

Bundle Finance & Performance Committee 24 June 2021

9.30am via Teams
Public Agenda v2.0

- 0 09:30 - FP21/94 Chairman's Welcome and Introductory Remarks - John Cunliffe
To welcome Andrew Doughton (Audit Wales) to the meeting
To record:
1\ *Health Board Chair's Action was completed on 27\5\21 regarding the tender for the redevelopment of the Critical Care Unit at Wrexham Maelor*
2\ *Dual Committee and Health Board Chair's Action was completed on 15\6\21 regarding the recommissioning of orthodontic services in Penrhyndeudraeth*
3\ *Dual Committee and Health Board Chair's Action was completed on 21\6\21 to approve contract with Lightfoot Solutions to provide healthcare consultancy and specialist technology services\, to aid Winter Planning and delivery and ongoing support\.*
- 1 09:32 - FP21/95 Apologies for absence
Sue Green (in a hearing) - Nick Graham will deputise
Arpan Guha (annual leave)
Gill Harris (annual leave) - Gavin MacDonald will deputise
- 2 09:33 - FP21/96 Declaration of Interests
- 3 09:34 - FP21/97 Draft minutes of the previous meeting held on 29.4.21 and summary action plan
Members Briefing Notes attached for members only
FP21.97a Minutes FPC 29.4.21 Public session v.03.docx
FP21.97b Summary Action Log_FPC_public.doc
- 4 FOR ASSURANCE
- 4.1 09:44 - FP21/98 Board Assurance Framework - Louise Brereton
Recommendation:
That the Committee review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF).
FP21.98a BAF cover report.docx
FP21.98b BAF Appendix 1.pdf
FP21.98c BAF Appendix 2 Remapping BAF risks to Annual Plan.pptx
FP21.98d BAF Appendix 3 BAF key field guidance.docx
- 5 PERFORMANCE
- 5.1 09:54 - FP21/99 Annual Plan 2021/22 - Mark Wilkinson
John Darlington to attend
Recommendation:
The Committee is asked to receive the draft refreshed plan for discussion, comment and feedback ahead of presentation to the Board Workshop on 24th June.
FP21.99a Plan 2021-22 report template.docx
FP21.99b Draft Plan refresh v0.04 21-06-21 V2 Appendix 1.docx
FP21.99c Programme action plan - Priority plan v6 Appendix 2.pdf
- 5.2 10:24 - FP21/100 Quality and Performance Report - Mark Wilkinson
Recommendation:
Members of the Finance and Performance Committee are asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.
FP21.100a QPR report template.docx
FP21.100b QPR appendix 1.pptx
- 5.3 10:34 - FP21/120 Performance and Accountability Framework : Use and effectiveness - Mark Wilkinson

Recommendation:

The Committee is asked to note:

- 1. The Performance and Accountability Framework (PAF) was approved by the Board in November 2020 with a review date of March 2021.*
- 2. The review of the PAF did not take place as planned and subsequent feedback from the Executive Divisional, Divisional and Local Accountability meetings has highlighted variation in the operation of the Framework.*
- 3. Given the variation that has been highlighted, and as the PAF has been in place for six months, it is timely to review its use and effectiveness.*
- 4. A review of the PAF will be undertaken by the Performance Team, with Terms of Reference for the Review to be agreed by the Performance Oversight Group (POG).*
- 5. An update report detailing the process, timescale and progress of the review to be brought to the August F&P meeting. Final findings and recommendations of the review to be shared with the Committee.*

FP21.120 FINAL Performance and accountability assurance.docx

5.4 10:44 - FP21/101 Planning Principles and Timetable 2022/25 - Mark Wilkinson

Recommendation:

It is recommended that the committee

- 1. Receive this report*
- 2. Endorse the planning principles and outline timetable for 2022/25*

FP21.101a Planning Principles and timetable v3 cover sheet.docx

FP21.101b 2022-25 Draft Planning Principles Timetable 26-05-21 v3 incl Apx 1.docx

FP21.101c short business plan Appendix 2.pdf

5.5 10:54 - FP21/102 Planned Care Update - Gill Harris

Recommendations:

The Committee is asked:

- 1. To note that the backlog clearance has commenced with high risk stratified patients being treated in order of priority*
- 2. To note the specifications have been completed for insourcing and outsourcing*
- 3. To note the planning and monitoring being undertaken to ensure quality and value for money for the backlog clearance*
- 4. To recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme.*

FP21.102 Planned care_reformatted approved.docx

5.6 11:04 - FP21/103 Unscheduled Care Report - Gill Harris

Recommendations:

The Committee is asked to;

- 1. Note progress of the Urgent and Emergency Care Improvement programme Unscheduled Care*
- 2. Note draft terms of reference for the Urgent and Emergency Care Improvement Group*
- 3. Note Tier 1 performance updates for May 2021 across BCUHB, the key drivers attributing to performance alongside identified mitigating actions and anticipated outcomes.*

FP21.103a USC Final reformatted_approved.docx

FP21.103b USC Appendix 1 ToR U&EC Improvement Group_Draft v0.4.docx

5.7 11:14 - FP21/104 Transformation update - Chris Stockport

Verbal update

5.8 11:24 - comfort break

6 FINANCE

6.1 11:34 - FP21/105 Capital Programme report Month 2 - Mark Wilkinson

The Committee is asked to receive and scrutinise this report.

FP21.105 Capital Programme Report.docx

6.2 11:44 - FP21/106 Finance Report Month 1 - Sue Hill

Recommendation:

It is asked that the report is noted

FP21.106a M01-22 cover sheet.docx

FP21.106b M01-22 report.pptx

6.3 11:49 - FP21/107 Finance Report Month 2 - Sue Hill

Recommendation:

It is asked that the report is noted

FP21.107a M02-22 Cover sheet.docx

FP21.107b M02-22 Appendix 1.pptx

FP21.107c M02-22 Appendix 2.docx

FP21.107d Prescribing Overview Report June 2021 - Appendix 3.docx

- 7.1 11:59 - FP21/108 Workforce Performance Report - Sue Green
Recommendation:
The Committee is asked to note the report and planned improvements to reporting.
FP21.108 Workforce Performance Report v4 final approved.docx
- 8 FOR APPROVAL
- 8.1 12:14 - FP21/109 Care Packages : Approach to the 2021/22 Fees - Sue Hill
Recommendation:
The Committee is asked to approve inflationary uplifts for 2021/22 in relation to CHC and FNC and a further additional premium to the CHC rate to support market stability.
FP21.109 Care Home fees 2021_22.docx
- 8.2 12:24 - FP21/110 Approval to lease surplus land at Cefni Hospital to Llangefni Town Council - Mark Wilkinson
Recommendation:
Finance & Performance Committee are asked to approve the granting of a ten year lease with break clause at year five, on a peppercorn rent to Llangefni Town Council.
FP21.110a Approval to Lease land at Cefni Hospital report template.docx
FP21.110b Site Plan - Cefni Hospital Apx 1.pdf
- 9 12:29 - FOR INFORMATION
- 9.1 FP21/112 Monthly monitoring M1 report - Sue Hill
Recommendation:
Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 1 of 2021/22.
FP21.112a Month 1 Monitoring report cover sheet.docx
FP21.112b Month 1 Monitoring report Appendix.pdf
- 9.2 FP21/113 Monthly Monitoring M2 Report - Sue Hill
Recommendation:
Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 2 of 2021/22.
FP21.113a Month 2 Monitoring report cover sheet.docx
FP21.113b Month 2 Monitoring report appendix.pdf
- 9.3 FP21/114 Shared Services Partnership Committee Quarter 4 Assurance Report - Sue Hill
Recommendation:
The Committee is asked to note the report.
FP21.114a SSPC Q4 v1.0.docx
FP21.114b SSPC Performance Report Appendices.docx
- 9.4 FP21/115 Summary of Private business to be reported in public - Sue Hill
Recommendation:
The Committee is asked to note the report.
FP21.115 Matters discussed in private session at previous meeting.docx
- 9.5 FP21/116 Issues of significance to inform the Chair's assurance report
- 9.6 FP21/117 Date of next meeting 26.8.21
- 9.7 FP21/118 Exclusion of the Press and Public
Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."



Finance & Performance Committee
Draft minutes of the meeting held in public on 29.4.21
via Teams

Present:

John Cunliffe	Independent Member / Committee Chair
Eifion Jones	Independent Member / Committee Vice Chair
Linda Tomos	Independent Member

In Attendance:

Neil Bradshaw	Assistant Director ~ Capital Planning (<i>part meeting</i>)
Louise Brereton	Board Secretary
Sue Green	Executive Director Workforce and Organisational Development (OD)
Arpan Guha	Acting Executive Medical Director (<i>part meeting</i>)
Dave Harries	Head of Internal Audit – to observe
Gill Harris	Executive Director of Nursing and Midwifery
Sue Hill	Executive Director of Finance
Andrew Kent	Interim Head of Planned Care Improvement (<i>part meeting</i>)
Gavin Macdonald	Interim Chief Operating Officer
Dawn Sharp	Deputy Board Secretary (<i>part meeting</i>)
Tom Stanford	Interim Finance Director – Operational Finance
Mark Wilkinson	Executive Director Planning and Performance
Jo Whitehead	Chief Executive
Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
<p>FP21/71 Welcome and Chair's introductory remarks and apologies for absence</p> <p>The Chairman advised that Chair's action had been undertaken between meetings to approve a GP contract in Wrexham.</p> <p>Apologies were received from Emma Wilkins</p>	
<p>FP21/72 Declarations of Interest</p> <p>None received</p>	
<p>FP21/73 Draft minutes of the previous meeting held on 25.3.21, summary action log and matters arising.</p> <p>The minutes were agreed and the summary action log was updated.</p> <p>The Committee sought further assurance in regard to backlog clearance. Following</p>	

<p>discussion it was agreed that an assurance update would be provided to set out the actions taken to address patients in order that BCU's communication reputation was not being adversely impacted and that patients were provided with timely and effective updates through a variety of means. It was noted that the Committee had raised concern since November 2020.</p> <p>The Executive Director of Planning and Performance confirmed that there were no fire safety concerns in utilising the Ysbyty Gwynedd site as North Wales Fire & Rescue had not indicated that the building should not be used.</p>	GH
<p>FP21/74 Board Assurance Framework – risks assigned to the F&P Committee</p> <p>FP21/74.1 The Deputy Board Secretary joined the meeting to present this item advising that as a result of discussion at the Strategy, Partnerships and Population Health Committee it had been proposed that BAF20-01 Surge/Winter Plan would transfer to the SPPH Committee and BAF20-21 Workforce Optimisation (previously assigned to SPPHC) would transfer to the Finance and Performance Committee. A number of comments were discussed and it was agreed that</p> <ul style="list-style-type: none"> • BF20-05 Planned Care access -would include narrative to confirm that the target was so high due to the length of time required to address the backlog. • BAF20-17 Value based healthcare - to be reviewed and take into account other transformational and innovative initiatives • BAF20-21 Workforce optimisation - to be further reviewed and ensure consideration of timescales and effectiveness of controls • Ensure consistency of formatting across all risks • Ensure target risk score are aligned with risk appetites <p>It was resolved that the Committee noted the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); agreed</p> <ul style="list-style-type: none"> • that the Workforce Optimisation risk (BAF 20-21) should in future report to the F&P Committee • the transfer of BAF 20-01 Surge/Winter Plan to SPPH Committee • the actions as discussed 	<p>GH/DS</p> <p>SH/DS</p> <p>SG/DS</p> <p>DS</p>
<p>FP21/75 Draft Committee annual report 2020/21</p> <p>FP21/75.1 The Committee discussed the draft prepared and agreed that the Executive Director of Finance complete the narrative in regard to quality assessment in line with the level of assurance status provided. In respect of the Cycle of Business the Committee Chair agreed to consider the frequency of the Business Tracker submission and it was agreed that that a section be included that considered Value based healthcare along with other transformational areas of work in order that quality, cost and patient experience benefits could be monitored.</p> <p>FP21/75.2 Following discussion on workforce reporting it was agreed that the Executive Director of Workforce and OD would arrange to meet with the Committee Chair and members to consider the most appropriate methods and areas of future workforce</p>	<p>SH</p> <p>JC</p> <p>SG</p>

<p>performance monitoring required.</p> <p>FP21/75.3 The Board Secretary advised the Committee that following the governance review the format of the Board and Committee Cycle of Business would be reformatted.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • reviewed the Terms of Reference and did not consider a need for change prior to the conclusion of the Governance Review. • considered and approved the draft Cycle of Business 2021/22 subject to the amendments agreed and findings of the governance review. • reviewed and agreed section 6 – Committee assessment of the quality of assurance provided and overall RAG status as Amber. • approved the draft Committee annual report for submission to the Audit Committee on 25.5.21 subject to the amendments agreed. 	
<p>FP21/76 Quarter 3&4 2020/21 monitoring report</p> <p>FP21/76.1 The Executive Director of Planning and Performance presented this item in which he highlighted significant progress, however there were areas where targets had not been achieved during a very challenging year. He advised that the SPPH Committee would receive a reconciliation of those areas within the 2020/21 which were not met and how they would be dealt with going forward.</p> <p>FP21/76.2 The Committee emphasised the need for pace in the submission of capital schemes. In response to the Committee's concern regarding 6.2 "Review and refresh priority business cases relating to service sustainability" reporting 'green' throughout the year and changing to 'red' at year end, the Executive Director of Planning and Performance agreed to look further into the issue and notify members following the meeting.</p> <p>FP21/76.3 In regard to Outpatient progress the Executive Director of Planning and Performance advised that this was being monitored on a weekly basis by Executives and whilst a pilot had been undertaken there were delays to further rollout.</p> <p>FP21/76.4 The Committee questioned progress in relation to 4.3. "Develop the process to arrive at a digitally enabled Clinical Services Strategy". The Chief Executive assured her personal commitment to this development and gave examples of pathway work that had been undertaken. However, as the Staying Healthier, Living Well Strategy was being refreshed, more work would be undertaken on the Clinical Strategy alongside as opposed to sequentially. Further discussion would be undertaken with the public but it would firstly be important to ensure strategic overview and shared understanding, including that of WG and evidence of efficiencies.</p> <p>FP21/76.5 The Committee reflected that due to the pandemic, BCU's reliance on over border services had been highlighted. The Chief Executive shared discussion on specialist commissioning held with WG. She was keen to strengthen BCU's ambition to explore exciting potential opportunities.</p> <p>It was resolved that the Committee noted the report</p>	MW

<p>FP21/77 Quality and Performance report</p> <p>FP21/77.1 The Executive Director of Planning and Performance referred to areas of strong and weaker performance within the report. It was noted that provision of cancer services continued to be the strongest in Wales and sickness absence was at its lowest since before the pandemic commenced. However, planned care referrals were increasing, especially in relation to cancer which was being complicated by constrained capacity due to Covid19 arrangements.</p> <p>FP21/77.2 The Committee was concerned in respect of declining PADR rates and whilst understanding the effect of the Covid19 pandemic on staff time, the process was considered a very important opportunity to address staff concerns and welfare that needed to be prioritised in order to better appreciate how staff were feeling. The Executive Director of Workforce & OD advised that she expected PADR rates to rise from the end of Quarter 1 to the beginning of Quarter 2, as rates had been impacted by the Covid19 response in terms of volume of work as well as redeployment into other services such as vaccination.</p> <p>FP21/77.3 In discussion of Agency cost increases the Executive Director of Workforce & OD agreed to explore how to improve the data provided to better reflect cover for core activity within reporting. She advised that the Committee's concern around retention was also a national issue. The Executive Director of Nursing and Midwifery stated that resources for the Test, Track & Protect services as well as the Vaccination Programme needed to be explored due to the likelihood of longer term activity being required.</p> <p>FP21/77.4 Following a query regarding recommencement of services provided within schools it was agreed that the Executive Director of Planning and Performance would seek greater detail. In addition, as there was a lack of understanding that personnel providing these services had been temporarily redeployed to support the Covid19 vaccination response, the Chief Executive advised that a media communication being prepared for release shortly on Restarting Planned Care would also echo the challenges of dealing with staff redeployment. Area Directors would be asked to liaise with education colleagues in order to improve awareness within their establishments and services.</p> <p><i>The Acting Executive Medical Director and Interim Head of Planned Care Transformation joined the meeting.</i></p> <p>FP21/77.5 In response to the Committee, the Interim Chief Operating Officer advised that the increase in 12 hour waits had been affected by the increase of lost beds due to the Covid19 outbreak that had occurred. He also advised that the decreased Stroke service performance reported had been addressed through the introduction of stroke coordinator nurses on the wards and would continue to improve through stroke bed protection and the business case being progressed. The Interim Head of Planned Care Transformation confirmed that the increased over 36 week waits had been anticipated as the cohort moved through the timeframes.</p> <p>It was resolved that the Committee noted the report</p>	<p>SG</p> <p>MW</p> <p>GH/ADs</p>
<p>FP21/78 Planned Care update</p>	

<p>FP21/78.1 The Interim Head of Planned Care Transformation presented this report. He advised that since the report had been prepared the latest validation position was 43,423 over 52 weeks. In respect of theatre utilisation, Wrexham Maelor day case Orthopaedics had recommenced, as had Abergele under local anaesthesia however, inpatients were still under discussion. Activity at Ysbyty Gwynedd was due to recommence on 20.5.21.</p> <p>FP21/78.2 It was noted that recovery would take in the region of 3 years. However, plans were being mobilised with external providers, modular theatres, ophthalmic cataract service, urology and the general surgery pathway. The Interim Head of Planned Care Transformation emphasised the importance of primary care through communications and advised of progress regarding patient letters. It was also noted that primary care dashboards were to be made available on a website. The Getting It Right First Time (GIRFT) methodology was referenced in examples of work being taken forward. Attention was drawn to the significantly increased referrals of 100+/week due to patients not presenting during the initial stages of the pandemic. This delay created a significant risk of patient harm. [CAR]</p> <p>FP21/78.3 In response to the Committee the Interim Head of Planned Care Transformation advised that whilst there was an aspiration to utilise eight 'day case' theatres, the availability of staffing resources meant there was potentially six that could be utilised over weekends. He agreed to provide 2019 comparison figures in future reports. The Executive Director of Nursing and Midwifery gave assurance that work was being explored to improve Theatre activity utilising GIRFT methodology.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the non-validated year-end forecast • recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme. • the planning being undertaken and the approach to backlog clearance <p><i>The Interim Head of Planned Care Transformation left the meeting</i></p>	AK
<p>FP21/79 Unscheduled Care (USC) update</p> <p>FP21/79.1 The Interim Chief Operating Officer advised that Unscheduled care services were continuing to operate under pressure and whilst Covid19 admissions reduced other admissions continued to increase which led to significant challenges in managing both simultaneously. He highlighted the unfortunate rise in trolley case waits and advised of actions being undertaken at sites to address these issues. The Interim Chief Operating Officer drew particular attention to the increased capacity in the Single Integrated Clinical Assessment and Treatment service (SICAT) to maximise all opportunities for conveyance and admission avoidance which would also support the wider rollout of Phone First. He reported the National Commissioning Collaborative Unit (NCCU) support for development of BCU's Unscheduled Care Improvement Programme was progressing well and whilst currently in the analysis stage, further detail would be reported at the next meeting.</p> <p>FP21/79.2 The Executive Director of Nursing and Midwifery expanded on the NCCU</p>	GM

