Welsh Risk Pool (WRP) contribution top slice and £4.6m removal of IFRS-16 Leases revenue recovery.



# Impact of COVID-19

	Actual				Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.7	2.7
COVID-19 Vaccination	0.5	0.6	0.5	0.5	2.1	7.6
Long COVID & Other	0.1	0.1	0.1	0.1	0.4	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>3.2</b>	<b>12.2</b>
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	3.2	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>

## COVID-19 Cost Distribution 2024/25



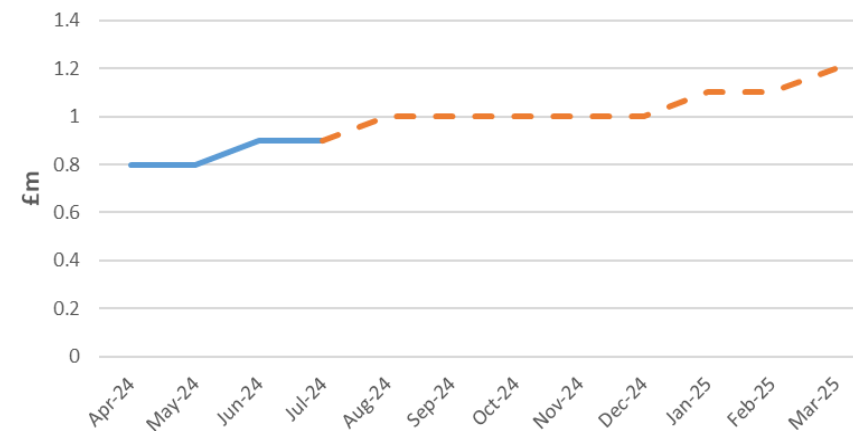
Total COVID expenditure for WG funded programmes in Month 4 is £0.8m, with a year-to-date cost of £3.2m. Total full year forecast spend is £12.2m against a COVID funding allocation of £12.2m for 2024/25. The monitoring return currently reflects full expenditure in line with funding allocation against each category.

Month 4 Health Protection expenditure is £0.2m with an annual forecast spend of £2.7m.

COVID-19 Vaccination Programme expenditure for Month 4 is £0.5m and annual forecast spend is £7.6m, which is in line with the funding allocation.

Month 4 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.9m. The plans for utilising the allocation in full are still being assessed and therefore at this early stage it is forecast that the funding allocation will be spent in full, however early indications suggest this may have a small underspend. Service colleagues will engage with WG Policy Leads to discuss any potential slippage.

## Total COVID-19 Expenditure Per Month



# Risks and Opportunities (not included in position)

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

	Risks	£m	Level
1	Continuing Healthcare - continued patient number growth and risk relating to fees.	£5.0m	Medium
2	Prescribing - growth above original plan expectation. April actual data has increased compared to March.	£3.0m	Medium
3	Dental Ringfenced – risk of clawback.	£4.0m	Medium
4	Under Delivery against Savings Plan - 50% of unidentified savings.	£7.0m	Medium
	Total Quantifiable Risks	£19.0m	



# Balance Sheet

- The closing cash balance as at 31<sup>st</sup> July 2024 was £7.801m, which included £4.107m cash held for revenue expenditure and £3.694m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£14.734m) made up of (£17.187m) revenue cash and £2.453m capital cash. Strategic Cash Support will be requested from WG later in the year, as per normal timeframes.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Jul-24 £m	Forecast Closing Balance End of Mar-25 £m
<b>Non-Current Assets</b>			
Property, plant and equipment	724.0	713.1	736.0
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>798.7</b>	<b>821.7</b>
<b>Current Assets</b>			
Inventories	20.9	19.8	20.9
Trade and other receivables	107.7	120.9	121.7
Cash and cash equivalents	5.0	7.8	-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>148.9</b>	<b>127.9</b>
<b>TOTAL ASSETS</b>	<b>943.7</b>	<b>947.6</b>	<b>949.6</b>
<b>Current Liabilities</b>			
Trade and Other Payables	209.6	209.5	201.1
Provisions	47.1	60.9	61.1
<b>Current Liabilities Sub Total</b>	<b>256.7</b>	<b>270.4</b>	<b>262.2</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>687.1</b>	<b>677.2</b>	<b>687.4</b>
<b>Non-Current Liabilities</b>			
Trade and Other Payables	27.5	27.5	27.5
Provisions	85.9	85.9	85.9
<b>Non-Current Liabilities Sub Total</b>	<b>113.4</b>	<b>113.4</b>	<b>113.4</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>573.7</b>	<b>563.8</b>	<b>574.1</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	353.6	343.8	354.0
Revaluation Reserve	220.1	220.1	220.1
<b>Total Taxpayers' Equity</b>	<b>573.7</b>	<b>563.8</b>	<b>574.1</b>



# Capital

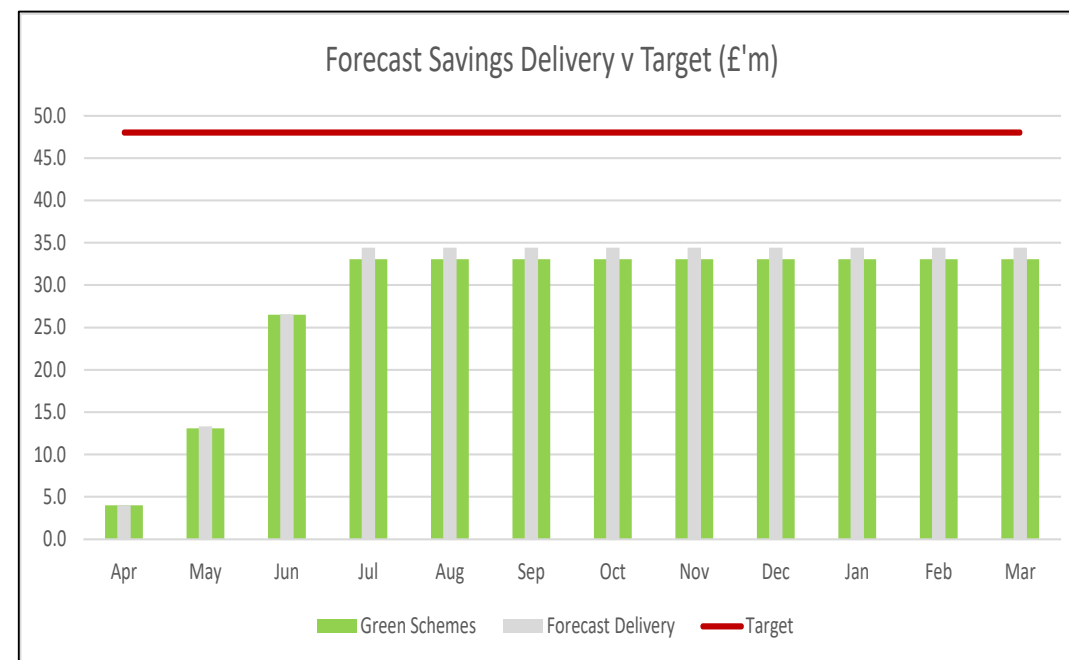
BUDGET 2024/25					
1) Capital Resource Limit 2024/25		Brief Overview / Update The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress 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	£m				
All Wales Scheme	12.448				
Total CRL	37.883				
	50.331				
CAPITAL PROGRAMME 2024/25	Initial Programme taking into account 25% reduction (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	4.924	0.150	4.924	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works.
Operational Estates	1.392	0.071	1.392	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
Medical Devices	1.897	0.801	1.897	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
Informatics	3.386	0.091	3.386	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
All wales funding brokerage to be re-provided from discretionary	0.849	0.000	0.000	0.849	Brokerage managed within the programme
<b>WG Discretionary Capital</b>	<b>12.448</b>	<b>1.113</b>	<b>11.599</b>	<b>0.849</b>	<b>Under Commitment</b>
MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social C	0.820	0.022	0.914	-0.094	The allocation is fees to develop a OBC/FBC business case. The details around the design is currently being agreed.
Efab - Infrastructure	2.770	0.121	2.616	0.154	Estate leads confirmed that projects have been assessed and tenders are issued and received to raise purchase orders. All planned works will be completed in year to meet the CRL.
Efab - Fire	0.710	0.099	1.322	-0.612	Estate leads confirmed that projects have been assessed and tenders are issued and received to raise purchase orders. All planned works will be completed in year to meet the CRL.
Efab - Decarbonisation	0.360	0.000	0.440	-0.080	Estate leads confirmed that projects have been assessed and tenders are issued and received to raise purchase orders. All planned works will be completed in year to meet the CRL.
Regional Orthopaedic Hub at Llandudno Hospit	23.077	1.528	23.297	-0.220	Contractors on site and programme of works are progressing however a delay has been reported. The cashflow is currently being reviewed with WG and the change in forecast will be reflect in month 5.
Substance Misuse Building, Uandudno	1.405	0.057	1.402	0.003	Current progress sees them completing for procurement and appointment/deployment of contractor on site. Completion of project in
CAMHS Crisis Hub	0.320	0.011	0.320	0.000	Planning application submitted, procurement of modular supplier near completion. Project target completion September 2024.
Diagnostic Equipment 2024-25 - YG CT	2.920	0.034	2.920	0.000	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Fludoxacillin OPAT and Automation	0.125	0.000	0.125	0.000	This is a Bevan Commission project with capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	4.976	0.000	4.976	0.000	Programme leads have confirmed that works will commence, once purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	0.400	0.000	0.400	0.000	The EPMA project implementation is over 2 years. There is match funding in the 2024/25 discretionary programme. The CRL allocation is forecast to spend in year.
<b>All Wales Capital</b>	<b>37.883</b>	<b>1.872</b>	<b>38.732</b>	<b>-0.849</b>	<b>Over commitment</b>
<b>Total Capital Funding Available</b>	<b>50.331</b>	<b>2.985</b>	<b>50.331</b>	<b>0.000</b>	

- The approved Capital Resource Limit (CRL) for 2024/25 is £50.331m and is forecast to be spent in full. Year to date expenditure is £2.9m against a year to date plan of £3.6m. The Regional Orthopaedic Hub at LLGH presents the highest risk to delivery of the CRL, the cashflow is being reviewed with WG and a revised forecast to reflect a slight delay will be reflected in month 5.

# 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 moved to a Value and Sustainability thematic model, with work progressing we to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts, with Green schemes (expected to be fully deliverable) totalling £31.1m and Red schemes which still need further work to convert to Green schemes totalling £0.8m. The full year value of further pipeline opportunities totals £3.5m.
- In addition, Accountancy Gains of £3.3m are reported at Month 4 – these are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year.
- The combined forecast of Green Savings (£31.1m) and Accountancy Gains (£3.3m) totals £34.4m. Of which, £9.7m is non-recurring and £24.7m has been identified as recurring, with a full year effect of £35.7m.
- The combined delivery year to date is £12.5m, of which £6.5m is recurring, against a £16.0m 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	5.5	3.2	2.9	1.7	1.1
Central Integrated Health Community	10.9	4.9	6.0	3.6	2.0	1.7
East Integrated Health Community	11.2	6.6	4.6	3.7	2.4	1.3
MHLD	4.2	8.5	-4.3	1.4	0.9	0.5
Womens Services	1.4	0.6	0.8	0.5	0.2	0.3
Diagnostic and Specialist Clinical Support	2.1	0.8	1.3	0.7	0.3	0.4
Cancer Services	1.6	1.7	-0.1	0.5	0.5	0.0
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.2	0.1	0.0	0.0
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0
Corporate & Support Services	3.7	2.5	1.2	1.2	1.2	0.0
Reserves	4.0		4.0	1.3		1.3
<b>Total Cash Releasing Savings</b>	<b>48.0</b>	<b>31.1</b>	<b>16.9</b>	<b>16.0</b>	<b>9.3</b>	<b>6.7</b>
Accountancy Gains		3.3	-3.3		3.3	-3.3
<b>Total</b>		<b>34.4</b>	<b>13.6</b>	<b>16.0</b>	<b>12.5</b>	<b>3.5</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									
		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	2.3	1.7	0.4	0.6	0.0	0.0	0.4	5.5	3.2	
Central Integrated Health Community	10.9	1.1	2.8	0.3	0.7	0.0	0.0	0.0	4.9	6.0	
East Integrated Health Community	11.2	2.4	2.8	0.6	0.7	0.0	0.0	0.1	6.6	4.6	
MHLD	4.2	0.7	0.1	0.1	2.5		5.1		8.5	-4.3	
Womens Services	1.4	0.6	0.0	0.0					0.6	0.8	
Diagnostic and Specialist Clinical Support	2.1	0.1		0.7					0.8	1.3	
Cancer Services	1.6	0.3	1.4	0.0					1.7	-0.1	
Dental North Wales	0.0			0.0					0.0	0.0	
Community Dental Sevices	0.2	0.0		0.0					0.0	0.2	
Other Primary Care	0.0			0.0	0.0				0.0	0.0	
Corporate & Support Services	3.7	1.5	0.0	1.0	0.0	0.0	0.0	0.0	2.5	1.2	
Reserves	4.0								0.0	4.0	
<b>Total Cash Releasing Savings</b>	<b>48.0</b>	<b>9.0</b>	<b>8.8</b>	<b>3.2</b>	<b>4.6</b>	<b>0.0</b>	<b>5.1</b>	<b>0.0</b>	<b>0.5</b>	<b>31.1</b>	<b>16.9</b>
Accountancy Gains			1.7	0.4	0.3		0.6	0.2		3.3	-3.3
<b>Total</b>		<b>9.0</b>	<b>10.5</b>	<b>3.7</b>	<b>4.8</b>	<b>0.0</b>	<b>5.7</b>	<b>0.2</b>	<b>0.5</b>	<b>34.4</b>	<b>13.6</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	24.7	23.3	16.0	6.5	9.5
Non Recurring	0.0	9.7	-9.7		6.0	-6.0
<b>Total</b>	<b>48.0</b>	<b>34.4</b>	<b>13.6</b>	<b>16.0</b>	<b>12.5</b>	<b>3.5</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	Biosimilar Initiation, switching	R	17,952	40,725	22,773	5,984	12,181	6,197
Cancer	DOAC prescribing	R	39,156	36,475	-2,681	13,052	16,371	3,319
Cancer	Medical Agency	R	83,865	96,865	13,000	30,897	43,897	13,000
Cancer	National agreed contracts for secondary care drugs	R	888,869	911,159	22,290	195,834	235,073	39,239
Cancer	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	25,029	-8,343	11,124	2,781	-8,343
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	17,550	0	1,950	1,950	0
Cancer	Outsourcing savings (homecare)	R	325,110	325,110	0	108,369	108,369	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	129,000	129,000	0
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	112,602	0	64,344	64,344	0
Corporate	Finance Departement Staff Savings 24/25	R	60,988	60,988	0	19,180	19,180	0
Corporate	Finance Departement Staff Savings 24/25	NR	239,477	239,477	0	136,309	136,309	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	17,560	17,560	0
DSCS	LINC Project	NR	453,000	503,280	50,280	151,000	201,280	50,280
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	20,852	20,852	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	2,395	2,395	0
DSCS	Toxicology Service	R	29,202	29,202	0	9,734	9,734	0
Estates	23/24 Gas energy accruals	NR	348,483	348,483	0	348,483	348,483	0
Estates	Director of Estates (vacancy)	NR	176,716	176,716	0	78,541	78,541	0
Estates	Disposal of Ala Road	R	60,738	33,730	-27,008	6,749	0	-6,749
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	552	552	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	777,234	238,961	210,066	353,291	143,225
HC - Centre	CAMHS OOA Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	16,333	16,333	0
HC - Centre	Continuing Health Care Schemes	R	734,000	734,000	0	244,668	323,164	78,496
HC - Centre	DOAC prescribing	R	1,353,976	1,037,894	-316,081	616,925	543,386	-73,538
HC - Centre	Dressings review	R	80,000	53,333	-26,667	26,667	0	-26,667
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	50,837	-85,131	26,280	14,459	-11,821
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	268,705	0	0	0	0
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	51,289	12,793	12,832	19,693	6,861
HC - Centre	Optomisation of generic prescribing	R	121,666	108,559	-13,107	58,572	51,154	-7,418
HC - Centre	P&MM Accountancy Gains	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	Polypharmacy medication reviews	R	300,000	406,927	106,927	100,000	213,962	113,962
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	102,589	-32,843	45,144	12,301	-32,843

# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent /	Variance			Variance		
		Non Recurrent	Plan	Forecast	Forecast vs Plan	Plan	Achieved	Achieved vs Plan
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	40,084	0	0	0	0
HC - Centre	Scriptswitch & Optimise savings	R	250,000	166,667	-83,333	83,333	0	-83,333
HC - East	Biosimilar Initiation, switching	R	442,735	443,578	843	16,527	17,370	843
HC - East	Catering Consumables	R	92,169	92,169	0	26,833	26,833	0
HC - East	Cease inco sheet usage	R	4,215	4,215	0	843	843	0
HC - East	CHC Cost containment	R	604,512	604,376	-136	204,512	204,376	-136
HC - East	Childrens - Medical Agency Reduction	R	250,000	250,000	-0	83,333	82,337	-996
HC - East	Childrens CHC Package Review	R	120,000	126,463	6,463	60,000	66,463	6,463
HC - East	DOAC prescribing	R	1,489,958	1,494,435	4,477	722,182	726,659	4,477
HC - East	Increase of catering income	R	88,698	88,698	0	29,564	29,564	0
HC - East	Medical Agency Reduction - Community Services	R	261,163	261,162	-1	87,054	82,268	-4,787
HC - East	National agreed contracts for secondary care drugs	R	157,451	155,970	-1,481	32,547	31,066	-1,481
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	68,455	27,751	13,568	41,319	27,751
HC - East	Outsourcing savings (homecare)	R	118,128	182,838	64,710	0	64,710	64,710
HC - East	P&MM Accountancy Gains	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	4,292	4,292	0
HC - East	Polypharmacy medication reviews	R	350,004	350,004	0	116,668	116,668	0
HC - East	Portering Staffing	R	30,996	30,996	0	10,332	10,332	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	57,578	-2,422	20,000	17,578	-2,422
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	2,332	2,332	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	1,900	1,900	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	185,124	16,124	81,000	97,124	16,124
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	268,456	28,456	80,000	108,456	28,456
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	271,254	40,535	91,927	132,462	40,535
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	3,574	3,574	0
HC - East	Urology Scope Stacker	R	75,000	75,000	0	0	0	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	188,276	-56,293	79,668	57,375	-22,293
HC - West	BCU Accommodation for CHC West team	R	9,876	9,876	0	0	0	0
HC - West	Biosimilar Initiation, switching	R	169,915	109,613	-60,302	23,143	51,290	28,147
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	139,266	5,178	29,880	35,057	5,178
HC - West	Continence Products	R	50,000	33,332	-16,668	16,668	0	-16,668
HC - West	Continuing Health Care (CHC) AG	NR	64,469	64,469	0	64,469	64,469	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	93,000	-3,500	46,120	36,000	-10,120
HC - West	DOAC prescribing	R	1,095,519	661,270	-434,248	399,636	352,662	-46,973

# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	Dressings review	R	30,000	20,000	-10,000	10,000	0	-10,000
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	213,000	-35,000	64,000	71,000	7,000
HC - West	Grip and control measures - pay SDEC	R	241,500	241,500	0	0	31,000	31,000
HC - West	Home Enteral Tube Feeding (Ancilliary items) Implement Workforce Plan for Health Board	NR	20,000	20,000	0	6,664	0	-6,664
HC - West	Managed Practices	R	90,000	90,000	0	0	0	0
HC - West	Increase of catering income	R	218,024	254,000	35,976	72,672	84,000	11,328
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	80,000	0	0	0	0
HC - West	National agreed contracts for secondary care drugs	R	165,855	81,058	-84,797	34,102	29,451	-4,651
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	17,667	37,000	19,333
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	86,827	56,027	10,267	30,981	20,714
HC - West	Optomisation of generic prescribing	R	107,361	98,577	-8,784	55,841	51,500	-4,341
HC - West	Outsourcing savings (homecare)	R	28,893	89,925	61,032	9,631	21,000	11,369
HC - West	P&MM Accountancy Gains	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	392,020	142,020	83,333	173,172	89,839
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	158,000	-28,000	50,000	22,000	-28,000
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	6,015	-42,141	16,052	1,114	-14,938
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	24,375	0	0	0	0
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	309,000	149,000	0	103,000	103,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	411,000	151,000	32,000	120,000	88,000
HC - West	Scriptswitch & Optomise savings	R	200,000	133,333	-66,667	66,667	0	-66,667
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	629,210	-31,790	220,333	147,646	-72,687
MH&LDS	Medical Agency Reduction	R	44,195	44,195	0	0	0	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	71,965	0	0	0	0
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	60,996	0	20,332	20,332	0
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	254,388	0	84,796	84,796	0
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	5,105,745	-344,799	390,456	45,657	-344,799
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	611,111	577,008	-34,103
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	3,516	3,516	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	4,653	4,653	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	898	898	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	31,022	0	3,043	3,043	0
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction							
Midw & Womens	Womens BFI Accreditation	NR	11,400	11,400	0	3,800	3,800	0
Midw & Womens	Vacancy Factor	R	500,000	500,000	0	166,667	166,667	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
<b>Subtotal</b>			<b>29,334,299</b>	<b>28,826,693</b>	<b>-507,607</b>	<b>10,244,756</b>	<b>10,360,163</b>	<b>115,407</b>
Procurement			1,208,051	1,284,716	76,665	401,851	368,218	-33,632
Enhanced mileage rates			229,230	268,397	39,167	76,410	115,577	39,167
Enhanced Recruitment Control Savings			2,272,251	4,013,704	1,741,452	1,514,834	1,690,310	175,476
Telephone Line Rental			12,914	12,981	67	4,305	4,324	19
<b>Total</b>			<b>33,056,746</b>	<b>34,406,491</b>	<b>1,349,746</b>	<b>12,242,155</b>	<b>12,538,593</b>	<b>296,438</b>



<b>Teitl adroddiad:</b> <b>Report title:</b>	Mental Health Learning Disability (MHL) Divisional Operational Finance and Performance report			
<b>Adrodd i:</b> <b>Report to:</b>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Tuesday, 27 August 2024			
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	This paper provides Committee members with an update on the Mental Health and Learning Disability (MHL) Division Finance, Performance & Workforce position as at Month 3.			
<b>Argymhellion:</b> <b>Recommendations:</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>Review the contents of the report and current position</li> <li>Note and support the ongoing work to address any areas of poor performance/ key challenges, and identify any additional assurance work or actions it would recommend MHL colleagues to undertake</li> <li>Note the required support outlined</li> </ul>			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Teresa Owen- Executive Director of Allied Health Professionals and Health Sciences			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	<p>Vicky Jones- Head of Integrated Strategy and Development (MHL)</p> <p>Nicola Hyde- Chief Finance Officer</p> <p>Zena Wild- People Business Partner (Workforce and Organisation Development)</p>			
<b>Pwrpas adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence /</i>

	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	evidence in delivery
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>	<p>Improve physical, emotional and mental health and well-being for all – <i>Living Healthy Staying Well.</i></p> <p>Mental health, learning disability and substance misuse services are priority areas for the Health Board.</p> <p>The performance measures included in this report are from the NHS Wales Performance Framework 2024-25.</p>			
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>Mental Health Measure is a legislative requirement.</p>			
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>Not applicable</p>			
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>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><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>BAF21- 06 - Safe and Effective Mental Health Service Delivery - There is a risk to the safe and effective delivery of MHL D services.</p>			
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p>	<p>The report outlines ongoing work to reduce financial pressures across division and achieve a balanced spend position.</p>			

<b>Financial implications as a result of implementing the recommendations</b>	
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	The report outlines ongoing work to reduce temporary staffing and associated costs and improve recruitment and retention of staff whilst reducing long term sickness.
<b>Workforce implications as a result of implementing the recommendations</b>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	This report has been reviewed by the Divisional Senior Leadership Team (DSLTL) and Executive Lead.
<b>Feedback, response, and follow up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF21- 06 - Safe and Effective Mental Health Service Delivery - There is a risk to the safe and effective delivery of MHL D services.
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b>Next Steps:</b>  Continued focus on any areas of under-performance/ key challenges and remedial actions to address, particularly with regard out of area bed utilisation to recover the out of area bed position to an acceptable level. This is being reported as an escalation issue through the Integrated Performance Executive Delivery Group (IPEDG). Continued Community pathway transformation work to review and address any performance issues and sustain positive traction. Continued efforts to improve our recruitment, retention and long-term sickness position.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  Appendix 1- MHL D Divisional Operational Finance and Performance report	

# Performance, Finance and Information Governance Committee

## Tuesday 27th August 2024

### MHLD Divisional Finance and Performance Report

#### 1 Introduction/Background

This paper provides members with a summary of the Adult MHLD Finance, Performance and Workforce position as at Month 3 of 2024/25.

#### 2 Body of Report

Please see attached Appendix 1 -

- MHLD Divisional Operational Finance and Performance report as at Month 3 2024/25.

##### 2.1 Financial Performance

Detail outlined in Appendix 1.

##### 2.2 Performance

Detail outlined in Appendix 1.

##### 2.3 Staffing

Detail outlined in Appendix 1.

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

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

###### ➤ 2024/25 Financial Pressures

Based on June's financial position, MHLD forecast deficit is £12.64 m (8% of budget). This remains a significant financial risk to the Division and actions taken to mitigate this risk include:

- Savings Plans submitted outlining savings totalling £7.619m for the year against a savings target of £4.215m for the year.
- The Division have identified and have delivered £0.5m of savings against a target to date of £0.6m.
- The Division continue to identify savings schemes to mitigate the year to date overspend position and this is under continual review through divisional governance structures reporting to Senior Leadership Team (SLT)
- MHLD Value and Sustainability (V and S) work stream group established
- Sustained focus on Out of Area bed utilisation. The forecast overspend for 2024/25 at month 3 is £9.7m, this has reduced from £13.1m in month 1. This reduction reflects the work that has already started to reduce Out of Area (OOA) placements for the year
- Continuation of financial grip and control measures
- Monthly Divisional Accountability meetings
- Frequent Vacancy control review meetings
- Optimising Charitable funding opportunities
- Ongoing focus on financial governance

- Cost pressures in year from RIGA funding rejections/reductions (£2.45m). Non recurrent RIGA 2 funding for 2024/25 - £3.166m
- Recruitment, retention and increased agency spend in month as a result, with measures being put in place to improve position
- Sustainable funding to address dynamic ligature risks
- Suitable estate and accommodation for expanding specialist services
- Long term sickness position and implementing outcomes of recent audit
- CHC pressures and associated Value & Sustainability work stream

**BCU Support Required:**

- Support from Value & Sustainability Work streams, Service Improvement and Transformation Team, and other corporate functions:
- Local Authority collaboration and support to address the change in working model of Local Authority teams in 4 out of 6 county areas
- To tackle the OOA bed position and improve bed flow
- Continued support with measures to address recruitment/ retention and long term sickness
- Ligature risks - further support is required to secure sustainable funding both Capital and revenue. The division are working with the Estates and Capital team.
- Access to suitable accommodation for Eating Disorders Services (EDS) and Perinatal services remains an ongoing issue

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

- **Stabilisation of MHLD Leadership Team** – Director of Nursing role currently progressing through recruitment, role currently supported by interim Director of Operations providing continuity and consistency.
- **MHLD Governance Structure** – The MHLD Division has established Delivery Groups & Governance structure to mirror the BCU operating model. This ensures that the performance, quality/risk and workforce structures are effective, efficient and robust. It also ensures accountability at all levels of the division.
- **Closure and progress of Special measures actions** - The NCCU Action Plan is 93% complete and the RCPsych Response Plan has been approved by the Health Board.
- **MHLD Annual Plan 2024/25** – The Annual Plan was developed and signed off for 2024/25. It sets out our contribution to leading and supporting the Health Board's response to current challenges and opportunities to transform the delivery of mental health care for the population we serve.

**3 Recommendations**

The Committee is asked to:

- Review the contents of the report and current position.
- Note and support the ongoing work to address any areas of poor performance/ key challenges, and identify any additional assurance work or actions it would recommend MHLD colleagues to undertake.
- Note the required support outlined.

**Mental Health Learning Disability  
(MHL D) report to  
Performance, Finance and  
Information Governance  
Committee**

**August 2024**



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# Mental Health & Learning Disabilities Division – Management Structure (updated February 2024)

Project Director for Ablett Redevelopment

Head of Workforce, Organisation/Development (WOD) - MH&LD

Head of Governance

Chief Finance Officer – MH&LD

Executive Director MH&LD

Director MH&LD

PA to Director of MH&LD

Medical Director MH&LD

Director of Nursing MH&LD

Director of Operations and Service Delivery MH&LD

Head of Integrated Strategy and Development

Head of Pharmacy MH&LD

Clinical Directors x 6

Deputy Medical Directors x 2

Training Programme Director

Lead Consultants MH&LD

Professional Lead/Head of Psychology Services Reporting to Executive Director of Therapies

Heads of Specialties x 8

Assistant Director of Nursing MH&LD

Operational Business Lead MH&LD

Training Development and Wellbeing Lead

Head of Planning and Performance

Project Manager IT, Assistant Business Manager, Assistant Project Manager and Planning Compliance Lead

Strategic and Partnership Manager

Service Improvement Lead

Improvement and Development Manager

Assistant Development Officer x 3

Head of Operations & Service Delivery, West HERGEST

Head of Operations & Service Delivery, Central ABLETT

Head of Operations & Service Delivery, East HEDDFAN

Head of Operations & Service Delivery, Regional Specialist LD and SMS

Head of Operations & Service Delivery, Specialist Commissioned Care Rehabilitation/CHC/Forensics/Perinatal

Head of Nursing, West (Professional Reporting to Assistant Director of Nursing)

Clinical Director, West (Professional Reporting to Medical Director)

Head of Nursing, Central (Professional Reporting to Assistant Director of Nursing)

Clinical Director – Central [Professional Reporting to Medical Director]

Head of Nursing, East (Professional Reporting to Assistant Director of Nursing)

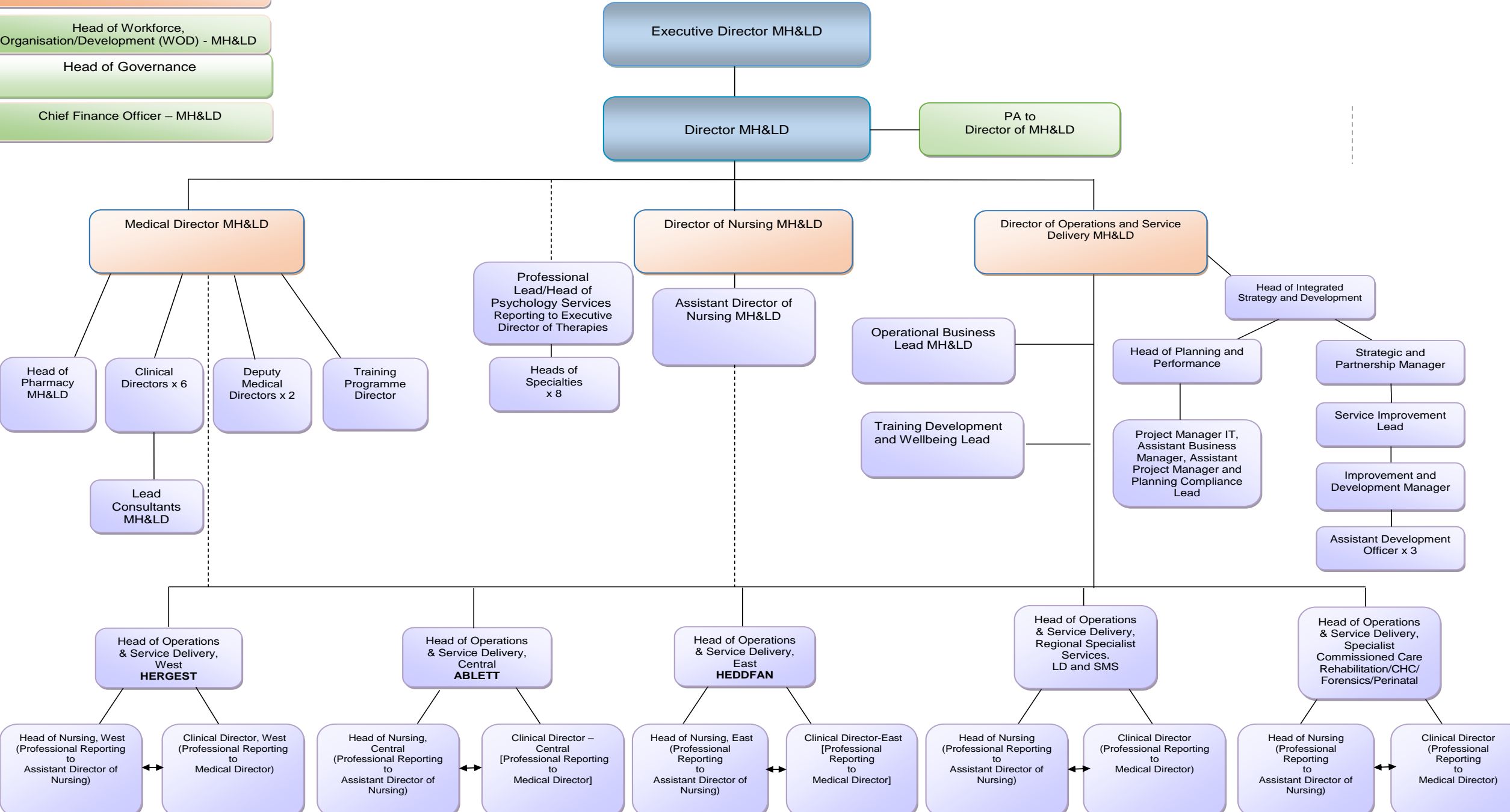
Clinical Director-East [Professional Reporting to Medical Director]

Head of Nursing (Professional Reporting to Assistant Director of Nursing)

Clinical Director (Professional Reporting to Medical Director)

Head of Nursing (Professional Reporting to Assistant Director of Nursing)

Clinical Director (Professional Reporting to Medical Director)



# MHLD Finance – Month 3



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# MHLD Financial Position – Month 3

## Month 3 Position

Year to Date (YTD) position is **£4.98m (3%) adverse**

The forecast for the year at month 3 is **£12.64m (8%) adverse**

*2023/24 outturn £8.71m (5%) adverse*

## Material Budget Changes 24/25

- Riga 1 Budget Rejection (**£0.147m**)
- Riga 2 Budget Rejection/Reduction (**£1.716m**)
- 24/25 Savings Target (**£4.215m**)
- Non recurrent Top Slice funding (**£1.241m**)
- **Total Net Budget Reduction (£7.319m)**

## Material Variances Month 3 (Forecast)

	Month 3 Variance £'000	YTD Variance £'000	Forecast for Year £'000
Core / Other	13	227	245
Out of Area	1,188	3,723	9,678
CHC and Packages of Care	438	1,031	2,718
<b>Sub total</b>	<b>1,639</b>	<b>4,982</b>	<b>12,642</b>

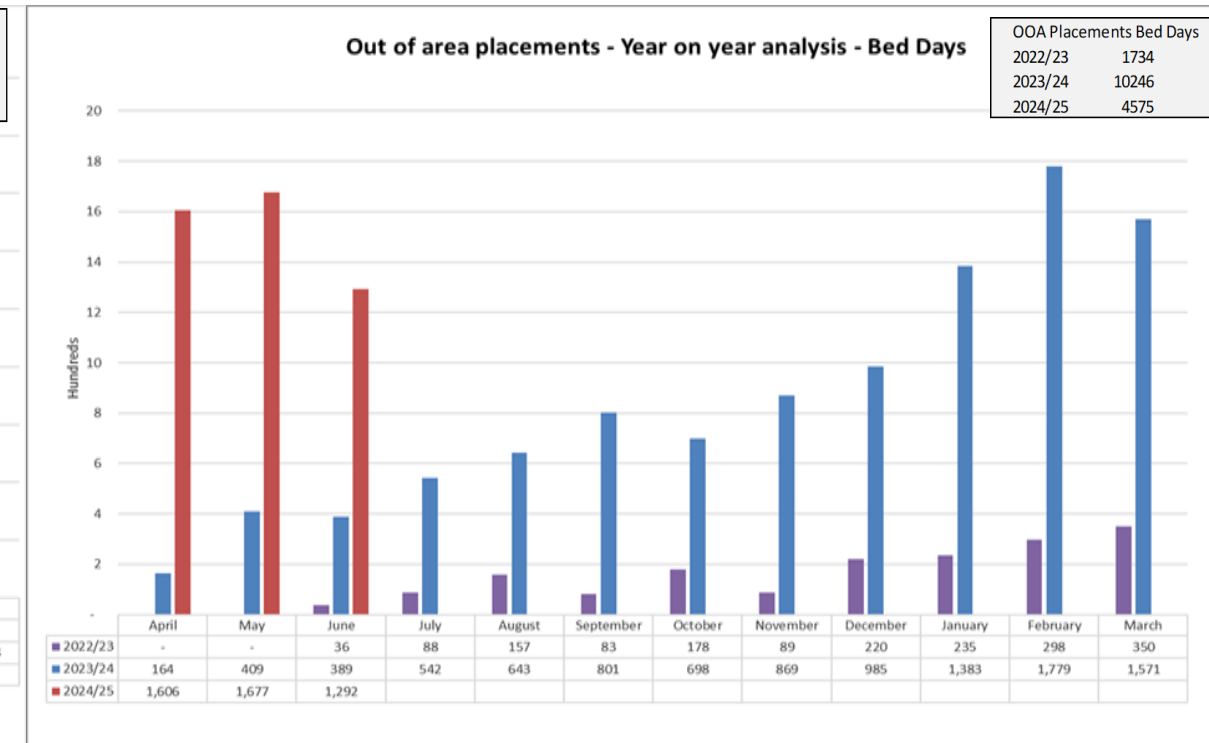
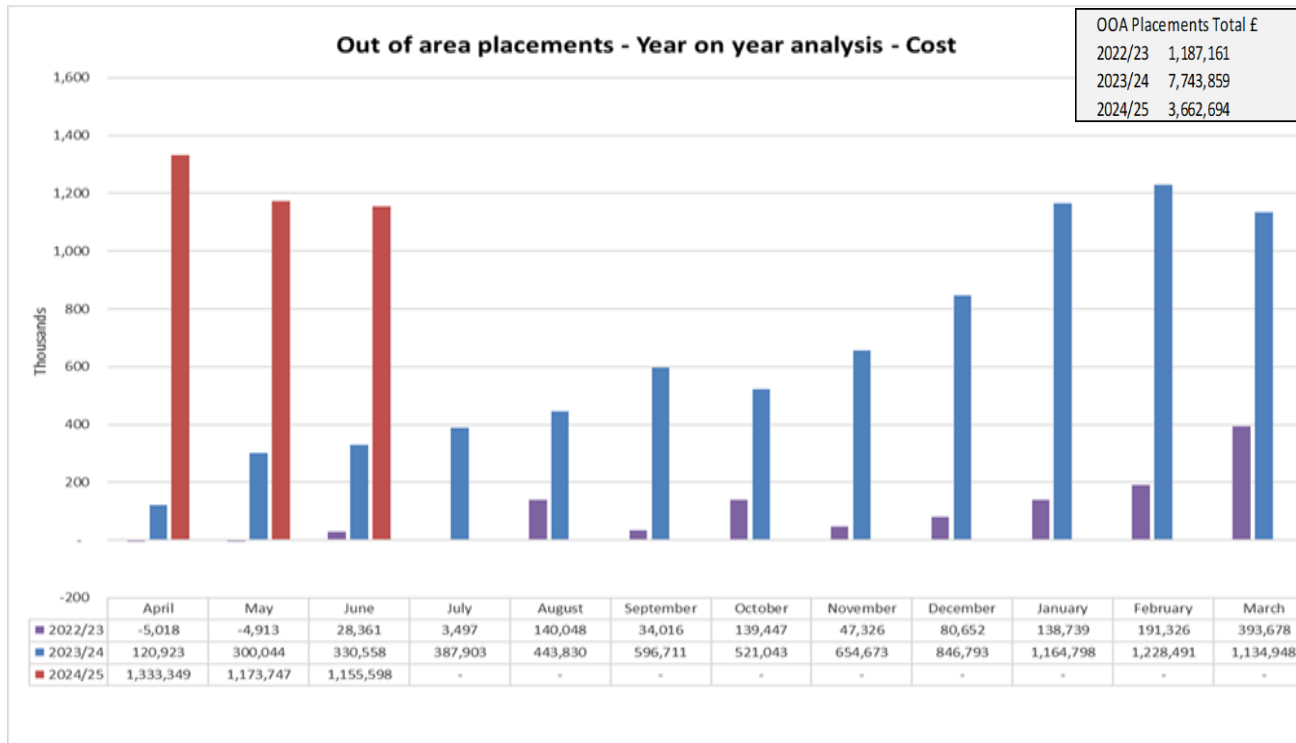
- Out of Area Placements are the most significant cost pressure for the Division with a YTD variance of £3.7m and a forecast overspend of £9.7m for the year.
- Continuing Health Care (CHC) and Packages of Care have seen growth in the number of placements of 14 year to date and the average cost per package has increased. The overspend is £1.0m YTD and is forecast £2.7m for the year.
- Within core budgets, Inpatient Staffing costs are £0.6m overspent YTD and forecast to be overspent by £2.5m for the year. These are partially offset by underspends in community services.

## 2024/25 Divisional

Variances by Area	Current Year 2024/25	
	YTD Variance	% Variance
	£'000	%
Div Mgt	56	4%
Medical	361	8%
West	2,629	62%
Centre	1,035	23%
East	2,377	50%
Reg Spec Services	(230)	-2%
Spec Commiss Care	(141)	-4%
Psychology	(468)	-23%
Third Sector	(124)	-18%
RIF - Integrated Autism	(0)	0%
WG -Innovation & Transformation Reserve	(598)	-51%
Other	83	-100%
<b>Total</b>	<b>4,982</b>	<b>12%</b>



# Key Financial Issues Specific to MHL – Out of Area Placements



## Financial burden of Acute Out of Area (OOA) Placements

Costs associated with acute OOA placements are significant and remain one of the biggest challenges for MHL division to balance their budget. The latest position for Out of Area Placements in June 24 has seen 59 patients out of area in month totalling 1,292 bed days at a cost of £1.2m.

The overspend attributed to OOA beds for 2023/24 was £7.8m. The forecast overspend for 2024/25 at month 3 is £9.7m, this has reduced from £13.1m in month 1. This reduction reflects the work that has already started to reduce OOA placements for the year.

There is an ongoing focus by the Division to further reduce the number of placements and spend for the year, with a downward trajectory of OOA placements from January 2024 to July 2024



# Key Financial Issues Specific to MHLD - Other Key Financial Risks / Issues

- Growth in Continuing Health Care (CHC) and Packages of Care – 14 additional packages YTD
- Safer Staffing Review – underfunding for inpatient wards
- 
- Recruitment and Retention of Medical, Nursing and Psychology staff
- Anti Ligature work requirements to ensure patient safety
- Inpatient bed capacity / Delayed Transfers of Care – impact on OOA placements
- Community Mental Health Staffing – impact of withdrawal of Local Authority staff and waiting lists
- Non recurrent RIGA (Recurrent Investments Group for Assurance) 2 funding for 2024/25 - £3.166m
- Cost pressure in year from shortfall in RIGA 2 funding £0.39m



# MHLD Cash Releasing Efficiency Savings (CRES) Position – Month 3

## Savings

In-month: £0.20m against plan of £0.23m

**£0.03m adverse**

YTD: £0.53m against plan of £0.56m

**£0.03m adverse**

## Savings Forecast

£7.652m against target of £4.215m

Theme	Rec / Non Rec	Green Schemes £'000
Clinical Variation	Rec	£5,451
CHC	Rec	£1,500
Workforce	Non Rec	£208
Workforce	Rec	£299
Non Pay	Non Rec	£10
Non Pay	Rec	£52
Medicines Management	Rec	£133
<b>Total</b>		<b>£7,652</b>

- The Division has been allocated a savings target of £4.215m for the year.
- The Division have identified savings totalling £7.619m for the year and have delivered £0.5m of savings against a target to date of £0.6m.
- The Division continue to identifying savings schemes to mitigate the year to date overspend position.

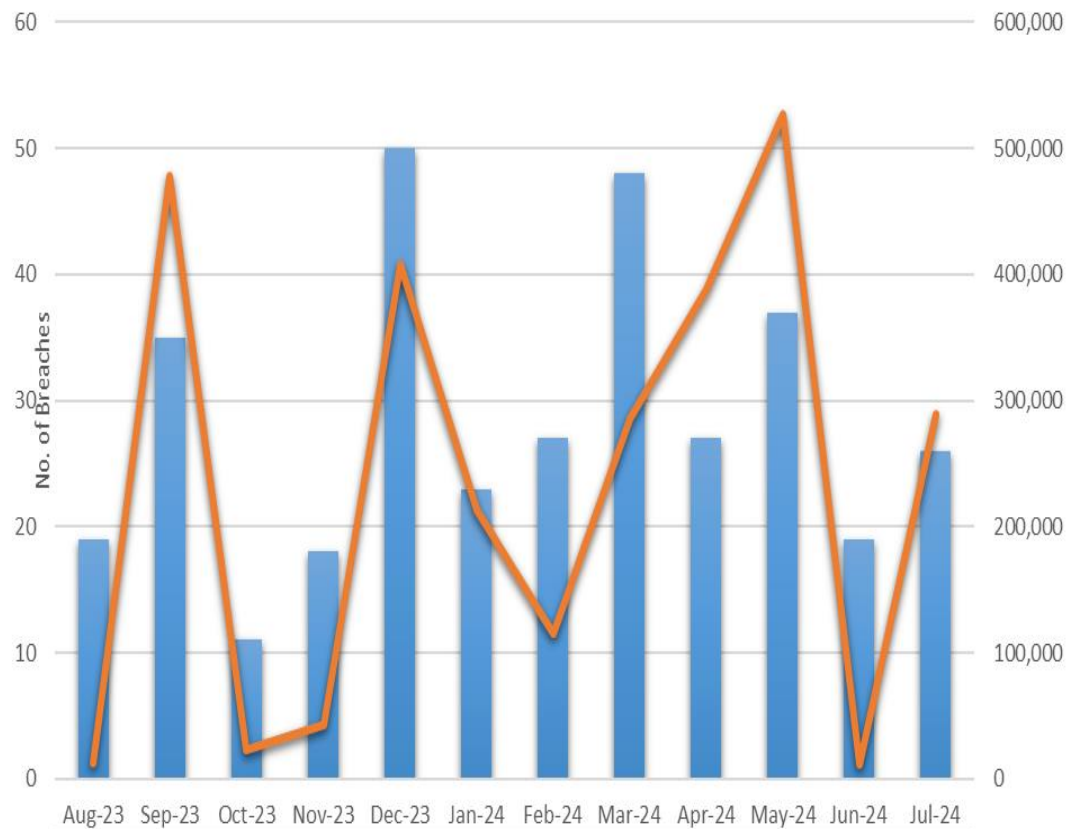
## Savings Description

Scheme / Opportunity Title	RAG Rating	Current Year Annual Plan (£)	YTD Planned Profile (£)	YTD Ach'mnt (£)	YTD Variance (£)	FOT Planned Profile (£)	FOT Ach'mnt (£)	FOT Variance (£)
Reduction in Out of Area Placements	Green	5,450,544	0	0	0	5,450,544	5,450,544	0
Medical Agency Reduction	Green	44,195	0	0	0	44,195	44,195	0
Procurement - V&S Traditional and Value Based (VS1) - Rec	Green	1,739	142	272	130	1,739	1,088	-651
Procurement - Contract Management (VS2) - Rec	Green	2,520	625	847	223	2,520	3,496	976
Procurement - Product Rationalisation (VS3) - Rec	Green	287	0	0	0	287	106	-180
Procurement - V&S Traditional and Value Based (VS1) - Non Rec	Green	12,614	3,304	673	-2,630	12,614	9,029	-3,586
Procurement - Contract Management (VS2) - Non Rec	Green	688	688	758	70	688	1,230	542
Enhanced Recruitment Control Savings	Green	177,613	88,807	101,033	12,226	177,613	208,179	30,566
Enhanced mileage rates	Green	41,891	10,473	15,490	5,017	41,891	46,909	5,017
Outsourcing savings (primary care dispensed)	Green	60,996	15,249	15,249	0	60,996	60,996	0
National agreed contracts for secondary care drugs	Green	71,965	0	0	0	71,965	71,965	0
Right Care Programme	Green	1,500,000	375,000	335,510	-39,490	1,500,000	1,500,000	-0
Reduction in Nursing Agency Spend	Green	254,388	63,597	63,597	0	254,388	254,388	0
			0	0	0	0	0	0
		7,619,442	557,884	533,430	-24,454	7,619,442	7,652,126	32,684



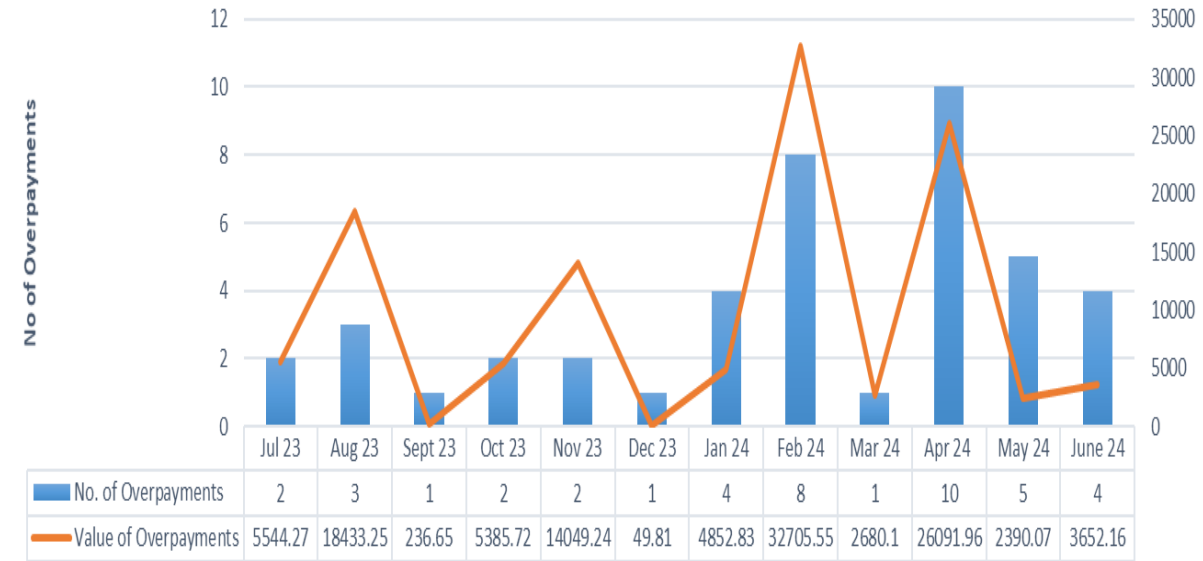
# MHLD Financial Governance

## PO Breaches - Numbers and £



	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>No. of Breaches</b>	19	35	11	18	50	23	27	48	27	37	19	26
<b>Cost of Breaches</b>	12,510	477,803	23,332	42,201	408,513	213,164	114,562	285,561	387,619	526,898	11,566	288,640

## Pay Overpayments for MHLD



- Purchase Order (PO) breaches are mainly in relation to Out of Area Placement costs.
- There is an ongoing focus within the Division to reduce the amount of breaches.

# MHLD Performance- Month 3



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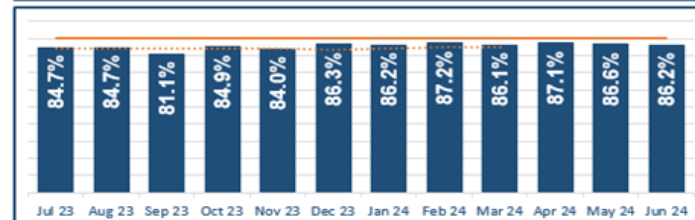
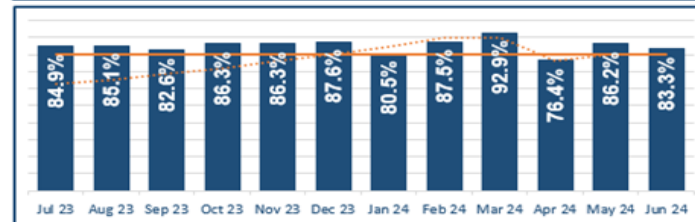
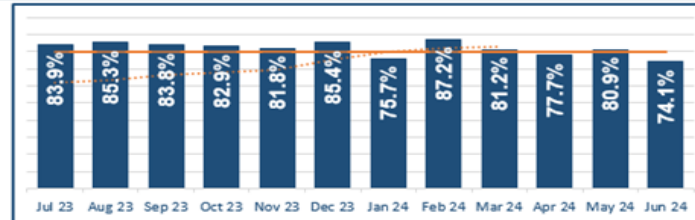
# MHLD Performance Summary

## Performance Summary - Mental Health and Learning Disabilities

Metric		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Mental Health Measure: Part1a: Assessment within 28 days	Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Performance	70.4%	77.6%	80.1%	84.0%	85.3%	83.8%	82.9%	81.8%	85.4%	75.7%	87.2%	81.2%	77.7%	80.9%	74.1%
Mental Health Measure: Part1a waiting list	Target															
	Performance	1334	1255	1243	1392	1378	1413	1454	1576	1441	1363	1392	1403	1498	1472	1216
Mental Health Measure: Part1a waiting over 28 days for an assessment	Target															
	Performance	640	558	569	605	592	616	529	652	662	495	548	567	473	662	636
Mental Health Measure: Part1b: 1st intervention within 28 days of assessment	Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Performance	86.34%	82.71%	82.16%	84.88%	85.14%	82.65%	86.34%	86.29%	87.59%	80.49%	87.53%	92.91%	76.38%	86.18%	83.33%
Mental Health Measure: Part1b waiting list	Target															
	Performance	579	545	494	492	508	518	551	578	611	667	645	716	764	791	815
Mental Health Measure: Part1b waiting over 28 days for a 1st intervention	Target															
	Performance	360	334	298	282	307	299	288	337	405	351	406	485	477	541	534
Mental Health Measure: Part2: Valid Care and Treatment Plan	Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Performance	83.8%	85.0%	85.6%	84.7%	84.7%	81.1%	84.9%	84.0%	86.3%	86.2%	87.2%	86.1%	87.1%	86.6%	86.2%
Psychological Therapy Compliance (waiting under 26 weeks)	Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Performance	91.9%	93.8%	96.2%	97.1%	92.1%	88.2%	85.4%	91.2%	87.2%	86.1%	94.4%	87.7%	91.4%	87.9%	85.8%
Psychological Therapy waiting list	Target															
	Performance	74	64	78	69	76	85	89	91	94	101	107	114	128	149	148
Number of referrals into SPoAA	Target															
	Performance	3068	3442	3531	3448	3698	3516	3731	3486	2982	3460	3326	3296	3578	3266	3268
Number of Out of Area placements	Target															
	Performance	10	22	28	28	32	43	43	43	57	77	71	74	82	75	59
Out of Area bed days	Target															
	Performance	164	409	393	542	643	1367	963	869	985	1348	1681	1571	1606	1677	1292
Pathways of Care Delays: Delayed discharges (in-month snapshot)	Target															
	Performance	17	25	31	30	25	25	26	24	17	21	22	21	26	24	27
Pathways of Care Delays: Bed days lost (in-month snapshot)	Target															
	Performance	1044	1469	1616	2306	1798	2223	2408	1942	1701	1518	1153	1147	1438	1739	1914

# MHLD Mental Health Measure Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
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)	0.8	TBC	74.1%	4th of 7 (at May 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)	0.8	80.0%	83.3%	6th of 7 (at May 24)
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	86.2%	5th of 7 (at May 24)



## Part 1

The dip in performance for Part 1a is due to prioritising the longest waiters to 'treat in turn', which has had a positive impact on numbers waiting and is at its lowest rate all year. To ensure existing staff time is maximised, it is proposed to utilise available digital systems to undertake the scheduling of appointments and central coordination to support increasing available assessment slots.

The Standard Operating Procedure for the delivery of Core Community Mental Health Services is being scrutinised on its effectiveness through the Community Transformation Pathway Group (CTPG).

Risk remains high for Part 1a and 1b in Anglesey. To address this, and compliment the work through CTPG the Head of Operations in the West has commenced discussions with the teams to enable a greater understanding on issues and remedial action. Denbighshire is also high risk for Part 1, however steady improvement progress has been demonstrated.

Waiting lists are monitored within our Community Transformation Group, Divisional Performance group and as part of the regular discussions with NHS Executive (NHSE), and along with other health boards are supporting the NHSE in the development of access guidance for core mental health services.

## Part 2

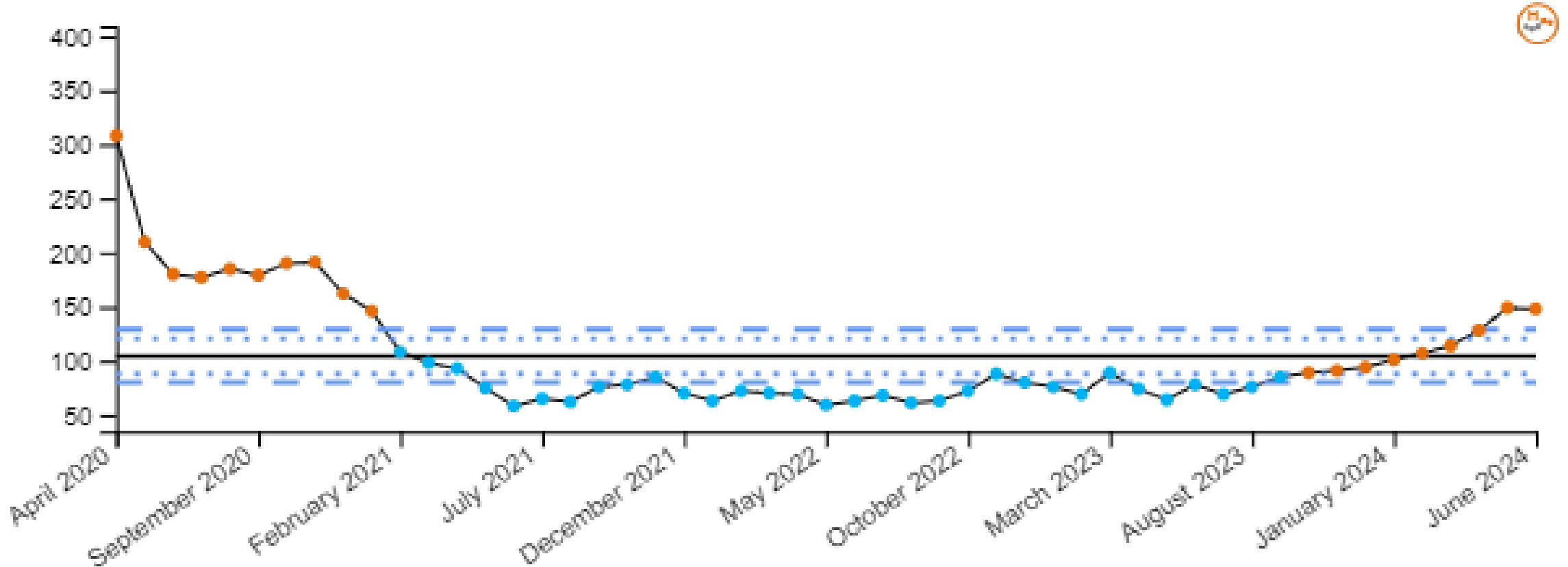
A new Community Mental Health Service allocation waiting list protocol has been ratified and implemented. The protocol stipulates:

- the support to be given to patients whilst awaiting allocation of a care co-ordinator including providing self-help information, signposting to 3rd sector organisations and contact details to access telephone support
- consistent Care Treatment Plan (CTP) recording pro-forma
- consistency of recording and reporting on part 2
- forum and frequency of waiting list reviews
- roles and responsibilities of those involved in the process, including the duty team

Part 2 performance has been impacted by a change in working model initiated by the Local Authority impacting integrated working in four of the six counties.

# Access to Psychological services

## Total Number Waiting for Psychological Therapy

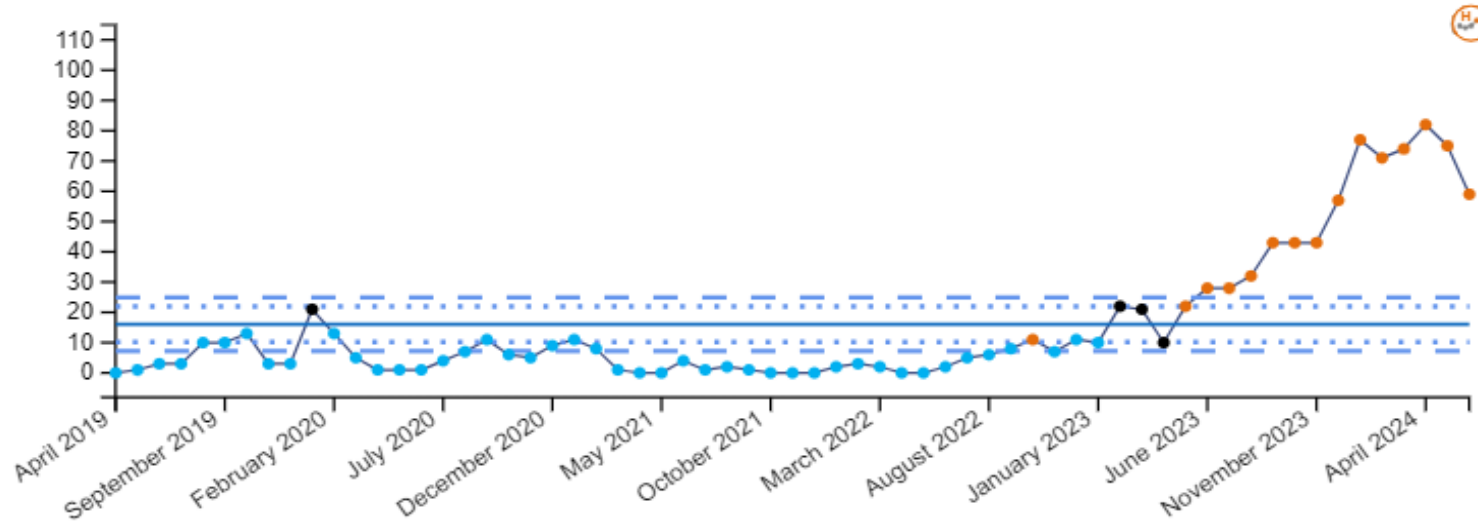


Whilst compliance remains in excess of the 80% target having been sustained since July 22, the number of waiters has doubled in just over a year, this may therefore affect the compliance target and kept under close review. The reason for the increase is due to a small workforce (2 Psychologists) being reduced by 50% due to long term sickness. This is being supported by utilising stepped care staff from other areas within the Health Board and remains under close scrutiny.



# Acute Out of Area (OOA) bed utilisation- Key headlines

## Out of Area Placements



## Headlines:

- There has been a reduction in cumulative out of area placements (April = 82, May = 75, June = 59)
- The cost in June 2024 is in line with May 2024 at £1.2M

## Work undertaken to date

- March 24 - Initial scoping paper looking at acute OOA utilisation, costs, Regulation 28 and contracting to Divisional Senior Leadership Team (DSLTL)
- Task and Finish group formed
- Standard Operating Procedure (SOP) formulated - agreed to adopt principles whilst awaiting ratification
- Acute Care Pathway meeting stood up- appointed Clinical lead
- Executive lead for the Division has held a series of meetings with Local teams
- Established a monitoring and reporting system similar to the daily SITREP for daily review by DSLTL
- Mandated no Psychiatric Intensive Care Unit (PICU) beds
- Agreed increased focus on pre admission and discharge
- CCAPs (Commissioning Care Assurance and Performance System for approved OOA placements) process mandated

## Sustained focus

- Continued demand and capacity work charting impact of our actions
- Assessment of appropriate OOA admissions
- Implementation of the SOP
- Continued Director Communications/Directives outlining robust control measures
- Continued daily meetings in local areas to review decision making, bed utilisation and individual patients
- Pathway of Care Delays (POCD)- statistical analysis underway to target further remedial interventions
- Examination and pilot of step down options
- Home Treatment Team review led by Head of Nursing



# Key Successes and Challenges

## SUCCESSSES:

### Performance and Service Improvement

- The National Collaborative Commissioning Unit (NCCU) Action plan is 93% complete.
- The Health Inspectorate Wales (HIW) Discharge Action plan is 90% complete
- Royal College of Psychiatry (RCPsych) Response Plan has received approval at the Health Board meeting held on 24<sup>th</sup> July 2024. Next steps aligned to the Governance Framework, including an Expert Advisory Group, are being established.
- Divisional Learning Event planned for September.

### Enablers

- MHLD and Digital Data and Technology (DDaT) are working with the Digital Health Care Wales National Team (DHCW) on the development of a business case for national procurement of an optimum system for an Electronic Patient Record (EPR)
- The Wellness Work and Us service continues to provide individually bespoke support to all MHLD staff.
- Recruitment and Retention activity remains ongoing, including a streamlined recruitment process for HCAs and a divisional focus on the substantive recruitment to interim posts

## CHALLENGES:

- Although largely compliant with the Mental Health Measure, we scrutinise waiting times in areas. Whilst much work is being undertaken to tackle this, challenges remain with staffing levels, and change in working model initiated by the Local Authority impacting integrated working.
- Acute Out of Area bed utilisation remains high with significant work, at pace being undertaken to reduce this. This is the major risk to a divisional balanced finance position.
- Ligation risks are ongoing and dynamic - further support is required to secure sustainable funding both Capital and revenue.
- Access to suitable accommodation for Eating Disorders Services (EDS) and Perinatal services remains an ongoing issue.



# MHLD Workforce- Month 3



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Vacancies & Sickness - Month 3

Org L5	Budgeted FTE	Actual FTE (inc SLE Drs)	Vacancy FTE	Vacancy %	Under Establish ed FTE	Monthly Sickness %	Rolling Sickness %	Agency Spend	Bank Spend	PADR %	Training %	External Starters FTE	Internal Starters FTE	External Leavers FTE	Internal Leavers FTE	Agency Filled % (Hours)	Bank Filled % (Hours)	Unfilled % (Hours)
Centre Area MHL D (MX14) L5	331.9	293.9	38.0	11.5%	42.6	7.89%	7.65%	45,673	162,470	92.0%	95.0%	1.0	4.0	-1.0	-4.0	9.8%	71.4%	18.8%
CHC (MX80) L5								0										
Divisional Management (MX10) L5	91.3	80.8	10.5	11.5%	14.0	5.18%	5.58%	-1,533	12,897	72.3%	94.0%		2.0		0.0		85.3%	14.7%
East Area MHL D (MX15) L5	388.9	338.5	50.4	13.0%	54.2	7.50%	8.29%	21,934	253,160	91.8%	95.2%	2.4	3.0	-2.8	-2.0	3.8%	82.0%	14.2%
Executive Director Therapies Psychology (MX20) L5	202.7	160.4	42.3	20.9%	51.1	4.48%	3.63%	0	-19	69.2%	91.1%		0.4		-1.4			
Medical (MX11) L5	147.5	121.0	26.5	18.0%	44.3	3.72%	3.03%	250,999	0	61.5%	77.1%			-1.0	0.0	45.5%	50.8%	4.8%
MHL D Other (MX18) L5	22.8	8.4	14.4	63.2%	14.4	9.13%	2.14%	0	0	37.5%	96.0%							
Regional Specialist Services (MX16) L5	506.8	442.2	64.6	12.8%	84.5	8.79%	7.56%	19,208	61,992	95.8%	93.5%	1.6	0.0	-2.0	-2.0	7.3%	60.2%	32.4%
Specialist Commissioning Care (MX19) L5	262.4	225.5	36.9	14.1%	43.2	5.75%	7.14%	54,521	47,823	91.6%	95.5%		1.0	-1.8	-2.0	36.8%	46.4%	16.8%
West Area MHL D (MX13) L5	331.6	282.3	49.3	14.9%	54.9	7.73%	9.65%	106,929	186,223	56.0%	89.4%	1.0	2.0	-2.0	0.0	17.8%	62.2%	20.0%
<b>Total</b>	<b>2285.9</b>	<b>1952.9</b>	<b>333.0</b>	<b>14.6%</b>	<b>403.1</b>	<b>7.18%</b>	<b>7.34%</b>	<b>497,731</b>	<b>724,546</b>	<b>84.1%</b>	<b>92.8%</b>	<b>6.0</b>	<b>12.4</b>	<b>-10.6</b>	<b>-11.4</b>	<b>17.0%</b>	<b>66.2%</b>	<b>16.9%</b>

- The number of actual Full Time Equivalent staff (FTE) decreased in June to 1952.9 FTE a decrease of 6.3 FTE on the month previously.
- Head count has increased by 87 from 2005 in June 2023 to 2092 in June 2024.
- Vacancies increased in month from 324.2 FTE to 333.0 FTE, this equates to a vacancy rate of 14.6%.

## Sickness

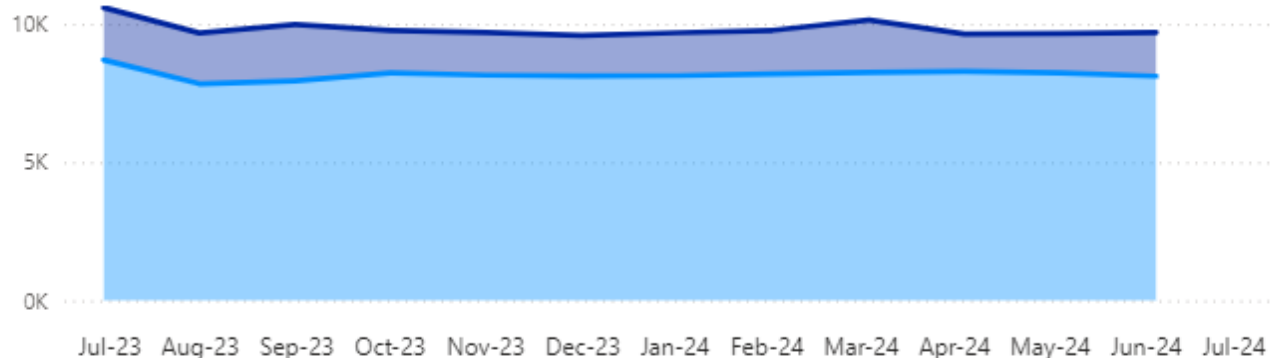
- Number of staff off sick increased from 114.9 per day in June 2023 to 137.9 per day in July 2024.
- Approximately £422,351 in month was paid in sick pay.
- Monthly sickness percentage has decreased slightly by 0.22% to 7.18% from the previous month of 7.4%. Short term absence has increased with overall decrease of 0.31% in long term absence.
- Overall – average length of absence is 36.4 days

**Sickness Absence Management remains a priority.**

# Workforce – Pay Spend - Month 3

Pay Spends (£000s)

● Core Spend (£000s) ● Non Core Spend (£000s)

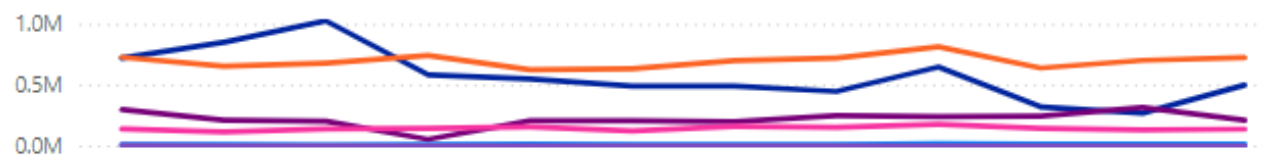


	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Core Spend	8,704	7,841	7,946	8,234	8,153	8,130	8,135	8,201	8,253	8,291	8,236	8,117	
Non Core Spend	1,894	1,840	2,046	1,530	1,544	1,457	1,554	1,576	1,892	1,353	1,425	1,579	

- There has been an overall decrease in core spend – lowest in 12 months.
- Agency spend increased by 46% in month between May 2024 and June 2024.
- There are currently 333.0 FTE vacancies including:
  - 130.8 Nursing & Midwifery registered
  - 12.1 Medical & Dental
  - 30.3 Allied Health Professionals
  - 40.5 Admin & Clerical
  - 73.2 Additional Clinical Services
  - 46.1 Additional Professional Scientific & Technical

Pay Spends

Pay Spends ● Add Basic ● Agency ● Bank ● Locum ● Overtime ● WLI

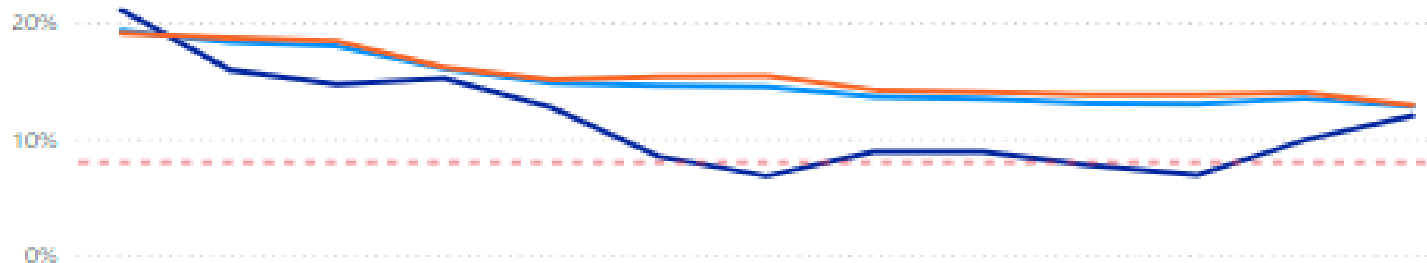


Spend	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Add Basic	8,046	10,314	4,357	9,435	10,748	8,652	9,494	10,582	16,576	12,063	11,102	11,861	
Agency	721,767	851,115	1,026,179	583,155	549,472	489,030	491,513	446,405	646,610	319,379	267,704	497,731	
Bank	727,174	654,658	677,252	741,394	623,342	631,975	698,336	720,714	814,148	639,002	702,124	724,546	
Locum	295,916	209,893	201,569	52,649	205,580	204,058	196,778	245,797	239,950	242,060	313,536	208,472	
Overtime	138,291	113,353	136,410	143,414	153,235	122,896	158,284	151,611	174,595	140,717	130,170	135,883	
WLI	2,405	180	461	0	1,542	427	0	453	0	0	288	391	

# Workforce – Vacancy

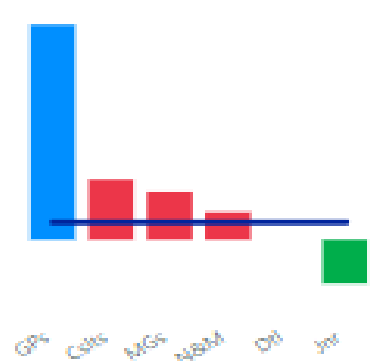
Vacancy %

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



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Vacancy % (All Staff Groups)	16.7%	16.4%	16.8%	15.7%	15.1%	15.8%	15.7%	15.2%	15.0%	14.1%	14.2%	14.6%	15.0%
Medical & Dental %	21.1%	16.0%	14.7%	15.2%	12.7%	8.5%	6.8%	9.0%	9.0%	7.8%	6.9%	9.9%	12.0%
Nursing & Midwifery %	19.1%	18.7%	18.4%	16.2%	15.1%	15.4%	15.5%	14.2%	14.1%	13.8%	13.8%	14.0%	12.9%

**15.0%**  
Target: 8.0% (-7.0%)  
2024-07

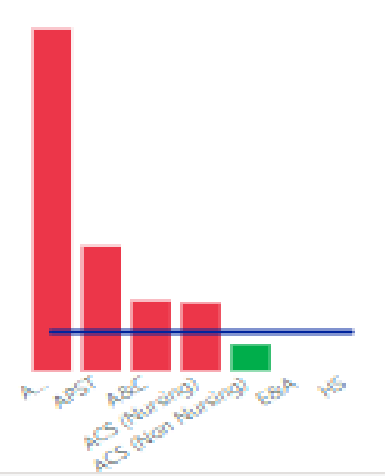


Vacancy %

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



SG	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
ACS (Nursing)	11.5%	11.4%	10.5%	10.4%	11.0%	13.2%	13.2%	12.8%	12.8%	12.5%	13.1%	13.0%	13.9%
AHP	61.1%	63.9%	63.8%	63.8%	66.4%	73.5%	73.3%	73.3%	70.9%	64.5%	64.5%	69.4%	70.1%
APST	24.9%	27.6%	32.1%	25.3%	25.2%	26.4%	25.0%	26.1%	26.1%	22.9%	23.3%	24.3%	25.5%
ACS (Non Nursing)	2.6%	3.3%	8.7%	12.5%	9.1%	4.5%	7.7%	6.0%	5.1%	3.9%	1.9%	-0.4%	5.4%
E&A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
A&C	12.1%	11.2%	11.9%	13.5%	13.4%	14.5%	13.9%	14.0%	14.1%	13.4%	13.7%	13.6%	14.3%



# Workforce – Developments & Challenges

## Developments

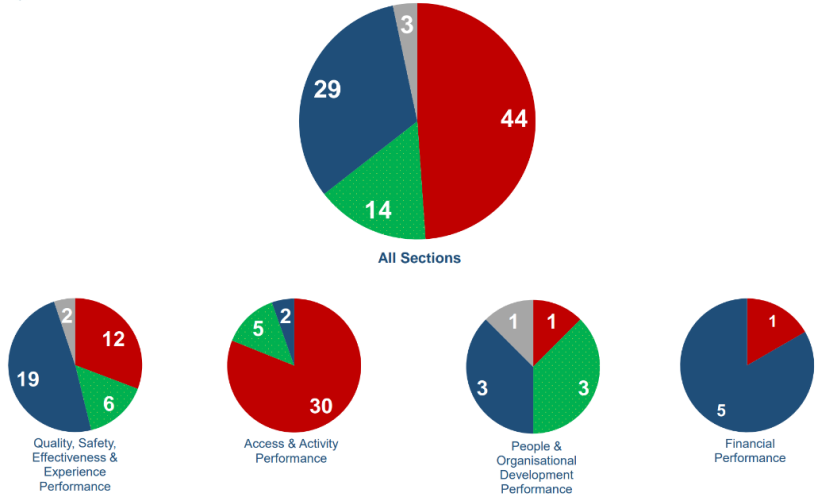
- Commenced thematic analysis of the staff survey results, led by the Wellness Work & Us (WWU) Project team.
- Focus on e roster compliance.
- Leadership development – work ongoing including a pathway for aspiring managers.

## Actions going forward

- Continued progress with the Recruitment & Retention Plan.
- Feedback results of recently completed sickness audit to develop support package in identified areas.
- Continue with the role out of regular HR drop in sessions in various locations across the division.
- Develop and deliver a training package to support managers with dealing with a difficult conversation/concern.

## Areas of challenge

- Enhanced Establishment Control Process.
- Volume of requests for formal Respect and Resolution.
- Implementing Just Culture and Restorative Justice with a focus on Compassionate Leadership.
- Line manager training to support culture change.
- Vacancy rates and agency usage
- Long term sickness, which continues to be closely managed
- Progress substantive recruitment to interim roles.