<p>improvement work being undertaken including WG funding support for greater clinical leadership involvement, partnership working at locality level and additional work such as that provided by Kendal Bluck (KB). It was agreed that an update on the KB recommendations follow up would be provided in the Workforce report to be provided to the next meeting by the Executive Director of Workforce and OD.</p> <p>FP21/79.3 Following discussion of the ability to quantify patients' wishes to consult with their GPs face to face instead of virtually, it was agreed that the Interim Chief Operating Officer would seek to provide statistics within the next report as the Committee was concerned that their inability to do so might increase Emergency Department presentations. He also agreed to explore whether there was a correlation between a higher rate of ambulance conveyances and lower acuity in response to a point raised by the Committee Chair.</p> <p>FP21/79.4 The Executive Director of Nursing and Midwifery undertook to provide the Terms of Reference of the Revised USC Improvement Group to the next meeting.</p> <p>It was resolved that the Committee noted the Unscheduled Care performance for March 2021 across BCUHB and the key drivers attributing to performance alongside identified mitigating actions and anticipated outcomes.</p>	<p>SG</p> <p>GM</p> <p>GM</p> <p>GH</p>
<p>FP21/80 Capital Programme report Month 12</p> <p>FP21/80.1 The Assistant Director ~ Capital Planning joined the meeting to present this item. He highlighted the fact that the Capital Resource Limit had been successfully achieved by delivering a year end expenditure that was under by £60k. The Committee congratulated the team's efforts, given that the allocation had been increased by 50% for the most part during the last quarter and despite Covid19 constraints.</p> <p>FP21/80.2 It was noted that the report provided updates on Royal Alexandra Hospital, Wrexham Continuity Programme and the Ablett Unit Redevelopment at Ysbyty Glan Clwyd (YGC). The Committee Chair drew attention to the potential for harm that the delays to the Ablett Redevelopment was raising. [CAR]</p> <p>FP21/80.3 The Assistant Director ~ Capital Planning highlighted the tendering process being pursued in respect of Ward 10 at Ysbyty Glan Clwyd, to increase capacity to meet the expected winter surge in demand. Noting that the initial scheme had been tendered through open competition and that the Cost Advisor would ensure any increase represented value for money for the Health Board. He advised that the benefits in accelerating the programme were considered to outweigh any financial risks.</p> <p>FP21/80.4 The Executive Director of Planning and Performance advised that the refreshed Estates Strategy being scrutinised by the SPPH Committee in September 2021 would address the Committee's concern regarding the condition of the current estate at Bryn Y Neuadd and other Mental Health units.</p> <p>It was resolved that the Committee noted the report</p>	

<p>FP21/81 Business case trackers for revenue and capital business cases</p> <p>The Executive Director of Planning and Performance presented this item which provided a summary of both revenue and capital business cases schedules for submissions to the Board and its Committees. The Committee Chair requested that the format be revisited in order to provide a more user friendly 'view' electronically. In addition the Committee agreed that providing RAG status against each scheme would be helpful to the monitoring process. It was suggested that linking into the Organisational Plan would also be advantageous.</p> <p>It was resolved that the Committee noted the report and agreed that the trackers would be provided quarterly to the Committee and noted on the Cycle of Business</p>	<p>MW</p> <p>MW</p>
<p>FP21/82 Finance report month 12 2020/21</p> <p>FP21/82.1 The Executive Director of Finance presented and reported the month 12 position. The Month 12 position was a surplus of £0.4m against the plan. The cumulative year to date position was a £0.5m surplus, being £40.5m less than the planned deficit of £40.0m. This position followed receipt of the £40.0m Welsh Government strategic funding to cover the planned deficit for 2020/21. Following discussions with WG, a residual risk remained around the Health Board's ability to utilise the full amount of funding that had been issued. BCU reviewed all potential opportunities and identified plans that could be accelerated, to help drive the optimum return on the additional funding and prepare for the challenges of the new financial year. Through the adoption of an agile clinical and operating model, the Health Board managed to utilise the additional funding almost in full, in order to report a small surplus position equivalent to 0.03% of the Revenue Resource Limit. This acceleration of plans resulted in increased spend in March. In addition, Month 12 expenditure included some one-off amounts that related to Covid19. The Savings position was a £26.6m shortfall i.e. £18.4m against the plan of £45.0m, however £11.3m of these savings were recurrent and was a significant achievement in comparison to other Health Boards in Wales.</p> <p>FP21/82.2 The Executive Director of Finance advised that the division was working on the draft accounts, to be submitted to Welsh Government and Audit Wales on 30th April. Audit Wales would file the audited accounts with Welsh Government on 11th June.</p> <p>FP21/82.3 The Committee extended thanks to colleagues for delivering an in year surplus for the first time. The Executive Director of Finance was humbled by the efforts of the Team whom had been deployed in various supportive ways and many had been working from home.</p> <p>FP21/82.4 In response to the Committee the Executive Director of Finance confirmed that the plan would be refreshed in June 2021 for WG, as there was current uncertainty in respect of the effect of Covid19 on the Health Board's resources.</p> <p>FP21/82.5 In discussion of the cost of Primary Care drugs, it was understood that increases had been due to price fluctuation as opposed to primary care prescribing and</p>	

<p>whilst a proactive team were managing and monitoring the position, the effect of Brexit on pricing remained unknown. Further detail on prescribing would be provided within the next report.</p> <p>FP21/82.6 In response to the Committee Chair's question, it was understood that the weakest savings delivery, aside from the effect of Covid19, was potentially within the Acute division. In discussion of the exceptional items that had been included in Month 12 pay, it was noted that only superannuation costs would be required to be made the following year, as the others were one-off payments.</p> <p>It was resolved that the Committee noted the report</p>	SH
<p>FP21/83 Savings report 2020/21 out-turn</p> <p>FP21/83.1 The Executive Director of Finance advised that the savings delivery of £18.4m had resulted in a shortfall of £26.6m against the target set within the budget and financial plan. This shortfall had been reported as a cost of Covid19 in the Health Board's financial returns to Welsh Government. Savings delivered were £4.5m higher than the plans submitted and at a significantly higher level than at other Welsh Health Boards, whose forecasts ranged between £3m - £10m (at Month 11). The additional savings related to three main elements, namely medicines management (£1.6m), continuing healthcare (£1.1m) and mental health packages of care (£1.9m). The most significant under-delivery of savings against plan related to the re-assessment of rateable values on hospital premises (£0.4m). This under-performance related to slippage in the timescale for the Health Board's agents to submit claims however, they would be processed in 2021/22 forming part of the new year savings plan.</p> <p>FP21/83.2 The better performance against other Health Boards given the pandemic pressures was acknowledged however, the Committee questioned delivery and level of confidence moving forward. The Executive Director of Finance advised that, dependent on the potential of a third wave, there was high confidence in delivery of £11m and hope that delivery would be closer to £25m given the back end loading of the savings programme and ensuring that the right things were focussed upon.</p> <p>FP21/83.3 In relation to Ysbyty Glan Clwyd (YGC) savings delivery she advised the following had been undertaken in response to the three Internal Audit recommendations</p> <ul style="list-style-type: none"> • Recommendation 1 <p>The PMO guidance has been re-written and was issued to Divisions and Corporate functions prior to the submission of savings schemes for 2021/22. The requirement for Stage 3 approval had recently been reviewed and it was agreed by the Executive Team that this stage could be removed, subject to strengthening checks at stages 1 and 2. Guidance was revised to capture this change.</p> <ul style="list-style-type: none"> • Recommendation 2 <p>Work continued to identify robust savings plans. New Savings schemes were only added to the tracker once there was a plan in place to deliver these and clear savings had been identified which were accurate and deliverable. This approach would be fully in place for 2021/22 savings plans.</p> <ul style="list-style-type: none"> • Recommendation 3 <p>A saving tracker was in place within the Division to ensure that the details of the</p>	

<p>reported savings were well documented. Chief Finance Officers in other Divisions had been informed of this approach to ensure that it was in place across the Health Board. Provision was in place for adjusting savings, where they were discovered to have been under/over stated in previous month's reports.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> the delivery of £18.4m of savings during 2020/21, resulted in a shortfall of £26.6m against the target set in the annual budget and financial plan. the recurrent savings value of £11.3m in 2020/21, leaving a shortfall of £33.7m against the budget, which has been taken into account in the financial plan for 2021/22. the actions taken to address the recommendations arising from the internal audit review of delivery of savings on the Ysbyty Glan Clwyd (YGC) site. 	
<p>FP21/84 Monthly monitoring report - Month 12</p> <p>The Executive Director of Finance reported that the monitoring report had been provided to WG by the submission deadline.</p> <p>It was resolved that the Committee noted the verbal update</p>	
<p>FP21/85 External Contracts update</p> <p>In response to the Committee the Executive Director of Finance agreed to provide the volume of contracts which not under contract, whilst understanding that this accounted for 8% of the total value. Following discussion on Care Homes and their fragility, she also agreed to provide a briefing note in regard to how their risks were captured in BCU risk registers including pre-placements. It was understood that cross border refunds had been agreed in relation to Liverpool University Health Board (£0.5m) and Robert and Agnes Hunt (£1.1m).</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> the financial position on the main external contracts as reported at Quarter 4 2020/21. the work underway in respect of stabilising wider health / patient care contracts and key risks / related activity. the impact of Covid-19 on external healthcare contracts and the work of the Health Care Contracting Team (HCCT). the impact and risk posed as a result of Covid-19 revised contracting arrangements adopted for contracts with NHS Providers and Commissioners. the work underway in respect of increasing planned care capacity the risks associated with the current contractual arrangements with independent care home providers and actions being taken. 	SH SH
<p>FP21/86 Summary of private business to be reported in public</p> <p>It was resolved that the Committee</p>	

noted the report	
FP21/87 Issues of significance to inform the Chair's assurance report	
To be agreed outside the meeting	
FP21/88 Date of next meeting	
24.6.21	

BCUHB FINANCE & PERFORMANCE COMMITTEE				
Summary Action Log – arising from meetings held in public				
Officer	Minute Reference and Action Agreed	Original Timescale	Latest Update Position	Revised Timescale
Actions from 25.2.21 meeting:				
Mark Wilkinson / Sue Hill	The Chairman requested a robust timetable be provided to both F&P and SPPHC on the submission dates of a fully integrated plan for consideration by both Committees in order to meet the Board and WG expectations for 2022/23/24 plans which would include consideration by F&PC before 21.1.22.	15.3.21	<p>The timetable will be provided to the Committee once a review of the planning process for 2021/22 has been completed during Q1 2021/22</p> <p>19.4.21 The timetable will be brought to the Committee in June 2021</p> <p>21.4.21 Planning for 2021/22 continues with a formal refresh of our draft plan requested by Welsh Government by 30 June. There is a significant focus on planned care recovery following the announcement of additional resources for deployment in 2021/22.</p> <p>29.4.21 Provide timetable when available</p> <p>16.6.21 Agenda item for June meeting includes planning timetable</p>	<p>15.06.21</p> <p>closed</p>
Actions from 25.3.21 meeting:				
Andrew Kent	FP21/60.5 In discussion of potential backlog clearance it was emphasised that the development's purpose was to bring about effective transformational service delivery. It was agreed that the Interim Head of Planned Care would clarify costs increase in respect of revenue implications	19.4.21	The back log clearance has been broken down into 2 cohorts – pre-Covid-19 backlog as of 31 st March 2020 and cohort 2 being the 1/4/2020-till 9/4/2021. The clearance of cohort 2 is currently being planned and costed with both site and area teams. This will be completed by the last week of April, cohort 2 will then be completed.	Closed
Actions from 29.4.21 meeting:				
Gill Harris /	FP21/73	10.5.21	10.6.21 The website has been updated in May and is under	Closed

Katie Sargent / Andrew Kent	The Committee sought further assurance in regard to backlog clearance. Following discussion it was agreed that an update would be provided to set out the actions taken to address patients in order that BCU's communication reputation was not being adversely impacted and that patients were provided with timely and effective updates through a variety of means. It was noted that the Committee had raised concern since November 2020.		review. The letter from CEO has commenced a print run to the waiting list, informing patients of re-start of activity. In late June, stage 1 and stage over 52 week waiters will be contacted as part of the validation process. Further communications such as text messages are being considered. 80 th percentile waiting times will be used once routine elective activity has commenced, informatics have informed this needs to be in 2-3 months' time (August/September) for it be meaningful, this will then be placed on the web site and distributed within primary care	
Gill Harris / Dawn Sharp	FP21/74 Board Assurance <ul style="list-style-type: none"> BF20-05 Planned Care access -would include narrative to confirm that the target was so high due to the length of time required to address the backlog. 	14.5.21	16.6.21 Actioned - updated BAF report is included within agenda for June Committee 21.6.21 Further update from Board Secretary - The issue of target risk scores exceeding the risk appetite was reviewed at June Risk Management Group where it was agreed that where target risk scores exceed the risk appetite, the rationale for this will be included in the supporting narrative in the BAF. This will be addressed through the July monthly BAF reviews and will be reflected in the BAF in the next cycle. The Risk Management Strategy including revised risk appetite will be presented to the July Health Board for approval.	Closed
Sue Hill / Dawn Sharp	FP21/74 Board Assurance <ul style="list-style-type: none"> BAF20-17 Value based healthcare - to be reviewed and take into account other transformational and innovative initiatives 	14.5.21	14.6.21 This has been updated as requested in line with the wider Transformation programme.	Closed
Sue Green / Dawn Sharp	FP21/74 Board Assurance <ul style="list-style-type: none"> BAF20-21 Workforce optimisation - to be further 	14.5.21	14.6.21 BAF20-21 Risk reviewed and actions updated to reflect timescales against key actions.	Closed

	reviewed and ensure consideration of timescales			
Dawn Sharp	FP21/74 Board Assurance <ul style="list-style-type: none"> Ensure consistency of formatting across all risks 	14.6.21	16.6.21 Actioned - updated BAF report is included within agenda for June Committee	closed
Sue Hill	FP21/75 Draft Committee annual report 2020/21 FP21/75.1 Complete the narrative in regard to quality assessment in line with the level of assurance status provided.	13.5.21	14.6.21 This was completed and incorporated in the final report reviewed at Audit Committee	Closed
Sue Hill / John Cunliffe	FP21/75 Cycle of Business Consider the frequency of the Business Tracker submission Include sections on Value based healthcare along with other transformational areas of work in order that quality, cost and patient experience benefits could be monitored.	13.5.21	14.6.21 It has been agreed that the business tracker will be brought to the committee on a quarterly basis (subject to alignment with the Committee schedule)	Closed
Sue Green	FP21/75.2 Arrange to meet with the Committee Chair and members to consider the most appropriate methods and areas of future workforce performance monitoring required.	13.5.21	14.6.21 Meeting held with Chair, Sue Green and Nick Graham to agree reporting for workforce performance. Workforce Performance Report on Agenda for meeting 24.06.21	Closed
Mark Wilkinson	FP21/76 Quarter 3&4 2020/21 monitoring report In response to the Committee's concern regarding 6.2 "Review and refresh priority business cases relating to service sustainability" reporting 'green' throughout the year and changing to 'red' at year	13.5.21	17.6.21 On further review this action could have been more specific when the plan was developed. The Performance Team are working with colleagues in the Planning Team to ensure that actions in the 2021/22 plan are SMART (Specific, Measureable, Achievable, Realistic and Timed). The action was red at March as following review a different approach was agreed for several business cases, for example, the Diagnostic Treatment Centre business case includes an option that will negate the need for a	Closed

	end, the Executive Director of Planning and Performance agreed to look further into the issue and notify members following the meeting		separate orthopaedic business case.	
Sue Green	FP21/77 Quality and Performance report FP21/77.3 In discussion of Agency cost increases the Executive Director of Workforce & OD agreed to explore how to improve the data provided to better reflect cover for core activity within reporting.	13.5.21	14.6.21 Work underway between WOD/Finance/Operations re categorisation of reporting to assist in providing greater clarity in future reports. Projected completion from July.	August meeting
Mark Wilkinson	FP21/77 Quality and Performance report FP21/77.4 Following a query regarding recommencement of services provided within schools it was agreed that the Executive Director of Planning and Performance would seek greater detail.	13.5.21	17.6.21 Briefing note circulated	Closed
Gill Harris / Area Directors	(see above)In addition, as there was a lack of understanding that personnel providing these services had been temporarily redeployed to support the Covid19 vaccination response, the Chief Executive advised that a media communication being prepared for release shortly on Restarting Planned Care would also echo the challenges of dealing with staff redeployment. Area Directors	29.4.21	18.6.21 East – All School Nurses & Health Visitors are back in their substantive posts Centre - 1 school nurse currently seconded to the vaccination programme at Ysbyty Enfyys but is backfilled. 1 Health Visitor on secondment to a practice development role but will return in September West – Health Visitors and School Nurses have returned to their substantive roles in the. There are some on a formal secondment to Test, Trace, Protect but their posts are covered. Some are doing additional hours vaccinating but this is personal choice and outside their substantive hours therefore not affecting the service.	Closed

	would be asked to liaise with education colleagues in order to improve awareness within their establishments and services.			
Andrew Kent	FP21/78 Planned Care update Provide 2019 comparison figures in future reports.	14.6.21	10.6.21 This now lies with performance and informatics to include within the quadruple report	
Gavin Macdonald	FP21/79 Unscheduled Care (USC) update Provide update on National Commissioning Collaborative Unit (NCCU) progress at the next meeting.	14.6.21	7.6.21 An update on the progress of the NCCU support programme will be included within the USC update report to F&P meeting in June.	Closed
	provide statistics reflecting patients' wishes to consult with their GPs face to face instead of virtually within the next report as the Committee was concerned that their inability to do so might increase Emergency Department presentations.	14.6.21	<p>7.6.21</p> <ul style="list-style-type: none"> • Data directly pertaining to the number of patients requesting face to face (F2F) appointments in GP practices is not routinely collected. We can confirm however, that F2F appointments and home visits have continued throughout the pandemic but all are triaged first in line with infection prevention measures, to minimise footfall into the practices. Where there is a clinical need (or the patient is not able to access or use the required technology) a F2F appointment is provided. • One practice, with a patient population of approximately 16,000, collated data showing the demand activity which reported; <ul style="list-style-type: none"> – the number of incoming telephone calls to have nearly doubled, – a 66% increase in emails and – >100% increase in eConsult queries. • Pre-covid data for the month of February 2020, saw the practice provide 2,605 face to face consultations at the surgery (at which time there were very few telephone consultations). In April 2021 the practice provided 1630 face 	

			<p>to face consultations plus 1955 telephone consultations; an increase of around 980 combined consultations in a month, or 38%.</p> <ul style="list-style-type: none"> Introducing alternative ways to access primary care services including on-line platforms, email, telephone and video consultations has been necessary in response to the pandemic and supports access to services. However, high levels of demand and activity are being reported and with new ways to access services demand is expected to continue, an indicative study suggests that activity in GP practices has increased as much as 20%. Urgent Primary Care Centres are also being further developed following the pathfinder project in East to provide additional 'on the day' capacity for GPs and EDs. Attendances to ED / MIUs has also shown an increase following the significant decline during the first lockdown but these have not yet reached pre-covid levels. A primary care update was provided to the Health Board meeting on 20th May 	
	explore whether there was a correlation between a higher rate of ambulance conveyances and lower acuity	14.6.21	<p>7.6.21 During the COVID pandemic there was a substantial decrease in the number of patients self presenting to the Emergency Departments across North Wales, with only a slight drop in ambulance conveyance rates. Work is ongoing to review conveyances including triage category on arrival and time of departure within 4hours. The number of attendances for triage categories 3, 4 and 5 remained constant during the pandemic which demonstrates those that had been conveyed had on average a lower triage category to reflect a non-life threatening attendance. The MIU conveyances from WAST have remained constantly low which part of the review would confirm that those with injuries from a triage category 4 or 5 may of had their care better served in an alternative service.</p>	Closed
Sue Green	FP21/79 Unscheduled Care (USC) update	14.6.21	14.6.21 Unscheduled Care Review update being supported by Kendall Bluck commenced under leadership of Gill Harris as	August meeting

	It was agreed that an update on the KB recommendations follow up would be provided in the Workforce report to be provided to the next meeting by the Executive Director of Workforce and OD.		SRO. Slight delay in scheduling now resolved. Update to be included in USC and Workforce Report to next meeting.	
Gill Harris	FP21/79 Unscheduled Care (USC) update FP21/79.4 The Executive Director of Nursing and Midwifery undertook to provide the Terms of Reference of the Revised USC Improvement Group to the next meeting.	14.6.21	7.6.21 Revised ToRs will be included within the USC update report to F&P meeting in June.	Closed
Mark Wilkinson	FP21/81 Business case trackers for revenue and capital business cases <ul style="list-style-type: none"> • Format to be revisited in order to provide a more user friendly 'view' electronically. • Provide RAG status against each scheme • Provide trackers quarterly to the Committee 	16.8.21	17.6.21 This work is under way and will be completed by the deadline.	
Sue Hill	FP21/82 Finance report month 12 2020/21 Further detail on prescribing to be provided within the next report.	14.6.21	14.6.21 This is included in the finance report	closed
Sue Hill	FP21/76 External Contracts update <ul style="list-style-type: none"> • provide the volume of contracts which not under contract • provide a briefing note in regard to how Care Homes risks were 	14.6.21	16.6.21 A briefing note has been shared with the Committee members	Closed

	captured in BCU risk registers including pre-placements.			
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21.6.21



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 June 2021				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Board Assurance Framework (BAF)				
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary				
Awdur yr Adroddiad Report Author:	Dawn Sharp, Assistant Director: Deputy Board Secretary				
Craffu blaenorol: Prior Scrutiny:	Executive Team meeting on 16 June 2021				
Atodiadau Appendices:	Appendix 1 – BAF Report Appendix 2 - Remapping of BAF risks to Annual Plan Appendix 3 – Key field guidance				
Argymhelliad / Recommendation:					
That the Committee review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF).					
Ticiwch fel bo'n briodol / Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
				Er gwybodaeth For Information	<input type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable					N
Sefyllfa / Situation:					
The revised Risk Management Strategy and Policy was implemented on the 1 st October 2020, and on the 21 st January 2021, the Board approved the implementation of the revised Board Assurance Framework (BAF) template reporting arrangements.					
This new design captures the work undertaken by the Board on the identification of its Priority Areas to support the effective management of the agreed Principal Risks that could affect the achievement of its agreed Priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR), which more effectively demonstrates how the Health Board is robustly mitigating and managing high rated risks to the achievement of its operational objectives.					
Each BAF risk has since been reviewed and updated.					
Appendix 1 highlights the Board Assurance Framework Risk assigned to this Committee.					
Appendix 2 shows the remapping of the BAF risks to the Annual Plan.					

Appendix 3 provides details of the key field guidance

Cefndir / Background:

The design of both the new BAF and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively, as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other. This includes the evaluation, monitoring and review of progress, accountability and oversight of the Principal Risks and also the high level operational risks which could affect the achievement of the Health Board's agreed Priorities. These are being monitored by regular review with respective leads and oversight by the Risk Management Group and Executive Team.

Board Assurance Framework

Oversight and co-ordination of the BAF has transferred to the Office of the Board Secretary from the Corporate Risk Management Team, with the risk management system and process continuing to be managed by the Corporate Risk Team.

It is worth emphasising that ownership of the BAF rests with the Board with individual Executives being responsible for the management of their respective risks, not the Board Secretary. Engagement with risk leads continues to progress well and work continues to refine and further develop the BAF to ensure it becomes a tool to ensure strategic risks are visible to the Board and Committees.

The Board has updated its strategic priorities as set out within the 2021-22 Annual Plan. Due to the revised strategic priorities, some principal risks do not lend themselves to direct mapping, and have subsequently been mapped to an 'enabler'. The remapped BAF risks were endorsed by the Audit Committee on 10th June 2021 are attached as Appendix 2. The new identifiers will be applied to the BAF risk sheets at the end of the current cycle of reporting.

The BAF is a 'live' document which continues to evolve, and has progressed with the engagement and support of the full Board. This serves well going forward as the Health Board progresses and refreshes '*Byw'n iach, Aros yn iach/Living Healthier, Staying Well*' and all underpinning strategies. With this refresh there will need to be greater focus and consideration of strategic risks in the BAF as the Health Board looks to the future in delivering its strategies. A revision of the BAF will then need to take place to link to the strategic objectives as defined in the refreshed strategy with any operational BAF risks being managed as part of the Corporate Risk Register going forward.

Key progress on the BAF risks assigned to this Committee are detailed below (this information is also reflected within the relevant BAF risk sheet):-

- **BAF20-05 – Timely Access to Planned Care (now reporting to both F&P and QSE)**

Key progress - Mitigations and Gaps/Actions updated to reflect current developments including extension to some timelines.

- Further actions added which include:- additional internal activity above core being mobilised via recovery plan; business case being developed for orthopaedic modular ward and theatre on each site; outsourcing of orthopaedic activity being investigated with the Independent Sector;

and capacity planning undertaken to understand the clearance times for the over 52 week backlogs.

- It is estimated to be approximately 3-4 years to clear this activity, orthopaedics being the most significant driver for this length of time. These are the reasons for retaining the current scoring.
- It is considered that the following actions will have the most material impact on the risk: - Review of Ophthalmology Business Case in light of Welsh Government Strategy re Cataract Centres; Additional internal activity above core is being mobilised via recovery plan; Business case being developed for orthopaedic modular ward and theatre on each site; and Outsourcing of orthopaedic activity is currently being investigated with the Independent Sector.

• **BAF20-17 – Value Based Improvement Programme**

Key progress - Actions completed in April have moved to mitigations. Status of actions has been reviewed to reflect work undertaken since the last update in April.

- Executive leadership has been changed (from the Executive Director of Finance to the Executive Director of Primary and Community Services) to align with the overall transformation approach.
- Job descriptions for team roles have been drafted, linked to the resource available. Data collection in initial projects has started, with consideration of future system needs progressing as part of a national review.
- The following actions are considered those that will have the most material impact on the risk:-
1) Further clarity within the Plan refresh as to how the VBHC programme supports the Board's transformation approach; 2) Recruitment of the VBHC team, aligned to the broader transformation resource; 3) Clarity on longer term systems solutions to support VBHC; and 4) utilise the FDU maturity matrix approach to prioritise actions and subsequently undertake a formal assessment of progress.

• **BAF20-20 – Estates and Asset Development**

Key progress - Updates to actions and review dates with extension to the action in relation to the Estates Strategy and the inclusion of the refresh of Living Healthier, Staying Well.

- All of the actions collectively have a contributory effect on the impact of the risk and its mitigation. It is not possible at this stage to identify one particular action in isolation due to a number of strategic enablers being progressed currently, e.g. Living Healthier, Staying Well; Digital and Workforce Strategies which will be reflected through an updated Estates Strategy.
- The current scores will be revisited in September 2021 based upon actions within the themes identified once approved.

• **BAF20-21 – Workforce Optimisation**

Key progress - Actions and timelines updated.

- Workforce Service Review Programme commissioned and commenced and Medical Bank established with contract with MEDACs in place for 2020-22, both actions now shown as mitigations.
- Actions reviewed in terms of which would have the most material impact on the risk. It is considered that the collective impact of the actions will mitigate the risk.

- **BAF20-27 – Delivery of a Planned Annual Budget**

Key progress - Actions to achieve target risk score together with timelines reviewed and updated with a number of actions having been completed and now shown as key mitigations.

- It is considered that the action plan to address the deficit will have the most material impact on the risk.

- **BAF20-28 – Estates and Assets**

Key progress - Actions reviewed and updated to reference approved capital programme which is now shown as a mitigation.

- It is considered that the action in relation to securing WG funding to support Business Cases (short and long term) will have the most material impact on the risk.

Below is a heat map representation of the BAF current risk scores for this Committee:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5					BAF 20-05
	Likely - 4				BAF20-21	
	Possible - 3			BAF 20-20	BAF 20-17	BAF 20-27 BAF 20-28
	Unlikely - 2					
	Rare - 1					

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol /Strategy Implications

The implementation of the Board Assurance Framework and the revised Risk Management Strategy and Policy aligns with the Health Board's strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

Opsiynau a ystyriwyd / Options considered

Not applicable.

Goblygiadau Ariannol / Financial Implications

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.

Due to the improved and increased reporting frequency arrangements, the management of the BAF is resource intensive and so additional resources may be required.

Dadansoddiad Risk / Risk Analysis

See the individual risks for details of the related risk implications.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal and compliance issues associated with the delivery of the Board Assurance Framework or the Risk Management Strategy and Policy.

Asesiad Effaith / Impact Assessment

No specific or separate EqlA has been done for this report, as a full EqlA has been completed in relation to the new Risk Management Strategy and Policy to which the BAF and CRR reports are aligned.

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

Strategic Priority 2: Essential Services and Planned Care

<p>There is a risk that the Health Board may be unable to deliver timely access to Planned Care due a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions.</p>	Inherent Risk	5		5		25		<p>Low</p> <p>1 - 6</p>
	Current Risk	5	↔	5	↔	25	↔	
	Target Risk	5		3		15		

Review comments since last report: Mitigations and Gaps/Actions updated to reflect current developments including extension to some timelines. Further actions added which include:- additional internal activity above core being mobilised via recovery plan; business case being developed for orthopaedic modular ward and theatre on each site; outsourcing of orthopaedic activity being investigated with the Independent Sector; and capacity planning undertaken to understand the clearance times for the over 52 week backlogs. It is estimated to be approximately 3-4 years to clear this activity, orthopaedics being the most significant driver for this length of time. These are the reasons for retaining the current scoring. It is considered that the following actions will have the most material impact on the risk:- Review of Ophthalmology Business Case in light of Welsh Government Strategy re Cataract Centres; Additional internal activity above core is being mobilised via recovery plan; Business case being developed for orthopaedic modular ward and theatre on each site; and Outsourcing of orthopaedic activity is currently being investigated with the Independent Sector.

Linked to Operational Corporate Risks:	
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Board Assurance Framework 2020/21											
Strategic Priority 5: Effective Use of Resources											
Risk Reference: BAF20-17				Risk Rating		Impact	Likelihood	Score	Appetite		
Value Based Improvement Programme											
There is a risk that the Health Board does not understand or use its resources effectively and efficiently due to a lack of implementing an appropriately resourced value based improvement programme. This could impact on the quality of outcomes for the services it delivers.				Inherent Risk		4		4	16	Moderate 8 - 10	
				Current Risk		4	↔	3	↔		12
				Target Risk		4		2			8
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (actions to achieve target risk score)			Date		
Finance & Performance (F&P) Committee oversight via standard reporting of opportunities and savings delivered.		2	Contribution to national benchmarking programmes, providing detailed analysis of service areas and opportunities.		3	The June refresh of the Annual Plan will provide further clarification regarding the way in which the VBHC Improvement Programme supports the Health Board's transformational approach.			31 July 2021		
F&P Committee oversight of benchmarking data & follow up work e.g. Mental Health.		2	Drivers of the Deficit analysis and external benchmarking data used to inform Annual Plan and to identify priorities for tackling efficiency opportunities, linked to service transformation.		1	Staff recruitment to be aligned with Annual Plan and broader transformation programme approach. Job descriptions drafted; banding and recruitment prep to be concluded in June.			30 June 2021		
Lessons Learnt analysis from COVID reported to Executive Team, with action to mainstream innovation and value opportunities. Reporting of progress to delivering opportunities to F&P Committee.		2	National efficiency framework analysis to identify opportunities and cascade to Improvement Groups and Divisions.		1	Planning and business case approach to be reviewed to capture VBHC principles. Work ongoing to finalise , adopting learning from other Health Board approaches			30 June 2021		
Clinical Effectiveness Group re-established with oversight of Value Based Healthcare within its brief.		1	1) Executive leadership changed to reflect alignment with the broader transformation approach; Director of Primary and Community Care to lead alongside the Director and Finance.		2	Initial priorities identified e.g. lymphodema and orthopaedic services, with projects being established along with reporting arrangements.			30 June 2021		
Executive Team reviewing the opportunities analysis produced for Improvement Groups to identify potential areas of inefficiency to be addressed.		2	Finance Delivery Unit of Welsh Government have designed a maturity matrix for VBHC which can be used to guide and inform the programme of work.		2	Steering group to be established to drive the programme of work, supported by the VBHC structure. Progress reports to be provided to the Clinical Effectiveness Group. Initial group established; the approach to be aligned with the overall transformation approach as part of the Annual Plan refresh.			31 July 2021		
			Direct support secured from the National VBHC Team to support the Health Board in developing and implementing the programme.		2	Initial data capture and reporting systems for VBHC to be developed. Data capture in place for initial projects.			Complete		
						Future system requirements under review as part of the national programme			30 September 2021		
			The Draft Plan for 2021/22 confirmed that VBHC is part of the Board's overall transformation approach		2	Programme reporting established to Finance and Performance Committee			31 July 2021		
			Resources have been secured from the strategic support allocation to resource the VBHC Team		2	Utilise the FDU maturity matrix approach to prioritise actions and subsequently undertake a formal assessment of progress.			30 September 2021		

Review comments since last report: Actions completed in April have moved to mitigations. Status of actions has been reviewed to reflect work undertaken since the last update in April. Executive leadership has been changed (from the Executive Director of Finance to the Executive Director of Primary and Community Services) to align with the overall transformation approach. Job descriptions for team roles have been drafted, linked to the resource available. Data collection in initial projects has started, with consideration of future system needs progressing as part of a national review. The following actions are considered those that will have the most material impact on the risk:- 1) Further clarity within the Plan refresh as to how the VBHC programme supports the Board's transformation approach; 2) Recruitment of the VBHC team, aligned to the broader transformation resource; 3) Clarity on longer term systems solutions to support VBHC; and 4) utilise the FDU maturity matrix approach to prioritise actions and subsequently undertake a formal assessment of progress.

Executive Lead: Chris Stockport, Executive Director of Primary and Community Services	Board / Committee: Finance and Performance Committee	Review Date: 14 June 2021
Linked to Operational Corporate Risks:		

Board Assurance Framework 2020/21											
Strategic Priority 5: Effective Use of Resources											
Risk Reference: BAF20-20				Risk Rating		Impact	Likelihood	Score	Appetite		
Estates and Assets Development											
There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets due to changes in working practices (for example agile working) which could impact on recruitment, financial balance and the reputation of the Health Board.				Inherent Risk		3		4	12	Moderate 8 - 10	
				Current Risk		3	↔	3	↔		9
				Target Risk		3		2			6
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (actions to achieve target risk score)		Date			
Estates Strategy, monitored by Capital Investment Group with oversight at Finance and Performance, and Strategy Partnerships and Population Health Committees and Health Board.		2	Disposal or acquisition of assets are signed off by the Board and Welsh Government in line with the BCUHB Scheme of Reservation and Delegation (SoRD).		3	Health Board through the Workforce Strategy to agree the standards for workforce accommodation and changes in working practices through modern ways of working - Stronger Together.		31 March 2022			
Workforce Strategy monitored by the Health Board.		2	Business Case process in place with oversight by the Executive Team, Capital Investment Group, Finance and Performance Committee and onto Welsh Government.		3	Financial Planning to be agreed and secured to support the change in working practices and a digitally enabled workforce.		31 March 2022			
			Collaboration on public sector assets/corporate hubs, and regional working across North Wales.		3	Additional Resources for Asset Management function have been identified through the Health and Safety Business Case to be approved by Finance and Performance Committee.		31 March 2022			
						Health Board agreed Estate rationalisation programme over three years 2021 to 2023. 2021-22 overview through Finance and Performance Committee and oversite through the Capital Investment Group.		01 June 2021			
						Opportunities to progress corporate accommodation hubs in partnership with North Wales Regional Public Service Providers and Local Authorities.		31 March 2022			
						Update Estates Strategy to reflect demands for flexible accommodation hubs and review current and future needs for Office accommodation.		01 September 2021			
						The Health Board is progressing a Programme Business Case (PBC) to address fire safety and infrastructure compliance for Ysbyty Gwynedd (YG). This PBC will be submitted to the Health Board for approval and progression to Welsh Government for funding approval. The scope of the PBC will address all risks for YG which are listed within the Corporate Risk Register.		20 May 2021			
						Development of enabling plans i.e. Finance, Workforce, Digital Strategy together with a refresh of Living Healthier, Staying Well		01 September 2021			
Review comments since last report: Updates to actions and review dates with extension to the action in relation to the Estates Strategy and the inclusion of the refresh of Living Healthier, Staying Well. All of the actions collectively have a contributory effect on the impact of the risk and its mitigation. It is not possible at this stage to identify one particular action in isolation due to a number of strategic enablers being progressed currently, e.g. Living Healthier, Staying Well; Digital and Workforce Strategies which will be reflected through an updated Estates Strategy. The current scores will be revisited in September 2021 based upon actions within the themes identified once approved.											
Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance					Board / Committee: Finance and Performance Committee			Review Date: 13 May 2021			
Linked to Operational Corporate Risks: CRR20-07 Informatics infrastructure capacity, resource and demand.											