<b>Teitl adroddiad:</b> <b>Report title:</b>	Integrated Performance Report – Month 3 (with Month 4 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, 27 August 2024																		
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>This report relates to the 2024/25 financial year and month 3 performance for all quadrants except finance which references month 4 position and performance.</p> <p>The Health Board endorsed the Integrated Performance Framework (IPF) 2023-2027 on the 28th September 2023. It is one of a three frameworks intended to drive the strategic objectives of the Health Board. The other frameworks being the new Integrated Planning Framework (IPlanF) and the Risk Management Framework (RMF).</p> <p>The three Frameworks support the Board Assurance Framework (BAF) and will align with the Quality Surveillance Strategy as it is developed. The purpose of Our Framework is to integrate key performance indicators (KPIs) from: -</p> <ol style="list-style-type: none"> <li>1. Key deliverables from the Annual Plan (IMTP)</li> <li>2. NHS Wales Performance Framework (Quadruple Aims)</li> <li>3. Key deliverables in response to WG, HIEW and other formal recommendations including Special Measures.</li> </ol> <p>There are 90 measures included in this report, 32 of which are locally defined or do not have a specified monthly target rate. Of the remaining measures, 14 (16%) are on target and 44 (49%) are off target. As indicated within the below graphic;</p> <div data-bbox="507 1330 1326 1823" data-label="Figure">  <table border="1"> <caption>Performance Metrics Data</caption> <thead> <tr> <th>Category</th> <th>On Target</th> <th>Off Target</th> </tr> </thead> <tbody> <tr> <td>All Sections</td> <td>14</td> <td>44</td> </tr> <tr> <td>Quality, Safety, Effectiveness &amp; Experience Performance</td> <td>6</td> <td>12</td> </tr> <tr> <td>Access &amp; Activity Performance</td> <td>5</td> <td>30</td> </tr> <tr> <td>People &amp; Organisational Development Performance</td> <td>3</td> <td>3</td> </tr> <tr> <td>Financial Performance</td> <td>5</td> <td>1</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>	Category	On Target	Off Target	All Sections	14	44	Quality, Safety, Effectiveness & Experience Performance	6	12	Access & Activity Performance	5	30	People & Organisational Development Performance	3	3	Financial Performance	5	1
Category	On Target	Off Target																	
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People & Organisational Development Performance	3	3																	
Financial Performance	5	1																	

	<p>The Framework supports performance improvement through articulation of key performance indicators and articulation of opportunities for improvement (utilising available industry benchmarks to assess performance) and builds on the commitment for all levels of the organisation to improve. Our Framework is firmly based on our values: -</p> <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>

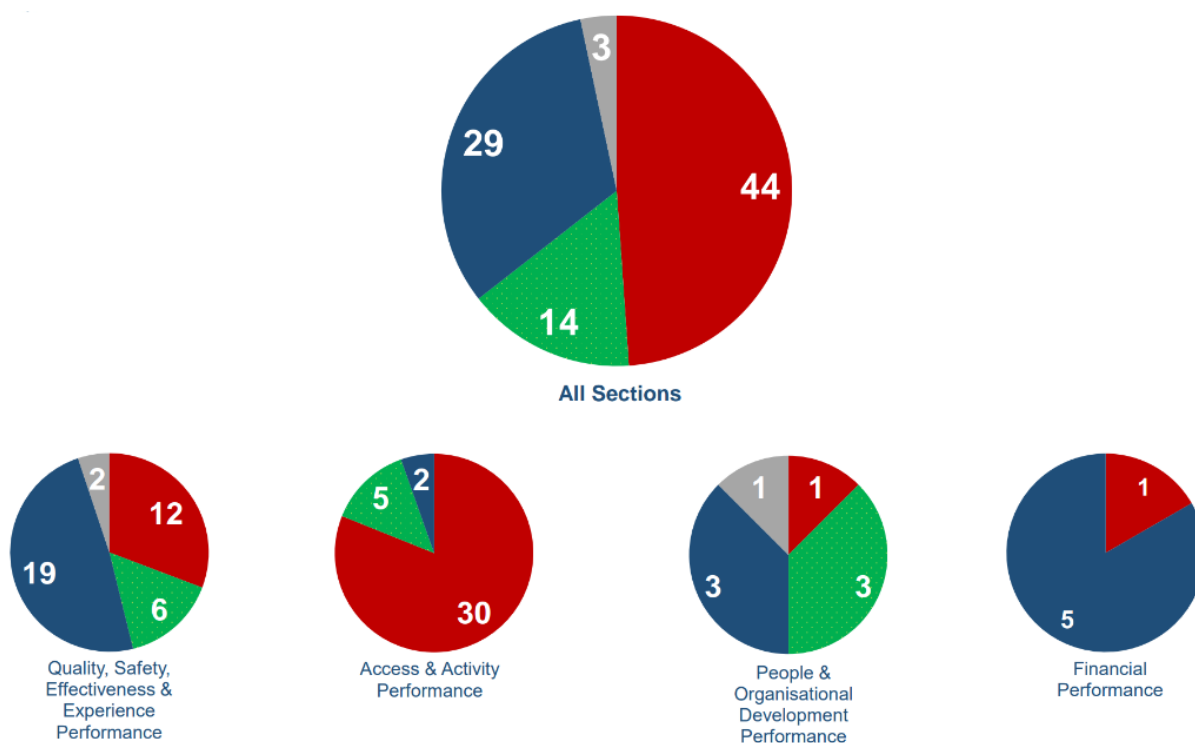
<b>Arweinydd Gweithredol: Executive Lead:</b>	Russell Caldicott, Interim Executive Director of Finance			
<b>Awdur yr Adroddiad: Report Author:</b>	Ed Williams, Acting Director of Performance			
<b>Pwrpas yr adroddiad: Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<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.			

<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <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>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>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></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>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The delivery of the performance indicators within our IPR will directly/ indirectly impact on our current and future workforce.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></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>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (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>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations:</i> 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 2025 and the sessions rolled out across the Health Board throughout 2024-25.</p>	
<p>Rhestr o Atodiadau: <i>List of Appendices: 1 The Integrated Performance Report in PowerPoint/ PDF</i></p>	

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

### 1. Overall Summary

Of the 90 measures included in the report, 14 are on target, 44 are off target with the remaining 32 either measured on a cumulative basis or not having a target. For the remit of the Performance, Finance & Information Governance Committee, Section 1, Quality, Safety, Effectiveness & Experience Performance, is included for information only. This section falls within the remit of the Quality, Safety & Experience Committee (QSE).



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

## 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 PFIGC. It is noted that based on latest information BCUHB is not achieving the target for 30 (79%) of these measures.

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

- Maintaining Children and Adolescent Mental Health Services (CAMHS) and Adult Mental Health (AMH) performance
- Achievement of cancer standards
- Planned Care waiting times and performance
- Ambulance handover times and performance
- Cancer waiting times
- Patient flow (emergency departments and delays to discharge)

#### 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 June 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 referenced in June PFIGC meeting, local metrics are now incorporated within the report, an example of the latest theatre utilisation performance articulated below.

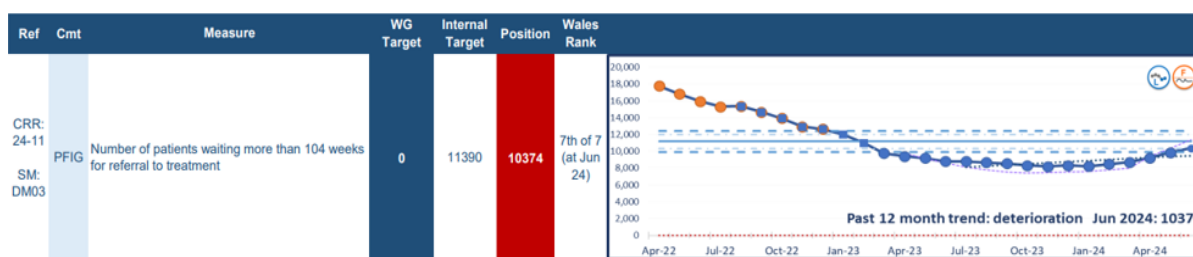
Ref	Measure	Latest Performance	Target
1	Theatre Utilisation (Capped)	74.1%	85%
2	Cases to be seen per theatre list	2.1	2.5
3	Cancellations at short notice or on the day	20.0%	<5%
4	Theatres starting greater than 15 minutes late	49.0%	<10%
5	Theatres finishing earlier than 60 minutes	22.4%	<10%

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 has been appointed for the Value and Sustainability Programme who will start 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 waiting in excess of 52 weeks for an outpatient appointment and 156 weeks for a procedure

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;



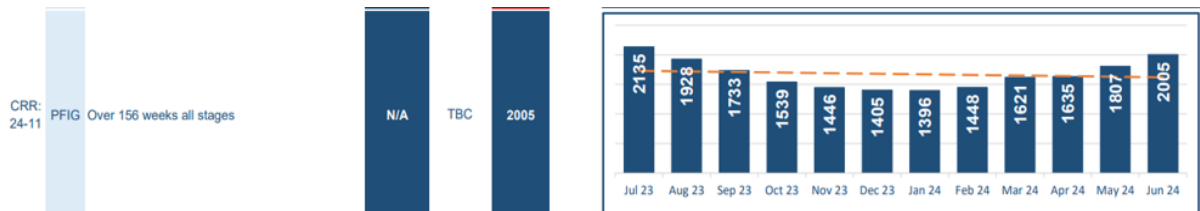
The Health Board submitted a trajectory for having only 5,000 patients waiting in excess of 104 weeks for treatment by 31<sup>st</sup> March 2025, the improvements in utilisation of theatre capacity, validation, use of waiting list initiatives and recent commissioning with partner organisations key to attainment of this targeted performance (current performance remaining largely static in this area at 10,304 patients).

There are additional meetings set to occur with Welsh Government to review the delivery of the targeted performance, with an ambition to move further towards the All Wales target of attaining a zero number of patients waiting more than 104 weeks for

a procedure by 31<sup>st</sup> March 2025. There would be a need to secure additional resources (staff and private sector capacity) and funding to make this a reality.

### 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 centring upon the two specialities for which there is recognised pressures on ability to service patient demand across Wales.

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 patient's 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.

### 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.

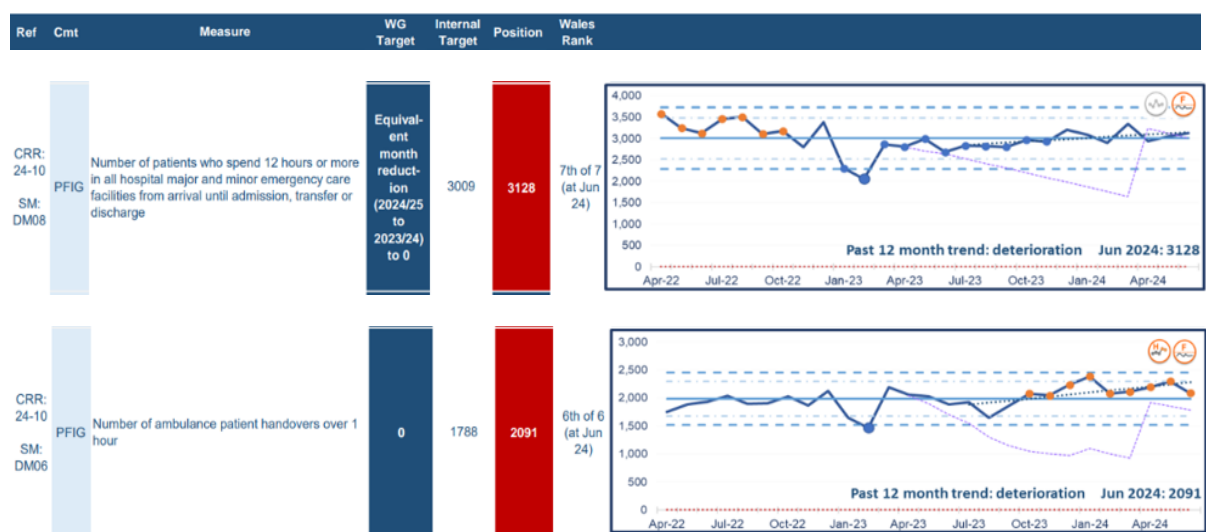
An update on forecast Planned Care Performance will be presented to members at the next meeting of PFIGC, to assure delivery of the improvements to patients waiting beyond 156 weeks for treatment and further offer assurance over plans to attain the all Wales 104 weeks targeted performance.

### 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 Health Board has seen a sustained improvement in ambulance handover and performance remains in line with historic performance on patients waiting great than 12 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.

### 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 Health Education and Improvement Wales (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 performance against the plan is shown below, which highlights at the end of July the Health Board is £7.0m overspend above the planned overspend year to date. This is predominately due to undelivered savings, Continuing Health Care (CHC) and Mental Health (MH) out of area pressures, and more recently drugs pressures.

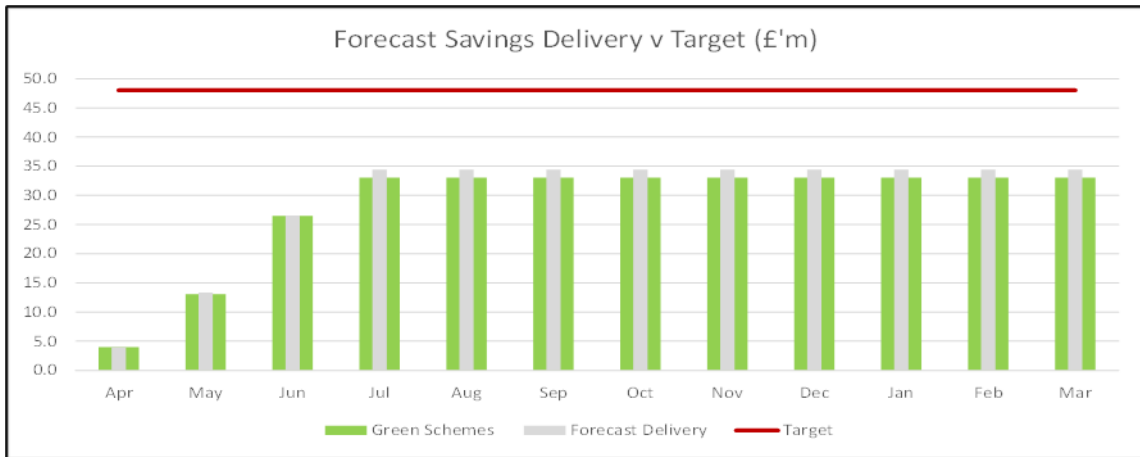
The projection reflects an assumption that the full savings target will be delivered in the year, the year to date deficit can be recovered and emerging cost pressures can be contained. There are significant risks to these assumptions, which need to be noted and carefully managed.

Financial Position to date and forecast Position

	Actual Position					Forecast Position								
	Apr	May	Jun	Jul	Total YTD	Aug	Sep	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)	(13.5)	(1.8)	(1.7)	(0.8)	(0.6)	(0.6)	(0.3)	(0.2)	(0.2)	(19.8)
Planned position	(1.7)	(1.7)	(1.6)	(1.6)	(6.6)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(19.8)
Surplus/ (deficit) over plan	(2.6)	(3.1)	(2.1)	0.9	(7.0)	(0.2)	(0.1)	0.9	1.0	1.1	1.3	1.5	1.5	(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 above shows that whilst there is an increase in the value of savings schemes identified in July, there is still a significant gap of £13.6m to be found to meet the full £48m.

The Health Board has moved to a Value and Sustainability Thematic methodology, with each theme having an Executive lead. This aligns with Welsh Government and other health boards and enables the sharing of ideas and potential opportunities across Wales.

Within the Health Board the IPEDG, which is chaired by the Chief Executive, review and monitor the progress of each work stream.

## 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 30.04.2024

Presented to

**Performance, Finance & Information**

**Governance Committee**

**Tuesday, 27<sup>th</sup> August 2024**

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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

## Access & Activity Performance

- **Cancer Treatment**

- Whilst performance remains below plan, use of Planned Care funds is expected to attain the Welsh Government ask of a 70% delivery by March 2025.

- **ED waits and Ambulance Handovers**

- Ambulance handover times and patients waiting 12 hours to be seen an area of focus.

- **Planned Care**

- A particular focus placed upon 104 weeks Referral to Treatment and over 52 week outpatients waiting times.

- **Mental Health and CAMHS Measures**

- Metric performance

## People & Organisational Development Performance

- **PADR** rate remains under the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard under development for the organisation.
- **Sickness absence rate** remains below 6.5% in line with ongoing staff wellbeing work.
- At 1.5%, 2nd best performing in Wales as at latest benchmarking, **Turnover rate** for nursing aligned with the national and local retention work put in place with a dedicated retention lead coming on-board for the organisation funded by Health Education and Improvement Wales (HEIW).
- At 4.3%, focus continues on reduction of off-contract **agency spend**. Ongoing work taking place around the Welsh Health Circular for agency spend reduction and the Value and Sustainability workforce programme.

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

(Corporate Risk 24-1 Leadership/Special Measures)

## Quality, Safety, Effectiveness & Experience Performance

Reported via Quality, Safety and Effectiveness Committee

## Financial Performance

The 2024/25 financial performance at month 4 is a deficit of £13.5m, this being £7m adverse to plan, as detailed below;

### Financial Position to date and forecast Position

	Actual Position				
	Apr	May	Jun	Jul	Total YTD
	£m	£m	£m	£m	£m
Surplus/ (deficit)	(4.3)	(4.8)	(3.7)	(0.7)	(13.5)
Planned position	(1.7)	(1.7)	(1.6)	(1.6)	(6.6)
Surplus/ (deficit) over plan	(2.6)	(3.1)	(2.1)	0.9	(7.0)

The key drivers of adverse financial performance centre upon savings under delivery and increased costs associated with CHC, Out of Area Mental Health placements and recently Drugs pressures.

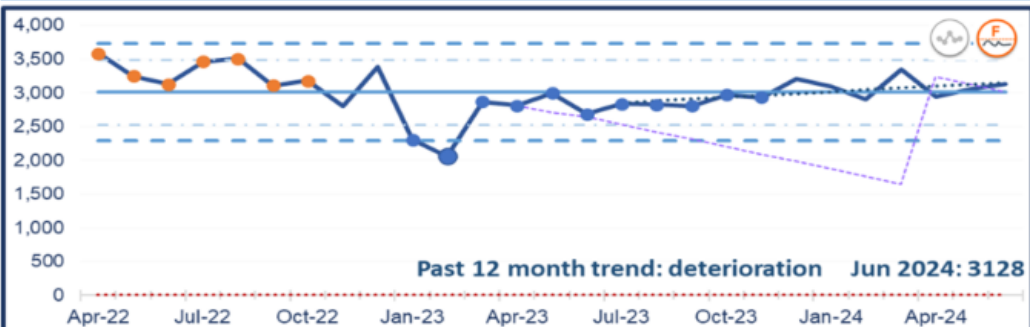
The forecast outturn assumes the control of current cost overruns, delivery of savings targeted and mitigation of current adverse variances to attain the £19.7m deficit. The risks to delivery estimated to total £20m.

The Health Board can secure recurrently the £82m received in 2024/25 as a one off allocation ONLY upon attainment of the planned deficit outturn.

# Access & Activity: Escalated Performance Measures

## Urgent & Emergency Care

Number of 12 hour ED wait breaches



Current performance remains significantly adverse to expected levels with a continued deterioration in the metrics for 1+ hour ambulance handover breaches and patients waiting over 12 hours in ED.

### Progress against the agreed NHS intervention

- Good progress being made centrally for lost hours and time in department.
- Weekly UEC reviews with IHCs 30 minute focus inclusive of WAST.
- Review of wider UEC picture planned Sept 16th (MIU/UPCC/UTC/GPOOH) to look at streamlining options but increasing the capacity, with support from the national team.

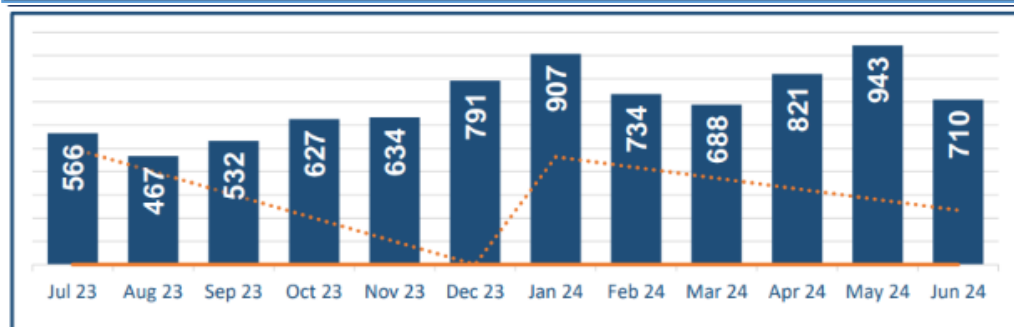
Number of 1+ Hour Ambulance Handover Breaches



### Actions taken to improve ambulance handovers, 4- and 12-hour ED waits, pathways of care delays.

- Noticeable improvement for the Central IHC in comparison to March 2023 by doing the basics well.
- Focus on continued moves over 24/7 rather than during daytime hours.
- WAST/BCUHB Workshop to look at reducing conveyances for Fall/Frailty and Breathing problems with a clear focus of change through the MCP.

Number of 4+ Hour Ambulance Handover Breaches

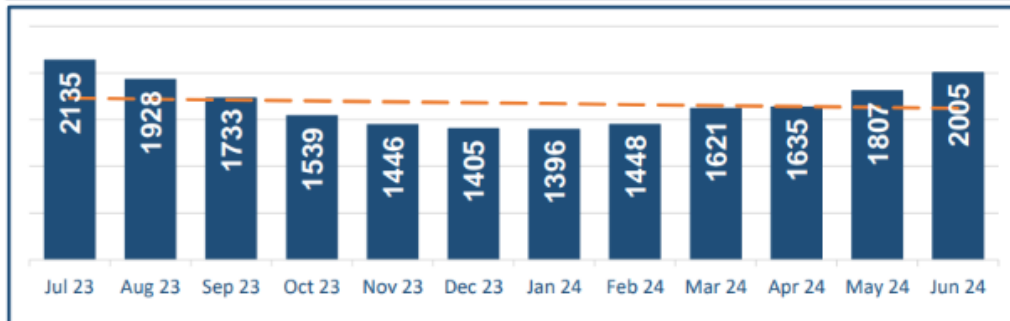


### Priorities and focus for the next month

- Allocate roles and responsibilities to programme / major change team to support progress of UEC programme board actions, advert out for 6 Goals Programme Director.
- Deep dive into LLOS (>100 days) for clinically optimised patients. Hospital Discharge Policy drafted for HB sign off through governance process.
- North Wales Falls & Frailty review in line with national programme

# Access & Activity: Escalated Performance Measures Planned Care

Number 156+ Weeks RTT



Number 104+ Weeks RTT



Number waiting over 52 weeks for a new appointment



## Headlines

Whilst the number of patients waiting over 156 weeks decreased considerably during 2023/24, the key specialties contributing towards this cohort are General Surgery, Orthodontics, Gastroenterology, Maxillo Facial Surgery and Urology. There is a deteriorating trend in the number of patients waiting beyond 52 weeks for a new appointment with performance at end of June 2024 of 24,483 demonstrating a further step deterioration.

## Priorities and focus for the next month

- Weekly escalation meetings with focus on monthly forecast position and specialty escalation.
- a change in philosophy that further aligns to Emergency and then 'treat in turn'
- Initial use of premium working from resource issued to the Health Board 2024/25
- improved productivity of in house available capacity during 2024/25 and for future years.

## Future developments

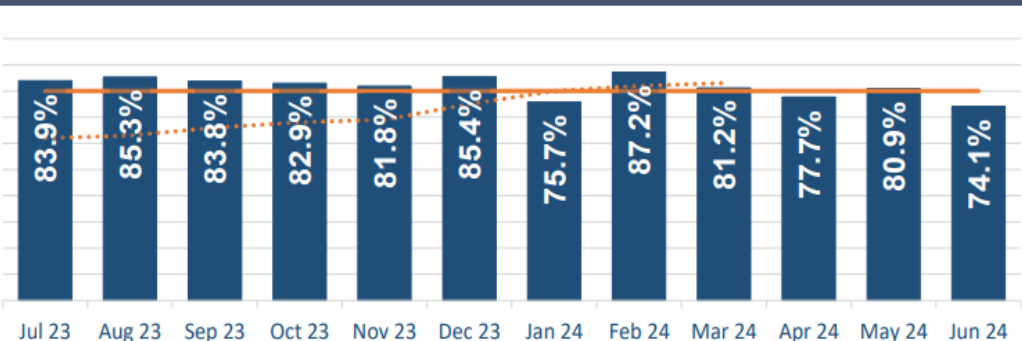
The formation of the BCU (Centralised Management) Patient Administration Booking Centre and the implementation of the Treat in Turn policy will improve the utilisation of outpatient and theatre sessions.

This will be achieved through the provision of guidance and referral criteria.

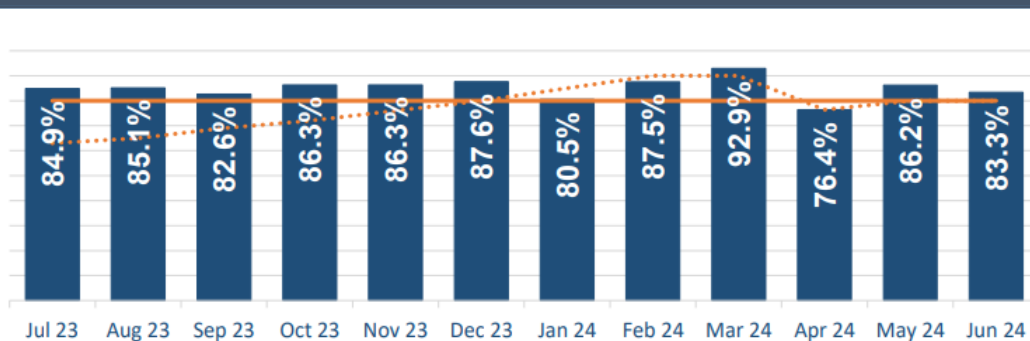
# Access & Activity: Escalated Performance Measures

## 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)



### Headlines

During Q1, the performance has been below the target on two occasions with a rate of 77.7% in April and 74.1% in June against the assessment target and 76.4% in April for the intervention metric. This reduction is linked to addressing backlog patients waiting in excess of 29 days in some of the local authority areas.

Focus on long waiters is positive for our patients and services, and whilst performance within the IHC East footprint is within target levels there is further opportunity to enhance performance and reduce waiting times within the other areas.

### Focus Areas

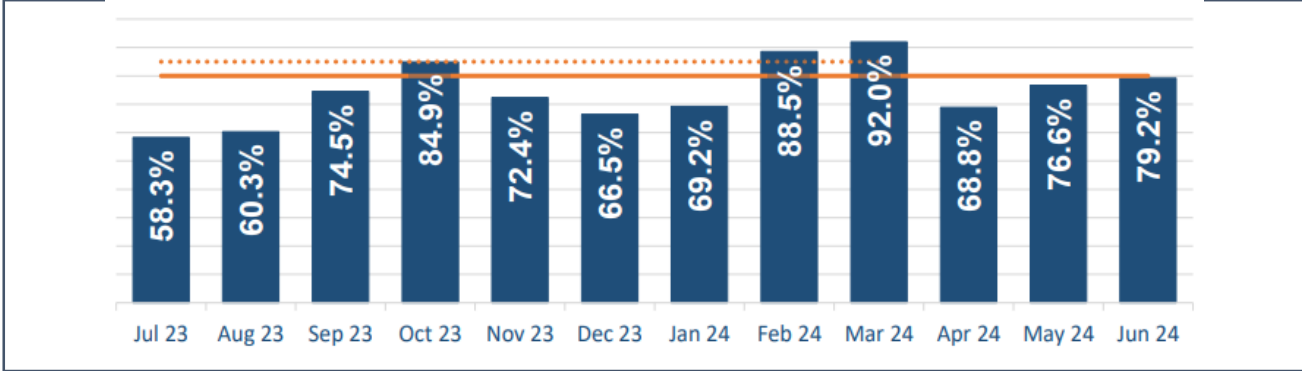
Waiting lists are monitored and discussed both within our ACTGP, at regional meetings and as part of the routine discussions with NHS Executive (NHSE). We along with other health boards are supporting the NHSE in the development of access guidance for core mental health services.

Risk remains high for Part 1a and 1b in Anglesey. To address this, and compliment the work through ACTGP the new Head of Operations in the West has commenced discussions with the teams to enable a greater understanding on issues and reasonable steps to mitigate. Denbighshire is also high risk for Part 1, however progress has been demonstrated with a month on month reduction since December 2023.

Our Community Mental Health Services Allocation Waiting List protocol has been finalised and teams are working towards full implementation.

# 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)

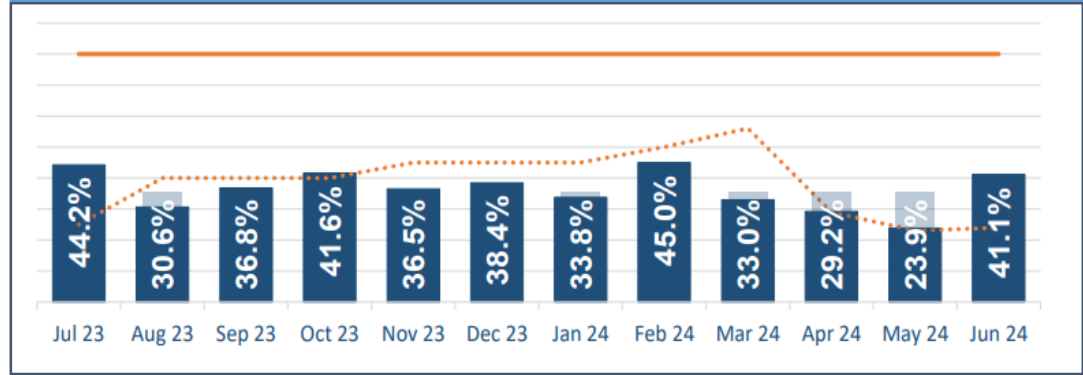


Performance against the measures remains variable. The forecast trajectory for the interventions metric is to increase performance to 60% by end of March 2025. At the end of Q1, performance is ahead of trajectory with a rate of 41.1% against the expected profile of 24%.

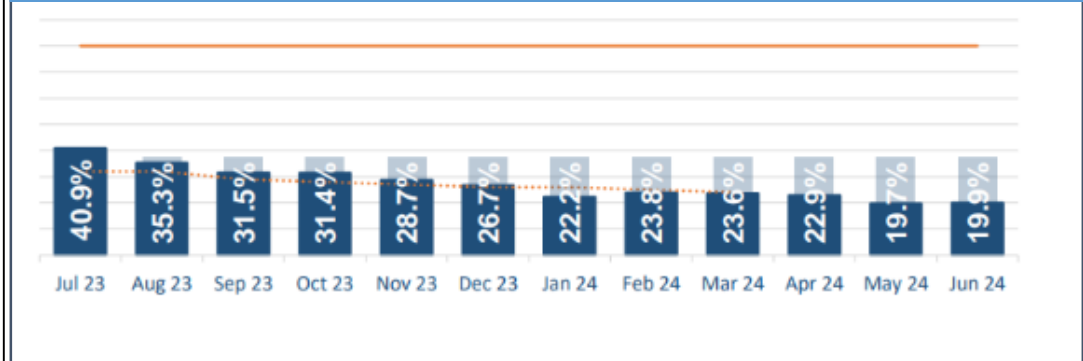
Recovery actions include development of action plan following attendance at national NHS Executive workshop and review of capacity of staffing within other functions to provide support for core services.

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

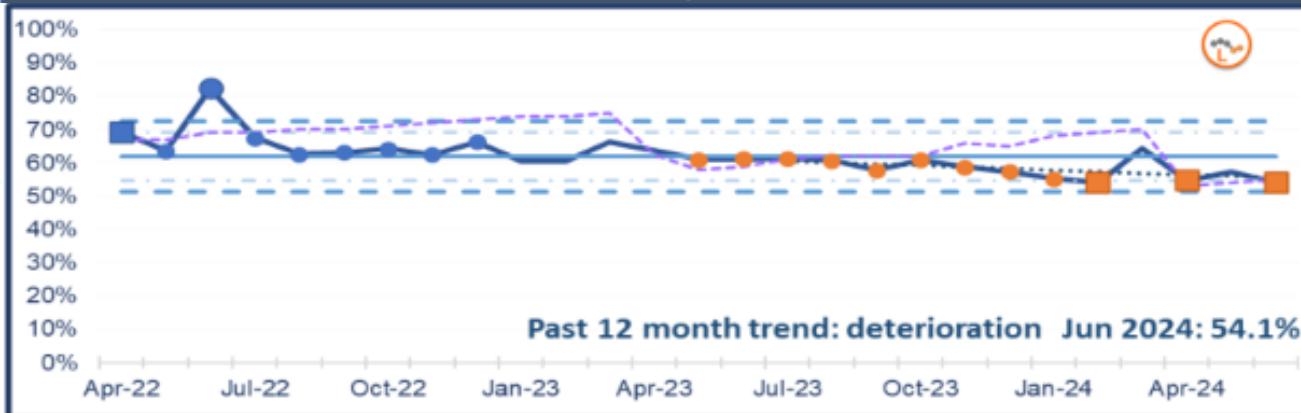


Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)



# Access & Activity: Escalated Performance Measures Cancer

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



Performance in June fell to 54.1%, slightly below trajectory (55%) and threshold for de-escalation (which requires 4 months at 55% or above).

Fall in performance mainly due to pressures within breast pathway at stage 1 – delays to rapid access breast clinic appointment due to loss of capacity in April and May (bank holidays) and delay to WLI funding approval until June (WLIs usually set up in April and May to mitigate against bank holiday loss of capacity).

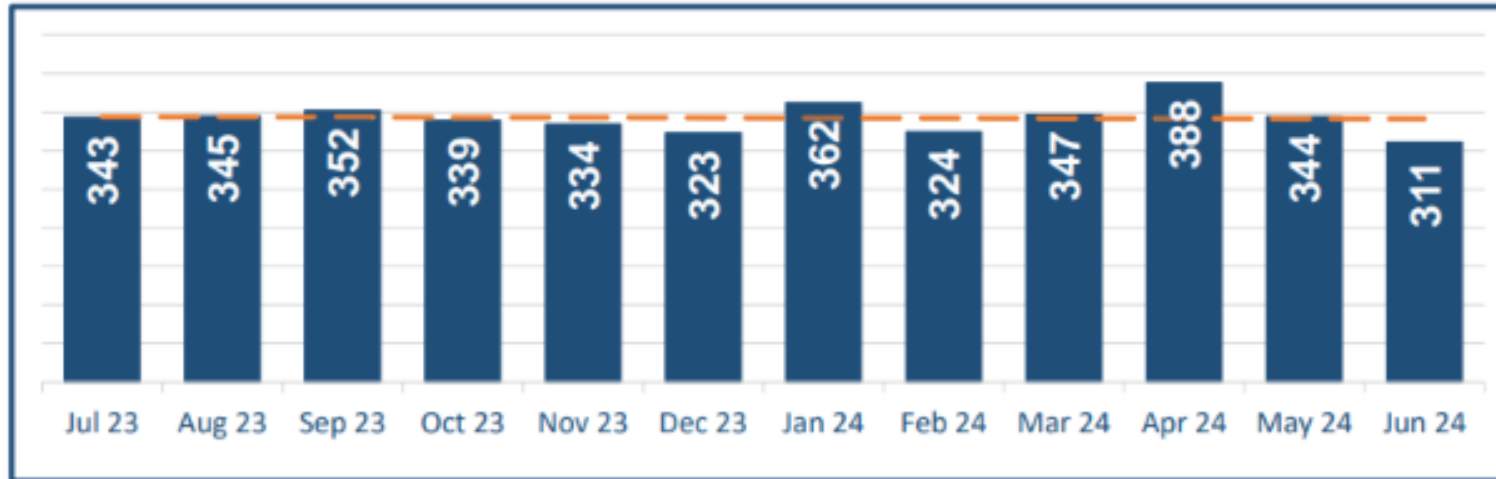
Tumour sites under most pressure remain urology, colorectal, head and neck, gynaecology and skin (performance would normally be much higher than current level)

### Focus Areas

1. Deliver additional capacity approved from WLI funding priorities
2. Progress insourcing process for:
  - Endoscopy – re-tender exercise on target for completion Sept 2024; approved by Board in July 2024
  - Dermatology West – expressions of interest received; service specification awaiting final clinical sign-off as at July 2024
3. Soft launch of teledermoscopy in Central completed July 2024 with first clinic 6th August – continue with plan to increase capacity weekly and expand to East from September
4. Refresh capacity and demand modelling for prostate biopsies; each site to complete delivery plans by September.
5. Agree PMB model in gynaecology – workshop August 30th
6. Review cancer leadership (Partnership Board/network) model in line with review of Operating Model

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

Number of Pathways of Care Delayed Discharges



## Headlines

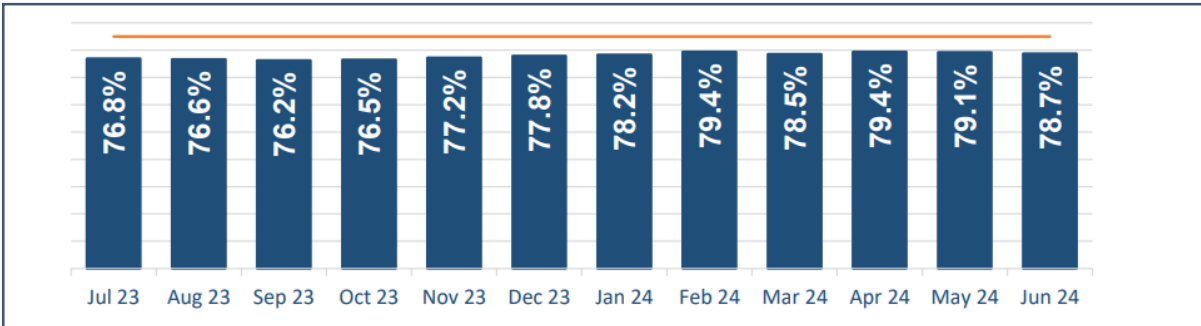
- Monthly census data continues to show significant number of delayed discharges for clinically optimised patients with assessment delays consistently reporting as over 50% of total delays. Top delay reasons remain joint assessments, new packages of care and social worker allocation.
- Ministerial led Care Action Committee has set the ambition for Health Boards to achieve a targeted reduction across Wales of i) 15% (250) against total number of delays; ii) 20% (15,350) against total days delayed and iii) 20% (176) for assessment delays by November 2024 and to maintain / further reduce by March 2025.

## Focus Areas

- National trajectory tool developed to support monitoring of reduction targets – this will be shared with IHCs to identify local trajectories.
- National peer group established to review standardisation and consistency in the use of delay codes across Wales.
- Action plans developed to address the top challenges for POCDs and also to support the increase of Trusted Assessor roles and functions

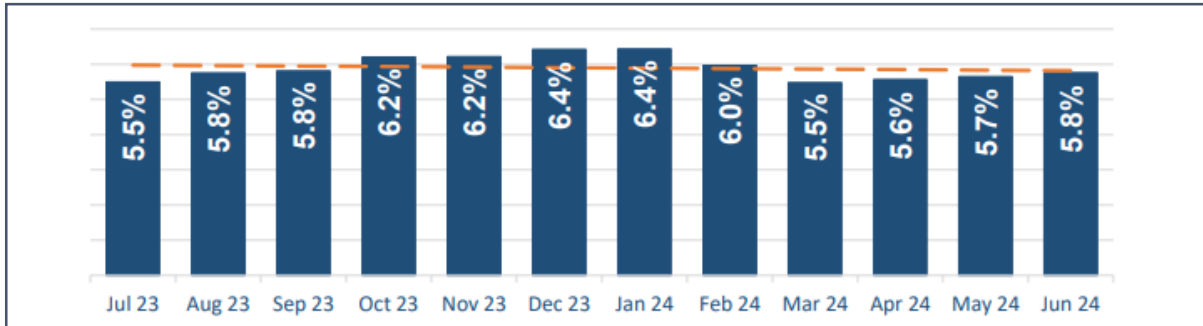
# People & OD: Escalated Performance Measures

**% of headcount who have had PADR in previous 12 months**



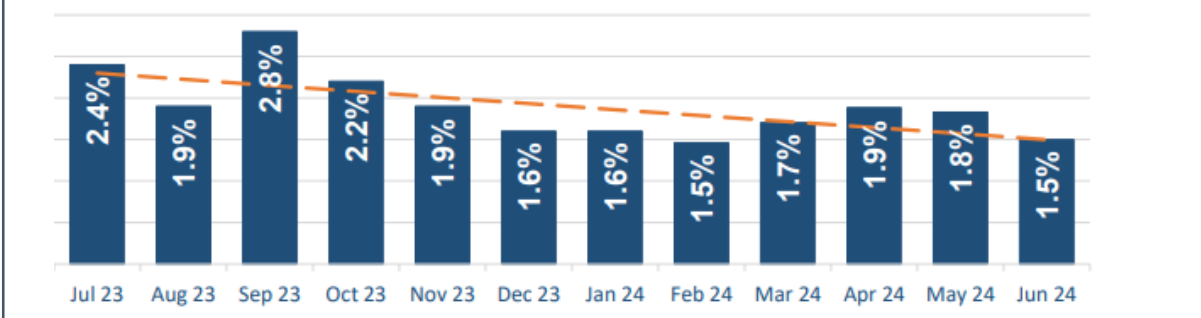
Performance remains below the WG target of 85%. This work feeds into the ongoing culture work and will be reported as part of the new culture dashboard being developed for the organisation.

**% of sickness absence rate of staff**



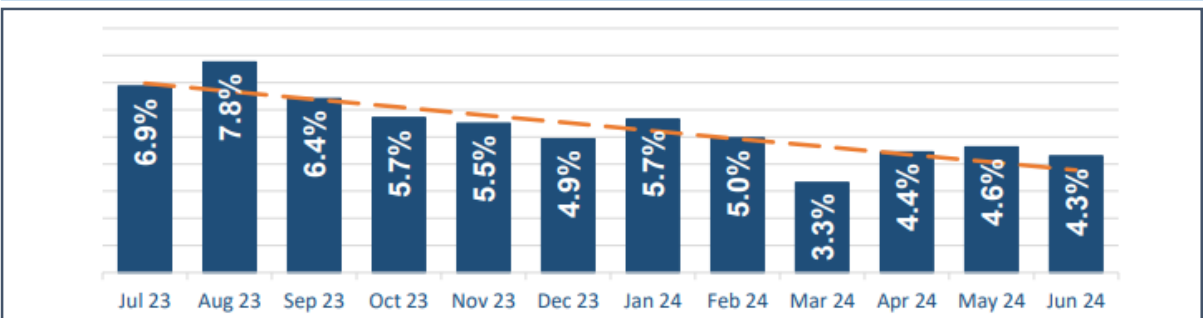
Sickness absence rate stayed below the 6% mark for a fourth month in line with ongoing staff wellbeing work.