<p>There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching its statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.</p>	Inherent Risk	5		4		20		<p>Moderate 8-10</p>
	Current Risk	5	↔	3	↔	15	↔	
	Target Risk	5		2		10		

Review comments since last report: Actions to achieve target risk score together with timelines reviewed and updated with a number of actions having been completed and now shown as key mitigations. It is considered that the action plan to address the deficit will have the most material impact on the risk.

13 May 2021

Linked to Operational Corporate Risks:

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-28	Risk Rating	Impact	Likelihood	Score	Appetite
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Estates and Assets

There is a risk that the Health Board fails to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding. This could impact on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patient, staff, public, reputational damage and litigation.	Inherent Risk	5		4	20	Moderate 8 - 10
	Current Risk	5	↔	3	15	
	Target Risk	5		2	10	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Estates Strategy in place and approved by the Board in January 2019 with updates provided to the Strategy, Partnership and Population Health Committee.	2	Development for business case for key projects identified in key strategies.	1	Secure WG funding to support Business Cases (short and long term).	31 March 2022
Annual Capital Programme in place and approved by the Finance and Performance Committee with regular reports provided to the committee.	2	Capital Investment Group with representation from all divisions with monthly updates to the Executive Team in place.	2	Rationalisation of the Health Board Estate.	31 March 2022
		Capital Programme based on priorities as identified by divisions, Core Areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the Finance and Performance Committee.	2	Review undertaken and work is ongoing to secure capacity to deliver all the projects.	30 September 2021
		Selection criteria signed off by the Executive Team which links back to risk, service continuity, service transformation and sustainability.	2	Development of Digital Strategy (due to be presented to the Board on 20 May 2021)	30 June 2021
		1) Project Teams in place to deliver the business case and projects. 2) 3 year Capital Programme agreed with Executive Team and approved by F&P Committee on 25 March 2021.	1		

Review comments since last report: Actions reviewed and updated to reference approved capital programme which is now shown as a mitigation. It is considered that the action in relation to securing WG funding to support Business Cases (short and long term) will have the most material impact on the risk.

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	Board / Committee: Finance and Performance Committee	Review Date: 17 May 2021
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Linked to Operational Corporate Risks:

CRR20-06 - Informatics - Patient Records pan BCU

CRR20-07 - Informatics infrastructure capacity, resource and demand



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Appendix 2 – Remapping BAF Risks to Annual Plan

- Remapping of BAF risks to the revised strategic priorities and enablers as set out within the Draft Annual Plan for 2021-22: -
 - **Priorities**
 - 1 Covid19 response
 - 2 Strengthen our wellbeing focus
 - 3 Primary and community care
 - 4 Recovering access to timely planned care pathways
 - 5 Improved USC pathways
 - 6 Integration and improvement of MH Services
 - **Key enablers:-**
 - Making effective and sustainable use of resources
 - Transformation for improvement
 - Effective alignment of our people



Remapped BAF Risks

New BAF Ref.	New priority alignment	20-21 Plan Priority	Previous BAF Ref.	Title
N/A Archived	5 Improved USC Pathways	1 Safe USC	20-01	Surge/ Winter Plan
21-01	5 Improved USC Pathways	1 Safe USC	20-02	Safe and Effective Management of Unscheduled Care (formerly titled Emergency Care Review Recommendations)
21-02	2 Strengthen our wellbeing focus	2 Essential Services and Planned Care	20-03	Sustainable Key Health Services
21-03	3 Primary and Community Care	2 Essential Services and Planned Care	20-04	Primary Care Sustainable Health Services
21-04	4 Recovering access to timely planned care pathways	2 Essential Services and Planned Care	20-05	Timely Access to Planned Care

Remapped BAF Risks continued

New BAF Ref.	New priority alignment	20-21 Plan Priority	BAF Ref.	Title
21-05	6 Integration and Improvement of MH Services	3 Mental Health Services	20-07	Effective Stakeholder Relationships
21-06	6 Integration and Improvement of MH Services	3 Mental Health Services	20-08	Safe and Effective Mental Health Delivery
21-07	6 Integration and Improvement of MH Services	3 Mental Health Services	20-09	Mental Health Leadership Model
21-08	6 Integration and Improvement of MH Services	3 Mental Health Services	20-10	Mental Health Service Delivery During Pandemic Management
21-09	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-11	Infection Prevention and Control
21-10	2 Strengthen our Wellbeing focus	4 Safe and Secure Environment	20-12	Listening and Learning

Remapped BAF Risks continued

New BAF Ref.	New priority alignment	20-21 Plan Priority	Prev. BAF Ref.	Title
21-11	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-13	Culture – Staff Engagement
21-12	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-14	Security Services
21-13	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-15	Health and Safety
21-14	1 Covid 19 response	4 Safe and Secure Environment	20-16	Pandemic Exposure
21-15	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-17	Value Based Improvement Programme
21-16	NB aligned to key enabler – Transformation for Improvement	5 Effective Use of Resources	20-18	Digital Estate and Assets



Remapped BAF Risks continued

New BAF Ref.	New priority alignment	20-21 Plan Priority	BAF Ref.	Title
21-17	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-20	Estates and Assets Development
21-18	NB aligned to key enabler – Effective alignment of our people	5 Effective Use of Resources	20-21	Workforce Optimisation
21-19	1 Covid 19 response	2 Essential Services and Planned Care	20-25	Impact of COVID-19
21-20	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-26	Development of Annual Operational Plan 2021-22
21-21	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-27	Delivery of a Planned Annual Budget
21-22	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-28	Estates and Assets

BAF Template Item		Please refer to the Risk Management Strategy and Policy for further detailed explanations
Risk Reference		Board Assurance Framework reference number, allocated by the Board Secretary
Risk Description		An uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's Priority. There are 3 main components to include when articulating the risk description (cause, event and effect):
		- There is a risk of / if
		- This may be caused by
		- Which could lead to an impact / effect on
Risk Ratings	Inherent	Without taking into consideration any controls which may be in place to manage this risk, what is the likelihood that this risk will be realised, and if it did, what would be the consequence
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place.
Risk Impact		The consequence (or how bad) if the risk were to be realised, in line with the NPSA Grading Matrix an impact of 1 is a Negligible (very low), with a 5 as Catastrophic (very high)
Risk Likelihood		The probability (frequency or how often) would this happen if the risk were to be realised. In line with the NPSA Grading Matrix a likelihood of 1 is this will probably never happen / recur, with a 5 being that it will undoubtedly happen, recur, possibly frequently
Score		Impact x Likelihood of the risk happening
Appetite	Definition	Is defined as the amount and type of risk the Health Board is willing to take on, pursue or retain in order to achieve its priorities.
	Low	Cautious with a preference for safe delivery options (Score 1 to 6)
	Moderate	Prepared to take on, pursue or retain some risks as a result of the Health Board taking opportunities to improve quality and safety of services (Score 8 to 10)
	High	Open or willing to take on, pursue or retain risks associated with innovation, research and development consistent with the Health Board's Priorities (Score 12-15)

Control	Definition	<p>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the magnitude/severity of its potential impact were it to be realised.</p> <p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise and ensure that care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management]</p> <p>A measure that maintains and/or modifies risk (ISO 31000:2018(en))</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> - People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklist in place and being implemented which ensures the delivery of an objective - Training in place, monitored and assurance reported - Compliance audits - Business Continuity plans in place, up to date, tested and effectively monitored - Contract Management in place, up to date and regularly monitored
Mitigation	Definition	<p>This refers to the process of reducing risk exposure and minimising its likelihood and/or lessening or making less severe its impact were it to materialise. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer or take opportunity).</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> - Service or Pathway Redesign - Business Case Development - Staff Training - Risk Assessment - Evidential data sets - Taking out insurance
Assurance Levels	1	<p>The first level of assurance comes from the department that performs the day to day activity, for example the data is available</p>
	2	<p>The second level of assurance comes from other functions in the Health Board who have internally verified the data, for example quality, finance and H/R assurance</p>
	3	<p>The third level of assurance comes from assurance provided from outside the Health Board, for example WG, HIW, HSE etc.</p>



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	2021/22 Plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Mr John Darlington, Assistant Director - Corporate Planning Mr Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning						
Craffu blaenorol: Prior Scrutiny:	The plan has been discussed by the Planning workstream, Executive Team, Stakeholder Reference Group, Executive Management Group, Local Partnership Forum, Strategy Partnerships & Population Health and Finance & Performance Committees. This builds upon the draft plan which was received by Board in March 2021						
Atodiadau Appendices:	Appendix 1: Draft 2021/22 plan Appendix 2 : Programme Action Plan						
Argymhelliad / Recommendation:							
The Committee is asked to receive the draft refreshed plan for discussion, comment and feedback ahead of presentation to the Board Workshop on 24 th June.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	✓	Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y	
The plan is presented subject to Equality Impact (EqIA) and a socio-economic (SED) impact assessments being completed.							
Sefyllfa / Situation:							
The purpose of this report is to present the Annual Plan for 2021/22.							
Cefndir / Background:							
Integrated Medium Term Plan (IMTP) planning arrangements were paused in 2020 due to the pandemic. Subsequently the NHS Wales Planning Framework was received on 14 December and reinforced the requirement for every NHS organisation to have an annual plan for 2021/22.							
Correspondence from Welsh Government (WG) on 29 th January emphasised a greater level of detail on a small number of immediate priorities including vaccination, workforce, and stabilisation through to early recovery actions.							

'A Healthier Wales', Welsh Government's long-term plan for health and social care services in Wales sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care'.

The Primary Care Model for Wales is an important element of our plan and predicated on locality level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress by Health Boards to support and empower the planning function at cluster level and to draw in Local Authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'. Accordingly, Clusters are responding to BCU core priorities in developing their plans and developing a summary annual 'plan on a page'.

'Health and Social Care in Wales –COVID-19: Looking forward' sets out at a high level the approach WG will take, building on new ways of working and opportunities to do things differently. The task will be to rebuild all services, not just hospital services but primary care, community, social care, right through to very specialist services.

Correspondence from WG on 11th March acknowledged the considerable uncertainty hindering firm planning commitments across NHS Wales given, for example, the need to better understand the pattern of the Covid-19 virus and impact of vaccination. A draft annual plan was shared with WG in March with work undertaken since to refresh modelling work and the plan and in light of the allocation of additional funding which has influenced our plans alongside feedback from WG.

Asesu a Dadansoddi / Assessment & Analysis

This plan has been developed in the context of the unique challenges arising from the pandemic, which face all public services and society at large. It reflects the challenges the Health Board has to address in delivering health services, whilst supporting and protecting staff.

Alongside the delivery of our immediate priorities, we are building on relationships and existing partnership structures and we will be fully engaging and involving the public, staff, trade unions and partners in the transformation and reshaping of services.

Our approach to planning for 2021/22 is summarised below:

- Future recovery and transition from operational response to integrated strategic planning – opportunity to step back
- Outlook for Covid19 uncertain - The four harms remain the context
- Build on the core priorities identified in Q3/Q4
- Rolling plan building on actions in 2020/21
- Strengthened accountability throughout the organisation

Our work to deliver transformation and innovation, aims to deliver improved trajectory of outcomes, patient experience and financial performance year on year. Further improvements will be made leading to de-escalation, using a maturity matrix approach to assess progress.

Opsiynau a ystyriwyd / Options considered

Our plan will be underpinned by robust business cases. Priority schemes are identified which in turn consider potential options for delivery.

Goblygiadau Ariannol / Financial Implications

The plan integrates service, activity, financial and workforce implications within resources available.

Dadansoddiad Risk / Risk Analysis

All schemes will be required to identify key risks and a risk analysis undertaken to demonstrate how these will be managed.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

IMTP planning arrangements are currently paused with the requirement for every NHS organisation to have an annual plan for 2021/22. However, the development of an approvable Integrated Medium Term Plan is a critical organisational aim going forwards as this forms a statutory requirement under the NHS Finance Act.

Asesiad Effaith / Impact Assessment

Underpinning schemes and business cases will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.



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Annual Plan 2021 to 2022

Shaped by a Three Year Transformation Plan

2021 to 2024

Chairman and Chief Executive Foreword

The last year has undoubtedly been the most challenging in the history of the many NHS organisations that have served the people of North Wales. Responding to the pandemic has required us to develop and implement new services such as Test Trace and Protect (TTP), mass COVID-19 vaccination, and establish three Enfy's hospitals at high speed. We have also redeployed staff into other pressurised services, for example critical care, to increase their capacity to an unprecedented scale. Some important activities, such as much of planned care have been severely interrupted or stopped due to the constraints deriving from COVID-19, causing worry to patients and in some cases, harm. This has also been the cause of significant concern for the organisation and the clinical teams responsible for carrying out said activities. All told, it would be hard to find a member of staff who has not had the most disruptive and difficult year of their working lives. We are incredibly grateful for their professionalism and sheer hard work, and do not underestimate the toll this has taken on individuals and teams.

One of our new services has been our programme for mass vaccination, and the success of this programme, mirrored across the rest of the UK, gives us a glimmer of confidence about the future. Of note have been a range of genuine service improvements driven by the need to work differently due to the pandemic and there are many examples of different specialisms and localities working cooperatively to maintain, and in some cases extend, services. There has been a real receptiveness to working in new ways: we have embraced new digital technologies and rediscovered the value of our partnerships with local authorities, and many others. All we have achieved, we have achieved through working together and we would like to acknowledge all our partners during this year. One example of many, has been the determination and community spirit displayed in rapidly and successfully trialing the use of the COVID-19 Pfizer vaccination in primary care on the Llyn peninsula.

Away from the pandemic, we have demonstrated sufficient progress to be taken out of 'special measures' and into 'targeted intervention', although we are clear there is much work that remains to be done to build a genuinely fit for purpose and integrated organisation and so, as always at this time of the year, we are turning our attention to plans for the coming year.

COVID-19 will remain as our most significant focus at least for the first half of 2021/22-as will moving into a service recovery phase. We are concerned about the tens of thousands of people who have now been waiting even longer to receive care. This is one of our core priorities, alongside looking at enhanced pathways for urgent and emergency care, and re-engaging with our vital longer term work to improve population health.

To achieve our priorities we will engage with our workforce, partners, and the wider communities of North Wales in new and innovative ways over the next 12 months and beyond.

Thank you for taking the time to read our plan and we look forward to working with our people, patients, and partners as we continue to grow and improve our services for the benefit of the people of North Wales.