**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 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 £7.0m against plan, which is predominantly due to the unidentified savings, CHC and MH out of area placements, and more recently Drugs pressures. 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

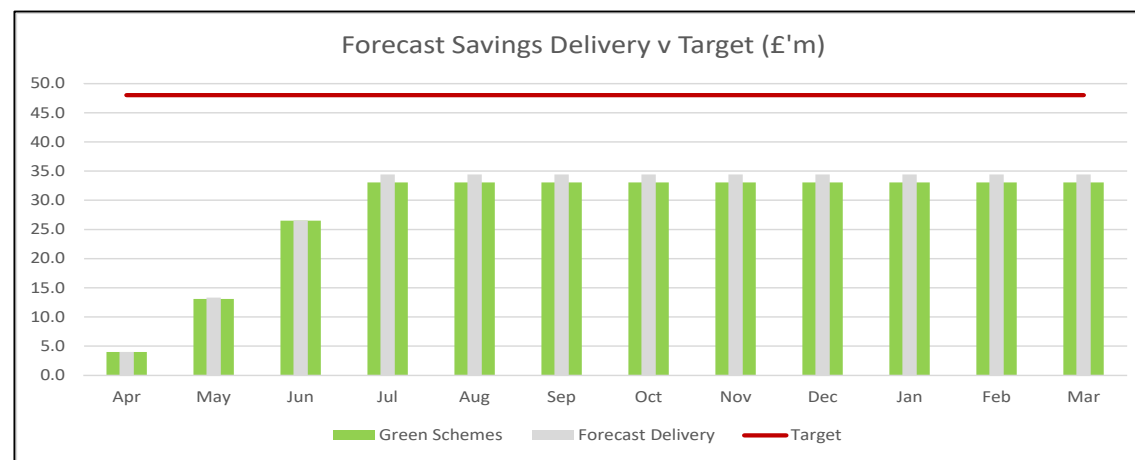
	Actual Position				
	Apr	May	Jun	Jul	Total YTD
	£m	£m	£m	£m	£m
<b>Surplus/ (deficit)</b>	(4.3)	(4.8)	(3.7)	(0.7)	(13.5)
<b>Planned position</b>	(1.7)	(1.7)	(1.6)	(1.6)	(6.6)
<b>Surplus/ (deficit) over plan</b>	(2.6)	(3.1)	(2.1)	0.9	(7.0)

	Forecast Position								
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
	£m	£m	£m	£m	£m	£m	£m	£m	£m
	(1.8)	(1.7)	(0.8)	(0.6)	(0.6)	(0.3)	(0.2)	(0.2)	(19.8)
	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(1.7)	(19.8)
	(0.2)	(0.1)	0.9	1.0	1.1	1.3	1.5	1.5	(19.8)

The graph to the right shows that whilst there is an increase in the value of savings schemes identified in July, there is still a significant gap of £13.6m to be found to meet the full £48m.

The Health Board has moved to a Value and Sustainability Thematic methodology, with each theme having an Executive lead. This aligns with Welsh Government and other health boards and enables the sharing of ideas and potential opportunities across Wales.

Within the Health Board the IPEDG, which is chaired by the Chief Executive, review and monitor the progress of each work stream.



# About the Integrated Performance Report



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

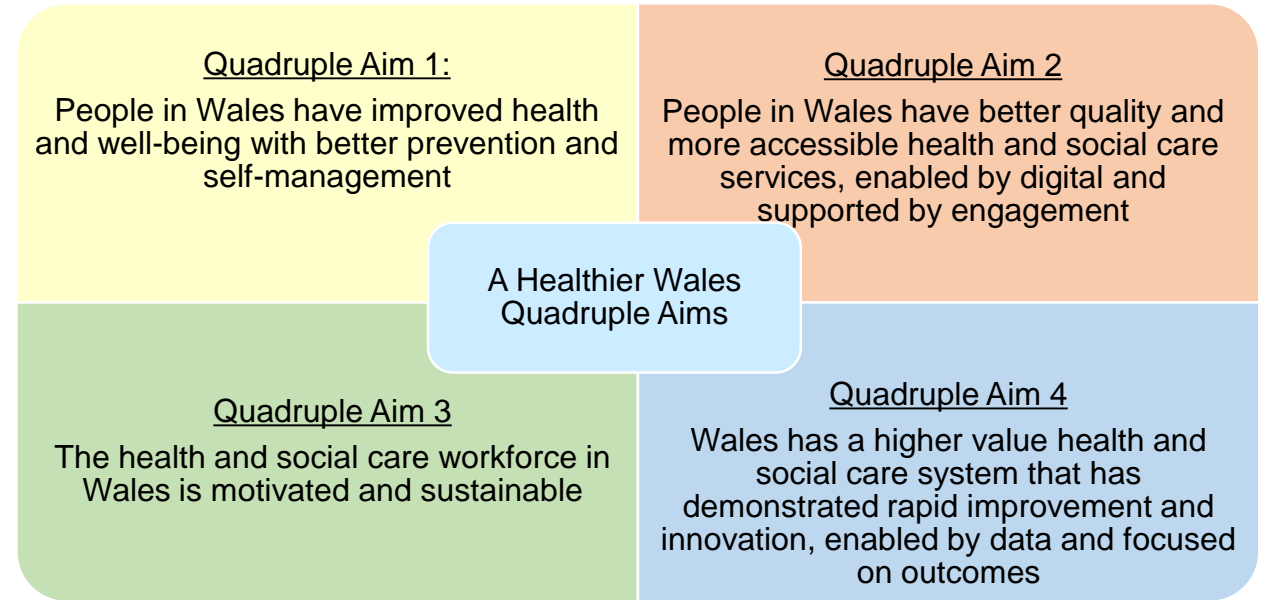


# NHS Wales Performance Framework 2024-25

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

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

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



## Integrated Performance Report

Quality, Safety, Effectiveness & Experience Performance

Access & Activity Performance

People & Organisational Development Performance

Financial Performance

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

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

# About this report: Rating System

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

**Green**

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

**Red**

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

**Blue**

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

**Grey**

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

## Exception

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

### Criteria of an exception

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

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

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

## Escalation

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

### Criteria for escalation

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








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

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

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

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

## Variance





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

**Orange** icons indicate negative occurrence

**Blue** icons indicate a positive occurrence

**Grey** icons indicate no significant data occurrence

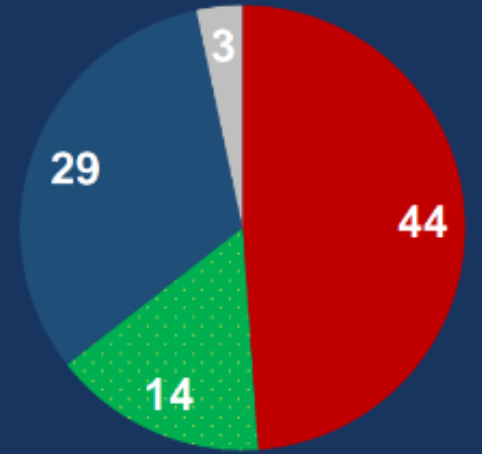
## Assurance (\*based on data presented in the SPC only)

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

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

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

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



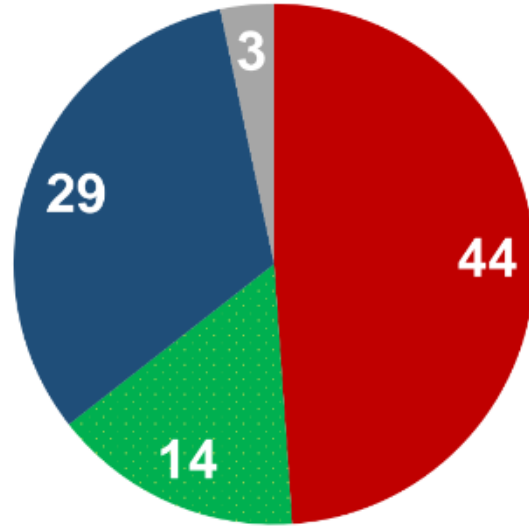
# Integrated Performance Report



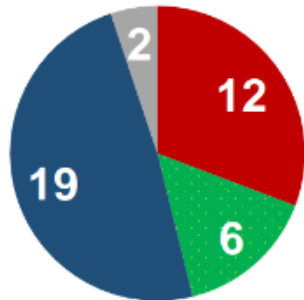
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NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

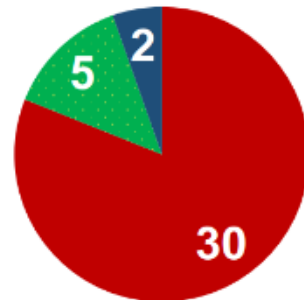




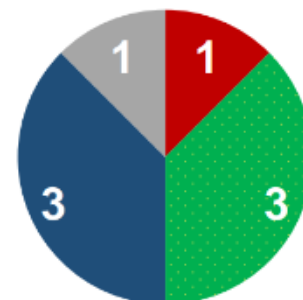
All Sections



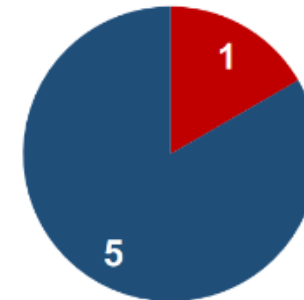
Quality, Safety, Effectiveness & Experience Performance



Access & Activity Performance

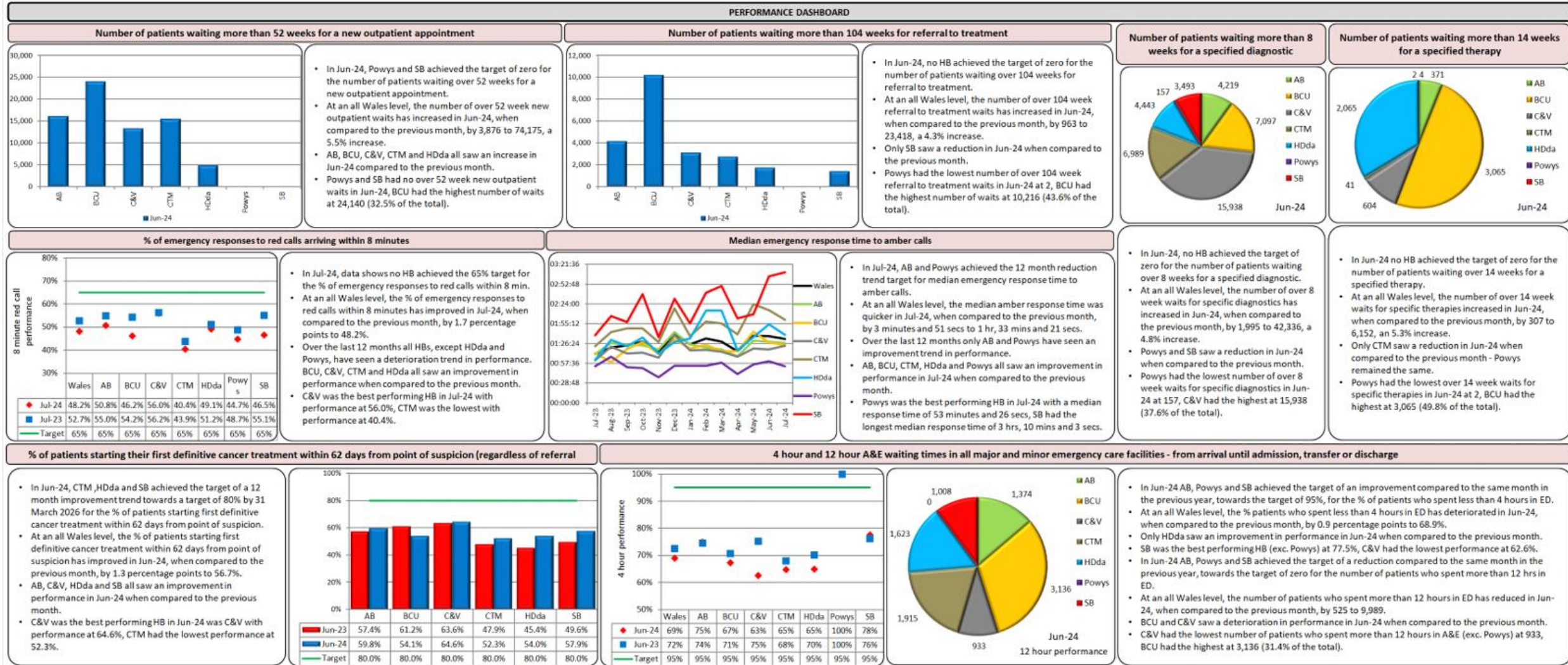


People & Organisational Development Performance



Financial Performance

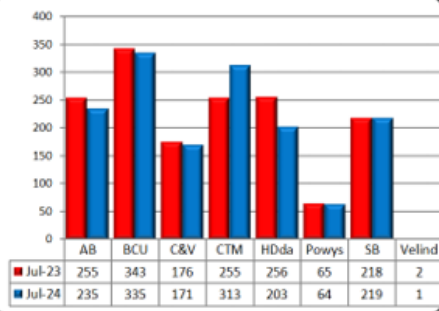
# NHS Wales Performance Dashboard- part 1



# NHS Wales Performance Dashboard – part 2

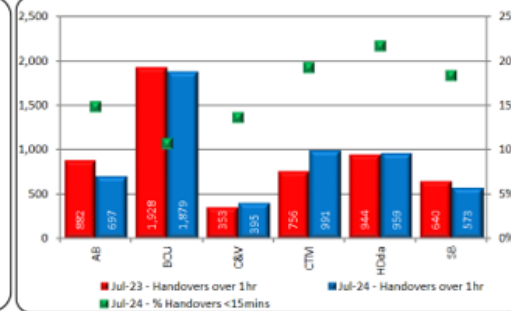
## Number of Pathways of Care delayed discharges

- In Jul-24, AB, Powys and Velindre all achieved the 12 month reduction trend target for the number of pathways of care delayed discharges.
- At all Wales level, the number of pathways of care delayed discharges has decreased in Jul-24, when compared to the previous month, by 111 to 1,541, a 6.7% reduction.
- All HBs, except BCU and Powys, saw a deterioration in performance in Jul-24 when compared to the previous month.
- Velindre had the lowest number of pathways of care delayed discharges in Jul-24 at 1, BCU had the highest at 335.

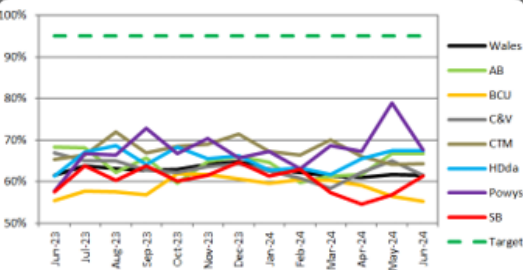


## Number of ambulance patient handovers over 1 hour and % of ambulance patient handovers within 15 minutes

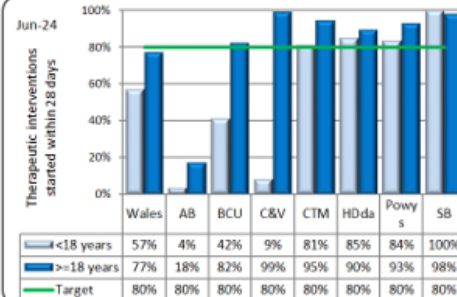
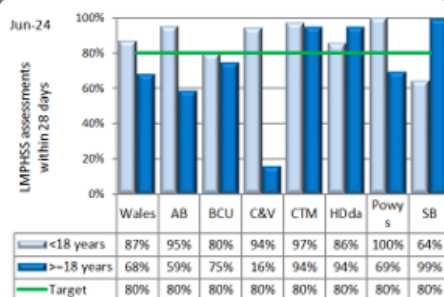
- In Jul-24, no HB achieved the zero target for handovers over 1 hour.
- At all Wales level, the number of over 1 hour handovers has decreased in Jul-24, when compared to the previous month, by 374 to 5,494, a 6.4% reduction.
- Over the last 12 mths, AB, C&V and SB saw an improvement trend in performance.
- C&V had the lowest number of over 1 hour handovers in Jul-24 at 395, BCU had the highest at 1,879 (34.2% of the total).
- In Jul-24, no HB achieved the target of an improvement compared to the same month in the previous year, towards the target of 100% for the % of handovers within 15 mins.
- At all Wales level, the % of handovers within 15 mins has remained the same in Jul-24, when compared to the previous month.
- Over the last 12 mths all HBs have seen a deterioration trend in performance.
- CTM had the best performance in Jul-24 at 21.6%, BCU had the lowest at 10.6%.



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



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



### <18 years

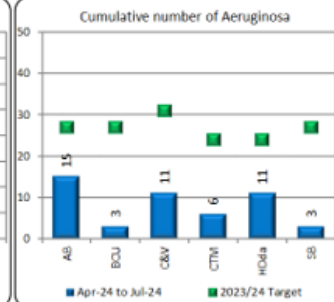
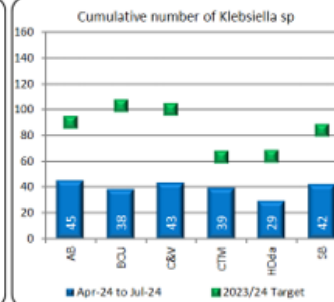
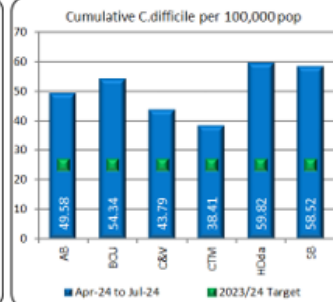
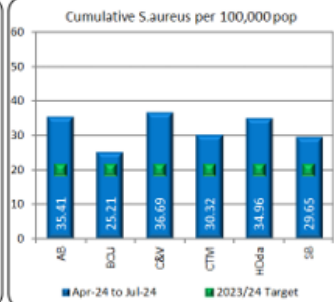
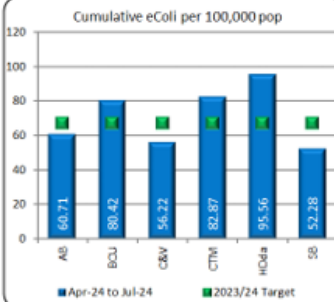
- In Jun-24, AB, C&V, CTM, HDda and Powys achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was Powys at 100%, SB had the lowest performance at 64.4%. Over the last 12 months, BCU, CTM, HDda and Powys all saw an improvement trend in performance.
- In Jun-24, CTM, HDda, Powys and SB achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was SB at 100%, AB had the lowest performance at 4.2%. Over the last 12 months, all HBs, except BCU, saw an improvement trend in performance.

### >=18 years

- In Jun-24, CTM, HDda and SB achieved the 80% target for % of LPMHSS assessments undertaken within 28 days of a referral. The best performing HB was SB at 99.1%, C&V had the lowest performance at 16.1%. Over the last 12 months, all HBs, except BCU and C&V, saw an improvement trend in performance.
- In Jun-24, all HBs, except AB, achieved the 80% target for % of therapeutic interventions started within 28 days of an LPMHSS assessment. The best performing HB was C&V at 99.4%, AB had the lowest performance at 17.9%. Over the last 12 months, CTM and Powys saw an improvement trend in performance.

- In Jun-24, only Powys achieved the target of a 12 month improvement trend towards the target of 95% for the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.
- At all Wales level, the % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date has deteriorated in Jun-24, when compared to the previous month, by 0.2 percentage points to 61.5%.
- In Jun-24, CTM and SB saw an improvement in performance compared to the previous month - HDda remained the same.
- Over the last 12 months, only Powys saw an improvement trend in performance.
- Powys had the best performance in Jun-24 at 67.7%, BCU had the lowest at 55.2%.

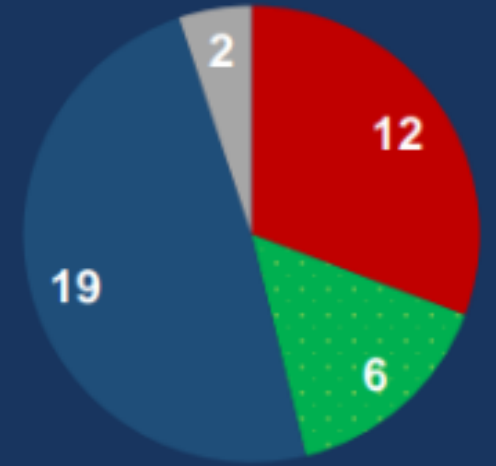
## Health Care Acquired Infections - HCAIs (provisional data)



- For eColi, AB, C&V and SB are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jul-24 period, HDda had the highest rate of eColi at 95.56 per 100,000 population compared to SB who had the lowest rate at 52.28 per 100,000 population.
- For S.aureus, none of the HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jul-24 period, C&V had the highest rate of S.aureus at 36.69 per 100,000 population compared to BCU who had the lowest rate at 25.21 per 100,000 population.
- For C.difficile, none of the HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jul-24 period, HDda had the highest rate of C.difficile at 59.82 per 100,000 population compared to CTM who had the lowest rate at 38.41 per 100,000 population.
- For Klebsiella, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jul-24 period, AB had the highest number of cases of Klebsiella at 45 compared to HDda who had the lowest number at 29.
- For Aeruginosa, all HBs are currently achieving the 2023/24 cumulative target. In the Apr-24 to Jul-24 period, AB had the highest number of cases of Aeruginosa at 15 compared to BCU and SB who had the lowest number at 3.

# Section 1

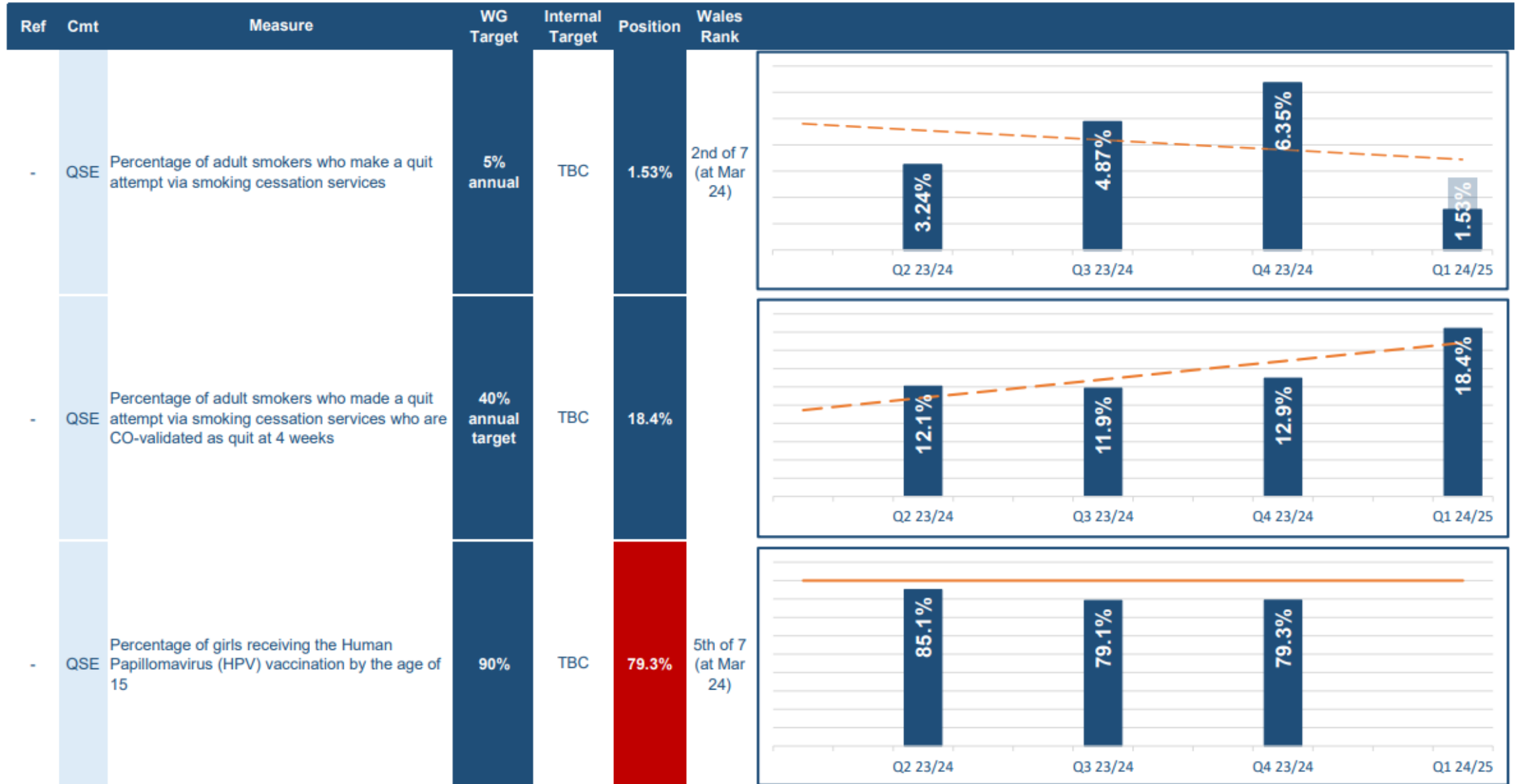
## Quality, Safety, Effectiveness and Experience Performance



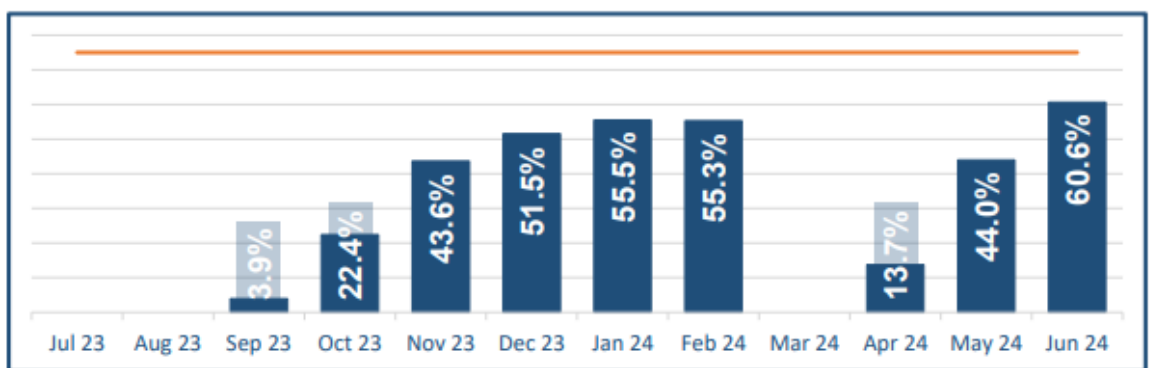
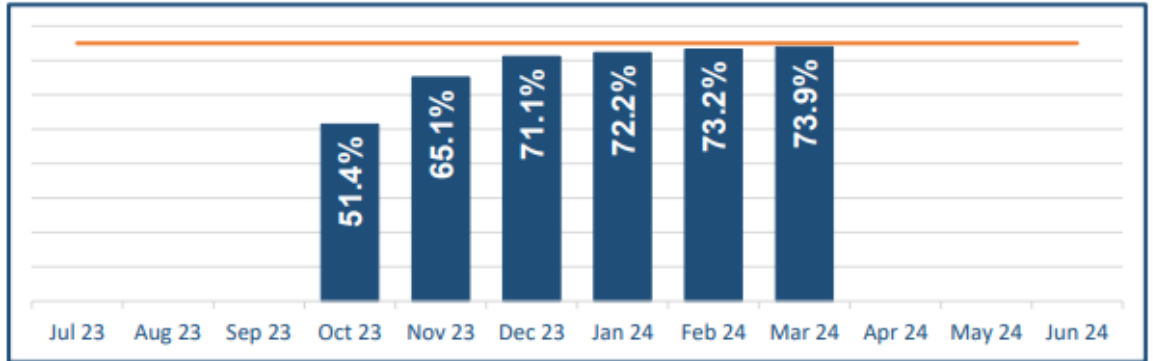
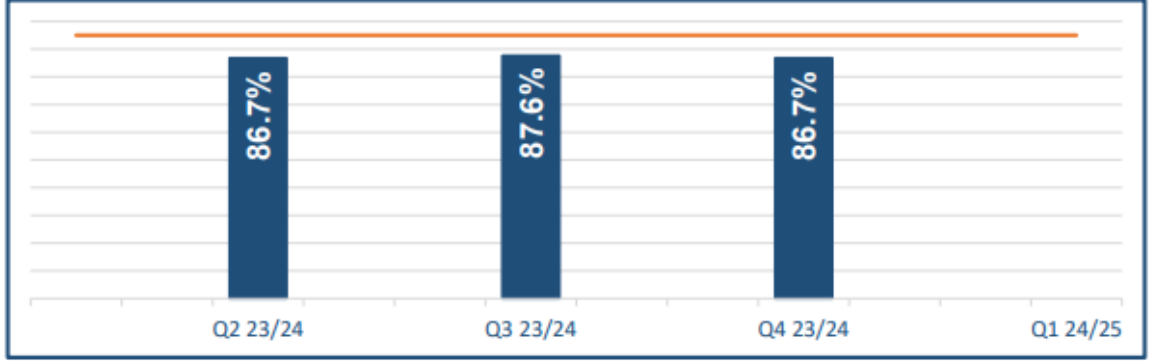
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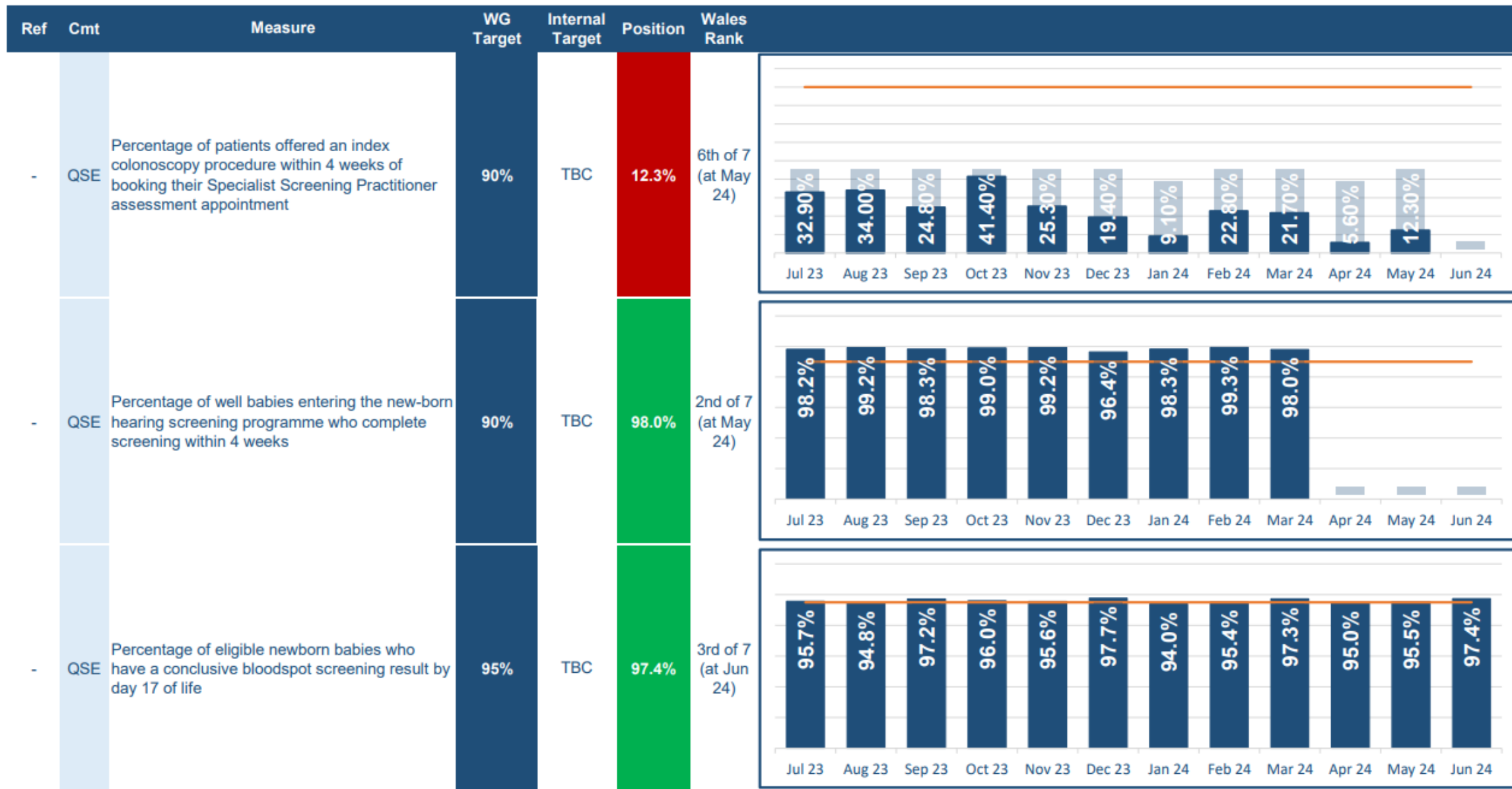
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



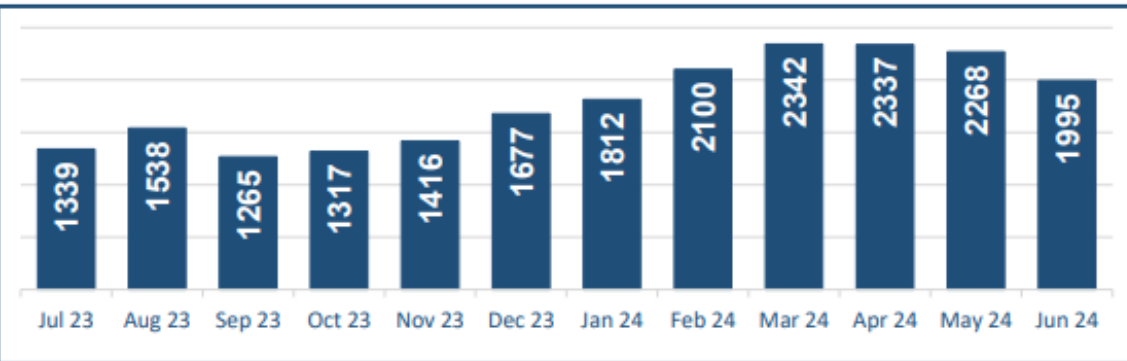
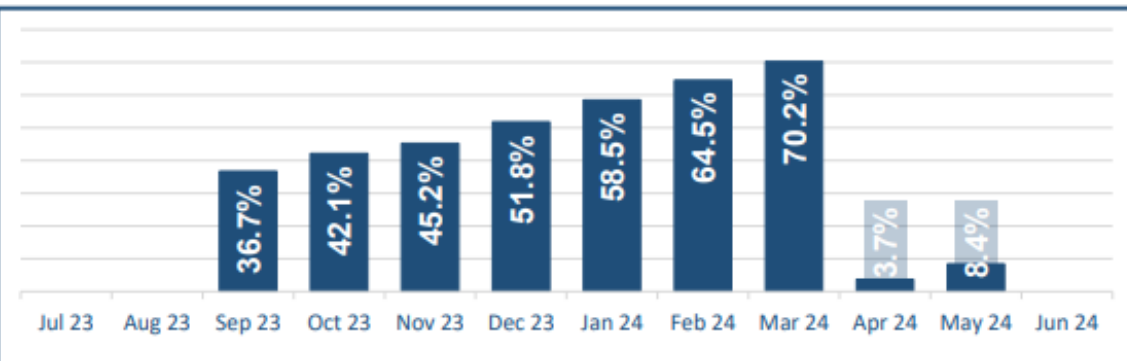
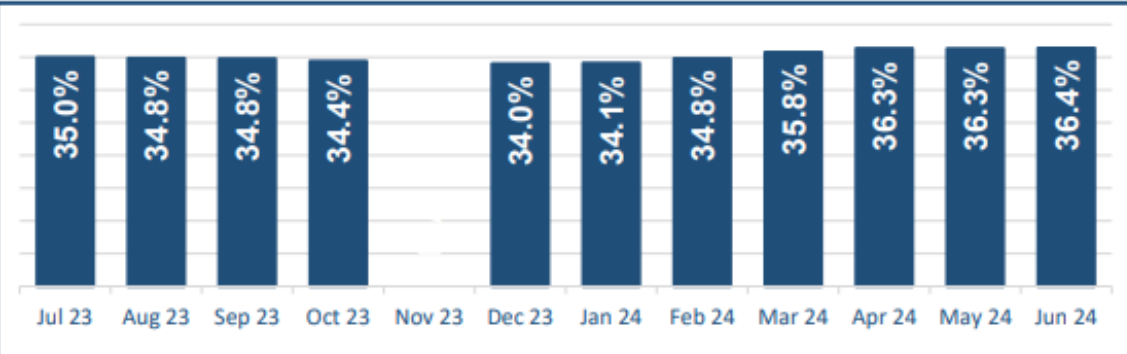


Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	TBC	86.7%	2nd of 7 (at Mar 24)
-	QSE	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	TBC	73.9%	2nd of 7 (at Mar 24)
-	QSE	Percentage uptake of the COVID-19 vaccination for those eligible Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over Autumn Booster 2023: Age range to be confirmed	75%	TBC	60.6%	4th of 7 (at Jun 24)

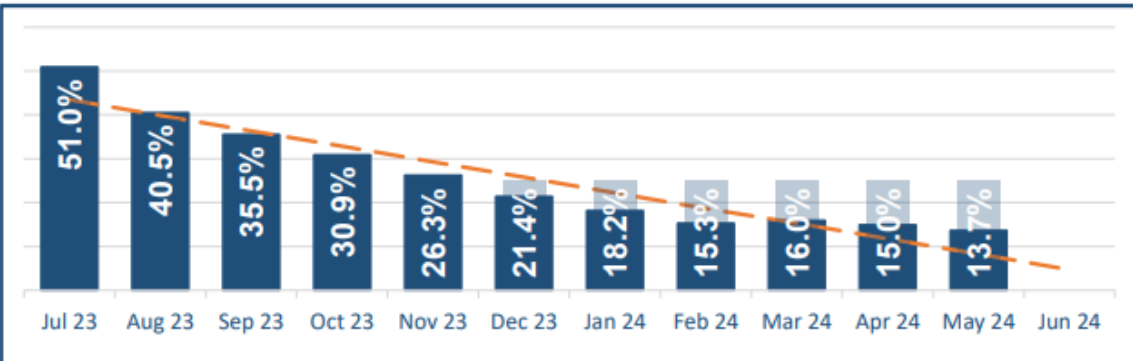
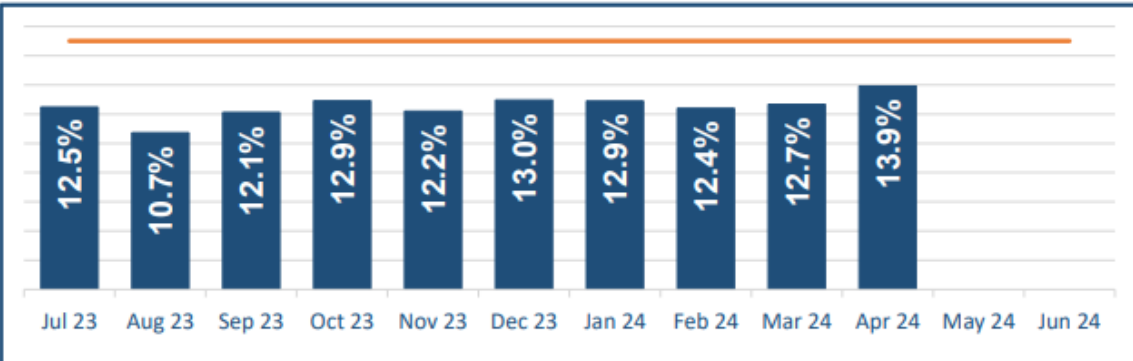
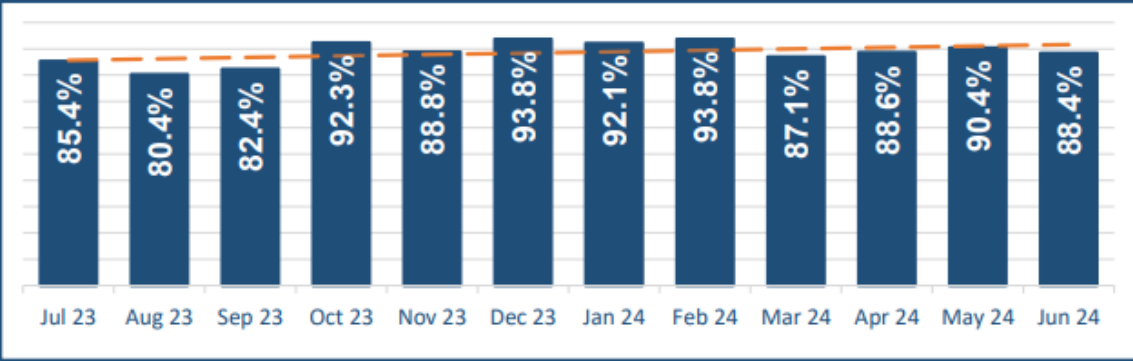




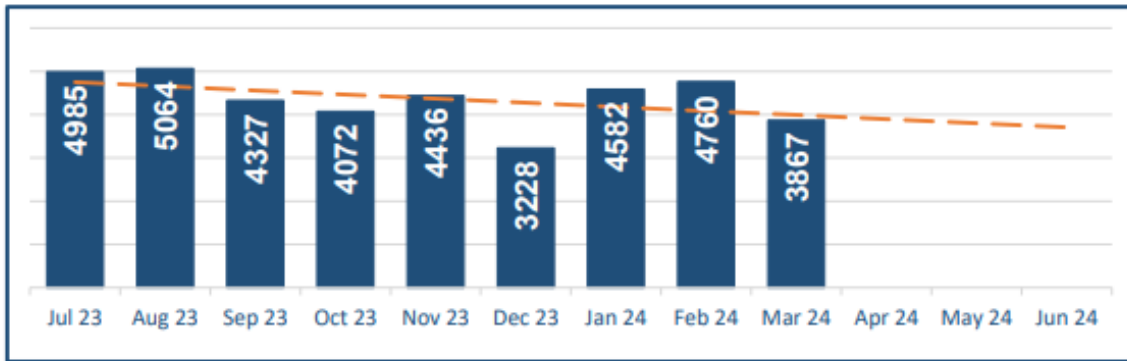
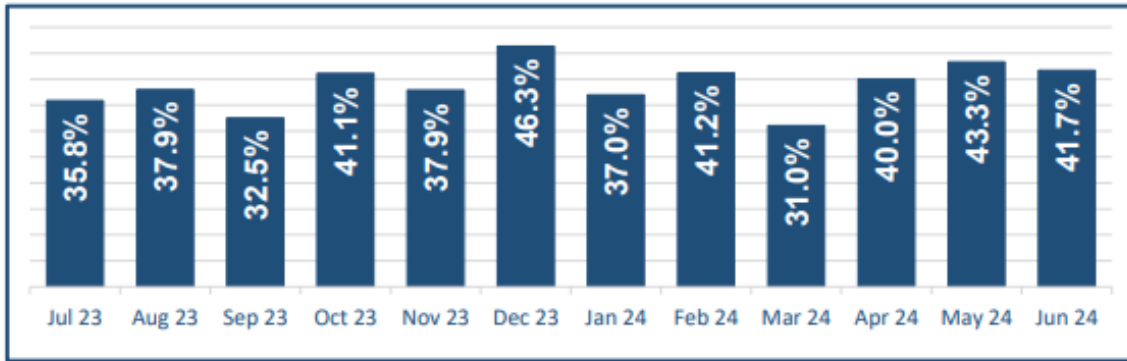
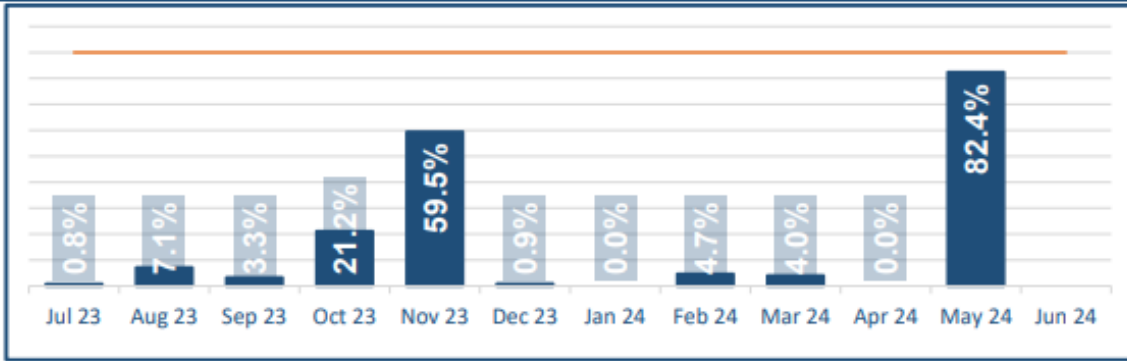
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	36.4%	7th of 7 (at Jun 24)
-	PFIG	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Increasing trend (to 30% (end Sept), then 100% (end Mar))	TBC	8.4%	7th of 7 (at May 24)
-	PFIG	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Equivalent month increase (2024/25 to 2023/24)	TBC	1995	1st of 7 (at May 24)

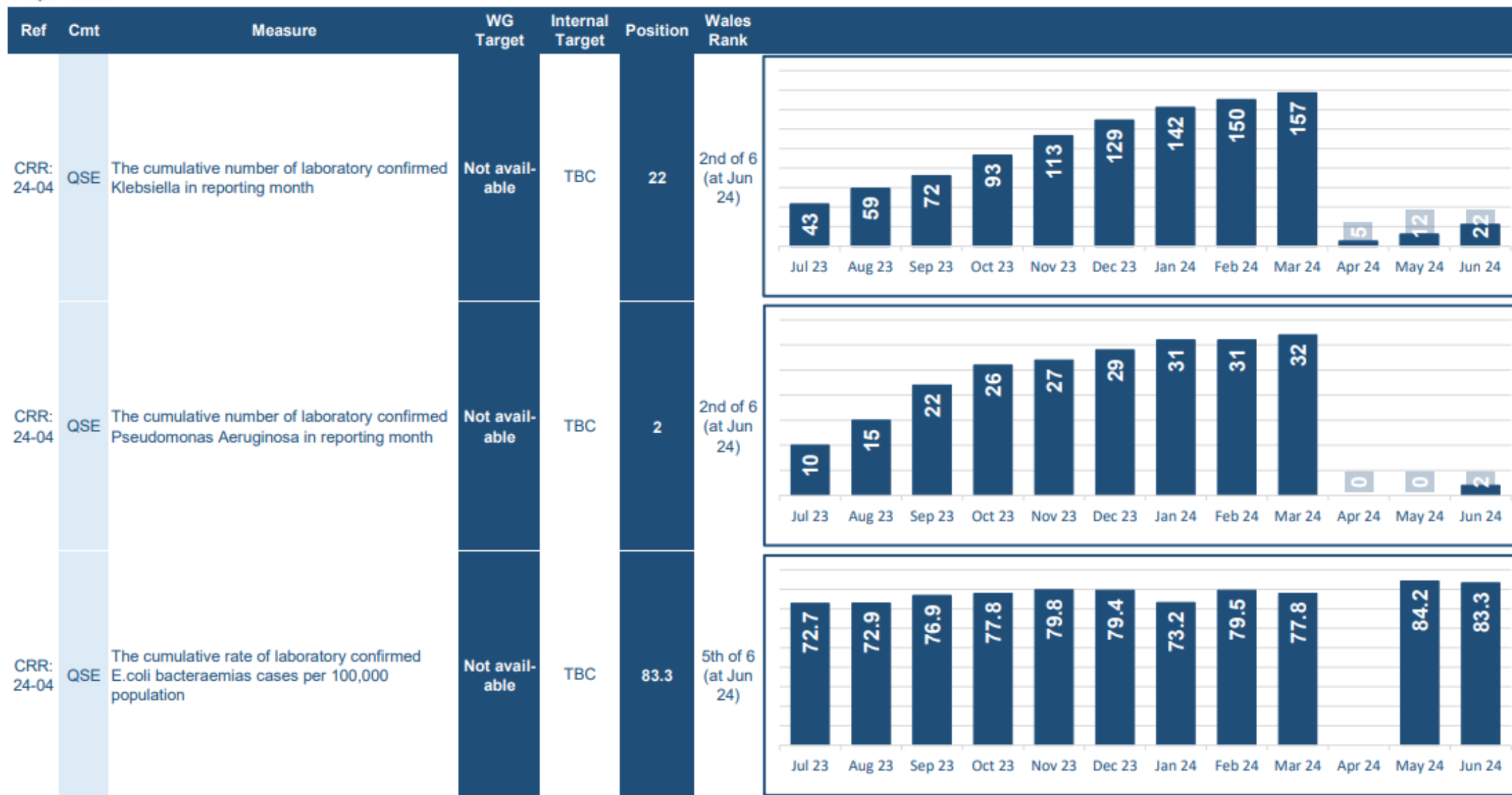


Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 qtr imp. trend	TBC	88.4%	4th of 7 (at Jun 24)
-	QSE	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	>17%	TBC	13.9%	5th of 7 (at Apr 24)
-	QSE	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Increasing trend (to 95%)	TBC	13.7%	8st of 8 (at May 24)

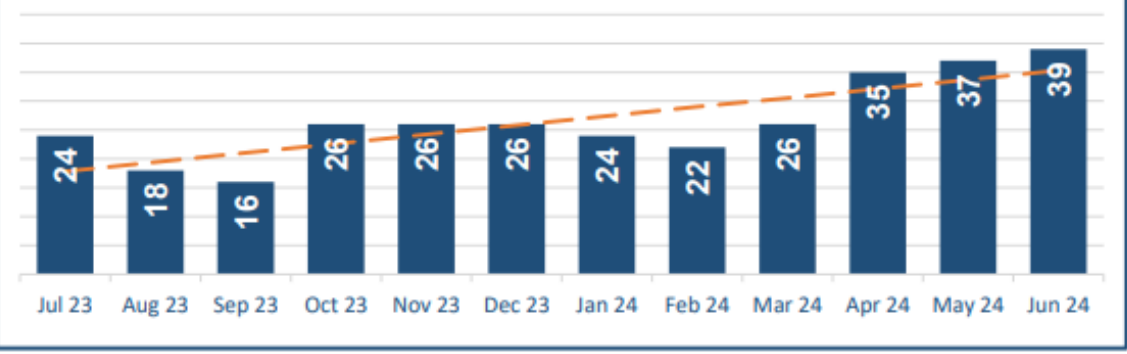
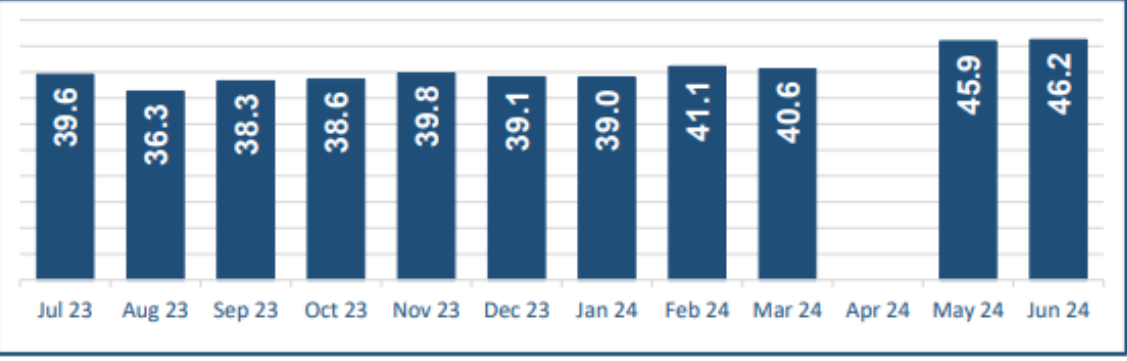
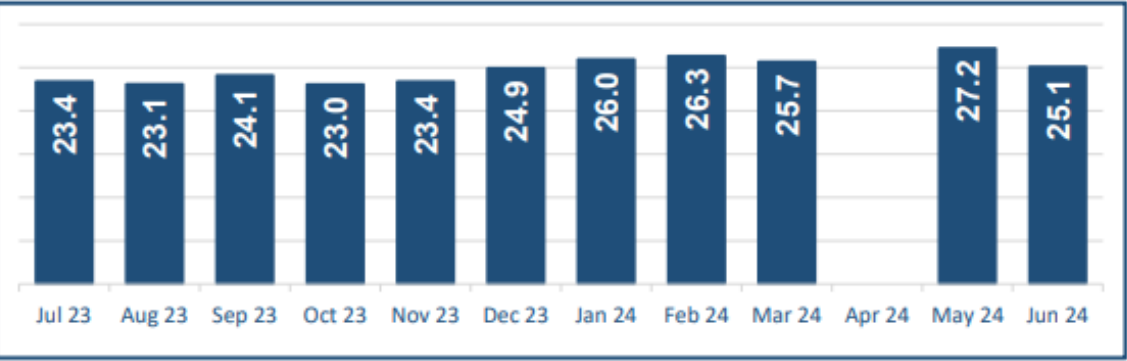


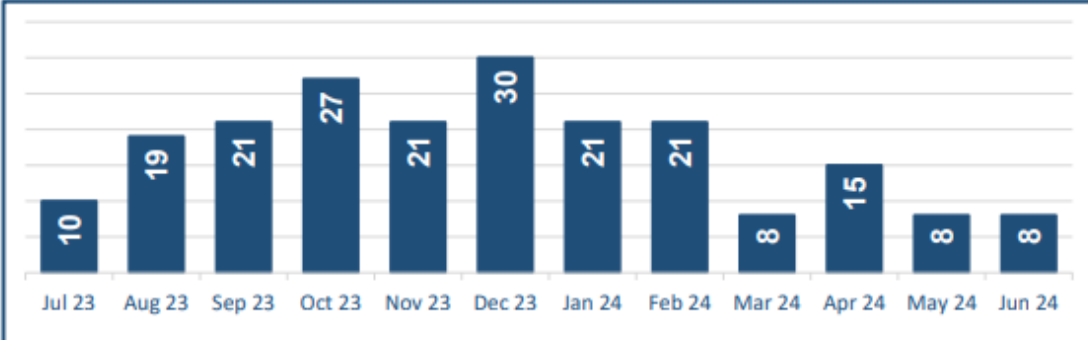
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	TBC	82.4%	6th of 8 (at May 24)
-	QSE	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19	Equivalent month reduction (2024/25 to 2023/24)	TBC	41.7%	4th of 6 (at Jun 24)
-	QSE	Number of service user feedback experience responses completed and recorded on CIVICA	Increasing trend	TBC	3867	2nd of 10 (at Mar 24)

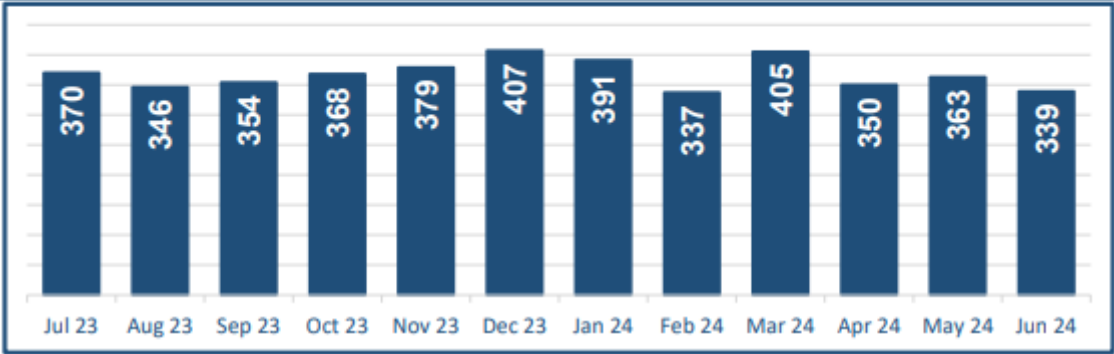
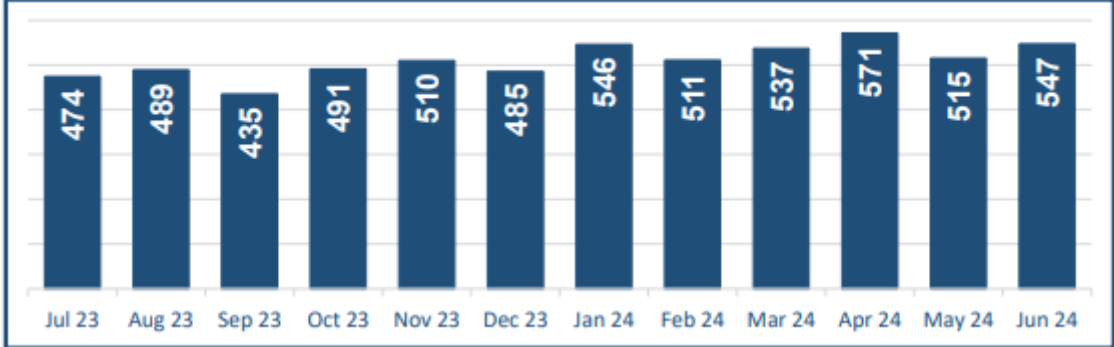
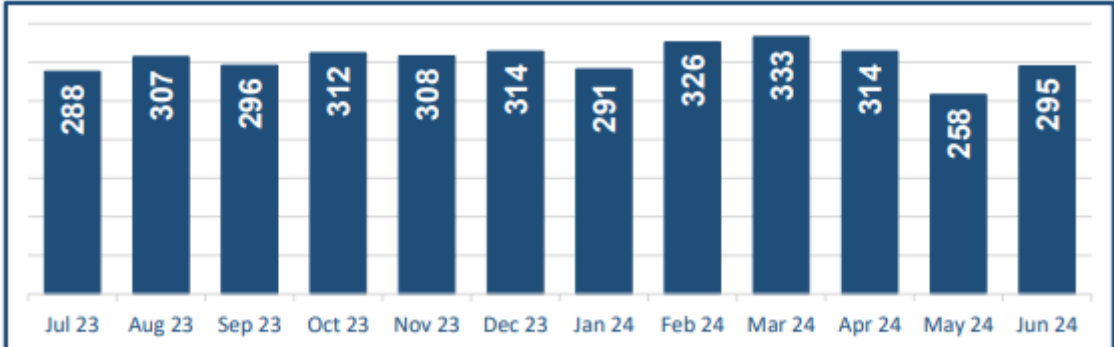


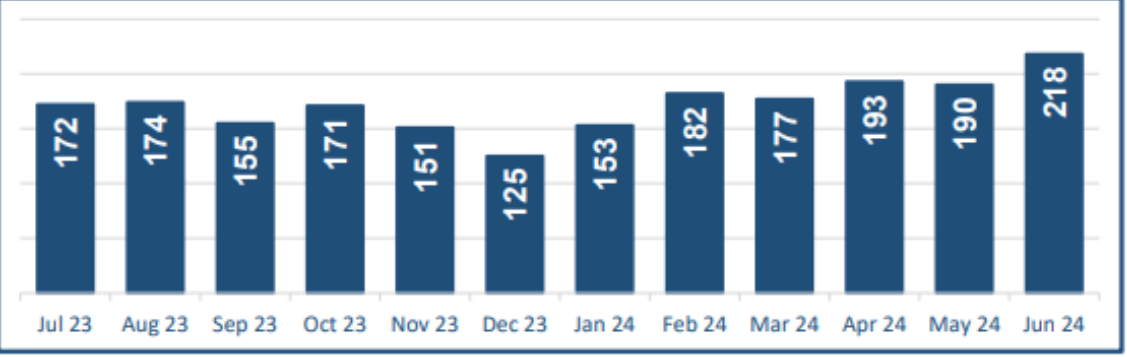
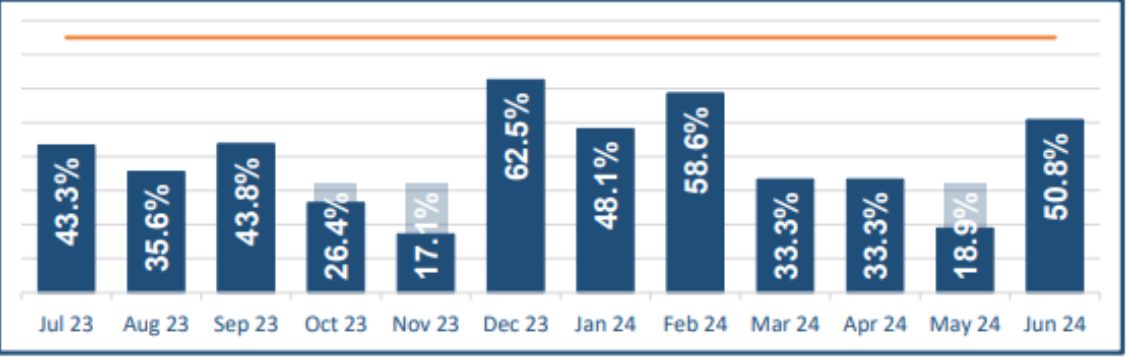
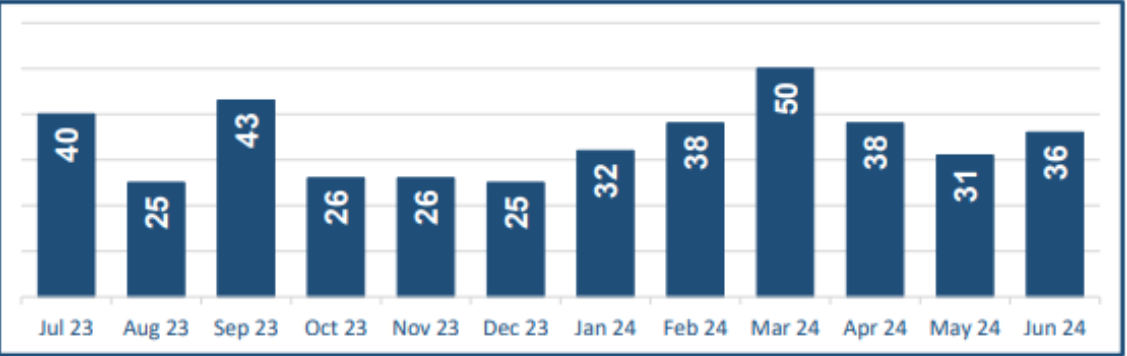



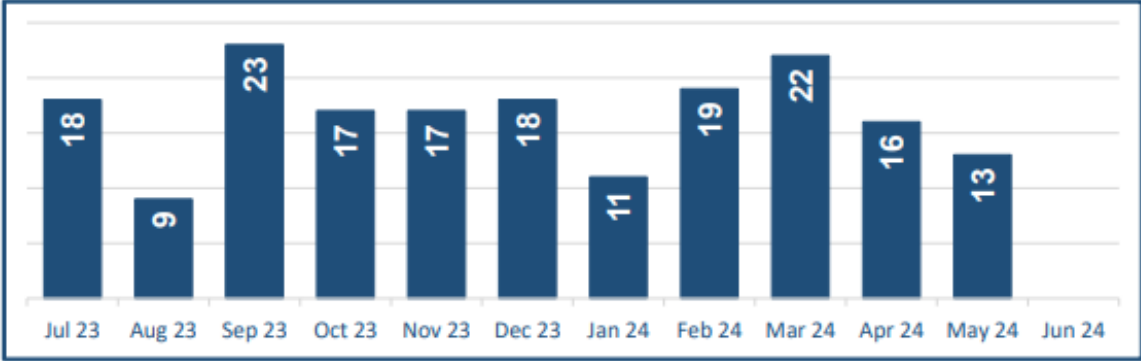

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed S. Aureus Bacteraemia (MRSA and MSSA) cases per 100,000 of the population	Not available	TBC	25.1	1st of 6 (at Jun 24)
CRR: 24-04	QSE	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	Not available	TBC	46.2	3rd of 6 (at Jun 24)
CRR: 24-04	QSE	Number of National reportable incidents that remain open 90 days or more	Decreasing trend	TBC	39	6th of 10 (at Jun 24)



Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new National reportable incidents (NRIs)	N/A	TBC	8	
-	QSE	Number of new never events	0	TBC	0	
-	QSE	Number of new patient safety incidents	N/A	TBC	3470	

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	QSE	Number of new reported falls	N/A	TBC	339	 <table border="1"> <caption>Number of new reported falls (Monthly)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>370</td></tr> <tr><td>Aug 23</td><td>346</td></tr> <tr><td>Sep 23</td><td>354</td></tr> <tr><td>Oct 23</td><td>368</td></tr> <tr><td>Nov 23</td><td>379</td></tr> <tr><td>Dec 23</td><td>407</td></tr> <tr><td>Jan 24</td><td>391</td></tr> <tr><td>Feb 24</td><td>337</td></tr> <tr><td>Mar 24</td><td>405</td></tr> <tr><td>Apr 24</td><td>350</td></tr> <tr><td>May 24</td><td>363</td></tr> <tr><td>Jun 24</td><td>339</td></tr> </tbody> </table>	Month	Value	Jul 23	370	Aug 23	346	Sep 23	354	Oct 23	368	Nov 23	379	Dec 23	407	Jan 24	391	Feb 24	337	Mar 24	405	Apr 24	350	May 24	363	Jun 24	339
Month	Value																															
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Apr 24	350																															
May 24	363																															
Jun 24	339																															
-	QSE	Number of new reported hospital acquired pressure ulcers (HAPU) (excluding new to caseload)	N/A	TBC	547	 <table border="1"> <caption>Number of new reported hospital acquired pressure ulcers (HAPU) (Monthly)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>474</td></tr> <tr><td>Aug 23</td><td>489</td></tr> <tr><td>Sep 23</td><td>435</td></tr> <tr><td>Oct 23</td><td>491</td></tr> <tr><td>Nov 23</td><td>510</td></tr> <tr><td>Dec 23</td><td>485</td></tr> <tr><td>Jan 24</td><td>546</td></tr> <tr><td>Feb 24</td><td>511</td></tr> <tr><td>Mar 24</td><td>537</td></tr> <tr><td>Apr 24</td><td>571</td></tr> <tr><td>May 24</td><td>515</td></tr> <tr><td>Jun 24</td><td>547</td></tr> </tbody> </table>	Month	Value	Jul 23	474	Aug 23	489	Sep 23	435	Oct 23	491	Nov 23	510	Dec 23	485	Jan 24	546	Feb 24	511	Mar 24	537	Apr 24	571	May 24	515	Jun 24	547
Month	Value																															
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-	QSE	Number of new reported medication incidents	N/A	TBC	295	 <table border="1"> <caption>Number of new reported medication incidents (Monthly)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>288</td></tr> <tr><td>Aug 23</td><td>307</td></tr> <tr><td>Sep 23</td><td>296</td></tr> <tr><td>Oct 23</td><td>312</td></tr> <tr><td>Nov 23</td><td>308</td></tr> <tr><td>Dec 23</td><td>314</td></tr> <tr><td>Jan 24</td><td>291</td></tr> <tr><td>Feb 24</td><td>326</td></tr> <tr><td>Mar 24</td><td>333</td></tr> <tr><td>Apr 24</td><td>314</td></tr> <tr><td>May 24</td><td>258</td></tr> <tr><td>Jun 24</td><td>295</td></tr> </tbody> </table>	Month	Value	Jul 23	288	Aug 23	307	Sep 23	296	Oct 23	312	Nov 23	308	Dec 23	314	Jan 24	291	Feb 24	326	Mar 24	333	Apr 24	314	May 24	258	Jun 24	295
Month	Value																															
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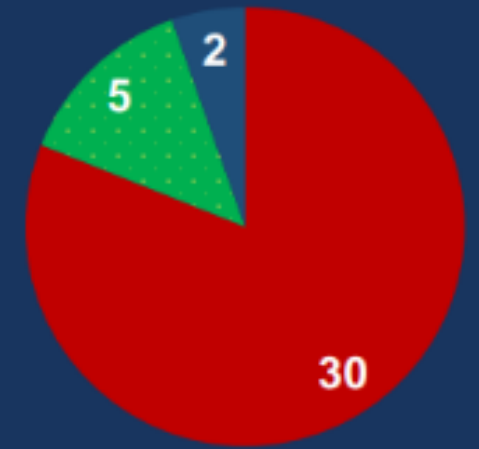
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	QSE	Number of new 'Putting Things Right' (PTR) complaints	N/A	TBC	218	
-	QSE	Of the complaints closed, the percentage that were closed within 30 days	75.0%	TBC	50.8%	
-	QSE	Number of new early resolutions	N/A	TBC	36	

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	QSE	Number of new PALS (Patient Advice and Liaison Service) contacts	N/A	TBC	8303	 <table border="1"> <caption>Number of new PALS contacts</caption> <thead> <tr><th>Month</th><th>Contacts</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>0</td></tr> <tr><td>Aug 23</td><td>0</td></tr> <tr><td>Sep 23</td><td>0</td></tr> <tr><td>Oct 23</td><td>0</td></tr> <tr><td>Nov 23</td><td>0</td></tr> <tr><td>Dec 23</td><td>0</td></tr> <tr><td>Jan 24</td><td>0</td></tr> <tr><td>Feb 24</td><td>0</td></tr> <tr><td>Mar 24</td><td>0</td></tr> <tr><td>Apr 24</td><td>0</td></tr> <tr><td>May 24</td><td>8303</td></tr> <tr><td>Jun 24</td><td>0</td></tr> </tbody> </table>	Month	Contacts	Jul 23	0	Aug 23	0	Sep 23	0	Oct 23	0	Nov 23	0	Dec 23	0	Jan 24	0	Feb 24	0	Mar 24	0	Apr 24	0	May 24	8303	Jun 24	0
Month	Contacts																															
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-	QSE	Number of new Ombudsman contacts	N/A	TBC	13	 <table border="1"> <caption>Number of new Ombudsman contacts</caption> <thead> <tr><th>Month</th><th>Contacts</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>18</td></tr> <tr><td>Aug 23</td><td>9</td></tr> <tr><td>Sep 23</td><td>23</td></tr> <tr><td>Oct 23</td><td>17</td></tr> <tr><td>Nov 23</td><td>17</td></tr> <tr><td>Dec 23</td><td>18</td></tr> <tr><td>Jan 24</td><td>11</td></tr> <tr><td>Feb 24</td><td>19</td></tr> <tr><td>Mar 24</td><td>22</td></tr> <tr><td>Apr 24</td><td>16</td></tr> <tr><td>May 24</td><td>13</td></tr> <tr><td>Jun 24</td><td>0</td></tr> </tbody> </table>	Month	Contacts	Jul 23	18	Aug 23	9	Sep 23	23	Oct 23	17	Nov 23	17	Dec 23	18	Jan 24	11	Feb 24	19	Mar 24	22	Apr 24	16	May 24	13	Jun 24	0
Month	Contacts																															
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Sep 23	23																															
Oct 23	17																															
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Jun 24	0																															
-	QSE	Percentage of survey responses rating care as good or very good	N/A	TBC	93.5%	 <table border="1"> <caption>Percentage of survey responses rating care as good or very good</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>0%</td></tr> <tr><td>Aug 23</td><td>0%</td></tr> <tr><td>Sep 23</td><td>0%</td></tr> <tr><td>Oct 23</td><td>0%</td></tr> <tr><td>Nov 23</td><td>0%</td></tr> <tr><td>Dec 23</td><td>0%</td></tr> <tr><td>Jan 24</td><td>0%</td></tr> <tr><td>Feb 24</td><td>0%</td></tr> <tr><td>Mar 24</td><td>0%</td></tr> <tr><td>Apr 24</td><td>0%</td></tr> <tr><td>May 24</td><td>93.5%</td></tr> <tr><td>Jun 24</td><td>0%</td></tr> </tbody> </table>	Month	Percentage	Jul 23	0%	Aug 23	0%	Sep 23	0%	Oct 23	0%	Nov 23	0%	Dec 23	0%	Jan 24	0%	Feb 24	0%	Mar 24	0%	Apr 24	0%	May 24	93.5%	Jun 24	0%
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# Section 2

## Access & Activity Performance



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
SM: DM16	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 under 18 years)	80.0%	TBC	79.2%	6th of 7 (at Jun 24)
SM: DM15	PFIG	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80.0%	24.0%	41.1%	5th of 7 (at Jun 24)
SM: DM16	QSE	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years)	90%	TBC	95.7%	1st of 7 (at Jun 24)

Month	Percentage
Jul 23	58.3%
Aug 23	60.3%
Sep 23	74.5%
Oct 23	84.9%
Nov 23	72.4%
Dec 23	66.5%
Jan 24	69.2%
Feb 24	88.5%
Mar 24	92.0%
Apr 24	68.8%
May 24	76.6%
Jun 24	79.2%

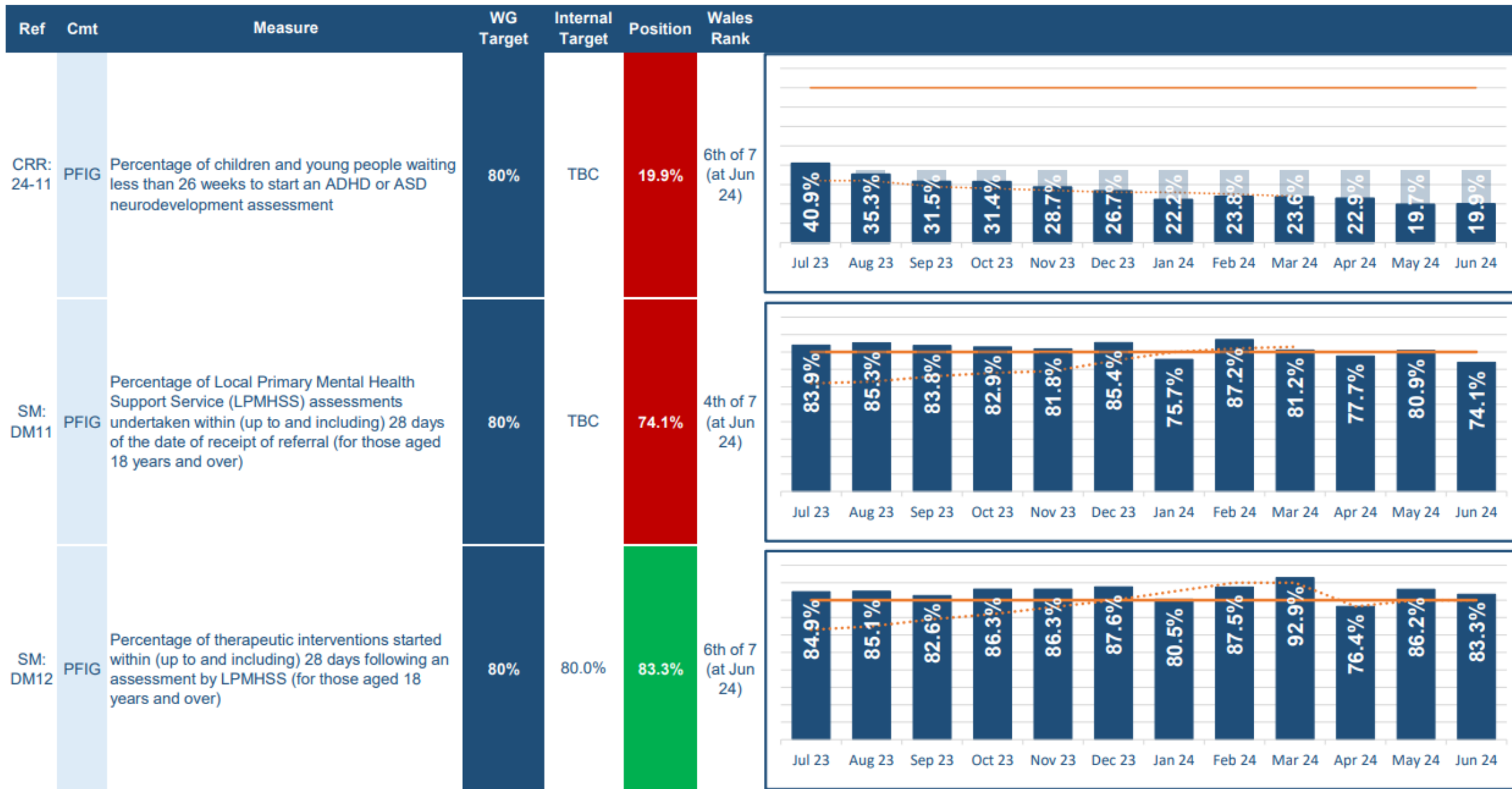
  

Month	Percentage
Jul 23	44.2%
Aug 23	30.6%
Sep 23	36.8%
Oct 23	41.6%
Nov 23	36.5%
Dec 23	38.4%
Jan 24	33.8%
Feb 24	45.0%
Mar 24	33.0%
Apr 24	29.2%
May 24	23.9%
Jun 24	41.1%

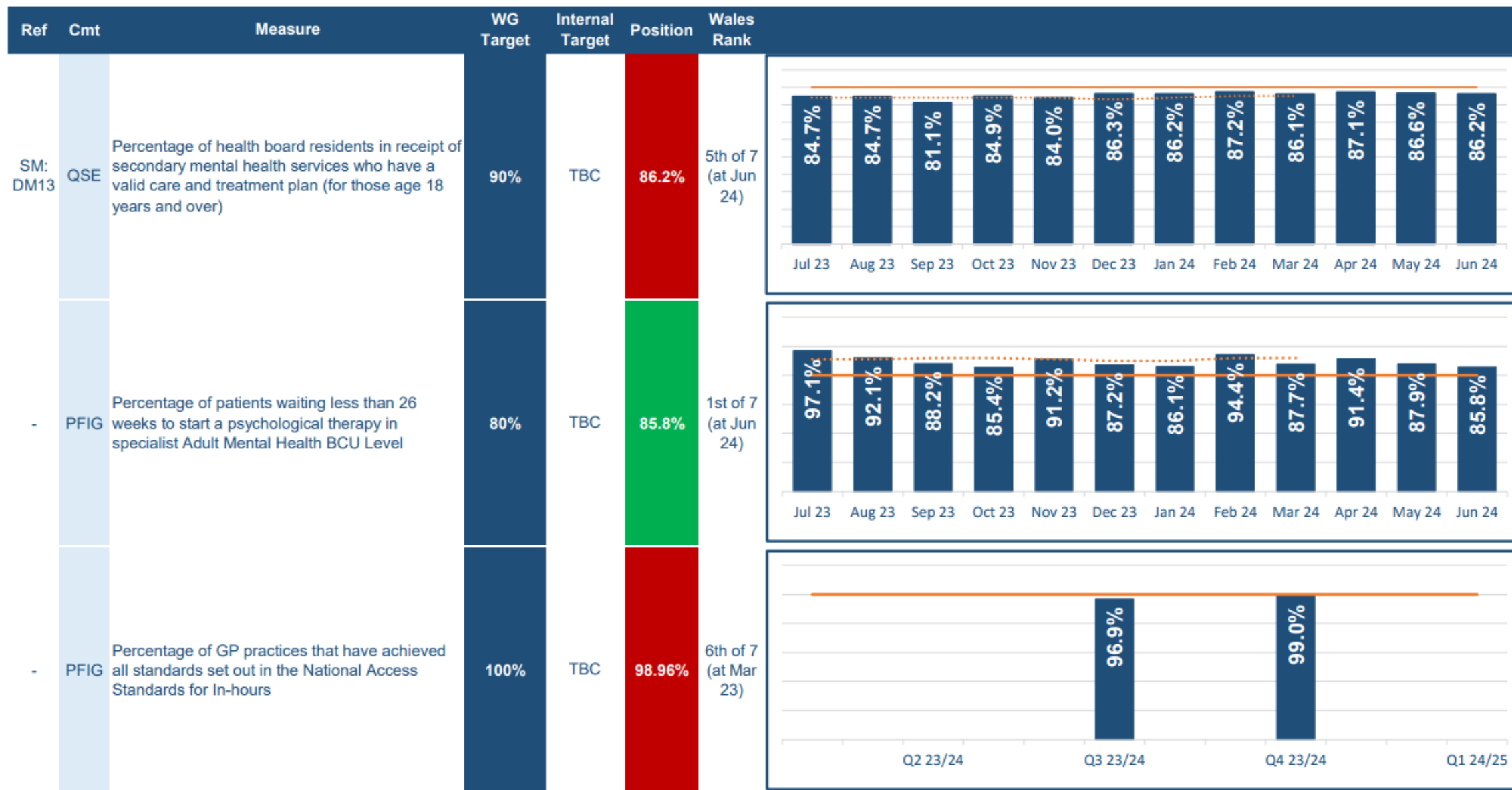
  

Month	Percentage
Jul 23	96.3%
Aug 23	96.9%
Sep 23	92.5%
Oct 23	92.5%
Nov 23	94.7%
Dec 23	92.7%
Jan 24	94.0%
Feb 24	91.4%
Mar 24	95.9%
Apr 24	98.0%
May 24	95.7%
Jun 24	95.7%