Mark Polin
Chairman



Jo Whitehead
Chief Executive



Betsi Cadwaladr University Health Board

Plan for 2021/2022 in the context of a three year transformation programme

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Changes Check List:			
Lead	Specific changes to be incorporated	Date required by:	Date Changed:
John Darlington/ Kelsey Rees-Dykes	Plan on a page (and refer to other HB's plan)	28 th May	Included
Sally Baxter/John Darlington	Section 2.1. Refresh the living healthier staying well narrative/ current position. Update to include timeline for LHSW refresh, clinical plan and 2022/23 IMTP development	28 th May	Completed
Arpan Guha/ Sue Green	Section 2.6 Need strong reference to medical school.	28 th May	Completed
Chris Stockport/Sally Baxter	Section 3: Transformation approach to be updated. Jo feedback - GIRFT as an example of a change methodology	7 th June	Completed
John Darlington/Kelsey Rees-Dykes	Section 4: primary and community care to be removed from the diagram on page –text moved to planned / USC	28 th May	Completed
John Darlington /Kelsey Rees-Dykes	Section 4.1 added to incorporate new recovery fund resources	28 th May	completed
Kamala Williams	Page 33 - Revise and refresh performance section – sense check trajectories (MDS will be updated)	28 th May	completed
Gill Harris	Section 5 -Covid 19 recovery Inclusion of latest vaccination plan update	4 th June	Completed
Debra Hickman	Include specific reference to safe clean care work	28 th May	Completed
Sally Baxter/ Kathryn Lang	Drafting note: to be updated with most up to date modelling scenarios	7 th June	Completed Updated based on revised modelling paper shared with informal ET on 7 th June
Kamala Williams	Section 6 -Performance / challenges to be reviewed/ updated	28 th May	Completed
Rob Nolan/Nick Graham	Section 7 - Integrated planning assumptions- : need to update section with latest figures.	28 th May	Completed
Teresa Owen	Section 8 -Well-being focus -Light touch review. Bring forward content from action plan.	28 th May	Completed
Andrew Kent Kent/Meinir Williams/Clare Darlington	Section 9 – Review /amend placement of primary care section to represent integration within planned and unscheduled care	28 th May	completed

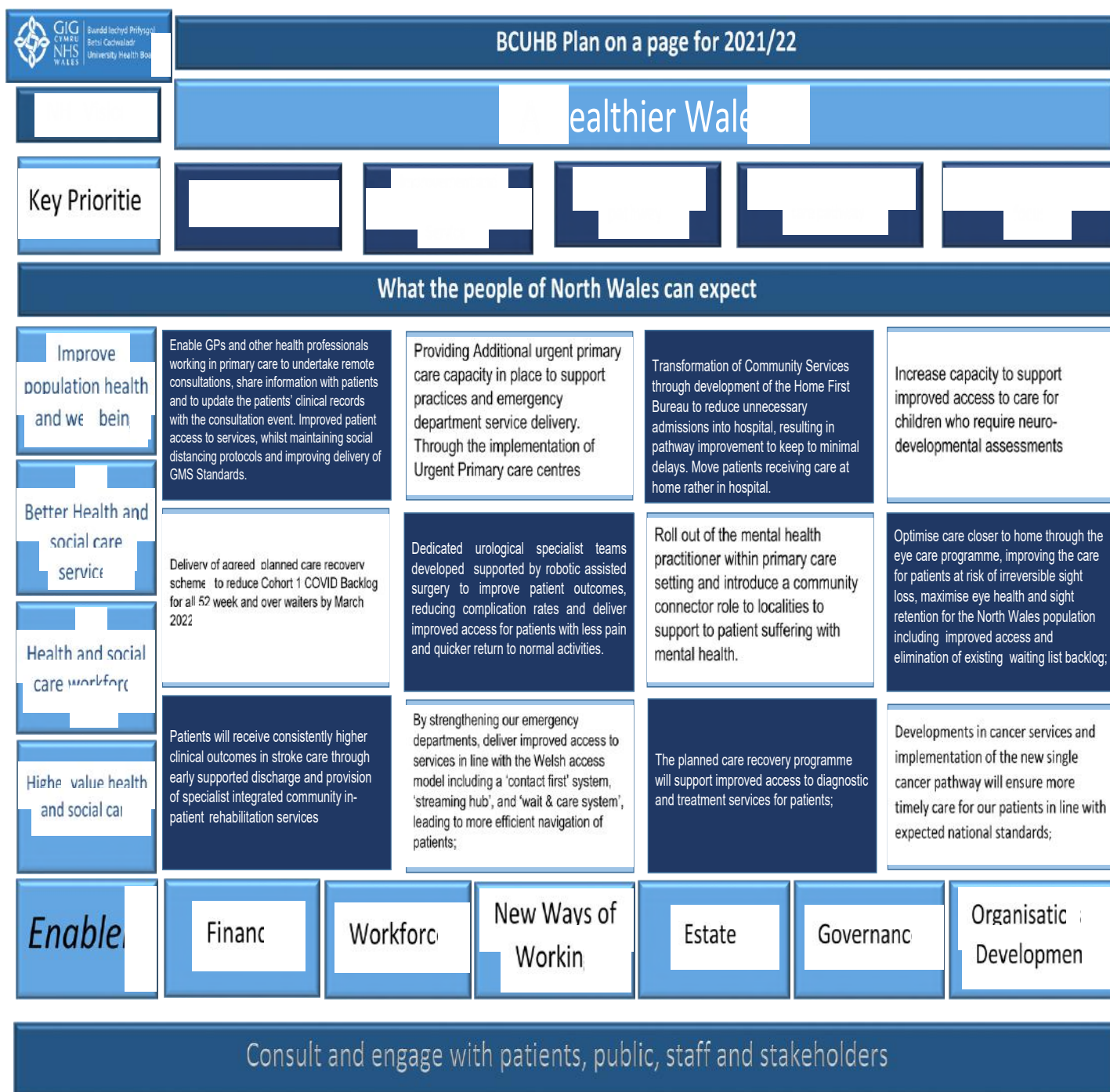
Andrew Kent	Section 9 Bring backlog details up to date for planned care.	28 th May	Completed
Andrew Kent	Test assumptions and update in light of revised covid modelling work		
Andrew Kent	Drafting note: need to update section to include full annual plan (cohort 1 and 2 recovery plan details)		
John Darlington/ Rob Nolan	WG - Assurance is required on alignment with the WHSSC plans. –Include a short section on specialist services – joint plans with WHSSC		Completed
Gavin McDonald/ Meinir Williams	Section 10 USC to be updated to reflect latest plan and proposals from WG £25m for USC e.g. including funding for UPCCs.	28 th May	Completed
Teresa Owen/ Amanda Lonsdale	Section 11 –Mental Health section to be updated to reflect revised work programme and updated performance fund scheme impacts	7 th June	Section Updated. Supported by programme level action plan which identifies measures of improvement. PIDs to quantify return on investment / patient benefits.
Sue Green	Section 13.1 Organisational Development review to bring up to date / progress around stronger together etc. Make more prominent – earlier/ upfront in plan?	28 th May	Completed
Simon Evan- Evans	Section 13.2 Drafting note: update progress around maturity matrix.	28 th May	Completed
Sue Green / Nick Graham	Section 13.4 Review / strengthen Feedback: Workforce presents a risk – further clarity is required on the workforce size, deployment, gaps, etc. Assurance is required on alignment with the HEIW plans	28 th May	Completed
Sue Hill/ Rob Nolan	Section 13.6: Financial section / clarity is needed on the financial deficit and the impact of additional funding.	28 th May	Updated for WG on 1 st June To be further reviewed/ updated 18 th June

Mark Wilkinson/ John Darlington/ Rob Nolan. Nick Graham	<p>Risk and Issues - feedback</p> <p>Clarity is required on tangible deliverables for this year, with associated milestones for delivery.</p> <p>In the absence of clearly defined deliverables it has not been possible to triangulate activity, workforce and finance data.</p>	28 th May	<p>Completed</p> <p>Our submission to WG to include programme action plans Framed as 'supporting technical appendix</p>
Sue Hill/ Rob Nolan	<p>Jo feedback - Make more / link cluster plans e.g. emerging use of data to drive focussed investment in primary and community care to drive change in secondary care</p> <p>Update included –refer to p22: <i>Support the development of clusters by helping them transition from the traditional functional approach to service redesign, to a flow-based system-wide management approach, by incorporating data from different parts of the Health Board, enabling us to measure patient outcomes across the whole pathway, linking all of the services in each patient's journey</i></p>	28 th May	Update incorporated
	Other feedback		
Gavin McDonald	Further assurance is required regarding essential services delivery.	28 th May	Detail within programme action plan
Amanda Lonsdale/ Andrew Kent	There are significant risks in planned care and mental health services that require mitigating actions.	28 th May	Proposed amendments set out above
Mark Wilkinson/ John Darlington	Some fundamental issues in terms of disconnect from wider organisational plans that seem to be developing but not reflected in the Annual Plan.	28 th May	Queried with WG. Plan needs to fully reflect Key BCU operational work agenda
Simon Evan- Evans	<p>Include governance reference to the TI programme to be updated. SEE has further information and a format he has used to discuss with the Board</p> <p>TI actions to be included within supporting programme level action plan – Added</p>	28 th May	<p>Completed</p> <p>Completed</p>
Simon Evan- Evans	Cross reference plan with TI delivery?	28 th May	Completed

Simon Evan-Evans	<p>With the supporting detailed action plans and performance reporting, we need to find a way to be able to extract the TI progress on a quarterly basis to support the maturity matrix review</p> <p>Agreed with Simon that annual plan and TI monitoring will be picked up as one.</p>	28 th May	Completed
Chairman action 15th June 21			
John Darlington	Programme for government review to be referenced within the plan	15 th June	Completed
SPPH actions 17th June 21			
Kelsey Rees-Dykes – programme leads to provide	PG 38 – add explanations to support measures in table		17/06/21 Programme leads contacted to review / sign off.
John Darlington	University designation example opportunities	18 th June	Strengthened to include example of opportunity around real time evaluation, outcomes data linked to value based healthcare.
Darren Smith	Section 4. performance fund table to identify quantifiable outcomes	18 th June	Updated and noting plan will be updated further as detailed PIDs are developed
John Darlington/Kelsey Rees-Dykes.	Ensure primary care recovery is incorporated	18 th June	Completed/ described on page 62/63
John Darlington/Kelsey Rees-Dykes.	Narrative Plan needs to be supported by an implementation plan to identify Who, what, how, why and by when e.g. Gantt chart format	18 th June	Programme level action plans being strengthened to support narrative plan
Chairman feedback and actions 17th June 21			

John Darlington/Kelsey Rees-Dykes.	Chairman feedback on draft plan	18 th June	Plan updated following annotated comments from Chairman. Finance section updated with new version – shared with WG on 11 th June
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1. Introduction



The principal role of the Health Board is to ensure the effective planning and delivery of healthcare for people for whom it is responsible, within a robust governance framework. This will allow us to achieve the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for its citizens, in a manner that promotes human rights.

This plan has been developed in the context of the unique challenges arising from the pandemic, which face all public services and society at large. It reflects the challenges the Health Board has to address in delivering health services, whilst supporting and protecting staff.

Alongside the delivery of our immediate priorities, we are building on relationships and existing partnership structures and we will be fully engaging and involving the public, staff, trade unions and partners in the transformation and reshaping of services.

The essential first step will be to work in partnership to build a sustainable vision for the future. This will lead to an integrated medium term plan being developed in readiness for 2022/23, with a focus on prevention, physical and mental well-being, population health, primary care and hospital services. Effective partnership working will be essential to improving the delivery of services we provide to the population of North Wales.

Work to tackle the COVID-19 pandemic has served to further galvanise partnership working at a local, regional and national level where we are actively engaged in a number of all Wales programmes. Our Plan recognises the work that is required in partnership to support vulnerable communities and protect the health and wellbeing of the population to support the principles of 'A Healthier Wales'.

We will continue to build upon existing local, regional and national partnerships, for example, working as part of the North Wales Regional Partnership Board on the transformation and reshaping of services.

The Health Board will work to deliver transformation and innovation, aiming to deliver improved outcomes, performance, patient experience and financial performance year on year. These improvements will contribute to the actions required to demonstrate progress against the Targeted Intervention Framework published by Welsh Government.

1.1. Achievements 2020/21

The Health Board faced unprecedented challenges during 2020/21 as a result of the pandemic. The response of our staff, partners and the many volunteers who came forward to support us enabled significant achievements, as set out below:

- Maintaining essential services for our patients;
- Rapid establishment of the Test, Trace, Protect service;
- Delivering 'home first' services, discharge to assess pathways and support to care homes in partnership with local authorities and third sector organisations;
- Supporting and protecting our staff, including the establishment of staff support and wellbeing hubs;
- Development of 'red hubs' to ensure patients had access to primary care services, including urgent dental care, eye care and general medical services;
- Ensuring an effective response to COVID-19 demand on hospitals including the second peak of activity and managing local outbreaks with our partners;
- Commissioning of 3 temporary Enfy's Hospitals in Llandudno, Deeside and Bangor, delivered high quality clinical facilities at speed and in conjunction with local authority and education partners;
- Establishment of a clinical advisory group facilitating rapid roll out of new digital technology and pathways of care;
- Rapid establishment of the mass COVID-19 vaccination programme across North Wales;

- Removal from Special Measures and progression to Targeted Intervention escalation status, and achieving financial balance within the resources allocated by Welsh Government.

1.2. What the people of North Wales can expect

A number of significant developments within our plan are set out below to illustrate what our plan is seeking to deliver for our population in North Wales:

- Further roll out of digital technology with more virtual appointments provided in primary care and within our hospitals. Access to appointments improved due to having more options for timely consultations. This will also reduce patients having to travel for services and reduce the risk of COVID-19 spread and will be safer for staff and patients;
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible;
- Increased capacity will support improved access to care for children who require neuro-developmental assessments;
- Roll out of the mental health practitioner model and community connector role to localities to improve support to patients within primary care;
- The development of pathfinder urgent primary care centres to ensure timely, efficient care for patients with urgent primary care needs and reduce demand for minor illness / injuries on our Emergency Departments. The service will create more capacity for GP practices to better manage patients with more complex conditions;
- By strengthening our emergency departments, we will deliver improved access to services in line with the Welsh access model including a 'contact first' system, 'streaming hub', and 'wait & care system', leading to more efficient navigation of patients;
- Developments in cancer services and implementation of the new single cancer pathway will ensure more timely care for our patients in line with expected national standards;
- Patients will receive consistently higher clinical outcomes in stroke care through early supported discharge and provision of specialist integrated community in-patient rehabilitation services;
- The planned care recovery programme will support improved access to diagnostic and treatment services for patients;
- The eye care programme will optimise care closer to home and improve the care for patients at risk of irreversible sight loss, maximise eye health and sight retention for the North Wales population including improved access and elimination of existing waiting list backlog;
- The prehabilitation programme, including for example, conservative management for early onset osteoarthritis, will maximise patient fitness prior to treatment and avoid or shorten hospital stays wherever possible;
- Building capacity within to retain and sustain improvement through a network of 1800 champions, connectors and influencers in order to grow a BCUHB social movement of change;
- Dedicated urological specialist teams supported by robotic assisted surgery will improve patient outcomes, reduce complication rates and deliver improved access for patients with less pain and quicker return to normal activities;
- The Home First bureau (operating 08.00 – 20.00 daily) will support patients to return to the best life possible following their period of illness, through maximising the opportunity for active therapeutic input and support to patient discharge from hospital. This will reduce delay in transfers of care leading to shorter length of stays within hospitals and increase in patients returning home rather than having to be cared for in a community bed;

- Care home quality nurses will work with the care home sector to deliver safe effective care to the residents of North Wales. Quality of life will be enhanced by ensuring patients receive the care and support they need, have a positive experience of care and are safeguarded and protected from avoidable harm.
- Implementation of an audiology led earwax management pathway will provide care closer to home, improve patient experience and reduce unnecessary onward referrals to secondary care ENT and audiology services;

2. Our vision for the future

The Health Board's vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, reducing health inequalities. This means that, over time, the people of North Wales should experience a better quality and length of life.

We aim to provide excellent care, which means that our focus for the next three years will be on developing a network of high quality services, which deliver safe, compassionate and effective care based on what matters to our patients. We will ensure our work is closely aligned with Welsh Government's long-term vision for achieving a 'whole system approach to health and social care'.

To do this we will:

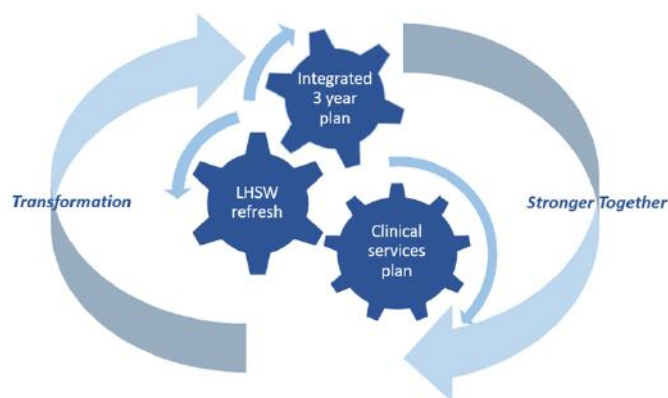
- Improve population health and well-being through a focus on prevention;
- Improve the experience and quality of care for individuals and families;
- Enrich the well-being, capability and engagement of the health and social care workforce; and
- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

2.1. Our strategy: Living Healthier, Staying Well

As we move forward into the COVID-19 recovery phase, it is timely to take stock and check with our staff, patients, partner organisations and the public how COVID-19 has affected health and well-being and what we can learn from this experience.

We also want to check on the progress of our long-term strategy for health, well-being and healthcare, Living Healthier, Staying Well (LHSW). It has been three years since we developed this. Change takes time, and we need to check whether we are achieving what we set out to do, and whether the principles and priorities are still relevant. To facilitate this we are beginning a review and refresh of LHSW, and will:

- Check in with our staff, patients, partners and public whether the principles are still valid
- Review our strategic priorities to ensure they are consistent with "A Healthier Wales"
- Address those elements of LHSW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways
- Test the strategy is still relevant in the changed environment
- Provide the framework for development of a Clinical Services Plan



We are developing a discussion paper and will be asking people – patients, carers, community groups, partner organisations and others – for their views. The refresh work will be completed by the autumn to feed into the development of the integrated three year plan 2022/25 and to provide the basis for the clinical services plan.

2.2. A Healthier Wales

Our vision and strategy is aligned to “A Healthier Wales”, which sets out a long-term future of a ‘whole system approach to health and social care’. This is focussed upon:

- Health and well-being, preventing illness and enabling people to live independently for as long as they can, supported by new technologies;
- Integrated health and social care services which are delivered closer to home; and
- Close collaborative working to impact on health and well-being throughout life.

These are consistent with the aims of our living healthier, staying well strategy which is aligned to the expectations of Welsh Government as illustrated below:

Prevention and Early Intervention	‘A Healthier Wales’		How we deliver locally	
	Health and social care system to work together		<ul style="list-style-type: none"> ▪ Regional Partnership Board and other partnerships supporting integrated planning and delivery ▪ Expansion of community resource teams ▪ Delivering our unscheduled care model with our partners 	
	Shift services from hospital to community		<ul style="list-style-type: none"> ▪ Health and well-being centres ▪ Eye care plan, delivering more care through primary care optometry services ▪ Unscheduled care pathways ▪ Mental health services delivery plan 	
	Get better at measuring what really matters		<ul style="list-style-type: none"> ▪ Revised performance and accountability framework ▪ Stronger governance arrangements 	
	Make Wales a great place to work in health and social care		<ul style="list-style-type: none"> ▪ Workforce strategy: staff engagement, leadership, culture and climate, motivation, innovation and learning 	
	Work together in a single system		<ul style="list-style-type: none"> ▪ Medical and Health Sciences School ▪ Unscheduled care / emergency ambulance services commissioning ▪ Mid Wales healthcare collaborative ▪ Commissioning secondary and specialist services 	

2.3. Programme for Government

Our plan supports key elements of the delivery of Welsh Government Programme for Government, (published on 15th June), specifically:

- Protect, re-build and develop services for vulnerable people;
- Build a stronger, greener economy as we progress towards decarbonisation;
- Celebrate diversity and move to eliminate inequality in all of its forms;
- Providing 'effective, high quality and sustainable healthcare, key examples of which include:
 - Establish a new medical school in North Wales;
 - Provide treatments which have been delayed by the pandemic;
 - Deliver better access to doctors, nurses, dentists and health professionals
 - Reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector;
 - Prioritise investment in mental health;
 - Prioritise service redesign to improve prevention, tackle stigma and promote a no wrong door approach to mental health support;
 - Roll out CAMHS 'in-reach' in schools across Wales;
 - Introduce all-Wales framework to roll out social prescribing to tackle isolation;
 - Review patient pathway planning and hospice funding;
 - Focus on end-of-life care;
 - Invest in and roll-out new technology that supports fast and effective advice and treatments;
 - Introduce e-prescribing and support developments that enable accurate detection of disease through artificial intelligence;
 - Invest in a new generation of integrated health and social care centres across Wales;
 - Establish new Intensive Learning Academies to improve patient experiences and outcomes;
 - Develop local community hubs to co-locate front-line health and social care and other services.