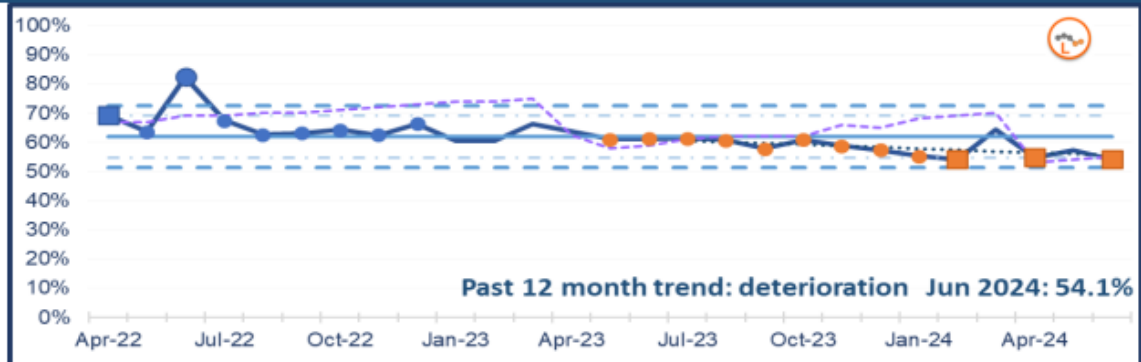
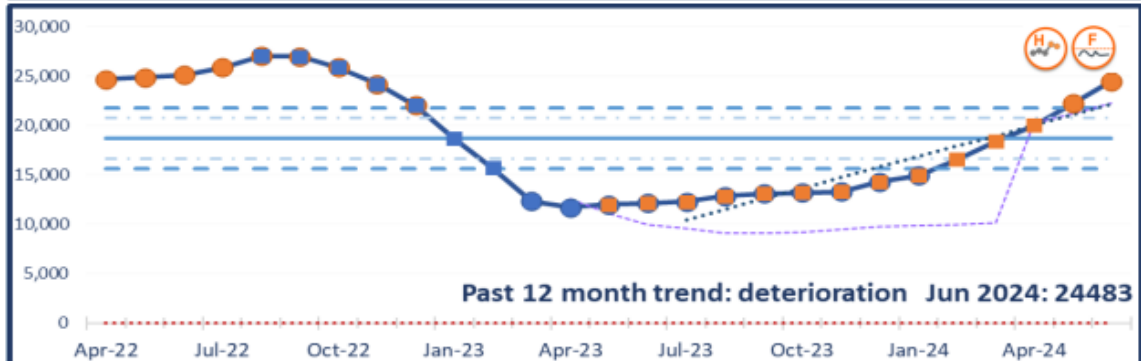
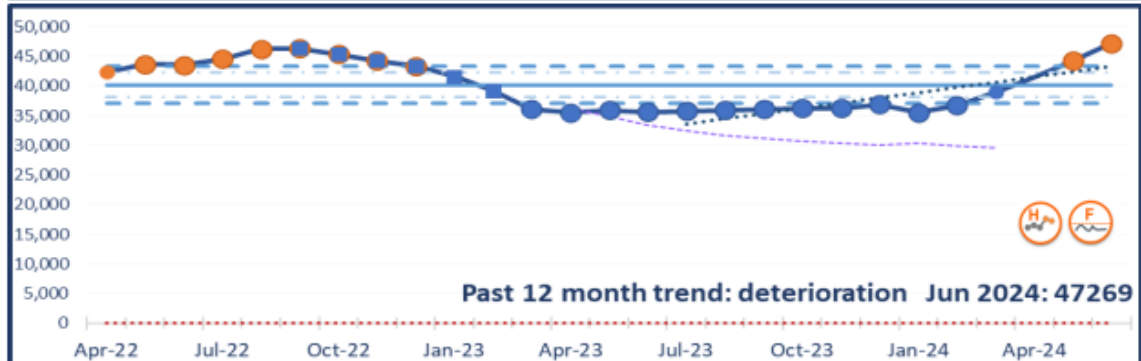
# Access & Activity: Performance



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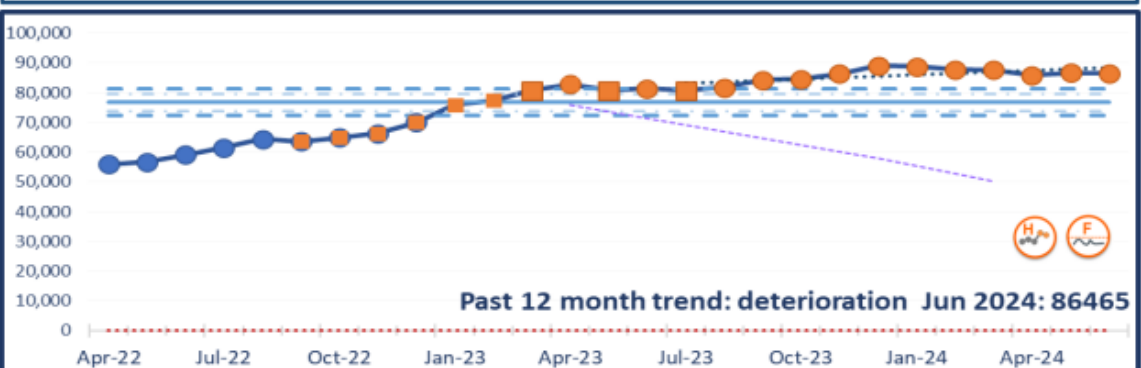
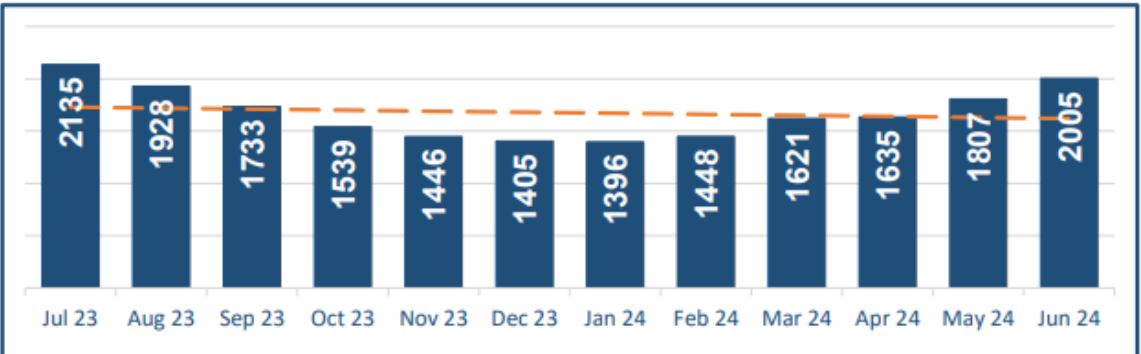
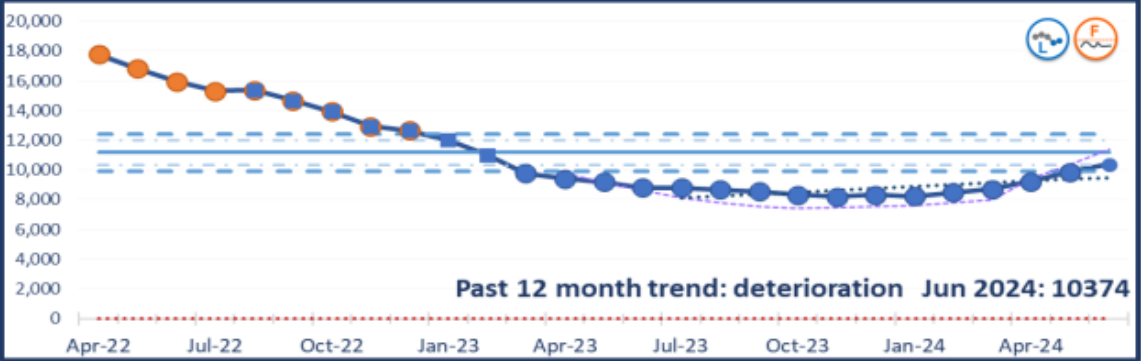


# Access & Activity: Performance

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)	Increasing trend (to 80%)	55.0%	54.1%	4th of 6 (at Jun 24)	 <p>Past 12 month trend: deterioration Jun 2024: 54.1%</p>
CRR: 24-11	PFIG	Number of patients waiting over 52 weeks for a new outpatient appointment	0	22293	24483	7th of 7 (at Jun 24)	 <p>Past 12 month trend: deterioration Jun 2024: 24483</p>
CRR: 24-11 SM: DM02	PFIG	Number of patients waiting more than 52 weeks for referral to treatment	Decreasing trend (to 0 by Jun 25)	TBC	47269	7th of 7 (at Jun 24)	 <p>Past 12 month trend: deterioration Jun 2024: 47269</p>

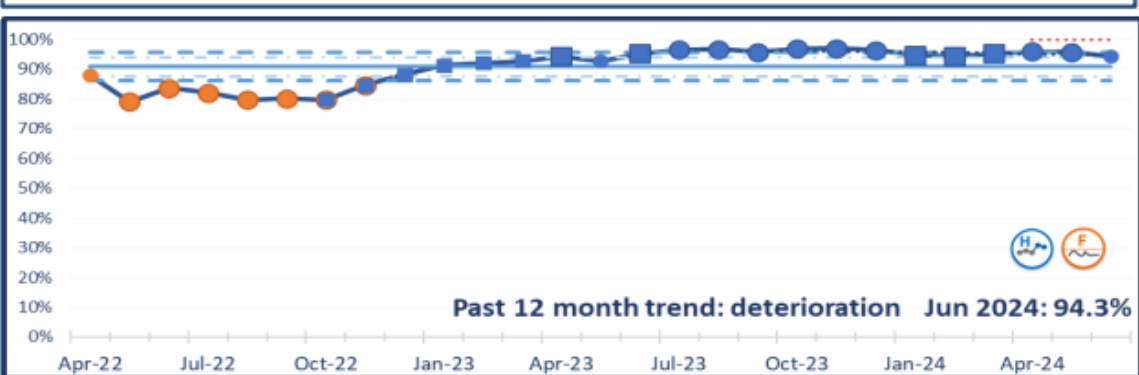
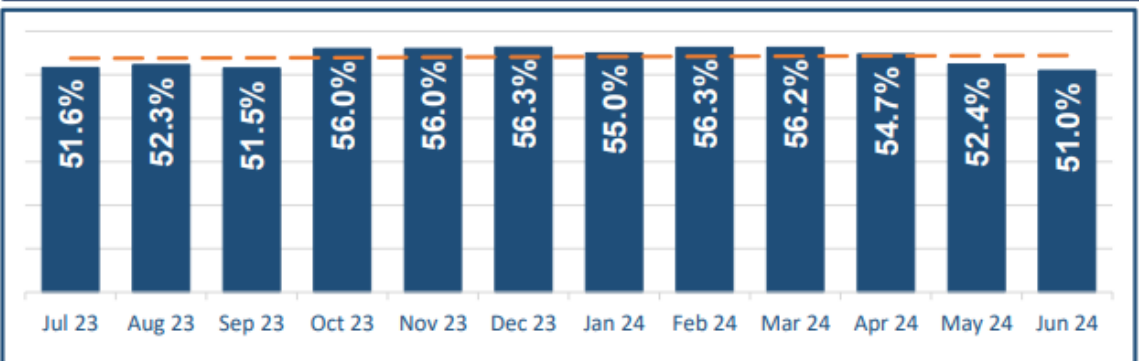
# Access & Activity: Performance

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	11390	10374	7th of 7 (at Jun 24)
CRR: 24-11	PFIG	Over 156 weeks all stages	N/A	TBC	2005	
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	86465	7th of 7 (at Jun 24)



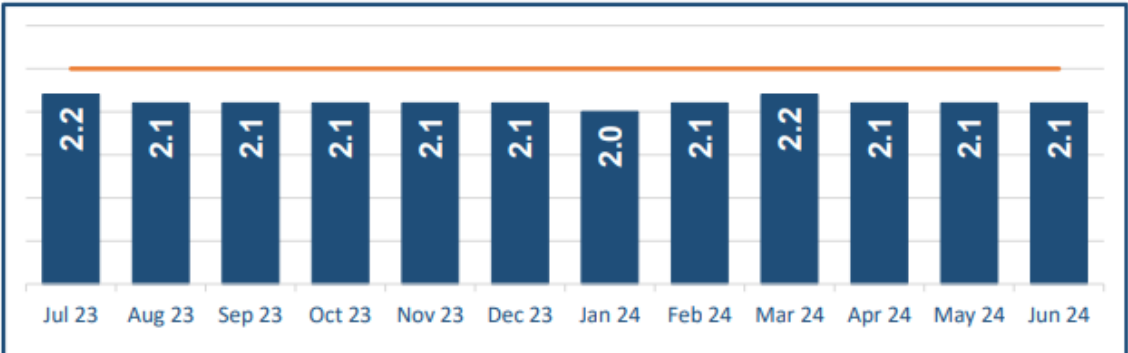
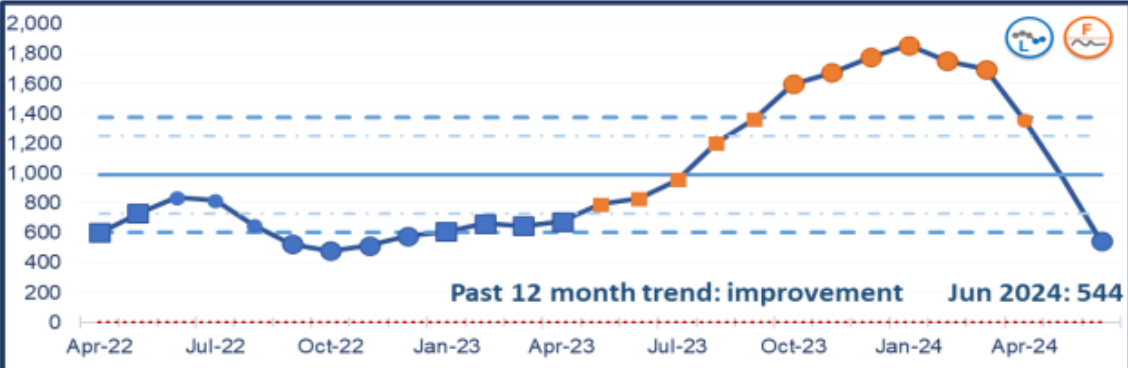
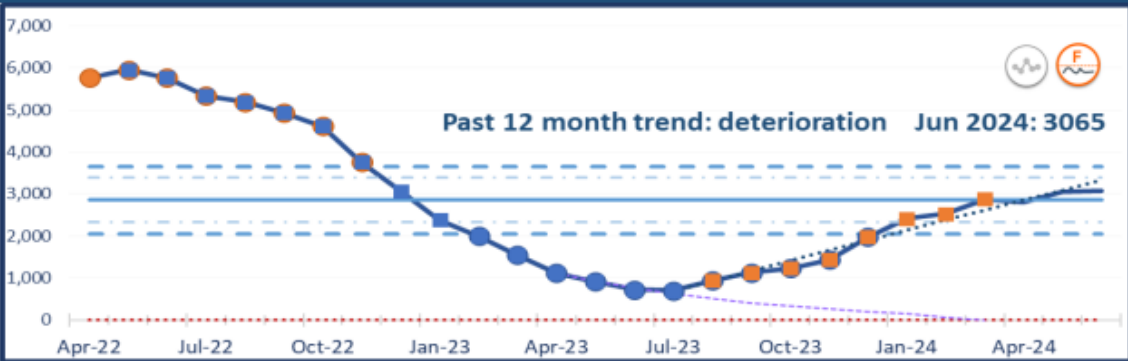
# Access & Activity: Performance

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	6288	7097	6th of 7 (at Jun 24)
CRR: 24-11 24-12	PFIG	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Increasing trend (to 95%)	TBC	51.0%	7th of 7 (at Jun 24)
CRR: 24-11	PFIG	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	100.0%	TBC	94.3%	4th of 7 (at Jun 24)

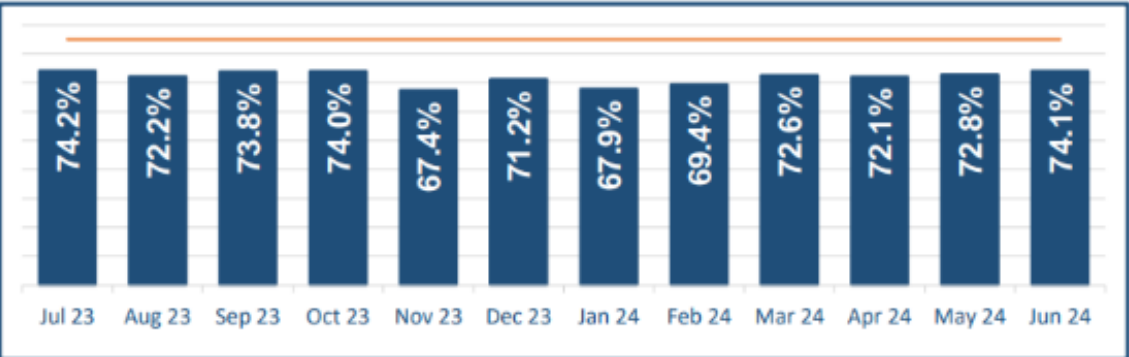
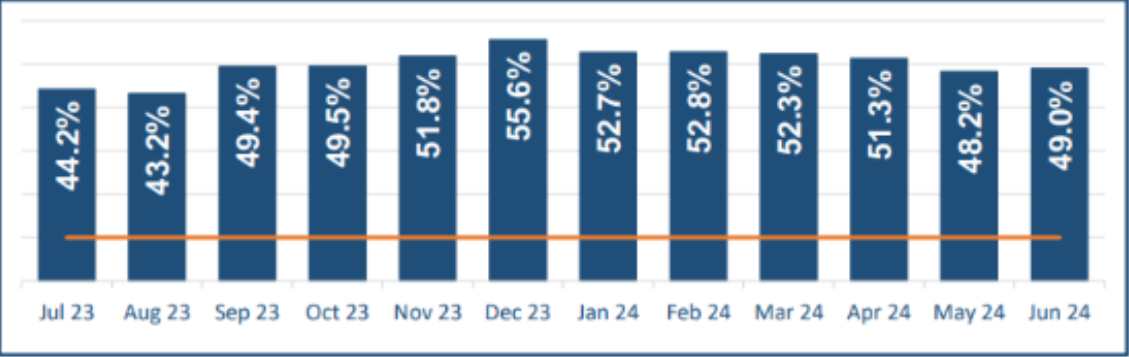


# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
CRR: 24-11 SM: DM05	PFIG	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0	TBC	3065	7th of 7 (at Jun 24)
-	PFIG	Number of patients (all ages) waiting more than 14 weeks for audiology	0	TBC	544	
-	PFIG	Number of cases per theatre session	2.5	TBC	2.1	



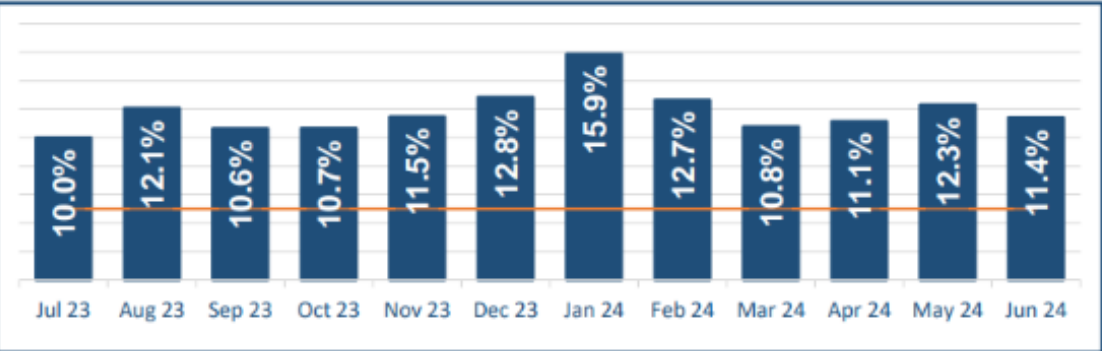
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank																										
-	PFIG	Theatre utilisation (Capped)	85.0%	TBC	74.1%	 <table border="1"> <caption>Theatre utilisation (Capped)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>74.2%</td></tr> <tr><td>Aug 23</td><td>72.2%</td></tr> <tr><td>Sep 23</td><td>73.8%</td></tr> <tr><td>Oct 23</td><td>74.0%</td></tr> <tr><td>Nov 23</td><td>67.4%</td></tr> <tr><td>Dec 23</td><td>71.2%</td></tr> <tr><td>Jan 24</td><td>67.9%</td></tr> <tr><td>Feb 24</td><td>69.4%</td></tr> <tr><td>Mar 24</td><td>72.6%</td></tr> <tr><td>Apr 24</td><td>72.1%</td></tr> <tr><td>May 24</td><td>72.8%</td></tr> <tr><td>Jun 24</td><td>74.1%</td></tr> </tbody> </table>	Month	Value	Jul 23	74.2%	Aug 23	72.2%	Sep 23	73.8%	Oct 23	74.0%	Nov 23	67.4%	Dec 23	71.2%	Jan 24	67.9%	Feb 24	69.4%	Mar 24	72.6%	Apr 24	72.1%	May 24	72.8%	Jun 24	74.1%
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Jun 24	74.1%																															
-	PFIG	Percentage of lists with a start time 15 minutes or more past the scheduled start time	<10%	TBC	49.0%	 <table border="1"> <caption>Percentage of lists with a start time 15 minutes or more past the scheduled start time</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>44.2%</td></tr> <tr><td>Aug 23</td><td>43.2%</td></tr> <tr><td>Sep 23</td><td>49.4%</td></tr> <tr><td>Oct 23</td><td>49.5%</td></tr> <tr><td>Nov 23</td><td>51.8%</td></tr> <tr><td>Dec 23</td><td>55.6%</td></tr> <tr><td>Jan 24</td><td>52.7%</td></tr> <tr><td>Feb 24</td><td>52.8%</td></tr> <tr><td>Mar 24</td><td>52.3%</td></tr> <tr><td>Apr 24</td><td>51.3%</td></tr> <tr><td>May 24</td><td>48.2%</td></tr> <tr><td>Jun 24</td><td>49.0%</td></tr> </tbody> </table>	Month	Value	Jul 23	44.2%	Aug 23	43.2%	Sep 23	49.4%	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%
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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%																															
-	PFIG	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	<10%	TBC	22.4%	 <table border="1"> <caption>Percentage of lists with an end time of over 60 minutes before the scheduled finish time</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>20.9%</td></tr> <tr><td>Aug 23</td><td>22.0%</td></tr> <tr><td>Sep 23</td><td>19.4%</td></tr> <tr><td>Oct 23</td><td>19.2%</td></tr> <tr><td>Nov 23</td><td>22.0%</td></tr> <tr><td>Dec 23</td><td>23.5%</td></tr> <tr><td>Jan 24</td><td>28.5%</td></tr> <tr><td>Feb 24</td><td>26.8%</td></tr> <tr><td>Mar 24</td><td>20.7%</td></tr> <tr><td>Apr 24</td><td>23.6%</td></tr> <tr><td>May 24</td><td>24.1%</td></tr> <tr><td>Jun 24</td><td>22.4%</td></tr> </tbody> </table>	Month	Value	Jul 23	20.9%	Aug 23	22.0%	Sep 23	19.4%	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	24.1%	Jun 24	22.4%
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Mar 24	20.7%																															
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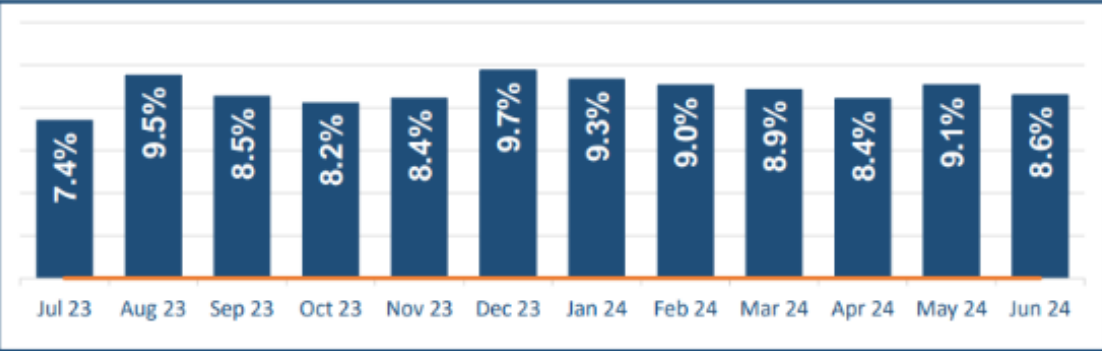
# Access & Activity: Performance

Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	<5%	TBC	11.4%	N/A
-	PFIG	Percentage of scheduled operations cancelled on the day of the scheduled operation	0.0%	TBC	8.6%	
-	PFIG	Number of Pathways of Care Delayed discharges	Decreasing trend	TBC	311	7th of 8 (at Jun 24)

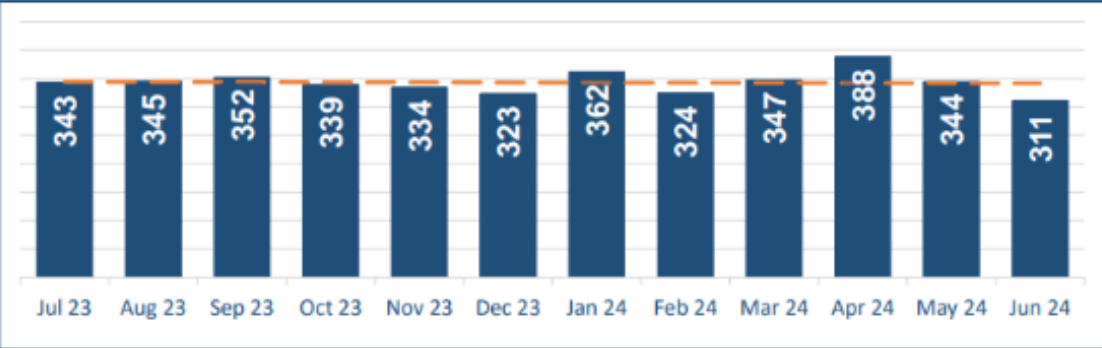
  



Month	Percentage
Jul 23	10.0%
Aug 23	12.1%
Sep 23	10.6%
Oct 23	10.7%
Nov 23	11.5%
Dec 23	12.8%
Jan 24	15.9%
Feb 24	12.7%
Mar 24	10.8%
Apr 24	11.1%
May 24	12.3%
Jun 24	11.4%



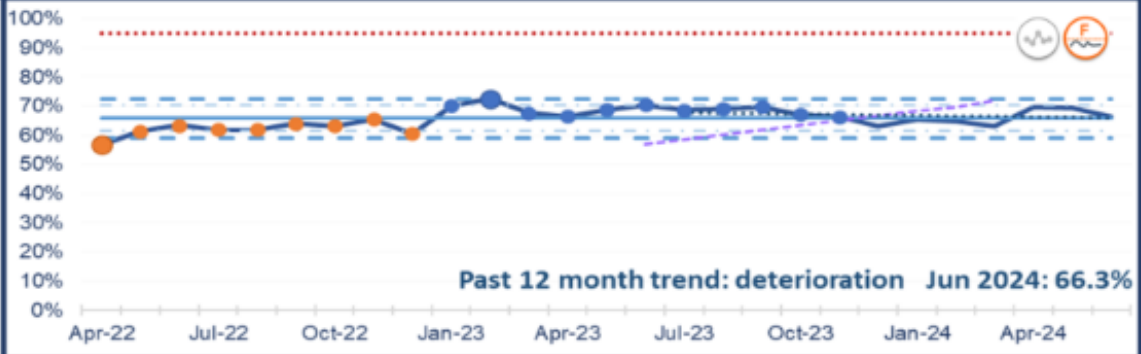
Month	Percentage
Jul 23	7.4%
Aug 23	9.5%
Sep 23	8.5%
Oct 23	8.2%
Nov 23	8.4%
Dec 23	9.7%
Jan 24	9.3%
Feb 24	9.0%
Mar 24	8.9%
Apr 24	8.4%
May 24	9.1%
Jun 24	8.6%



Month	Count
Jul 23	343
Aug 23	345
Sep 23	352
Oct 23	339
Nov 23	334
Dec 23	323
Jan 24	362
Feb 24	324
Mar 24	347
Apr 24	388
May 24	344
Jun 24	311

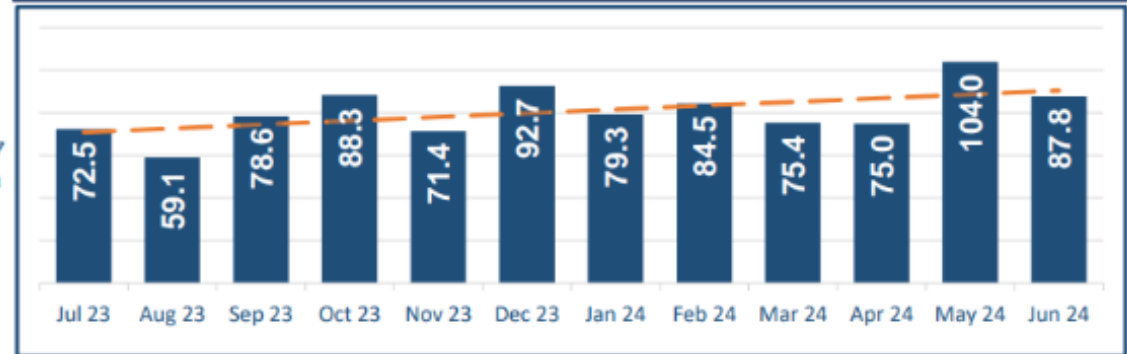
# Access & Activity: Performance

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	66.3%	4th of 7 (at Jun 24)
CRR: 24-10 SM: DM08	PFIG	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Equivalent month reduction (2024/25 to 2023/24) to 0	3009	3128	7th of 7 (at Jun 24)
-	N/A	Number of patients who spend 24 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	N/A	TBC	1250	



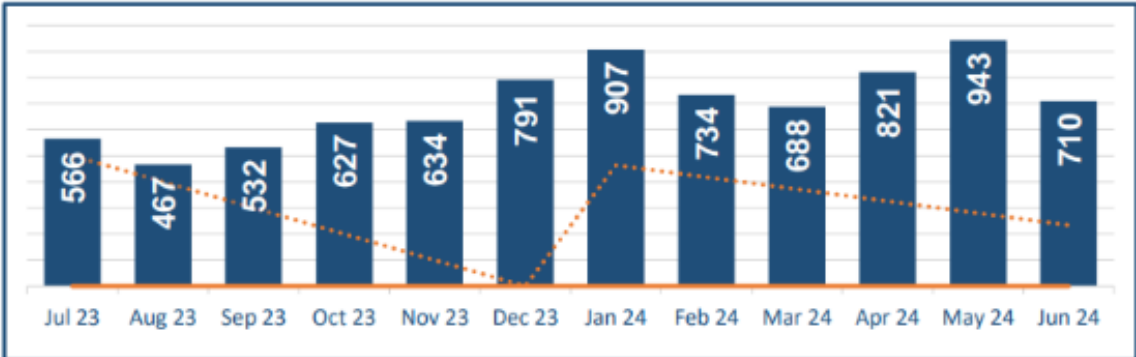
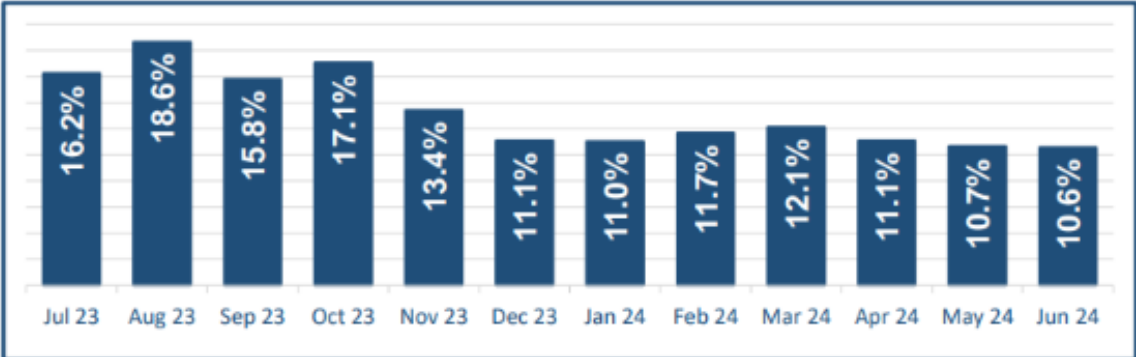
# Access & Activity: Performance

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	23.0	4th of 6 (at Jun 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	149.0	5th of 6 (at Jun 24)
CRR: 24-10	PFIG	Median emergency response time to amber calls	Decreasing trend	TBC	87.8	3rd of 7 (at Jun 24)

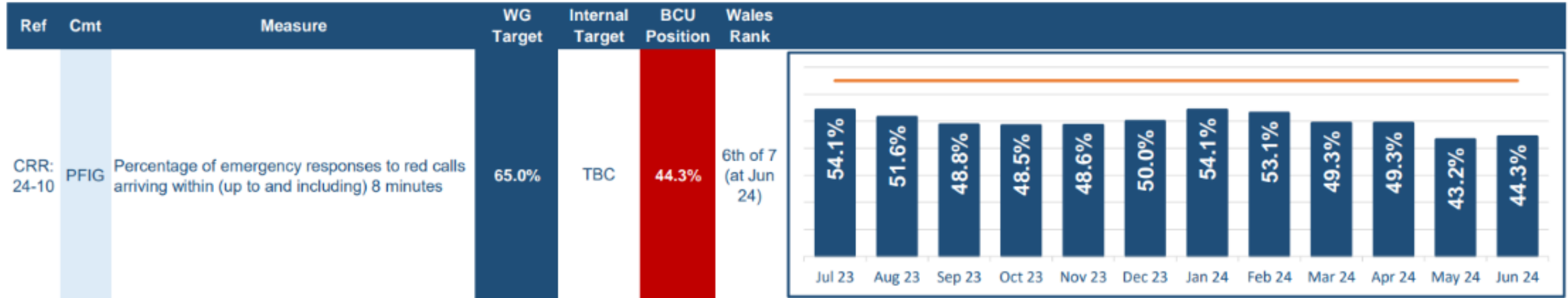


# Access & Activity: Performance

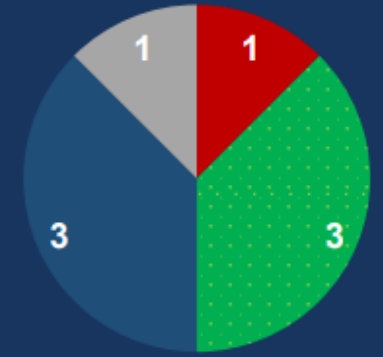
Ref	Cmt	Measure	WG Target	Internal Target	Position	Wales Rank
-	PFIG	Percentage of ambulance handovers within 15 minutes	Equivalent month increase (2024/25 to 2023/24) to 100%	TBC	10.6%	
CRR: 24-10 SM: DM06	PFIG	Number of ambulance patient handovers over 1 hour	0	1788	2091	6th of 6 (at Jun 24)
CRR: 24-10	PFIG	Number of ambulance patient handovers over 4 hour	0	234	710	



# Access & Activity: Performance



# Section 3



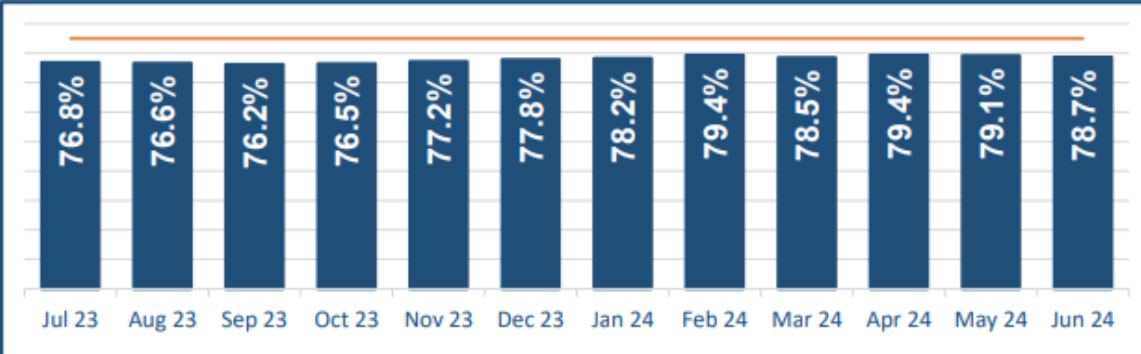
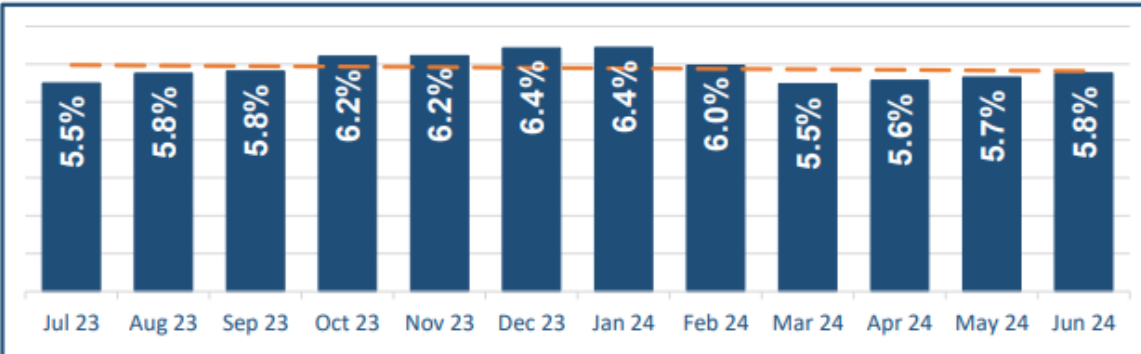
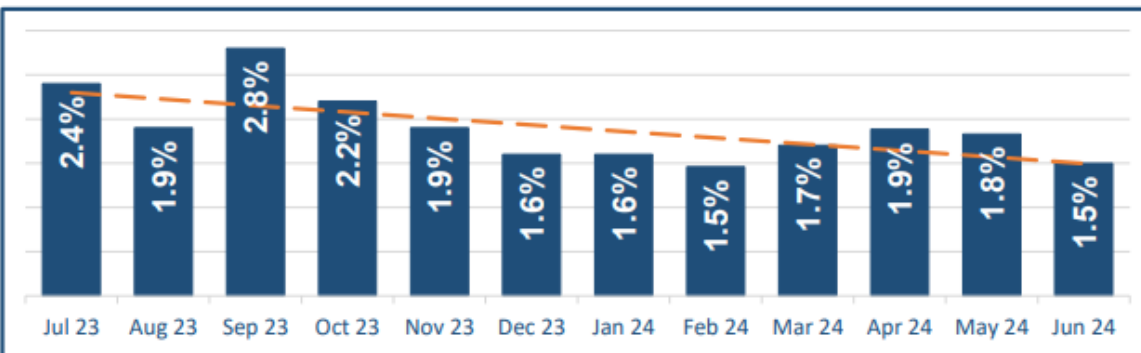
# People & Organisational Development Performance

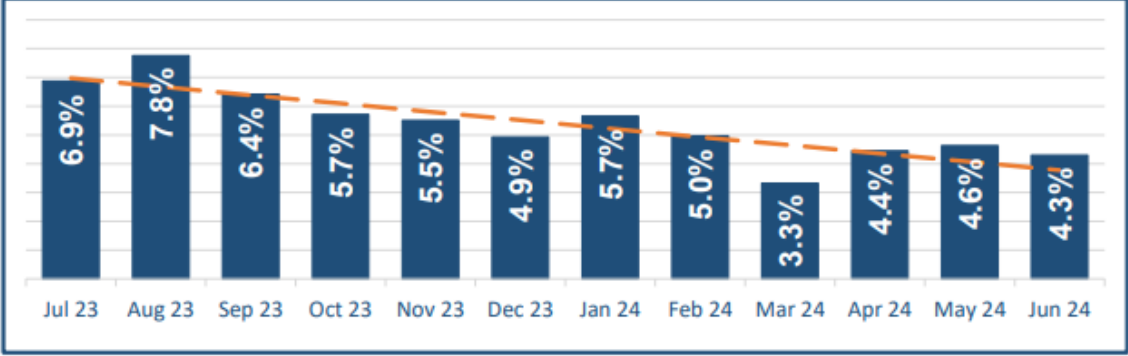


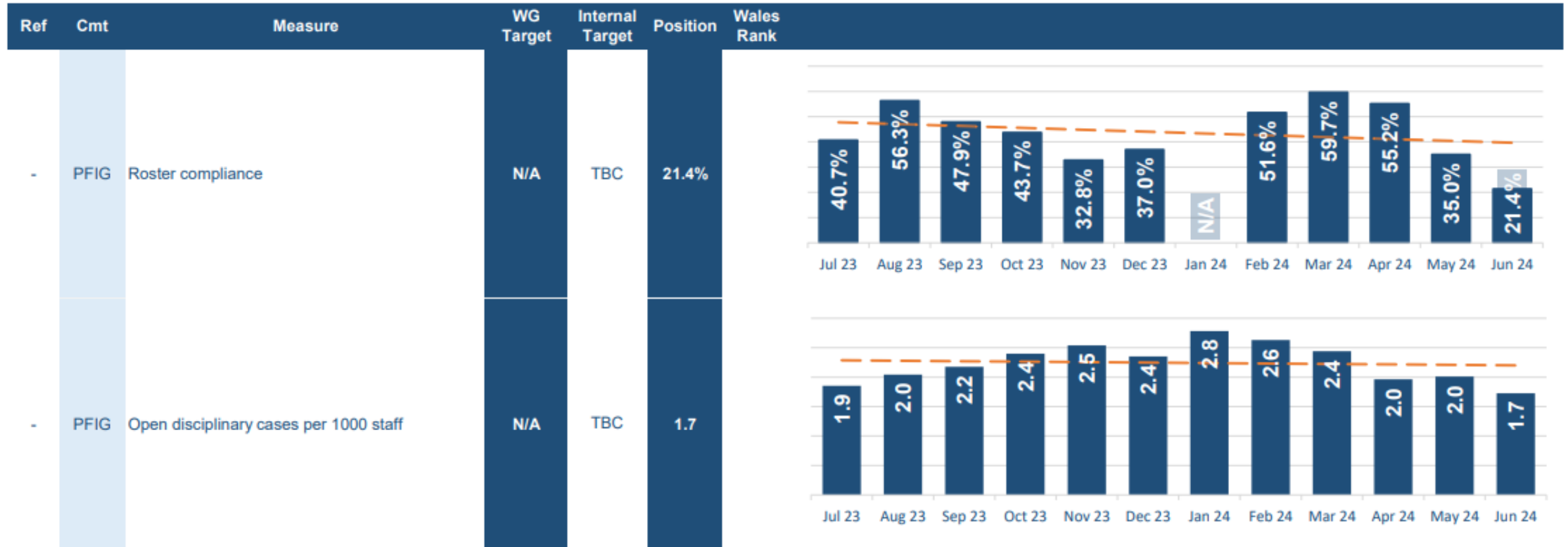
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



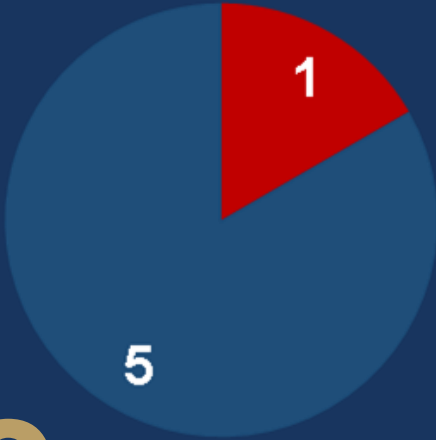
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*																											
-	PFIG	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12months(excluding doctors and dentists in training)	85%	TBC	78.7%	4th of 13 (at May 24)	 <table border="1"> <caption>Percentage of headcount with appraisal</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>76.8%</td></tr> <tr><td>Aug 23</td><td>76.6%</td></tr> <tr><td>Sep 23</td><td>76.2%</td></tr> <tr><td>Oct 23</td><td>76.5%</td></tr> <tr><td>Nov 23</td><td>77.2%</td></tr> <tr><td>Dec 23</td><td>77.8%</td></tr> <tr><td>Jan 24</td><td>78.2%</td></tr> <tr><td>Feb 24</td><td>79.4%</td></tr> <tr><td>Mar 24</td><td>78.5%</td></tr> <tr><td>Apr 24</td><td>79.4%</td></tr> <tr><td>May 24</td><td>79.1%</td></tr> <tr><td>Jun 24</td><td>78.7%</td></tr> </tbody> </table>	Month	Percentage	Jul 23	76.8%	Aug 23	76.6%	Sep 23	76.2%	Oct 23	76.5%	Nov 23	77.2%	Dec 23	77.8%	Jan 24	78.2%	Feb 24	79.4%	Mar 24	78.5%	Apr 24	79.4%	May 24	79.1%	Jun 24	78.7%
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-	PFIG	Percentage of sickness absence rate of staff	Decreasing trend	TBC	5.8%	7th of 13 (at May 24)	 <table border="1"> <caption>Percentage of sickness absence rate of staff</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>5.5%</td></tr> <tr><td>Aug 23</td><td>5.8%</td></tr> <tr><td>Sep 23</td><td>5.8%</td></tr> <tr><td>Oct 23</td><td>6.2%</td></tr> <tr><td>Nov 23</td><td>6.2%</td></tr> <tr><td>Dec 23</td><td>6.4%</td></tr> <tr><td>Jan 24</td><td>6.4%</td></tr> <tr><td>Feb 24</td><td>6.0%</td></tr> <tr><td>Mar 24</td><td>5.5%</td></tr> <tr><td>Apr 24</td><td>5.6%</td></tr> <tr><td>May 24</td><td>5.7%</td></tr> <tr><td>Jun 24</td><td>5.8%</td></tr> </tbody> </table>	Month	Percentage	Jul 23	5.5%	Aug 23	5.8%	Sep 23	5.8%	Oct 23	6.2%	Nov 23	6.2%	Dec 23	6.4%	Jan 24	6.4%	Feb 24	6.0%	Mar 24	5.5%	Apr 24	5.6%	May 24	5.7%	Jun 24	5.8%
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May 24	5.7%																																
Jun 24	5.8%																																
-	PFIG	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Decreasing trend against 2019/20	TBC	1.5%	3rd of 11 (at Apr 24)	 <table border="1"> <caption>Turnover rate for nurse and midwifery registered staff</caption> <thead> <tr><th>Month</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>2.4%</td></tr> <tr><td>Aug 23</td><td>1.9%</td></tr> <tr><td>Sep 23</td><td>2.8%</td></tr> <tr><td>Oct 23</td><td>2.2%</td></tr> <tr><td>Nov 23</td><td>1.9%</td></tr> <tr><td>Dec 23</td><td>1.6%</td></tr> <tr><td>Jan 24</td><td>1.6%</td></tr> <tr><td>Feb 24</td><td>1.5%</td></tr> <tr><td>Mar 24</td><td>1.7%</td></tr> <tr><td>Apr 24</td><td>1.9%</td></tr> <tr><td>May 24</td><td>1.8%</td></tr> <tr><td>Jun 24</td><td>1.5%</td></tr> </tbody> </table>	Month	Percentage	Jul 23	2.4%	Aug 23	1.9%	Sep 23	2.8%	Oct 23	2.2%	Nov 23	1.9%	Dec 23	1.6%	Jan 24	1.6%	Feb 24	1.5%	Mar 24	1.7%	Apr 24	1.9%	May 24	1.8%	Jun 24	1.5%
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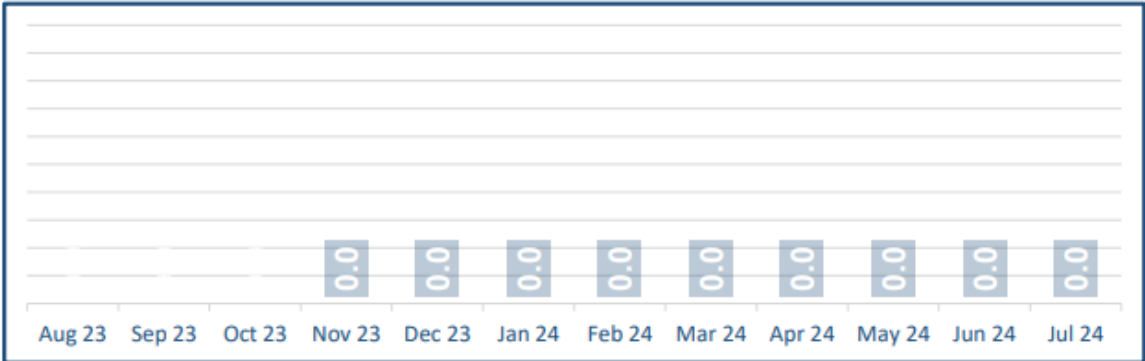
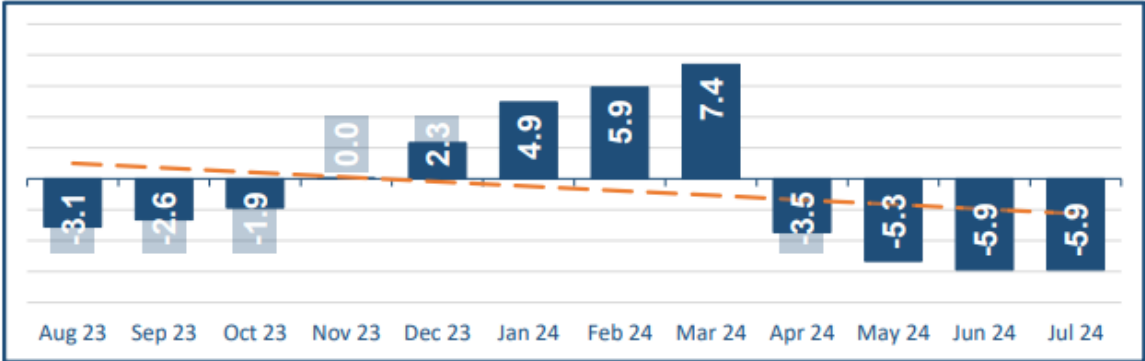
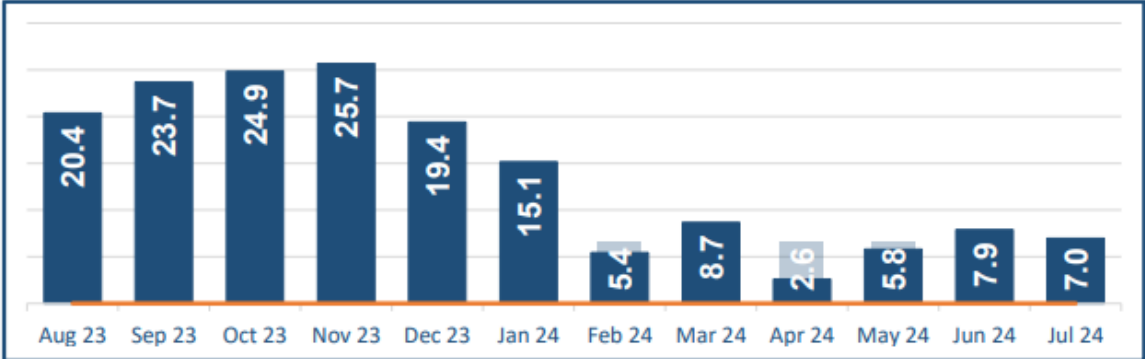
Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank*																										
-	PFIG	12 month rolling turnover rate (External)	N/A	TBC	8.39%																											
 <table border="1"> <caption>12 month rolling turnover rate (External)</caption> <thead> <tr><th>Month</th><th>Turnover Rate (%)</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>8.8%</td></tr> <tr><td>Aug 23</td><td>8.7%</td></tr> <tr><td>Sep 23</td><td>8.7%</td></tr> <tr><td>Oct 23</td><td>8.7%</td></tr> <tr><td>Nov 23</td><td>8.7%</td></tr> <tr><td>Dec 23</td><td>8.6%</td></tr> <tr><td>Jan 24</td><td>8.6%</td></tr> <tr><td>Feb 24</td><td>8.6%</td></tr> <tr><td>Mar 24</td><td>8.5%</td></tr> <tr><td>Apr 24</td><td>8.5%</td></tr> <tr><td>May 24</td><td>8.5%</td></tr> <tr><td>Jun 24</td><td>8.4%</td></tr> </tbody> </table>							Month	Turnover Rate (%)	Jul 23	8.8%	Aug 23	8.7%	Sep 23	8.7%	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%
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Jun 24	8.4%																															
-	PFIG	Staff turnover rate for those who had less than 1 year service	N/A	TBC	14.08%																											
 <table border="1"> <caption>Staff turnover rate for those who had less than 1 year service</caption> <thead> <tr><th>Month</th><th>Turnover Rate (%)</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>15.2%</td></tr> <tr><td>Aug 23</td><td>15.0%</td></tr> <tr><td>Sep 23</td><td>15.1%</td></tr> <tr><td>Oct 23</td><td>14.9%</td></tr> <tr><td>Nov 23</td><td>15.0%</td></tr> <tr><td>Dec 23</td><td>14.5%</td></tr> <tr><td>Jan 24</td><td>14.3%</td></tr> <tr><td>Feb 24</td><td>14.4%</td></tr> <tr><td>Mar 24</td><td>14.3%</td></tr> <tr><td>Apr 24</td><td>14.4%</td></tr> <tr><td>May 24</td><td>14.1%</td></tr> <tr><td>Jun 24</td><td>14.1%</td></tr> </tbody> </table>							Month	Turnover Rate (%)	Jul 23	15.2%	Aug 23	15.0%	Sep 23	15.1%	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%
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May 24	14.1%																															
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CRR: 24-05	PFIG	Agency spend as a percentage of total pay bill	Decreasing trend	TBC	4.3%	10th of 12 (at May 24)																										
 <table border="1"> <caption>Agency spend as a percentage of total pay bill</caption> <thead> <tr><th>Month</th><th>Agency Spend (%)</th></tr> </thead> <tbody> <tr><td>Jul 23</td><td>6.9%</td></tr> <tr><td>Aug 23</td><td>7.8%</td></tr> <tr><td>Sep 23</td><td>6.4%</td></tr> <tr><td>Oct 23</td><td>5.7%</td></tr> <tr><td>Nov 23</td><td>5.5%</td></tr> <tr><td>Dec 23</td><td>4.9%</td></tr> <tr><td>Jan 24</td><td>5.7%</td></tr> <tr><td>Feb 24</td><td>5.0%</td></tr> <tr><td>Mar 24</td><td>3.3%</td></tr> <tr><td>Apr 24</td><td>4.4%</td></tr> <tr><td>May 24</td><td>4.6%</td></tr> <tr><td>Jun 24</td><td>4.3%</td></tr> </tbody> </table>							Month	Agency Spend (%)	Jul 23	6.9%	Aug 23	7.8%	Sep 23	6.4%	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%
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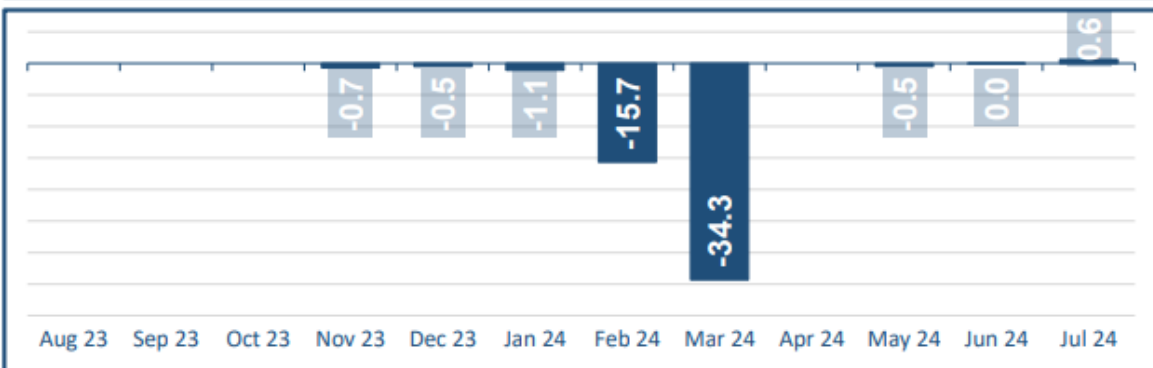


# Section 4

# 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	 <table border="1"> <caption>Forecast outturn (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 23</td><td>0.0</td></tr> <tr><td>Sep 23</td><td>0.0</td></tr> <tr><td>Oct 23</td><td>0.0</td></tr> <tr><td>Nov 23</td><td>0.0</td></tr> <tr><td>Dec 23</td><td>0.0</td></tr> <tr><td>Jan 24</td><td>0.0</td></tr> <tr><td>Feb 24</td><td>0.0</td></tr> <tr><td>Mar 24</td><td>0.0</td></tr> <tr><td>Apr 24</td><td>0.0</td></tr> <tr><td>May 24</td><td>0.0</td></tr> <tr><td>Jun 24</td><td>0.0</td></tr> <tr><td>Jul 24</td><td>0.0</td></tr> </tbody> </table>	Month	Value	Aug 23	0.0	Sep 23	0.0	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
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CRR: 24-05	PFIG	Year to date savings delivery against target (£million)	N/A	TBC	-5.9	 <table border="1"> <caption>Year to date savings delivery against target (£million)</caption> <thead> <tr><th>Month</th><th>Value</th></tr> </thead> <tbody> <tr><td>Aug 23</td><td>-3.1</td></tr> <tr><td>Sep 23</td><td>-2.6</td></tr> <tr><td>Oct 23</td><td>-1.9</td></tr> <tr><td>Nov 23</td><td>0.0</td></tr> <tr><td>Dec 23</td><td>2.3</td></tr> <tr><td>Jan 24</td><td>4.9</td></tr> <tr><td>Feb 24</td><td>5.9</td></tr> <tr><td>Mar 24</td><td>7.4</td></tr> <tr><td>Apr 24</td><td>-3.5</td></tr> <tr><td>May 24</td><td>-5.3</td></tr> <tr><td>Jun 24</td><td>-5.9</td></tr> <tr><td>Jul 24</td><td>-5.9</td></tr> </tbody> </table>	Month	Value	Aug 23	-3.1	Sep 23	-2.6	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	-5.9
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Jun 24	7.9																															
Jul 24	7.0																															

Ref	Cmt	Measure	WG Target	Internal Target	BCU Position	Wales Rank
CRR: 24-05	PFIG	In month variance to plan (£million)	N/A	TBC	-0.9	
CRR: 24-05	PFIG	Forecast savings delivery against target (£million)	N/A	TBC	-21.5	
CRR: 24-05	PFIG	In year capital expenditure against plan (£million)	N/A	TBC	0.6	

BCU Wide and Divisional Positions (Red = overspend against plan)					
	April	May	June	July	YTD
	£m	£m	£m	£m	£m
West IHC	(1.8)	(1.8)	(1.2)	(1.7)	(6.4)
Central IHC	(2.9)	(2.9)	(2.9)	(2.2)	(10.8)
East IHC	(3.3)	(2.7)	(2.6)	(2.6)	(11.1)
Womens	(0.1)	(0.1)	(0.1)	(0.0)	(0.4)
MH & LD	(1.6)	(1.7)	(1.6)	(1.8)	(6.8)
Commissioning Contracts	(1.7)	(1.9)	1.0	2.4	(0.3)
ICD Primary Care	0.2	0.6	0.3	0.4	1.4
ICD Regional Services	(1.3)	(0.2)	(1.0)	(1.7)	(4.2)
Support Functions & Other Budgets	9.8	7.6	6.2	8.0	31.6
<b>BCU Wide</b>	<b>(2.6)</b>	<b>(3.2)</b>	<b>(2.1)</b>	<b>0.9</b>	<b>(7.0)</b>

Service Performance against Target	Annual			Year to Date		
	Target	Delivery	Delivery v Target (+ve = adverse)	Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	6.1	2.6	2.9	2.4	0.5
Central Integrated Health Community	10.9	6.2	4.8	3.6	3.2	0.4
East Integrated Health Community	11.2	7.5	3.7	3.7	3.3	0.5
MHLD	4.2	8.5	-4.3	1.4	0.9	0.5
Womens Services	1.4	0.6	0.8	0.5	0.2	0.3
Diagnostic and Specialist Clinical Support	2.1	0.8	1.3	0.7	0.3	0.4
Cancer Services	1.6	1.7	-0.1	0.5	0.5	0.0
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.0	0.2	0.1	0.0	0.0
Other Primary Care	0.0	0.2	-0.2	0.0	0.2	-0.2
Corporate & Support Services	3.7	2.9	0.8	1.2	1.6	-0.3
Reserves	4.0		4.0	1.3		1.3
<b>Saving Total</b>	<b>48.0</b>	<b>34.4</b>	<b>13.6</b>	<b>16.0</b>	<b>12.5</b>	<b>3.5</b>

# Additional Information

## What is an Integrated Performance Report (IPR)?

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

## The Integrated Performance Framework (IPF)

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

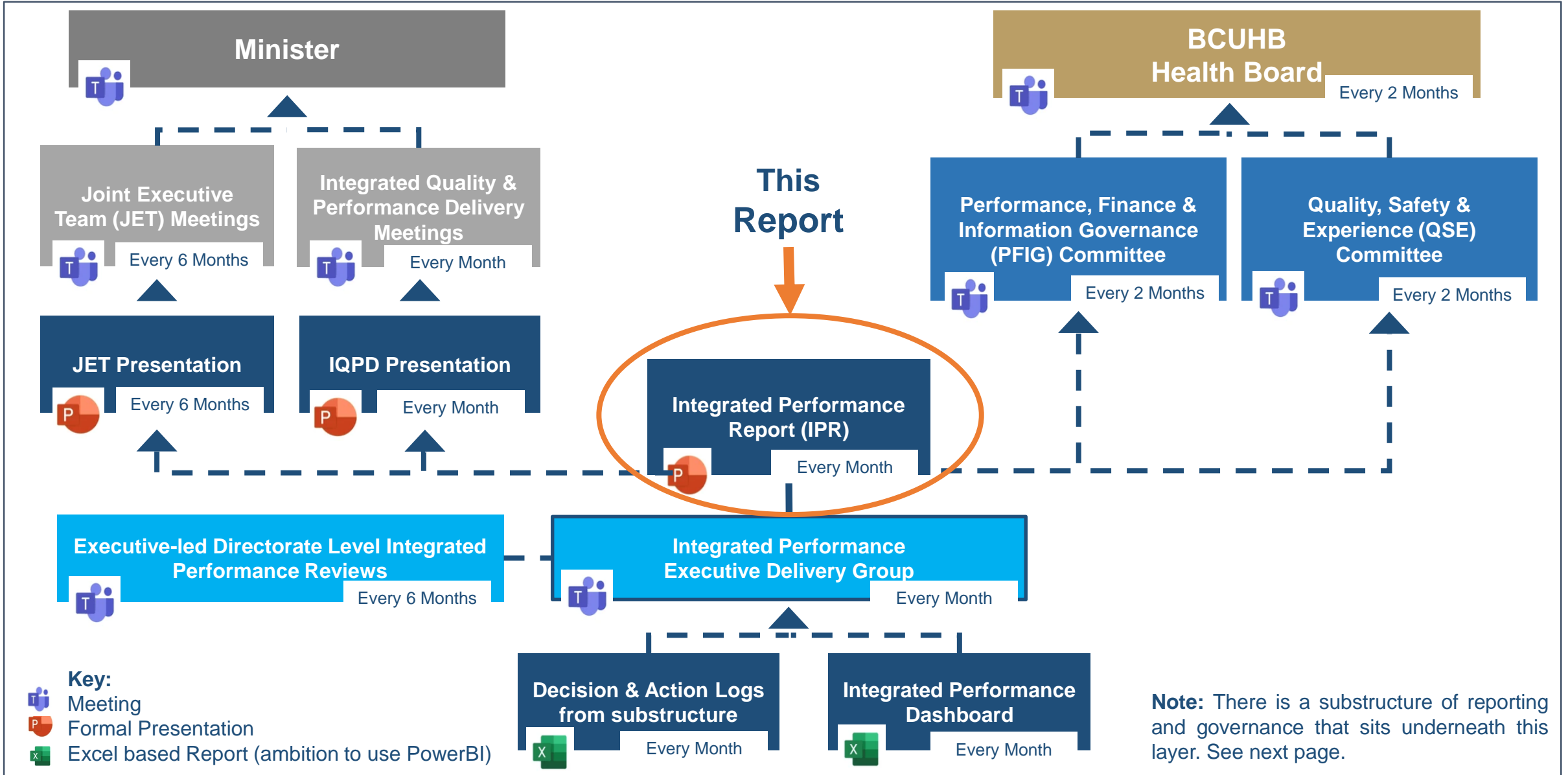
The Integrated Performance Framework sits within a “triumvirate” together with the Integrated Planning Framework and the Risk Management Framework (also ratified at Health Board on the 28<sup>th</sup> September 2023). This triumvirate of frameworks will encompass the planning, safe delivery and monitoring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

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

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

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

# The Integrated Performance Reporting & Governance Superstructure

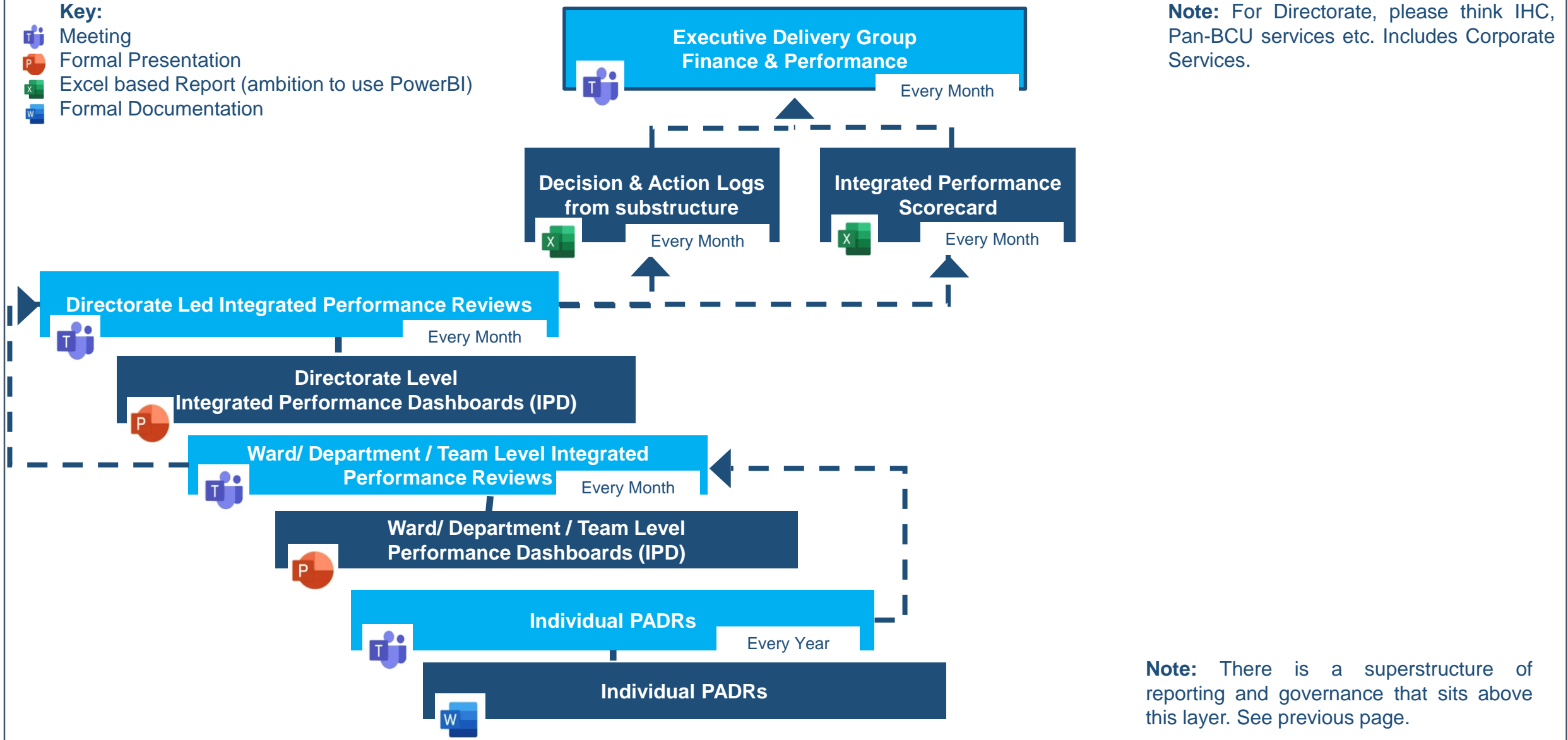


# The Integrated Performance Reporting & Governance Substructure

**Key:**

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

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



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

## Integrated Performance Reports



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

## Integrated Performance Scorecards



Summary scorecards for– Integrated Performance Executive Delivery Group et al

## Integrated Performance Dashboards



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

## Deep Dive Reports



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

## Ad-hoc Reports



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

# Our Integrated Performance Report Betsi Cadwaladr University Health Board

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

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

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



follow @bcuhb



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



# Appendix

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

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

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

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

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

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

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



<b>Teitl adroddiad:</b>  <b>Report title:</b>	NHS Wales Shared Services Partnership Quarter 1 2024/25 Assurance report			
<b>Adrodd i:</b>  <b>Report to:</b>	Performance, Finance and Information Governance Committee			
<b>Dyddiad y Cyfarfod:</b>  <b>Date of Meeting:</b>	Tuesday, 27 August 2024			
<b>Crynodeb Gweithredol:</b>  <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 30<sup>th</sup> June 2024.</p> <p>As part of the approval of our Year 1 of our IMTP for 2023-24, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.</p> <p>The Quarter 1 performance for the organisation was generally on target with 14 out of 19 KPIs showing as green.</p> <p>The time to hire target was achieved in June 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 into 2024-25 to address the performance in areas of underperformance.</p> <div style="text-align: center;"> <p><b>KPI STATUS</b></p> <table border="0" style="margin: 0 auto;"> <tr> <td style="background-color: red; color: white; padding: 5px; text-align: center;">0</td> <td style="background-color: yellow; padding: 5px; text-align: center;">2</td> <td style="background-color: green; color: white; padding: 5px; text-align: center;">14</td> </tr> </table> <p style="margin: 10px 0;"><b>Not Available</b></p> <p style="margin: 0 auto; text-align: center;">1</p> </div> <p>Of the 2 KPIs that did not achieve the targets:</p> <ul style="list-style-type: none"> <li>• 2 are the responsibility of the health organisation.</li> </ul> <p>Procurement Savings achieved the target at the end of the financial year where at the beginning of the year the target was being missed. Saving plans and associated work programmes are continually reviewed by Procurement and Health org colleagues.</p> <p>NWSSP continue to support the organisation in relation to recruitment performance.</p>	0	2	14
0	2	14		

<b>Argymhellion:</b> <b>Recommendations:</b>	The Committee is asked to <b>note</b> the report			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Russell Caldicott - Interim Executive Director of Finance			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Alison Ramsey – Director of Finance and Corporate Services, NWSSP			
<b>Pwrpas yr adroddiad:</b> <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>Lefel sicrwydd:</b> <b>Assurance level:</b>	Arwyddocaol <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of 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><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>	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>Goblygiadau rheoleiddio a lleol:</b>  <i>Regulatory and legal implications:</i>	
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A for a report of this nature
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A for a report of this nature
<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>  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	(crynodeb o'r risgiau a rhagor o fanylion yma)  (summarise risks here and provide further detail)
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <i>Financial implications as a result of implementing the recommendations</i>	
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <i>Workforce implications as a result of implementing the recommendations</i>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <i>Feedback, response, and follow up summary following consultation</i>	(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)  (summarise where the paper has been reviewed, the response and what changes have made due to feedback)
<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>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol  Not applicable

<b>Reason for submission of report to confidential board (where relevant)</b>	
<p><b>Next Steps:</b> <b>Implementation of recommendations</b></p>	
<p><b>List of Appendices within report:</b></p> <p>NHS Wales Shared Services Partnership Summary Performance Report – Betsi Cadwaladr University Health Board Period 1st April 2024 – 30<sup>th</sup> June 2024</p> <p>Appendix 1 to this report provides the June performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30<sup>th</sup> June 2024.</p> <p>Appendix 2 provides March 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 30<sup>th</sup> June 2024.</p> <p>Appendix 3 then highlights the position for all health organisations at the end of June 2024.</p> <p>Appendix 4 The Outcome measures included are a first draft which were considered at partnership committee in July 24. Outcome reporting is a work in progress with further work planned to incorporate reporting relating to Carbon Emissions, Electric Vehicle Mileage, Customer Experience and Benchmarking.</p>	

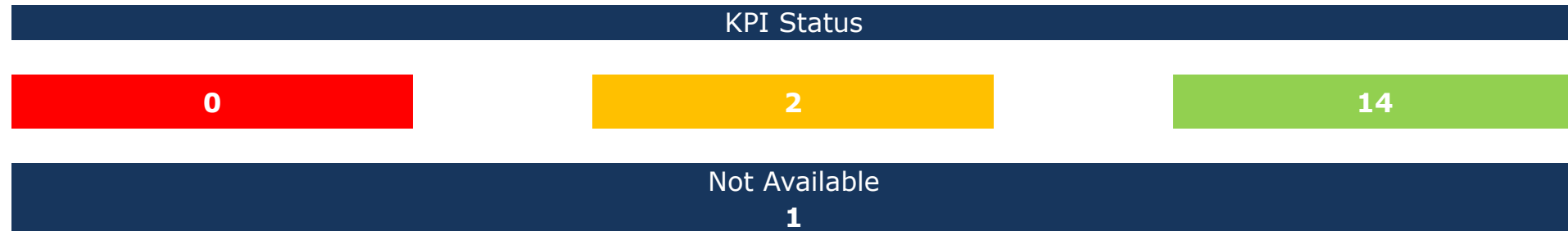
**NWSSP  
SUMMARY PERFORMANCE REPORT**

**BETSI CADWALADR  
UNIVERSITY HEALTH BOARD**

**Period 1st April 2024 – 30th June 2024**

*Delivering Value, Innovation  
and Excellence through  
Partnership*





**Points of Contact**

Alison Ramsey – Director of Finance and Corporate Services (Alison.ramsey@wales.nhs.uk)  
Richard Phillips – Business & Performance Manager (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 June 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 1 performance for the organisation was generally on target with 14 out of 16 KPIs showing as green.

The time to hire target was achieved in June 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 2 KPIs that did not achieve the targets:

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

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

The Outcome measures included in Appendix 4 are a first draft which were considered at partnership committee in July 24. Outcome reporting is a work in progress with further work planned to incorporate reporting relating to Carbon Emissions, Electric Vehicle Mileage, Customer Experience and Benchmarking.

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 – June 2024 for the organisation is £16.7M with the breakdown in the following table.

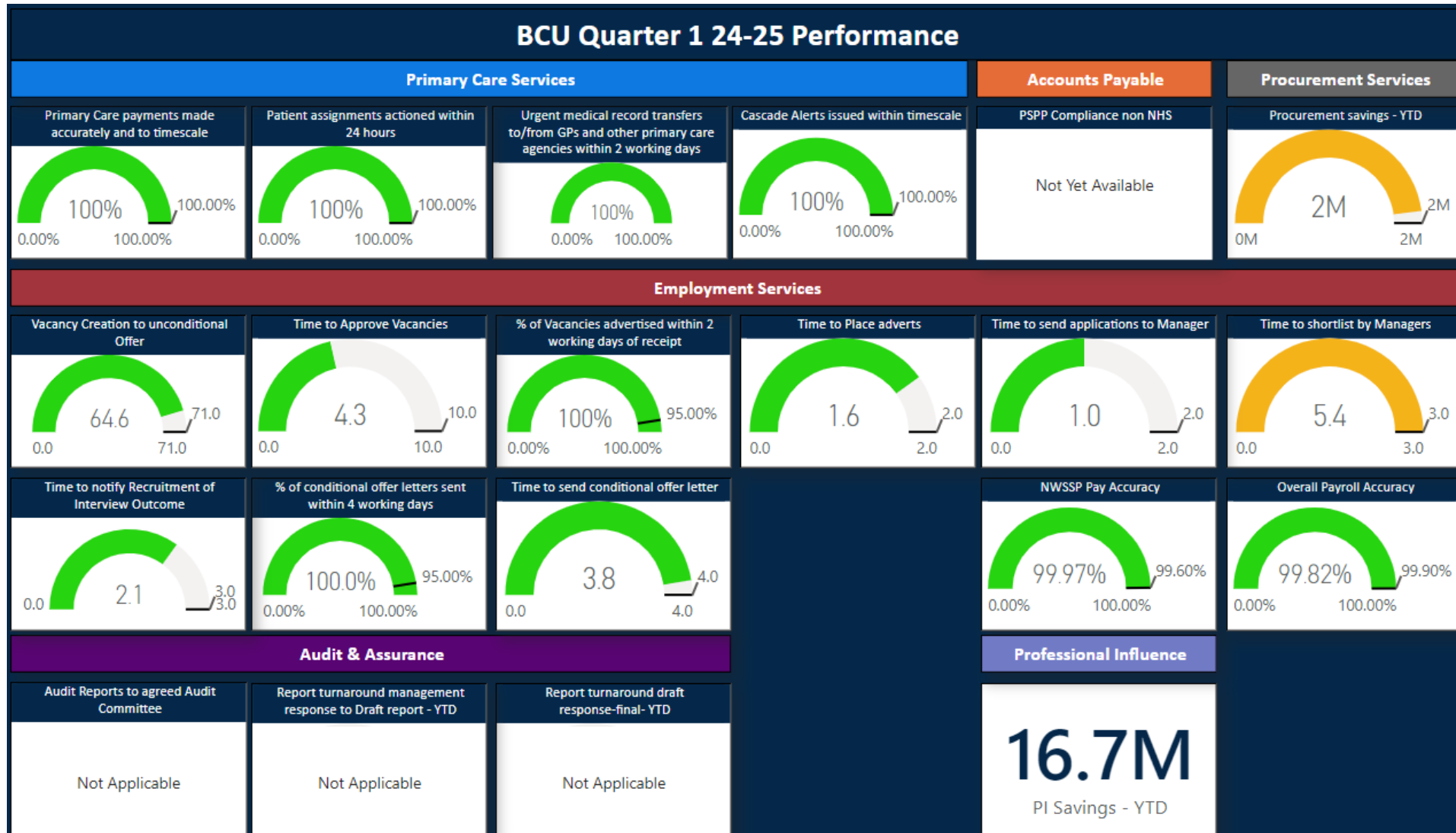
Service	YTD Benefit £m
Specialist Estates Services	0.03
Procurement Services	1.76
Legal & Risk Services	14.59
Accounts Payable	0.27
Counter Fraud Services	Not Available
<b>Total</b>	<b>16.7</b>

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

**Appendix 2** provides June 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 June 2024.

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

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



# Action Plan for Lead Indicators

There were no KPIs showing as red for the in-month June position.

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

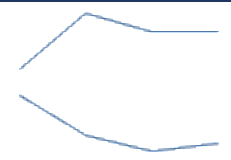
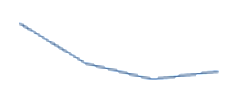
BCU High Level - KPIs Jun 2024	Target	30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
<b>Procurement Services</b>						
Procurement savings - YTD		Target £2.808m Actual £1.230m	Target £2.029m Actual £3.957m	Target £2.783m Actual £4.566m	Target £1.839m Actual £1.762m	

**What is happening?**

The in-year savings is tracking behind target achieving £1.76m against a target of £1.83m.

**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.

BCU High Level - KPIs Jun 2024	Target	30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
<b>Organisation KPIs Recruitment</b>						
% of vacancies shortlisted within 3 working days		54%	57%	56%	56%	
Time to Shortlist by Managers	3 days	8.5	5.9	4.9	5.4	

### What is happening?

Time to shortlist by managers missed the target taking on average 5.4 days in June.