2.4. Equality, diversity & inclusion

The Health Board has a Strategic Equality Plan (SEP) which provides a framework to help ensure that equality is properly considered within our organisation and influences decision-making at all levels. The SEP sets out the steps we are taking to fulfil our specific duties under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and describes the Health Board's arrangements for equality impact assessment. We have gathered and analysed relevant information and are maintaining engagement with communities, individuals and experts to help inform our direction.

It is well recognised that COVID-19 has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged. For some individuals, these inequalities may also be increased further by barriers to accessing healthcare, marginalisation from society or discrimination. As part of our recovery and as planned care restarts and the focus is on those people who are most in need of urgent treatment it is necessary to ensure equality considerations are built into plans. Our equality impact assessment procedures and tools have been further developed as a framework to help identify and mitigate impact and provide an overview of some of the barriers to accessing healthcare for further consideration.

Key themes include: ensuring accessible communication and information, making reasonable adjustments, addressing the barriers experienced by disabled or neuro divergent people, meeting the needs of those with sensory loss, considering socio-economic disadvantage, mitigating for digital exclusion and optimising opportunities for engagement and co-production.

In addition to the immediate enhancement of impact assessment guidance, our plans to deliver the SEP have been reviewed to reflect this emerging evidence. Further information about the SEP and equality objectives is published and available [here](#).

2.5. Welsh language

The Health Board has sought to demonstrate its commitment to promoting the use of the Welsh language over a number of years. Our Welsh language (WL) strategic forum continues to provide leadership, commitment and operational support to ensure the Welsh language is embedded within all our services. Ongoing development and compliance with the Welsh Language Standards under the Welsh language (Wales) Measure 2011 and 'More than just words' will be continuously monitored to ensure needs and demands are assessed and managed, whilst maintaining an ethos of quality improvement.

This focus provides clarity on the importance of the Welsh language in developing new services, influencing organisational behaviour and actively offering patient-centred Welsh medium care. Our Welsh language key priorities plan will continue to ensure organisation-wide consistency in delivering the Welsh Language Standards, provide timely translation services to staff, patients and the public, and build on the 'active offer' approach to services so that patients are offered timely access to language appropriate care.

2.6. Sustainability

The Health Board recognises the need to change the way we work, ensuring that we increasingly adopt the sustainable development principles defined within the Well-being of Future Generations Act: this means taking action to improve economic, social, environmental and cultural well-being. There are five ways of working set out in the Act, which we need to think about when working towards this:



Throughout the development of our plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals. Examples of this approach are set out in the table below:

Selection of work programmes supporting the ways of working within the Health Board	
Long-term	<ul style="list-style-type: none"> New single cancer pathway across North Wales delivering the national target of 75% of all patients achieving the single cancer pathway Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)
Integrated	<ul style="list-style-type: none"> Urgent primary care centres to be piloted, supporting an integrated model of unscheduled care Develop the stroke service model focusing initially on early supported discharge and rehabilitation to deliver improved outcomes, supporting improved compliance with stroke guidelines Develop sustainable endoscopy service across North Wales.
Collaboration	<ul style="list-style-type: none"> Home First bureau consolidation and mapping all of our resources to support discharges including continuing healthcare, home first bureau, frailty, discharge to recover then assess (D2RA) therapies, and community resource teams. Outpatient transformation programme, end to end pathway redesign, 'Once for North Wales', workforce modernisation and digital enablement of staff and service users.
Involvement	<ul style="list-style-type: none"> Deliver community food poverty education programmes within North Wales communities, to reduce food poverty - aligned to the Welsh Government initiative for 'A Healthier Wales'. Develop an appropriate interface with CAMHS to ensure effective transition for young people with mental health conditions into adult services.
Prevention	<ul style="list-style-type: none"> COVID-19 vaccination programme and development of a sustainable delivery model / annual vaccination programme Support the 'Sport North Wales' development/ approach

Whilst demand for healthcare continues to grow, the Health Board is committed to meeting the challenges of achieving carbon reduction, waste reduction and securing products and resources from sustainable sources where possible to ensure that our environmental impact is reduced as far as is reasonably practicable.

As part of our corporate commitment towards reducing our impact, we maintain a formal environmental management system designed to achieve sustainable development, compliance and mitigation against the impact of climate change, in a culture of continuous improvement.

Effective environmental management is achieved through:

- Promotion of the environmental policy to all relevant stakeholders;
- Identification of all significant environmental aspects and associated legal requirements;
- Establishing objectives and monitoring the achievement of targets aimed at reducing environmental and financial impacts;

- Provision of appropriate training to all relevant personnel;
- Regular internal and external audits of practice;
- Regular review of the effectiveness of the EMS by the Environmental Steering Group; and
- Working with local, regional, and national partners to ensure best practice procedures are identified and implemented.

2.7. Research and innovation

We will continue to deliver our research and innovation strategy working closely with the Research, Innovation and Improvement co-ordination hub in North Wales as part of the all Wales initiative set out in 'A Healthier Wales'. A key aim in 2021/22 is to work with our partners to develop a North Wales cross sector vision for research and innovation.

In 2021/22, we will continue to recruit to urgent public health COVID-19 studies, reflecting the critical importance of this research contribution at the current time.

We are working closely with Health and Care Research Wales (HCRW), to set out plans for the recovery and resilience of non-COVID-19 research. We are contributing, through HCRW, to the Clinical Research, Resilience and Growth (RRG) UK Programme. Locally, we will re-open paused non COVID-19 studies, aligned to the resumption of clinical services, as well as continuing to seek out new opportunities to open research studies, and embed research and innovation into clinical services.

We will be seeking to build our research capacity by submitting a business plan to Welsh Government for a clinical research centre, which will recruit to both COVID-19 and non-COVID-19 early phase clinical trials. We expect to commence this work in quarter two of 2021/22.

We will develop an infrastructure for innovation, working with the all Wales leads, in order to enable the adoption and spread of innovation, to support the transformation of services and care (see section 3).

Together with Bangor University we have an ambition to develop a transformational inter-professional Medical and Health Sciences School by 2025. This represents a significant opportunity for North Wales that will allow us to align education and training to our clinical strategy, support the delivery of our research strategy and address key challenges in our medical and clinical workforce. In addition, strengthening university links to support the health Board progress for example real time evaluation and outcomes data which will serve to support our value based healthcare work.

We have developed a joint programme structure to support planning for this substantial new development. Our approach for North Wales is being shaped and developed during 2021/22 in line with Welsh Government requirements, subject to ministerial consideration and approval.

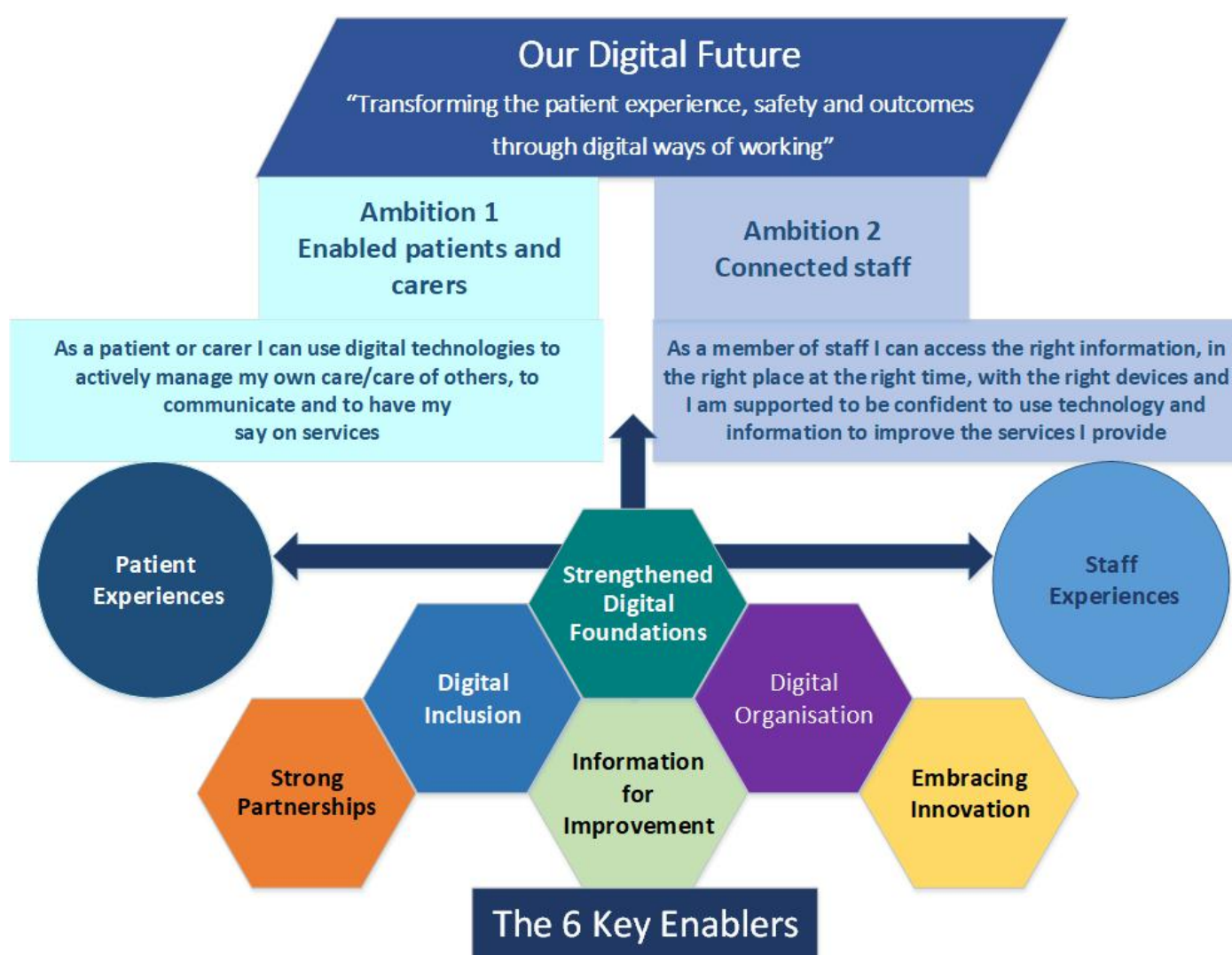
Looking forward, we will ensure that we can continuously evidence how our activities meet the University Health Board status criteria through our plans.

2.8. Support to Digital Health and Care Wales – our first digital strategy

The Health Board is committed to harnessing the opportunities presented by digital transformation. Our digital vision is concerned with “transforming the patient experience, safety and outcomes through digital ways of working”. This means putting the experiences of patient, carers and staff at the very heart of what we do. Achieving this involves ensuring that we get the basics right.

This strategic approach is informed by feedback from extensive engagement and supports the delivery of our strategic priorities in Living Healthier, Staying Well and our population and organisational outcomes.

We have identified two critical ambitions, which will drive our adoption of digital technology, as set out in the diagram below:



3. Our approach to longer term transformation

The Health Board has recognised for some time the need to build greater capacity and capability for transformation and improvement. The pandemic has further crystallised the need and wish to do so, whilst also providing a number of opportunities where a post-pandemic 'new normal' could be established if we build upon how we have needed to work differently during the pandemic.

In addition, the pandemic has brought further significant challenges in maintaining a safe and secure environment both physically and psychologically for our patients, staff and visitors. These challenges continue to grow and require a renewed focus upon transformation to meet current and future population demand.

Our approach to clinical service transformation is multi-faceted and will be supported by key enabling strategies, covering:

- Quality improvement and patient experience;
- Clinical strategy driving improvement;
- Digitally enabled / digital strategy;
- Workforce strategy and strategic organisational and system development;
- Effective use of all our resources, adopting a Value Based Healthcare approach;
- Innovation, research and development; and
- Ensuring all our physical assets are safe and fit for purpose; maximising capital investment.

As part of the £12m capability strategic funding allocated by Welsh Government, the Health Board has allocated £5.3m in 2021/22 to provide additional capacity to drive forward engagement with our population, staff and stakeholders, to continue to improve governance and to transform clinical and operational services.

The current proposal for the allocation of strategic support to transformation is broken down as follows:

Area for investment to deliver transformation	Description	Investment £m
Transformation	Resource and systems	1.9
Engagement	External and internal including clinical service strategy	1.8
Capacity	Pan BCUHB capacity and capability	1.1
Public Affairs	Stakeholder and reputation management	0.5

Successful transformation and improvement activities are not the concern of a single team, but rather something that needs to be embedded across the Health Board, through all of our systems and processes. To do this we will draw upon the experiences of other organisations and invest in a transformation and quality improvement (QI) approach, which is capable of maturing and informing our decision-making.

A proposal of how to deploy an augmented transformational capacity, alongside quality improvement, has been tested with Board members and senior clinicians and managers, and has been positively received. Work on this is now underway and covers transformation at Board level,

delivering large or complex programmes or transformation, as well as encouraging our whole workforce to get involved in smaller pieces of transformation that are important to them.

We will supplement our existing QI approaches by building upon the well tested Kaizen methodologies to support continual improvement at every level of our workforce. This approach, along with the broader “toolbox” of methodologies we will use, is summarised below:

Quality Improvement Methodology

We will build our QI and transformation toolbox upon tried and tested approaches.

▪ Kaizen Principles

Kaizen is generally taken to refer to a collection of concepts that support business improvement. It underpins the successful Lean, Six Sigma, the IHI Model for Improvement and PDSA methodologies, as well as many others.

A key principle is that improvement is everyone's business, and that no improvement intervention is too small or insignificant if those involved feel motivated to address it. This approach is tested and presents excellent opportunities for us to engage our whole workforce in making improvements that are important to them. In so doing pride, mutual learning opportunities, and a feeling of value arise from being given appropriate autonomy to make changes, naturally leading to further improvement.

▪ Value Based Care Principles

These internationally recognised principles support improvements in care experience, and outcomes, by focusing upon the value to the individual and our wider society. Value is not the same as cost.

▪ Closer to Home Principles

Whilst travel for highly specialised health interventions might sometimes be necessary in order to access the greatest expertise where that will improve outcomes, we want as much care as possible to be delivered as close as possible to where people live. This includes the appropriate use of technology when physical travel to an appointment might not add additional value.

▪ De-medicalisation Principles

Too many interventions are unnecessarily complex, add nothing more than simpler interventions could have done, and put the individual at risk of medical harm. Principles to recognise and minimise this are important.

▪ Information Rich

We will extract meaningful information from the many data sources to prioritise and then assess the impact of our QI and transformational activity.

▪ Pathways of Care

We will bring the above principles together to guide the creation of pathways of care that ensure the highest value interventions are recognised, that delivery of care is delivered as close to home as possible, and with the lowest risk of harm from unnecessarily complex intervention.

A successfully embedded approach to transformation and quality improvement will need to be multi-faceted. Our proposed approach can be described on three planes, namely **local** (*micro*), **system improvement** (*meso*), and **Board** (*macro*), although in practice activity will span across these levels. Our approach is described in more detail below.

Local team based quality improvement and transformation (*micro level*) - encouraging multiple, small pieces of local QI activity that make a practical difference to those involved, recognising that QI is everyone's business and that everyone has expertise to contribute.

Successful improvement, and enhanced work satisfaction, requires a workforce that is empowered to make and own improvements at a local level. There are many local changes that are best made by our experienced, informed, workforce. Although these may be relatively small changes individually, they collectively add up to a significant impact, improved further when learning is shared and applied across the integrated organisation.

To do this we will supplement our existing QI approaches with an approach that is built upon the well tested Kaizen methodologies to support continual, small change improvement at every level of our workforce.

In 2021/22 we will:

- Agree our BCUHB methodology, built upon Kaizen principles, to encourage, empower and support individual teams to initiate local improvement activities. This methodology will include mechanisms for sharing learning and access to support and resources for any members of our workforce, at whatever level, wanting to undertake a local improvement activity;
- Align our organisational and system development route map to support this ethos, providing generic skills and underpinning a culture, that improvement is something that we can all contribute to;
- Launch an internal portal, to support the agreed BCUHB methodology for local improvement, in addition to the support from our OD and QI teams.

System, coordinated quality improvement and transformation (*meso level*) - ensuring the tools and systems for transformation and QI are hard-wired into the organisation, that they support the strategic direction of the organisation, and that they are built upon tried and tested methods for successfully delivering transformation and quality improvement. These systems will provide coordination for the bigger pieces of work required in transformation.

At this level, we will structure our system-wide approaches to transformation and improvement so that they support a consistent contribution to, understanding of, and deployment of, Health Board strategies. These approaches will be focussed on where we wish to travel to, rather than where we are coming from, and supported by a PMO that is built upon Value Based Care principles.

In 2021/22 we will:

- Build on our existing approach to implementing clinical pathways to underpin service development. Our pathway approach will be reflective of our span across an integrated healthcare community, and will minimise over-medicalisation. We will incorporate into this the learning on pathways from other organisations and jurisdictions such as Canterbury, New Zealand;
- Support the development of clusters by helping them transition from the traditional functional approach to service redesign, to a flow-based system-wide management approach, by incorporating data from different parts of the Health Board, enabling us to measure patient outcomes across the whole pathway, linking all of the services in each patient's journey;

- Apply GIRFT methodology to a number of areas, including (but not limited to) hip and knee replacement;
- Explore the opportunities of a strengthened approach to prioritisation so that we can be assured that the service redesign opportunities we focus attention on are those likely to make the biggest improvements for our population;
- Further develop the business intelligence approach that we deployed in 2020/21 to better understand system wide data, to capture data that is meaningful and provides a valid representation of 'value', and that is forward looking in order to allow mitigating intervention.

Board level quality improvement and transformation (*macro level*) - ensuring QI and transformation are strategically prioritised, and that the Health Board strategic direction both guides our priority areas of transformation whilst being informed by the QI and transformation activity occurring across the organisation.

At a 'macro' level we will develop the strategic architecture for transformation which is necessary to provide a clarity of direction for the organisation and within a wider system. This transformation direction will be firmly rooted in the principles and values of 'A Healthier Wales'. This will include actions to maximise the impact of our position as an integrated health organisation, fully contributing to a wider system of health and well-being, placing citizen self-empowerment at the centre and complex specialist services more peripherally.

In 2021/22 we will:

- Provide greater senior coordination of quality improvement and transformation strategy by investing in a coordinating team containing the expertise to inform our Health Board strategy and to support transformation and quality improvement activity at meso and micro levels;
- Further develop the maturity and opportunities for earned autonomy for health and social care Localities, to enable them to keep care as close to home as possible, medicalised only when appropriate and able to contribute to supporting more resilient communities at locality level;
- Further develop the support provided to health and social care Localities, so that they can better identify and contribute planning priorities from local communities upon which our annual planning cycles will build around.

Summary of actions to progress Transformation in 2021/22

A summary of the key actions we will progress to support the implementation of our transformation and quality improvement approach is set out in the table below:

	Key Deliverables 2021/22
	<ul style="list-style-type: none"> Recruit remaining leadership posts for transformation and QI and faculty;
	<ul style="list-style-type: none"> Agree a BCUHB Kaizen methodology to facilitate and empower local, small change service improvement;
	<ul style="list-style-type: none"> Agree roll out programme for BCUHB Kaizen methodology, supported by an organisational development programme, and creation of internal QI web portal and support team;
	<ul style="list-style-type: none"> Create a BCUHB clinical pathway toolkit that incorporates the principles of value based care, 'Too Much Medicine' / de-medicalisation, and care closer to home. It will also include establishing a clinical pathway work plan to commence creating our library of clinical pathways;
	<ul style="list-style-type: none"> Specifically apply GIRFT methodology to hip and knee replacement clinical pathways, resulting in end to end Value-Based clinical pathways for both conditions;
	<ul style="list-style-type: none"> Agree a BCUHB prioritisation process through which potential service investments will be required to progress, incorporating steps to ensure that the clinical pathway methodology and service redesign toolkit have been appropriately deployed;
	<ul style="list-style-type: none"> Increase the scope of our business intelligence unit to ensure metrics built upon 'value' are rigorously captured and presented, such that they can track the progress of completed clinical pathways, and inform any necessary intervention;
	<ul style="list-style-type: none"> Agree maturity progress targets with each locality against accepted maturity matrices, to ensure localities are well placed within our transformation programme;
	<ul style="list-style-type: none"> Refresh our planning processes across the organisation leading to an approvable integrated medium term plan.

4. Tackling immediate priorities in 2021/22

This plan sets out the key priorities and deliverables for the Health Board over the next year. It builds upon priorities identified in 2020/21 and reflects the guidance issued by Welsh Government.

We have identified the following five key priorities as critical for 2021/22 and each of these is supported by actions which will enhance delivery in 2021/22 and shape future services:



4.1. Early Recovery Schemes (supported by All Wales Recovery Fund)

A number of schemes have been supported by WG to support early planned care recovery.

Endoscopy is the biggest single scheme. Our proposal delivers an additional 2,227 sessions over the four quarters of 21/22. This will fully clear the current backlog of over eight week waits taking into account year-on-year growth, and our underlying sustainability gap. This additional capacity will be delivered by a mix of recurrent investment in our endoscopy services and non-recurrent measures. The recurrent consequences of 2021/22 spending in future years will be addressed out of our £30m performance fund monies set out in section 4.2.

The next most significant element is our proposed use of the independent sector. We have a confirmed spend of 600 cases by March 2022, with the potential to add an additional 450 procedures.

Additional funding of £2.9m for diagnostics will clear 4,000 patients waiting over eight weeks for CT, MRI, or ultrasound. Allowing for expected demand growth, this would deliver waiting times for the major modalities of a maximum eight weeks, with reduced waiting times of up to 6 weeks for vital diagnostics.

The balance of our proposal relates to a number of smaller schemes including oncology consultant staffing capacity to manage late presentation due to paused screening programme and drop in unscheduled care referrals.

Validation of waiting lists typically delivers improvements of around 10%. At the end of March 180,000 patients were waiting for a follow-up appointment, of those 55,000 people were 100% delayed.









Pathway trackers will provide validation and pathway management support across all planned care aspects, for example within Gynaecology services to support patients through their care pathway and to ensure that pathways are being managed in the most appropriate way in line with COVID guidelines. Pre-COVID the default for pathway management was face to face consultation, this resource will allow consultants to review the referrals already in the system and potentially change the mode of management considering the options available.

Validation support is also being provided within therapy services for example review of podiatry caseload, including patients who require ongoing review, many of those reviews have been paused resulting in 5000 patients requiring follow up, validation to reduce the wait list to maximize on capacity, and patients in need. In addition, Speech and Language (SALT) validation process on COVID -19 backlog, creating a sustainable service for the future that includes a graduated pathway of access to the service including virtual and face-to-face appointments), virtual training tools, self-help tools and up to date signposting information. This supports a range of patient groups (including Head and Neck Cancer, Progressive neurological conditions e.g. MND, Parkinson's Disease, MS, patients presenting with symptoms related to COVID-19 (respiratory dysphagia; post extubation dysphagia, communication difficulties post COVID-19). The full list of WG approved schemes is as follows:







Scheme	£000's	£000's
Women's directorate pathway trackers	55	
Women's services to review referrals already and potentially change to virtual activity, See on Symptoms (SOS), advice and guidance	61	
Dermatology validation	127	
Speech and Language Therapy- clinical validation and backlog clearance	630	
Site based pathway trackers with clinical support	254	
Sub total - validation / triage / signposting		1,127
Diagnostics capacity to support waiting list backlog	2,885	
Endoscopy capacity to support waiting list backlog	8,200	
Sub total – diagnostics		11,085
Oncology capacity to support suspected cancer pathway	1,250	
Outsourcing activity within independent sector	6,480	
Subtotal – additional capacity		7,730
Grand total		19,942

4.2. Key deliverables for 2021/22 (supported by performance fund)



In order to progress the priorities above we will utilise the additional strategic financial support provided by Welsh Government through the £30m performance fund for the next 3 years. The table below shows the areas in which we will invest, along with the expected impact and return from these investments:

Key	
 COVID-19 response	 Improved unscheduled care pathways
 Strengthen our wellbeing focus	 Integration and improvement of mental health services
 Recovering access to timely planned care	 - Transformation for improvement
 Making effective and sustainable use of resources	 Effective alignment of our people


Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
Attend Anywhere	Supporting virtual hospital outpatient consultations	  	375	379	<ul style="list-style-type: none"> • Reduction in the number of patients travelling for services / visiting our premises • Approach is more efficient in its structure, reduces risk and supports a better patient experience • Face to face consultations reduced thus achieving the need for social distancing and reducing the risk of COVID-19 spread • Safer for our staff and patients • Reduces waiting times • Based on 4,226 new outpatient appointments / 16,413 follow up appointments for April / May 2021, equating to 25,356 new outpatients / 98,478 follow up appointments for 2021/2022
Continuation of AccuRx digital communication tool in GP practices	Supporting virtual primary care consultations, improved access and communication, and efficient administration.	  	415	300	<ul style="list-style-type: none"> • Provision of a communication tool between GP and patient to facilitate self-monitoring of chronic conditions • Screening such as obesity, smoking and asthma, provision of advice remotely, COVID management pre and post appointment direct interface with the GP clinical record • The improvements above will be measured by: <ul style="list-style-type: none"> - Patient satisfaction surveys - Achievement of access standards - Reduced DNA rates - COVID-19 response and recovery

Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
					<ul style="list-style-type: none"> - Enabling care closer to home - Improving access to safe planned care (freeing up capacity in GP practices for support proactive care)
Planned care recovery schemes	Delivery of agreed 'early DTC' planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham.		15,000	14,732	<ul style="list-style-type: none"> • Capacity planning validation and 'Once for North Wales' outpatients • Improved patient communication and better understanding of demand • 'Once for North Wales' services, value based pathways • Use of virtual capacity (such as video consultations) and care closer to home • Non-surgical approaches to long waits • In sourcing additional capacity to include no over 8 week waits for endoscopy by 31 Mar 22.
Development of a cancer-specific and non-cancer elective prehabilitation programme and conservative management	Prehabilitation delivery within care pathway between listing for surgery and the surgical date maximising fitness prior to treatment.		900	450	<ul style="list-style-type: none"> • Reduced postoperative complications • Reduced use of critical care • Reduced length of hospital stay by 2 days • Reduced readmission rates • Overall reduction in costs • Better long term patient health reducing diabetes, hypertension, dementia and recurrence of cancer




Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
pathways / avoidance of secondary care	Pathway redesign with a focus upon conservative management for early onset osteoarthritis and pain, as per <i>Getting It Right First Time</i> best practice pathways.				<ul style="list-style-type: none"> • Reduce unnecessary secondary care intervention • Ensure patients are physically and psychologically prepared for surgery • Ensure timely access to a service. • Release c3,000 bed days across BCUHB per year
Eye Care Services: transform eye care pathway	Invest in the pathway redesign to transform the provision of eye care and deliver a sustainable service for the population of North Wales.		2,590	1,563	<ul style="list-style-type: none"> • Maximising eye health and sight retention for the North Wales population. • Achievement of national standards, the eye care measure and access targets. • Elimination of existing backlog. • Significantly improved patient experience and outcomes. • Increased capacity of hospital services optimising the management of patients at risk of irreversible sight loss. • Significant reduction in unnecessary / inappropriate referrals. • Significantly improved operational efficiency and productivity. • Adherence to and consistent application of best practice and guidelines.



Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
Urgent Primary Care Centres (UPCC) pathfinder programme	The UPCCs provide additional capacity to support GP practices and Emergency Departments, with patients triaged to the centres both in and out of hours. These pathfinders will be further developed, with the continuation of the Wrexham/Mold Centres (supporting 6 clusters) and the North Denbighshire Centre commencing in Q1, in Rhyl. Development of a pathfinder in the West Area, with the aim that this will be in place in readiness for winter.		2,200	1,600	<ul style="list-style-type: none"> • More timely, efficient care for patients with urgent primary care needs that meet the UPCC inclusion criteria. • More capacity within ED and GP to provide more timely care for other patients with urgent needs that they may not have been able to deal with on the day/within-waiting times. • Ensuring UPCC offers a cost effective service to the Health • Board and the wider population. • Ensuring that the UPCC clinical capacity is used (appropriately) to full capacity. • Reduced demand for minor illness/injuries treatment in ED • Improved access in GP practices for those patients with more complex conditions. • Reduced demand for minor illness/injuries treatments in ED • Improved access in GP practices for those patients with more complex conditions.
Single Cancer Pathway	Implement the new Single Cancer Pathway across North Wales To		2,000	1,500	<ul style="list-style-type: none"> • Improved performance against the Single Cancer Pathway measures / targets






Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	improve Health Board performance against the Single Cancer Pathway measures				
Stroke Services	<p>Confirm and agree the stroke service model and business case to improve stroke services across North Wales.</p> <p>Provide a 'Once for North Wales' network approach to ensure consistency of clinical outcomes for Early Supported Discharge (ESD) and Specialist Integrated Community In-patient Rehabilitation Services</p>		3,852	1,059	<ul style="list-style-type: none"> • Provide specialist stroke recovery support at home. This follows the care closer to home strategy of the Health Board • Reduce time spent in hospital for 37% of current stroke patients (and all the risks to deconditioning involved in prolonged hospital stay) with an intended 12% reduction in bed days • Improved recovery and increased independence following stroke recovery • Consequential improvements in performance measures achieved within the first twelve months of full ESD implementation, increased therapy interventions and additional specialist nurses in post - 515 patient discharges home sooner with ESD / reduction of 2,575 bed days
Urology Services	<p>Implement preferred service model for acute urology services.</p> <p>Finalise urology review.</p>		929	929	<ul style="list-style-type: none"> • Continued delivery of urology services across BCUHB • Improved recruitment and retention rates • Dedicated urological specialist teams • Reduced complication rates



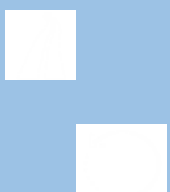
Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	<p>Linked to robotic assisted surgery</p> <p>Implementation of robotic surgery for cancer patients across North Wales</p>				<ul style="list-style-type: none"> • Improved access for patients • Retain services and reduce outsourcing • Provide an equitable service • Provide increased choice • Potential to attract activity and income from other health boards • Reduced recovery time with less pain and quicker return to normal activities • Provides best practice techniques for patients requiring diagnostics and treatment • Improved cancer staging • Decreased cancer waiting times • Continued delivery of specialist cancer services • Reduced length of stay in an acute setting: patients are home quicker following safer surgery. • Increased throughput • Improved utilization of operating department facilities and theatre efficiencies
Home First Bureau (HFB)	Implement Welsh Government guidance by developing a HFB model that is available 08.00 – 20.00 daily that mitigates the risks to	 	1,770	1,770	<ul style="list-style-type: none"> • Increase in the number of patients on pathway 2 (own home) rather than requiring pathway 3 ((step down facilities) • Reduction in number of delayed transfers of care




Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	vulnerable people, protects resource, maximises the opportunity for active therapeutic input and provides challenge into the discharge pathway for support outside of hospital.				<ul style="list-style-type: none"> • Increase in assessments of patients post discharge leading to shorter length of stays and releasing beds allowing for an improved patient flow within hospitals • Positive advantage for the patients who have a delayed transfer of care due to lack of resources to assess. • Increase in patients returning home rather than having to be cared for in a community bed. • Reduce the overall long-term placements in hospital/care home • Allowing patients to return to the best life possible following their period of illness, think home first.
ED workforce	Workforce capacity to meet population demand and deliver Welsh access model	 	1,200	1,200	<ul style="list-style-type: none"> • Supports delivery of Welsh access model and access principles and priorities adopted across all sites • Emergency department access pathway delivery to include a 'contact first' system, 'streaming hub', and 'wait & care system', leading to more efficient navigation of patients
WOD Resource: Strategic Recruitment and Resourcing	Delivery of workforce optimisation programme encouraging reduction in agency spend and efficiency's	 	270	270	<p>Address the following issues:</p> <ul style="list-style-type: none"> • High levels of vacancies • High number of leavers • Aging workforce • High agency spend • Low levels of bank provision


Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
Neurodevelopmental (waiting times - backlog) Recovery of lost activity	Increase access capacity supporting the recovery in waiting times for Neuro-developmental assessments due to the suspension of non-urgent activity between March 2020 and phased restart which commenced in October 2020.		1,400	1,400	<ul style="list-style-type: none"> Provision of additional ND assessments for lost activity Achieve RTT compliant waiting list for ND assessments within the time period of the next 12-24 months
CAMHS training and recruitment	Recruitment of child psychiatry trainees across BCUHB supporting progression to future consultant posts with additional specialist nursing support posts for non-medical prescribing		270	207	<ul style="list-style-type: none"> Support service continuity Ongoing provision of child psychiatry within CAMHS services across BCUHB Reduced clinical risk Reduced reliance on locums
Primary & Community Care Academy	Further development of the academy to support recruitment, innovation		3,229	940	<ul style="list-style-type: none"> Number of professionals choosing to follow a career in primary care Retention of staff post training



Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	<p>and research in primary & community services.</p> <p>This will continue to support the delivery of the national model for primary care and contribute to a sustainable service.</p>				<ul style="list-style-type: none"> • Retention of staff post retirement age • Increase in the number of MDT professionals in primary care • Recruitment of suitably qualified/experience of staff to vacancies in primary care • Increase number of extended and advance practice clinicians working within primary and community services • Practitioners working to the ceiling of their competencies within primary care • Increased number of professionals both clinical and non-clinical who have received education and training in their relevant fields based on a skills gap analysis • Increased capacity within primary and community care health settings to meet demand • Improved communication between primary, community and secondary care and partner agencies
Care Home Quality Nurses	To ensure the care home sector continues to deliver safe effective care to the residents of North Wales	 	102	102	<ul style="list-style-type: none"> • Enhancing the quality of life for people with care and support needs • Delaying and reducing the need for care and support • Ensuring that people have a positive experience of care • Safeguarding and protecting from avoidable harm

Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
					
Continuing Health Care infrastructure	Restructure of the 3 area continuing health care teams – strengthening the new assessment and review functions within CHC		1,138	1,138	<ul style="list-style-type: none"> • Compliance with CHC legal framework requirements, with assessments and reviews being conducted within required timescales. • Timely decisions on eligibility • Reduction in dispute cases • Reduction in retrospective cases • Reduction of care homes in escalating concerns due to quality assurance concerns • Reduction in number of complaints with regards to discharge from hospital arrangements and application of correct CHC processes. • Improved patient and family experience • Improved recruitment into CHC teams. • Clinical outcomes measurable following PDN involvement in care homes e.g. reduction in avoidable HAPU's, reduction in falls with harm, reduction in WAST attendances and transfers to hospital sites. • Reduction in CHC overdue reviews, reduction in the number of patients receiving additional

Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
					staffing hours. Patients will be assessed in the right place, right time by expert staff so as to ensure correct eligibility decision first time.
Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)	Extension of the advanced practice scheme and implementation of an audiology led earwax management pathway across BCUHB	 	800	461	<ul style="list-style-type: none"> • Evaluation of existing services will continue to ensure a safe, effective and high quality service is delivered. • Key performance data will be collected, analysed and shared routinely at a whole service level and locally within each practice or and/or locality. This will include: <ul style="list-style-type: none"> - Demand and activity - First point of contact (enabling more than 22,000 people each year to access Audiology) - Referral rates to ENT and audiology - Appropriateness of onward referral - Patients experience - Primary Care clinician experience

In 2021/22, the part year effect of all the above schemes fully commits the £30m performance funding, whereas in 2022/23 there is a full year effect of £38.44m leading to a potential over commitment of £8.44m. This will be managed down via business cases and 2022/23 planning.

It is critical that the investments set out above, along with the other actions to be identified, are delivered in a timely fashion and have tangible impacts upon the performance of our services.