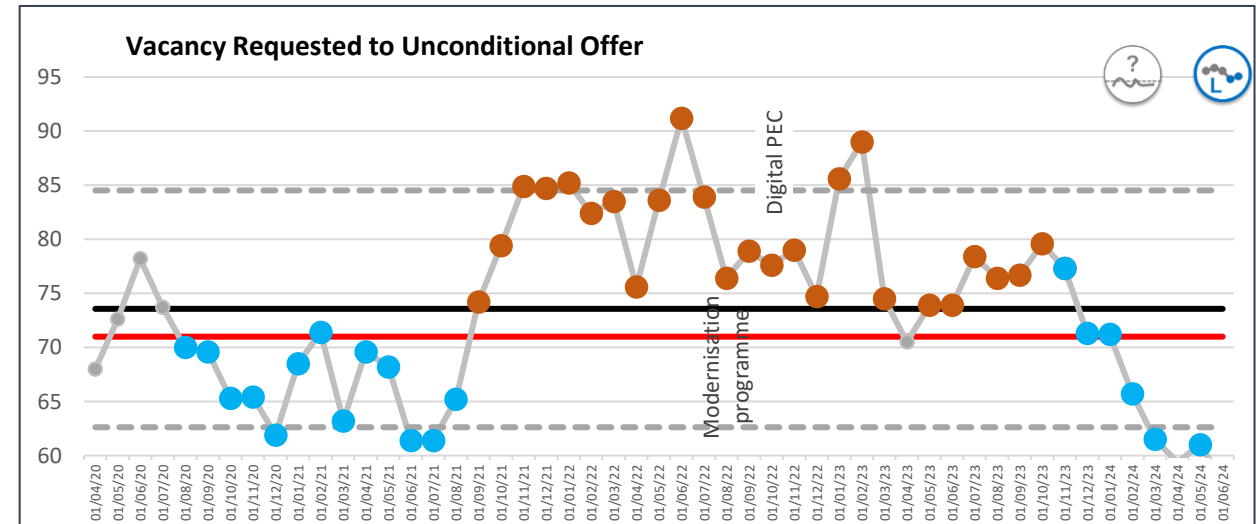
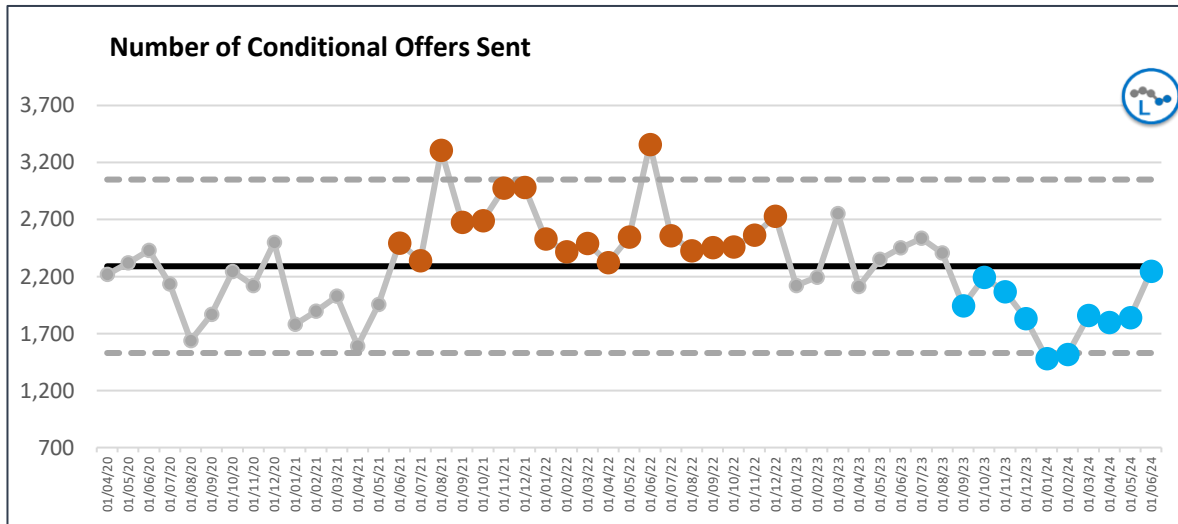
Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

### 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.

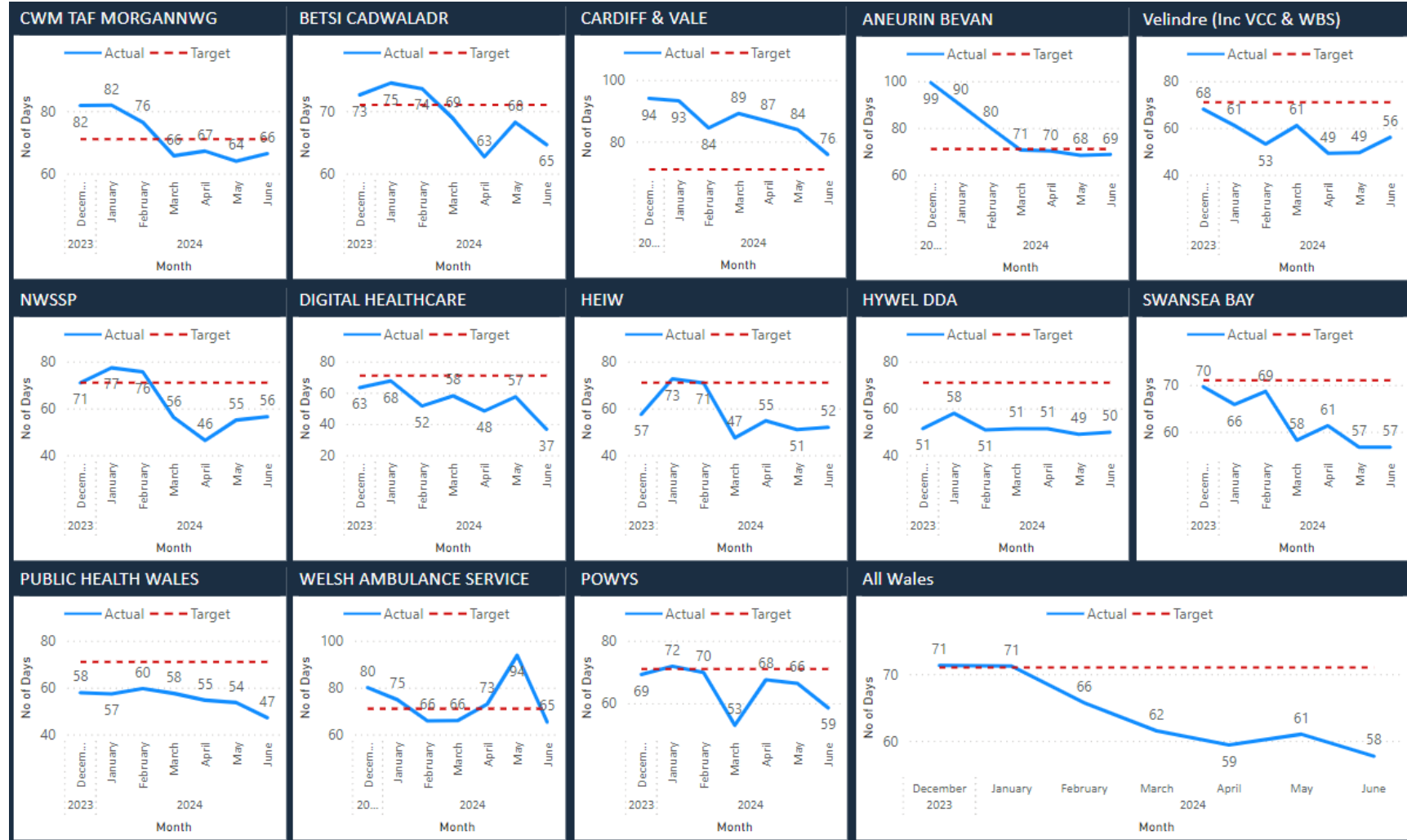
# Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer														Trend	
Org	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24				
AB	71	84	95	83	103	102	99	90	80	71	70	68	69				
BCU	71	74	75	73	69	74	73	75	74	69	63	68	65				
CV	71	86	88	97	95	88	94	93	84	89	87	84	76				
CTM	71	93	93	94	106	94	82	82	76	66	67	64	66				
HD	71	54	65	67	65	58	51	58	51	51	51	49	50				
HEIW	71	76	50	62	89	101	57	73	71	47	55	51	52				
DHCW	71	69	72	76	64	60	63	68	52	58	48	57	37				
NWSSP	71	78	76	87	76	88	71	77	76	56	46	55	56				
PTHB	71	80	82	72	70	74	69	72	70	53	68	66	59				
PHW	71	61	60	56	58	57	58	57	60	58	55	54	47				
SBU	71	79	74	79	72	68	70	66	69	58	61	57	57				
VEL	71	77	65	66	73	66	68	61	53	61	49	49	56				
WAST	71	113	121	110	109	96	80	75	66	66	73	94	65				
All Wales	71	78	76	77	80	77	71	71	66	62	59	61	58				



# Employment Services – Recruitment


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



Vacancy Creation to unconditional offer

# All Wales Indicators

There was one KPI showing as amber for the in-month June position.

ALL WALES KPIs		30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
<b>All Wales Laundry</b>						
Orders dispatched meeting customer standing orders	85%	91%	90%	94%	89%	

### What is happening?

Orders dispatched meeting customer standing orders failed to meet the 90% target during June 2024. The drop in SLA fulfilment is due to a combination of customer cancellations and multiple break downs across the service particularly at the Green Vale Laundry.

### What are we doing about it?

Laundry discuss any delays directly with the health orgs and are made aware of any revised timings of orders. Performance is expected to be back on track during July.

Information not available

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## **Accounts Payable – The non-NHS Public Sector Payment Policy (PSPP)**

Information on the payment of non-NHS invoices within 30 days is currently unavailable. We are awaiting the final report from the Welsh Government Finance Team following the collation of the Monthly Monitoring Returns (MMR).

An updated report on the PSPP will be issued once it becomes available

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

BCU High Level - KPIs Jun 2024	Target	30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
<b>Financial Information</b>						
Professional Influence Savings - YTD		£17.965m	£30.966 m	£34.458 m	£16.654 m	
<b>Employment Services</b>						
<b>Payroll services</b>						
NWSSP Pay Accuracy	99.6%	99.95%	99.98%	99.98%	99.97%	
Overall Pay Accuracy	99.6%	99.85%	99.86%	99.82%	99.82%	
<b>Organisation KPIs Recruitment</b>						
% of vacancy creation to unconditional offer within 71 days		64%	65%	67%	67%	
Vacancy creation to unconditional offer	71 days	72.6	72.6	68.8	64.6	
% of vacancies approved within 10 working days		90%	81%	78%	98%	
Time to Approve Vacancies	10 days	4.0	7.6	6.3	4.3	
% of vacancies shortlisted within 3 working days		54%	57%	56%	56%	
Time to Shortlist by Managers	3 days	8.5	5.9	4.9	5.4	
% of interview outcomes notified within 3 working days		78%	81%	80%	85%	
Time to notify Recruitment of Interview Outcome	3 days	3.0	2.3	2.1	2.1	
<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	1.6	1.8	1.5	1.6	
% of applications moved to shortlisting within 2 working days of vacancy closing		88%	100%	100%	100%	
Time to Send Applications to Manager	2 days	2.2	1.0	1.0	1.0	
% of conditional offer letters sent within 4 working days	95.00%	100%	100%	100%	99%	
Time to send Conditional Offer Letter	4 days	3.7	3.7	3.5	3.8	
<b>Procurement Services</b>						
Procurement savings - YTD		Target £2.808m Actual £1.230m	Target £2.029m Actual £3.957m	Target £2.783m Actual £4.566m	Target £1.839m Actual £1.762m	
<b>Accounts Payable</b>						
Invoices older than 30 days not disputed		2,625	1,541	1,947	2,909	
% Invoices on hold not disputed over 30 days		29%	30%	34%	51%	
PSPP Compliance non NHS	95%	93.8%	94.3%	94.5%	Not Available	
<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	Y	Not Applicable	
% of audit outputs in progress		50%	25%	30%	21%	
Report turnaround management response to Draft report - YTD	80%	100%	86%	76%	Not Applicable	
Report turnaround draft response-final- YTD	80%	100%	100%	100%	Not Applicable	

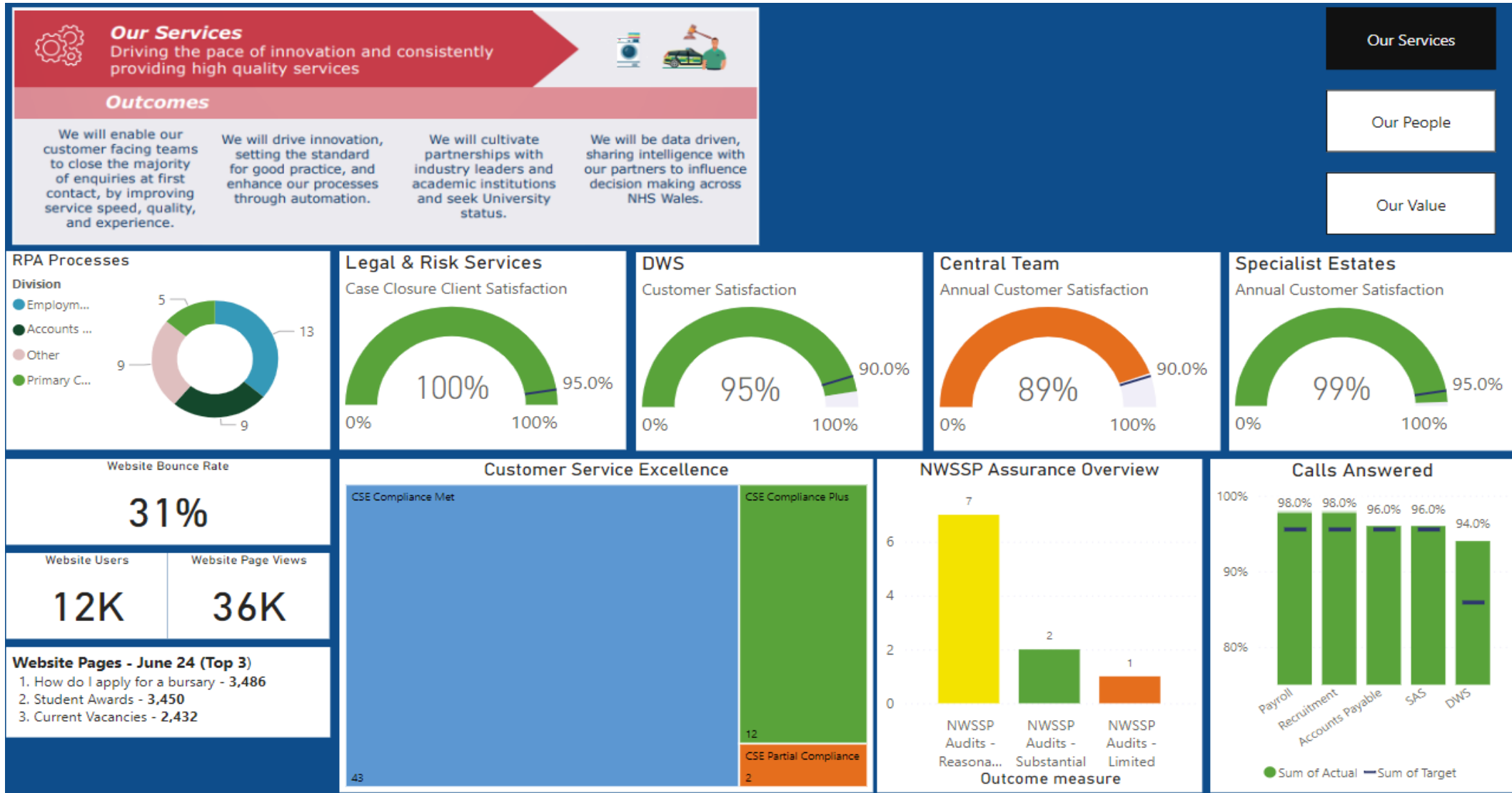
# Appendix 2 – All Wales Performance for the period to 30th June 2024

ALL WALES KPIs		30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
<b>Primary Care Services</b>						
Prescription - Payment Month keying Accuracy rates	99%	99.74%	99.76%	99.68%	99.70%	
Prescriptions processed (Apr)	7.48m	28.9m	50.7m	56.79m	7.28m	
<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%	100%	97%	100%	
<b>Student Awards</b>						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	93.3%	98.2%	96.9%	96.4%	
<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%	100%	99%	
<b>Digital Workforce</b>						
DWS % Calls Handled	85%	90.30%	95.80%	95.51%	94.35%	
<b>SMTL</b>						
% of Monitoring reports completed within 14 days from receipt into the laboratory					100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory					100%	
% delivery of audited reports on time (Commercial)	87%	100%	100%	91%	100%	
% delivery of audited reports on time (NHS)	87%	100%	100%	100%	N/A	
<b>Pharmacy Technical Services</b>						
Service Errors	<0.5%	0	0	4	0	
<b>Medical Examiner</b>						
Deaths Scrutinised	60%	100%	100%	100%	100%	
<b>All Wales Laundry</b>						
Orders dispatched meeting customer standing orders	85%	91%	90%	94%	89%	
Microbiological contact failure points	85%	96%	94%	95%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	0	0	

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

KPIs Jun 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	£110m	£4.031 m	£7.070 m	£16.654 m	£27.655 m	£17.548 m	£4.275 m	£0.385 m	£0.273 m	£0.678 m	£0.218 m	£0.038 m	£0.121 m
<b>Employment Services</b>														
<b>Payroll Services</b>														
NWSSP Pay Accuracy	Our Services	99.6%	99.98%	99.98%	99.97%	99.90%	99.87%	99.96%	99.92%	100.00%	99.95%	99.98%	100.00%	99.92%
Overall Pay Accuracy	Our Services	99.6%	99.85%	99.88%	99.82%	99.77%	99.70%	99.89%	99.76%	99.96%	99.81%	99.80%	99.85%	99.76%
Calls Handling % Quarterly Average	Our Services	95%	98.0%											
<b>Orgalisation KPIs Recruitment</b>														
Vacancy creation to unconditional offer	Our Services	71 days	56.7	68.7	64.6	75.8	66.4	49.8	47.1	58.5	54.1	65.3	51.9	36.6
Time to Approve Vacancies	Our Services	10 days	3.7	9.1	4.3	16.5	20.8	7.9	4.4	6.1	0.4	9.9	6.2	0.3
Time to Shortlist by Managers	Our Services	3 days	6.8	7.4	5.4	7.2	8.4	1.5	5.0	6.0	3.9	3.6	3.3	4.0
Time to notify Recruitment of Interview Outcome	Our Services	3 days	4.8	3.1	2.1	3.6	3.7	1.7	2.6	2.2	4.4	1.2	5.0	1.9
<b>NWSSP KPIs Recruitment</b>														
Time to Place Adverts	Our Services	2 days	1.7	1.7	1.6	1.5	1.8	1.9	1.6	1.7	1.1	1.3	1.1	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	1.1	0.9	1.0	1.0	1.1
Time to send Conditional Offer Letter	Our Services	4 days	3.9	3.6	3.8	3.4	3.9	3.7	3.6	3.8	3.3	3.7	3.8	3.8
Calls Handling % Quarterly Average	Our Services	95%	98.5%											
<b>Procurement Services</b>														
Procurement savings- YTD	Our Value		Target £1.353m Actual £2.461m	Target £2.689m Actual £3.152m	Target £1.839m Actual £1.762m	Target £3.227m Actual £5.218m	Target £1.516m Actual £1.115m	Target £1.906m Actual £2.223m	Target £0.047m Actual £0.054m	Target £0.094m Actual £0.153m	Target £0.078m Actual £0.398m	Target £0.027m Actual £0.021m	Target £0.041m Actual £0.025m	Target £0.006m Actual £0.027m
<b>Accounts Payable</b>														
Invoices older than 30 days not disputed	Our Services		3,801	1,943	2,909	2,401	3,760	1,152	953	402	470	216	32	39
% Invoices on hold not disputed over 30 days	Our Services		59%	35%	51%	60%	61%	63%	71%	54%	36%	62%	36%	66%
Call Handling% - Quarterly Average	Our Services	95%	96.9%											
PSPP Compliance non NHS	Our Services	95%	Not Available											
<b>Audit &amp; Assurance</b>														
Audits reported to Agreed Audit Committee	Our Services	Y/N	Y	Not Applicable	Not Applicable	Y	Y	Y	Not Applicable	Y	Y	Y	Y	Y
% of audit outputs in progress	Our Services		18%	13%	21%	20%	12%	13%	27%	15%	0%	10%	9%	23%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	100%	Not Applicable
Report turnaround (10 days) draft response-final- YTD	Our Services	80%	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Primary Care Services</b>														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	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%	100%	N/A	100%	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A

# Appendix 4 – Outcome Reporting (Our Services)



# 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.

### Sickness

● Sum of Act... ● Sum of Tar...



April    May    June  
2024

### NHS Wales Staff Survey

● NWSSP ● All Wales



Category	NWSSP	All Wales
Engage... Score	~75%	~75%
I am able to make improv... in my a...	~65%	~60%
I am proud to tell people ...	~70%	~65%
I get recogni... for good work.	~65%	~60%
I have a choice in deciding how to ...	~70%	~65%
I have opport... to improv...	~70%	~65%
In the last 12 months, have yo...	~80%	~75%
In the last 12 months, have yo...	~80%	~75%
In the last three months, have yo...	~50%	~45%
My organis... takes positive...	~70%	~65%
NWSSP propert... convert... to LED ...	~90%	~85%
The organis... values my work.	~65%	~60%
There are frequent opport... for me ...	~75%	~70%
There are opport... for me to develo...	~60%	~55%
Website Bounce Rate	~90%	~95%

### Annual Turnover (Excluding SLE)

# 11%

### Reasons For Leaving (Excluding SLE) (Top 3)

1. Voluntary Resignation - Promotion **52.7%**
2. Voluntary Resignation - Relocation **11.6%**
3. Voluntary Resignation - Health **6.3%**

### Total Registered Innovations through Hub

# 11

### Registered Innovations through Hub

Division

- Primary ...
- Finance ...
- People ...
- Procure...



### Engagement Score - 2023



Division	Engagement Score
DHCW	80%
HEIW	79%
NWSSP	76%
POW	76%
VEL	76%
PHW	75%
C&V	73%
SBU	73%
AB	72%
BCU	72%
HDU	72%
CTM	71%
WAST	67%

### Response Rate



Division	Response Rate
HEIW	75%
DHCW	61%
PHW	54%
VEL	34%
POW	28%
WAST	23%
C&V	21%
NWSSP	20%
BCU	20%
SBU	19%
AB	18%
CTM	18%
HDU	12%

# Appendix 4 – Outcome Reporting (Our Value)

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

**Outcomes**

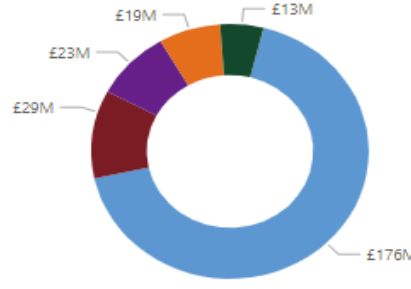
- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a 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 2023**



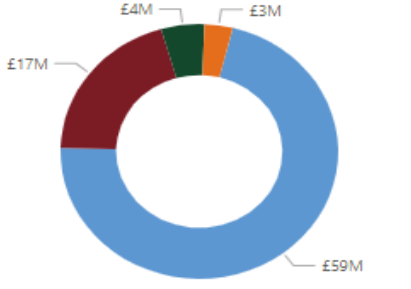
Division	Value
Legal & Risk Ser...	£176M
Procurement Ser...	£29M
Counter Fraud	£23M
Specialist Estates	£19M
Accounts Payable	£13M

**Procurement Savings - Full year 2023**

£42M

£0M to £33M

**Professional Influence Benefits 2024 YTD**



Division	Value
Legal & Risk Ser...	£59M
Procurement Ser...	£17M
Accounts Payable	£4M
Specialist Estates	£3M

**Procurement Savings - Full year 2024**

£20M

£0M to £14M

**Procurement Savings - In Year 2023**

£29M

£0M to £16M

**Procurement Savings - In Year 2024**

£17M

£0M to £13M

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**

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

**Amber**

**£ Spend in Wales**

£2bn to £2.1bn

**% Spend in Wales**

50% to 43%

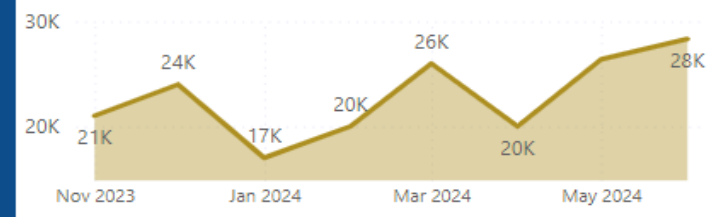
**NWSSP properties converted to LED Lighting**

**90%**

**Electric Vehicle Chargers**

**37**

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



Month	Value (£'s)
Nov 2023	21K
Jan 2024	17K
Mar 2024	26K
May 2024	28K

Delivering Value, Innovation and Excellence through Partnership

20



*Delivering  
Value, Innovation and  
Excellence through  
Partnership*



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report			
<b>Adrodd i:</b> <i>Report to:</i>	Performance, Finance and Information Governance Committee (PFIGC)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 27 August 2024			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which PFIGC has oversight.</p> <p>Key changes to note in report:</p> <p>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>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<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: N/A</i></b></p>				



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



<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable for this report</p>
<p><b>Camau Nesaf:</b></p> <p><b>Next Steps:</b></p> <ol style="list-style-type: none"><li>1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.</li><li>2. Submission of Corporate Risks to Board.</li></ol>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>Appendix 1 – Corporate Risk Dashboard - Performance, Finance and Information Governance Committee</p> <p>Appendix 2 – Corporate Risk Register Report - Performance, Finance and Information Governance Committee</p> <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 these risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

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

### 2) Key Highlights

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

To note, the Audit Committee (18 July 2024) approved changes to the Risk Management Framework following discussion at the Risk Management Board Developmental session around the cycle of reporting corporate risks to committee, in that the committees will receive all corporate risks on a quarterly basis but risks which are above the tolerance set within the risk appetite of the Health Board at every committee.

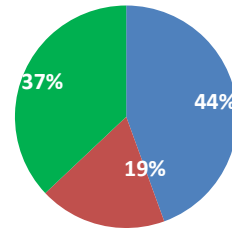
This paper presents all risks to which the Committee has oversight, currently with four risks being above the tolerance set within the risk appetite.

Out of the 4 corporate risks, 27 actions have been developed to mitigate the risks. 10 actions have been completed, 12 actions are progressing and on track, with 5 actions overdue in relation to action due date.

Updates on overdue actions are due to the Risk Scrutiny Group at the end of the month and were unable to be obtained due to planned absences.

#### 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

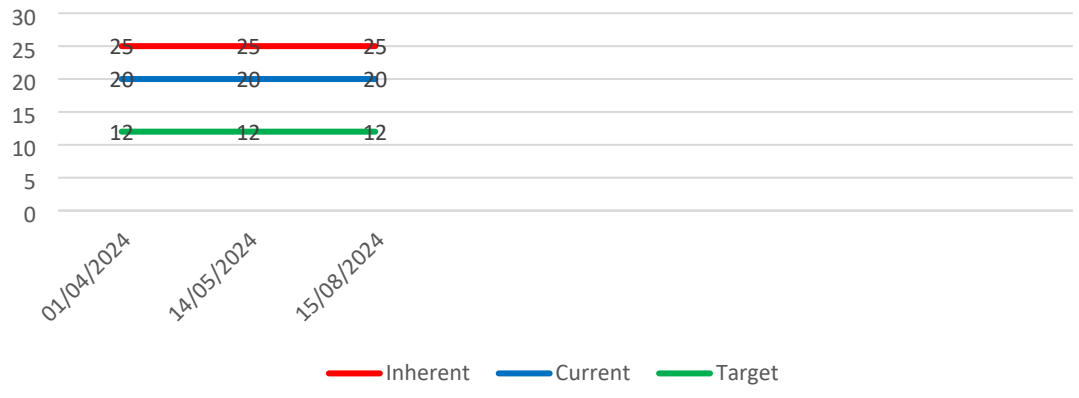
Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoF	CRR24-05	Financial Sustainability	4 x 5 = 20 	12	Financial  Open 15-19	Performance, Finance and Information Governance Committee	Risk score has remained at 20 since opened in March 2023, updated to reflect current financial year. 2 actions identified and progressing.  <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> .  <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 progressing.  <b>Risk Score above tolerance set in risk appetite.</b>
EDoO	CRR24-11	Planned Care	5 x 4 = 20 	8	Quality  Open 15-19	Performance, Finance and Information Governance Committee	Newly developed strategic risk Feb 24, 8 actions identified, 5 progressing, 3 completed. Risk Management Team discussed that the target score should be 12. This will need to be approved by the Executive owner.  <b>Risk Score above tolerance set in risk appetite.</b>

**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

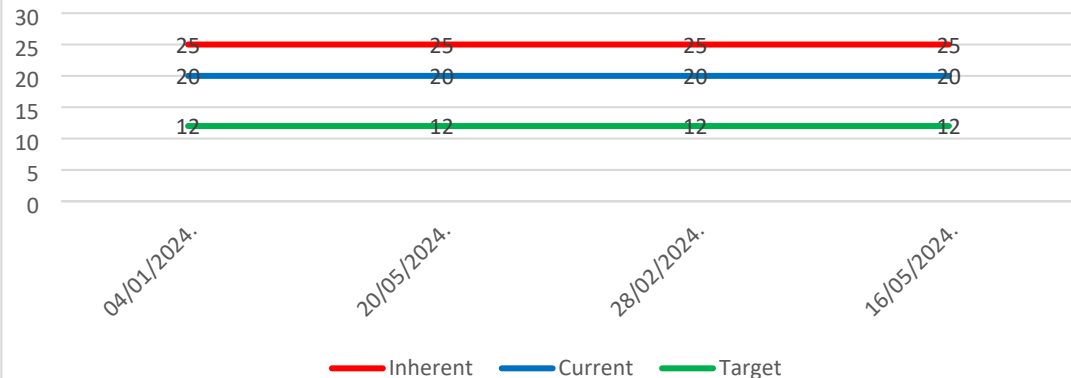
CRR 24-05	<b>Risk Title:</b> 2024/25 Financial Plan		<b>Date Opened:</b> 01/04/2024	
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 25/06/2024	
<b>Date Last Reviewed:</b> 15/08/2024	<b>Director Lead:</b> Executive Director of Finance	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2025	
<p>Failure to achieve the Annual Plan for 2024/25 (£19.7m deficit), due to non-delivery of planned level of financial improvement  The financial plan for 2024-25 requires the achievement of financial improvement (expenditure savings) totalling £48.0m.  Failure to deliver the target for financial improvement could adversely impact the achievement of the financial plan and increase the deficit.</p>				
<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 Monthly Monitoring Return (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> </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. At the current time, there are no plans for further additional controls; however, these will be considered should the further mitigating actions be required to achieve the planned deficit. WG have clarified that should the Health Board achieve the planned outturn, then the £82m Strategic Funding will be made recurrent.</li> </ol>	
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>

Value and Sustainability Programme approach to savings – assign Exec Leads and Support Teams to each theme and cost up Opportunity Plans for consideration by the Divisions.	31/06/2024	Complete																				
Progress Savings Opportunities by generating Saving Scheme Documents setting out the planned delivery agreed by Executive Lead or Divisions and monitor actual delivery. Month 4 Update - The full year forecast value of Green Schemes totals £34.4m, an increase of £7.8m from Month 3. Of these, £9.7m are non-recurring and £24.7m have been identified as recurring, with a full year effect of £35.7m.	31/03/2025	Progressing																				
 <p>01/04/2024      14/05/2024      15/08/2024</p> <p>— Inherent — Current — Target</p>	<table border="1"> <thead> <tr> <th></th> <th>Impact</th> <th>Likelihood</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent Risk Rating</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current Risk Rating</td> <td>4</td> <td>5</td> <td>20</td> </tr> <tr> <td>Target Risk Score</td> <td>4</td> <td>3</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td colspan="2">Financial</td> <td>2 – Cautious</td> </tr> </tbody> </table>		Impact	Likelihood	Score	Inherent Risk Rating	5	5	25	Current Risk Rating	4	5	20	Target Risk Score	4	3	12	Risk Appetite	Financial		2 – Cautious	
	Impact	Likelihood	Score																			
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Target Risk Score	4	3	12																			
Risk Appetite	Financial		2 – Cautious																			
<p align="center"><b>Rationale for Corporate Risk</b></p> <p>M4 - Year to date position is reporting a deficit of £13.5m. This represents a £7.0m adverse variance compared to 4/12<sup>ths</sup> of the planned deficit, of which £3.5m is unidentified savings.</p>																						

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> 25/06/2024
<b>Date Last Reviewed:</b> 13/06/2024	<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 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.</li> <li>6. Ensure that the Health Board has an Estates rationalisation programme in place that will support the capital prioritisation programme and reduce backlog maintenance.</li> <li>7. Updated agreed protocol for use of Annual Discretionary Slippage to be put in place by developing Business Justification Cases (BJC) for essential estates works and discretionary capital schemes that could be aligned with in-year additional Capital Funding provided by WG.</li> </ol>	



Actions	Due Date	Progression Analysis
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.	30/09/2024	Revised from Feb 24 Progressing
Completion of Welsh Government Prioritisation exercise. Welsh Government Prioritisation exercise completed and approved by the Health Board	31/03/2024	Completed
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 .	30/09/2024	Revised from March 24 Progressing
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.	31/03/2024	Completed
Review / Standardisation of IHC's / Mental Health Learning Disability Estates and Capital Group 'Terms of Reference' and escalation process	30/09/2024	Progressing
Undertake actions to deliver a 6 facet survey across the Health Board over the next 5 years	31/03/2026	Progressing
Review and update Development Control Plans	30/04/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Hospitals, and Community Facilities each comprise c.10% of total backlog.

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

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

CRR 24-10	<b>Risk Title:</b> Urgent and Emergency Care		<b>Date Opened:</b> 26/02/2024
	<b>Assuring Committee:</b> Performance, Finance and Information Governance Committee		<b>Date Last Committee Review:</b> 25/06/2024
<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> <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>		<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>	



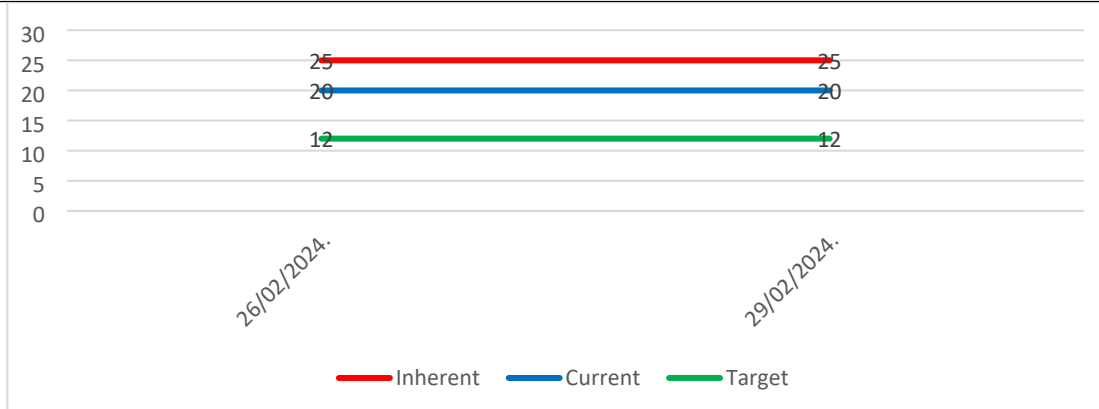
<p>Monthly updates from WAST to confirm care home at risk for escalation, with regular reviews and training to support managing the patients care closer to home, this is further expanded by Immedicare (Remote advice) being in place across 15 care homes across North Wales.</p> <p>Increasing periods of 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	Progressing.
Health board to support development of a pan North Wales UEC (SICAT remodelling) hub prior to Winter 2024 to ensure 24/7 service support, in conjunction with national support and forthcoming escalation triggers	01/09/2024	Progressing.
Transformational development of urgent care system (6 Goals) including ministerial priorities; in light of major change programme completion date has been amended to End of August 2024 to support a singular approach for one system.	31/08/2024	Revised from March Progressing
GIRFT/SEDIT reviews ongoing to support demand management across North Wales, supported by the national programme team, capital funding being sourced from the national programme.	30/09/2024	Progressing.
BCUHB agreement on IHC to trial the Continuous flow model and implement prior to August 2024- WXH IHC have been the sight supported by Executives as initial trial site. Ongoing assurance discussions with East IHC and Swansea Bay continue in light of concerns raised. Final meeting planned for end of June 2024. <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	Progressing
Communication – BCUHB requires a singular approach to communication on UEC planning to prevent conflicting information occurring due to planned care forecasting	30/07/2024	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



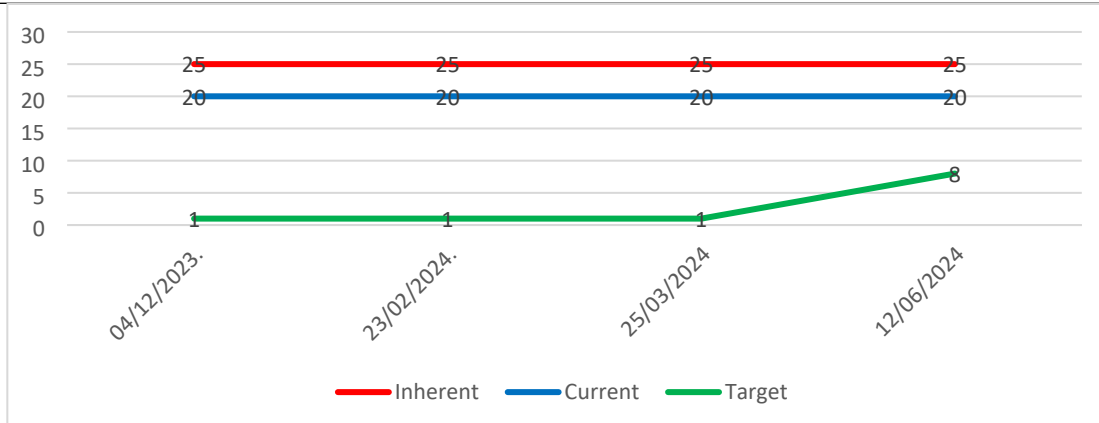
	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Quality		3 - Open

**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> 25/06/2024
<b>Date Last Reviewed:</b> 12/06/2024	<b>Director Lead:</b> Executive Director of Operations (Executive Medical Director)	<b>Link to BAF:</b> N/A	<b>Target Risk Date:</b> 31/12/2024 (interim review)
<p>There is a risk of further deterioration in patients' health, <b>harm</b>, mortality or need for more complex treatment in relation to planned care services with a, resulting in failure to meet national access targets. This could be caused by <b>long waits and delays</b> for planned care, insufficient <b>capacity</b>, staffing shortages, increasing demand, and backlogs exacerbated by COVID. The impact would be worsening patient outcomes and experiences, increased complaints, financial penalties for target breaches, and reputational damage.</p>			
<b>Mitigations/Controls in place</b>		<b>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>
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
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
Senior Responsible Officer appointed for Planned Care Board			Original date March revised 01/04/2024
Recruiting to programmes of work in order to support successful delivery			01/06/2024

Board Development session for Executives on planned care	Original date Dec revised 06/05/2024	Complete
Chief Operating Officer Recruitment – Interim Chief Operating Officer appointed for 6 months, process underway for the appointment of the substantive role.	30/01/2025	Progressing
Procurement for insourcing for endoscopy and diagnostics-Approved by Board July	01/05/2024	Complete
Endoscopy business case approval	19/05/2024	Overdue



	Impact	Likelihood	Score
Inherent Risk Rating	5	5	25
Current Risk Rating	5	4	20
Target Risk Score	4	2	8
Risk Appetite	Quality		3 - Open

### Rationale for Corporate Risk

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

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

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



<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, 27 August 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 25<sup>th</sup> June 2024.</p> <p>Ratified the Final Therapy Services Electronic Health Record and Patient Administration System Replacement Business Case; and preferred option of a “Bespoke system with a technical partner, using existing Therapy Services resources”</p> <p>Approved the declaration of two clinic properties to be surplus to the Health Board’s requirements and to seek Ministerial Approval for disposal.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note the report			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Russell Caldicott Interim Executive Director Finance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Diane Davies Corporate Governance Manager			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithia	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence /</i>

	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>u / amcanion presennol</i>  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbynol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>				
<b><i>Link to Strategic Objective(s):</i></b>				
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></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><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></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><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></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 (croesygyfeirio 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 required for a report of this nature. Items discussed in private session are supported by appropriate documentation.		
<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>		Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.		

<b><i>Workforce implications as a result of implementing the recommendations</i></b>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	Not applicable
<b><i>Feedback, response, and follow up summary following consultation</i></b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	Not required for a report of this nature. Items discussed in private session are supported by appropriate documentation.
<b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)	
<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>Implementation of recommendations</b>	Advised in private session reports where appropriate
<b>Rhestr o Atodiadau:</b> Dim <b>List of Appendices:</b> None	