The table below sets out a high level summary of key performance metrics for 2021/22:

	Lead Executive Director	30 Jun 2021	30 Sept 2021	31 Dec 2021	31 Mar 2022
Number of people waiting over 52 weeks for planned care treatment (in patient outpatient or day case)	Deputy CEO	43,500	43,500	48,000	43,000
Number of people waiting between 36 and 52 weeks for planned care treatment (in patient outpatient or day case)	Deputy CEO	55,600	55,600	51,600	44,500
Compliance with the eye care measure	Deputy CEO	45%	55%	70%	80%
Compliance with the single cancer pathway	Dir. of Therapies & Health Sciences	65%	67.5%	70%	72.5%
Number of people waiting over 8 weeks for a diagnostic procedure (excluding endoscopy)	Dir. of Therapies & Health Sciences	3,600	2,000	500	0
Performance against the mental health measure Part 1a	Dir. of Public Health	81%	76.8%	88.8%	83.1%
Performance against the mental health measure Part 1b	Dir. of Public Health	90%	83.2%	92.9%	83.1%
CAMHS – time to assessment	Dir. Of Primary & Comm. Care	30%	40%	50%	60%
CAMHS – time to treatment	Dir of Primary & Comm. Care	25%	40%	60%	60%
Emergency department & MIU compliance against the 4 hour performance target	Deputy CEO	70%	73%	75%	80%
Ambulance handover delays over 1 hour	Deputy CEO	1,300	1,200	1,200	1,200
Number of people waiting over 12 hours in our emergency departments	Deputy CEO	2,200	1,700	1,000	1,000

The above trajectories have been refreshed from our March draft plan to reflect actual performance up to mid-June. Quarterly profiles have been derived from this revised starting position. The quarterly differentials within our March plan continue to apply and are being tested with service leads.

Adult mental health operational teams have confirmed these with arrangements in place to monitor and review performance, holding services to account via strengthened Divisional Operational Leadership team arrangements.

CAMHS services have been placed within the Targeted Intervention/Improvement framework of which Access (including the MHM targets) and Workforce are two of the identified workstreams. Based on a demand increase in CAMHS services, both in relation to number of referrals and the acuity and complexity of referrals received we have updated the CAMHS trajectories. Priority is being given to the development of a robust workforce plan which will support the sustained delivery of the MHM 1a (assessment) and 1b (therapy) targets, in the meantime a tender process is underway for private provision of assessments and therapy to enhance the capacity of the local teams. The figures included in the trajectory assume that teams can continue to access private providers via Single Tender Waivers until the full tender has commenced and that demand does not escalate beyond currently anticipated levels, however this is extremely difficult to predict given uncertainties around expected demand.

5. COVID-19 and recovery



This plan has been developed paying particular attention to the effective management of risk and the avoidance of harm. The potential for harm during the pandemic is particularly heightened and the Health Board has considered the four dimensions of harm arising from COVID-19 as set out here:

Using this framework to view potential harm whilst developing the plan has enabled key priority areas to be identified for immediate action, reflecting the urgency of the current situation. The plan also identifies critical strategic steps, which need to be progressed at the same time in order to drive further improvement in services.

As we continue to see a high prevalence of COVID-19 and the emergence of new variants, we will maintain our health response

working with partners to manage the impact on operational capacity across primary, community and acute services. Our planning assumptions for the next 6 months continue to prioritise COVID-19 programmes alongside re-establishing services, capturing and utilising new ways of working and maintaining good practise from lessons learnt throughout the first and second waves of the pandemic.

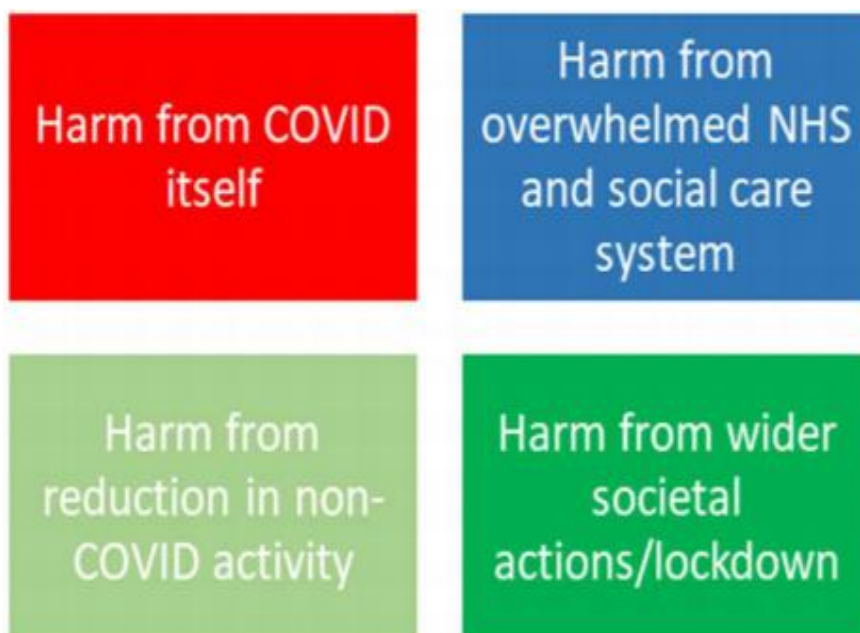
Test, Trace and Protect continues to play a pivotal role in our overall approach to preventing the transmission of COVID-19 across North Wales, and protecting our population. Our plan focuses upon the delivery of a resilient, sustainable service.

Primary and Community Care Recovery

Primary care and community based services face particular challenges in continuing to respond to the requirements of the pandemic whilst also making progress towards recovering full service delivery, including addressing the backlog in supporting patients with chronic conditions.

As part of our COVID-19 response in primary care, we will:

- Continue to work in partnership with GP practices to deliver the COVID-19 vaccination programme, along with community pharmacies and other primary care professionals. Joint plans will be developed to deliver the booster programme which will need to consider the impact on primary care capacity and potentially wider recovery;



- Continue to implement any WG contract changes to support independent contractors across primary care to protect some elements of our primary and community services. As we develop our plan for recovery during 2021/22, we need to consider how to rebalance funding, workforce and other resources to support the development of primary and community care services to stabilise and then move care closer to home;
- Continue to work in partnership with the national Strategic Programme for Primary Care and ensuring resources developed are utilised to support the sector;
- Work with cluster leads and contractors to support the recovery of planned care for patients with chronic conditions;
- Continue to provide support to primary care contractors in the development, roll out and evaluation of new technologies, including telephone triage/consultation and video consultation, and the eConsult and AccuRx digital tools. The evaluation will include a reflection of feedback from patients and clinicians, as well as a review as to how they can support efficient working and improve access, in the context of recent significant increases in demand in GP practices;
- Introduce pathway and resources to provide support for patients presenting with long COVID syndrome in line with national guidance;
- Work in partnership with secondary care clinicians to support patients waiting for planned care treatment in primary and secondary care services.

Vaccination Implementation Plan

Further to the All Wales National Strategy published on the 11th January, a North Wales Mass Vaccination Implementation Plan (MVIP) was developed to set out the route for delivery of the COVID-19 vaccine programme. The plan was developed as a matter of urgency alongside the implementation of the mass vaccination programme itself.

A North Wales Strategic Vaccine Group was established with multi-agency partners reporting initially to the North Wales Strategic Co-ordination Group (SCG). A Tactical Delivery group was also established to ensure implementation of the programme. The initial delivery model adopted was as set out below.

Setting	Cohort
Hospital Vaccination Centre (HVC)	Frontline healthcare workers Care home staff
Mass Vaccination Centre (MVC)	Care home staff <i>Frontline healthcare workers</i> <i>Frontline social care workers</i> Age cohorts
Primary care (GP Surgeries)	Frontline healthcare workers Frontline social care workers Care home staff (complete) Age cohorts (initial focus on over 80s)
Local Vaccination Centre (LVC) Contingency service	Frontline social care workers Age cohorts Support for Primary Care
Care homes	Care home residents

Domiciliary Care	All Housebound
Community Pharmacy	Frontline healthcare workers Frontline social care workers Care home staff (mop up) Age cohorts (initial focus on over 80s)

Implementation of the programme is progressing at pace and the programme has been required to be fluid in order to respond to changing scenarios in relation to priority cohorts, vaccine supply, and changing guidance from the UK Joint Committee on Vaccination and Immunisation (JCVI) in relation to the vaccines. In particular, changes to the recommended eligible groups for the Astra Zeneca vaccine have necessitated rapid changes in delivery.

To date, all delivery targets for the vaccine programme in terms of delivery for priority cohorts have been achieved. It is expected that the target for offer of the vaccine to all adults by July will also be achieved, subject to availability of supplies. The table below sets out the progress in delivery of vaccines by priority cohort.

Priority Group	Vaccinated	Booked	Vaccinated	Booked	Exclusions	Total	% Vaccinated	% Vaccinated & Booked	% Vaccinated	% Vaccinated & Booked
P1.1	4090	0	3905	1	55	4171	99%	99%	95%	95%
P1.2	11,049	14	9,711	520	251	12,664	89%	89%	79%	83%
P2.1	37,612	2	36,667	39	819	39,381	98%	98%	95%	95%
P2.2	24,959	52	23,041	588	402	26,333	96%	97%	89%	91%
P2.3	9,294	3	8,607	365	39	9,438	99%	99%	92%	95%
P3	30,714	4	30,108	64	627	31,980	98%	98%	96%	96%
P4.1	42,239	6	41,426	94	860	44,394	97%	97%	95%	95%
P4.2	16,036	30	15,147	195	548	17,232	96%	96%	91%	92%
P5	34,573	14	32,838	481	941	36,983	96%	96%	91%	93%
P6	68,190	261	43,694	8,327	2,893	79,544	89%	90%	59%	69%
P7	22,302	16	11,227	4,480	1,066	25,464	92%	92%	48%	66%
P8	26034	28	7815	8329	1310	30758	89%	89%	30%	57%
P9	27865	37	5269	12499	1486	33479	88%	88%	20%	58%
P10	115,320	3,720	4,219	60,308	7,648	193,952	63%	65%	6%	37%

An Equality Impact Assessment screening was undertaken on commencement of the development work for the vaccination programme. This has been reviewed and an update action plan put in place to address barriers to participation. Excellent work has been undertaken in partnership with Local Authority partners including vaccination of homeless people, gypsy and traveller communities, the D/deaf community, and to engage with many community groups to address language and cultural barriers.

As at 3 June 2021, 758,054 vaccine doses had been delivered across all cohorts in North Wales; and a total of 274,554 people have now received both 1st and 2nd dose vaccinations. Immediate next steps for the vaccination programme include:

- Retention of facilities at Deeside leisure centre to ensure successful completion of the initial vaccination cycle;
- Secure new sites to ensure adequate local capacity including the OpTic Centre in St Asaph and Bangor Cathedral;
- Expansion of the network of Local Vaccination Centres in the East;
- Diversifying delivery methods to ensure all groups have access to the vaccine – leaving no-one behind;
- Developing surge vaccination proposals to support areas of outbreaks and high risk areas and settings, including response to the growing impact of Variants of Concern.

Ongoing issues of concern include:

- The change of recommended age groups for AZ, as referred to above, creating reluctance to take up the vaccine in the younger adult cohorts;
- Vaccine supply concerns due to an increase of 60,000 in the 30-39 age group requiring Pfizer, as well as disruption caused by pressures on the global supply chain;
- The increasing need to return to 'business as usual' within the HB, with consequent impact on staff capacity and availability.

Further work will be undertaken pending confirmation of the Booster Programme by the JVCI which will also link into the BCU HB flu vaccine programme for the purposes of planning and delivery.

The programme is currently working up future models for the booster programme, based on most likely option identified by WG:

- Cohorts 1-9 and children 12 to 17 (2 doses)
- Cohort 10 in priority order from circa 6 months from 2nd dose.

This equates to circa 700,000 doses needing to be delivered. Outline plans are in development, to be shared with WG on the 18th June. Key assumptions still outstanding include vaccine type; length of programme; concurrent delivery with flu; start date; heterologous vaccine to initial; supply chain and potential primary care support.

Safe Clean Care Harm Free (SCC-HF)

As part of the Health Board's response to all Health Care Associated (nosocomial) infections transmission, including concerns around the COVID-19 pandemic, a large-scale change mobilisation programme has been launched and supporting the Health Board's approach of

‘Stronger Together’. SCC-HF utilises the behavioural science methodology defined as COM- B (Capability, Opportunity, and Motivation - Behaviour) with specialist advice and support in applying this technique provided by Public Health Wales (PHW) and their behavioural science unit.

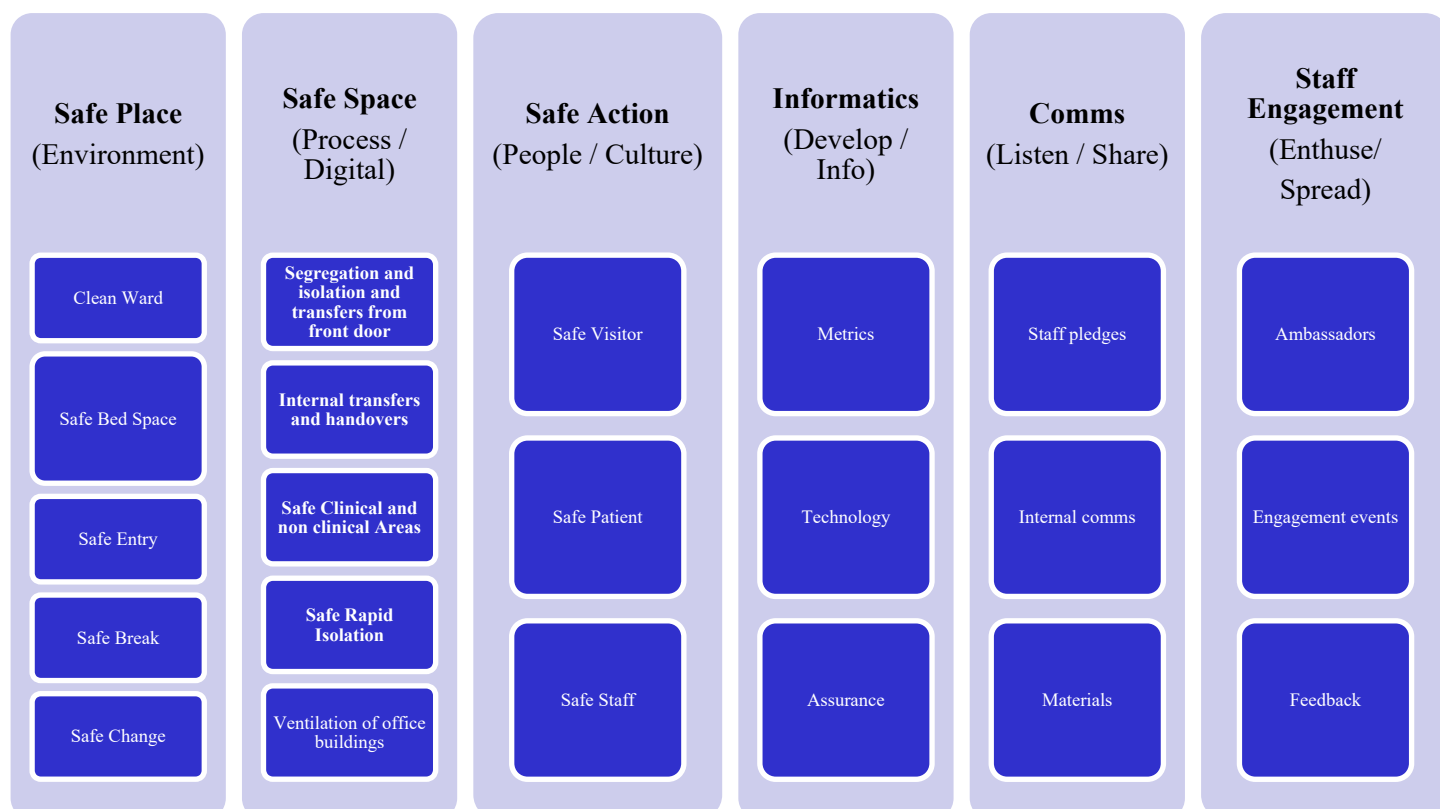
The key aim is to achieve sustainable changes in staff behaviour in order to create a harm free zero tolerance attitude to nosocomial transmission within our Health Care settings by December 2021. This approach equally fully reflects the ‘Safe Clean Care’ principles previously adopted within the Health Board.

In 2018, the Health Board implemented a Safe Clean Care strategy to strengthen infection prevention leadership and assurance. Due to COVID-19 and related factors the original philosophy has been amended and strengthened to now include new priorities and re-branded as Safe Clean Care – Harm Free (SCC-HF).

This sits alongside the learning from all our nosocomial post infection reviews shaping the behavioural change which is needed across the health board to deliver safe clean care harm free. The focus is upon reducing the ‘intention to action gap’, as no one comes to work to do harm.

Safe Clean Care Harm Free (SCC-HF) Programme on a Page

The overall programme has been structured to fully reflect standard project management principles as follows.

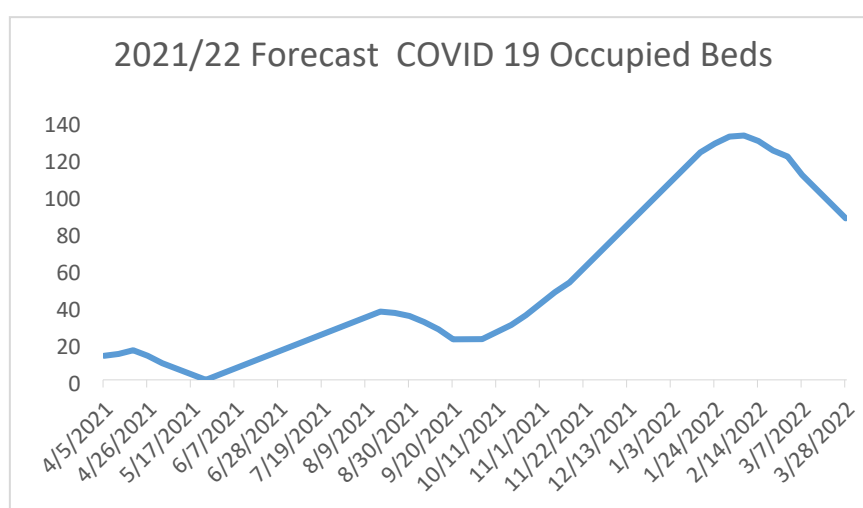


Coronavirus Co-ordination Unit

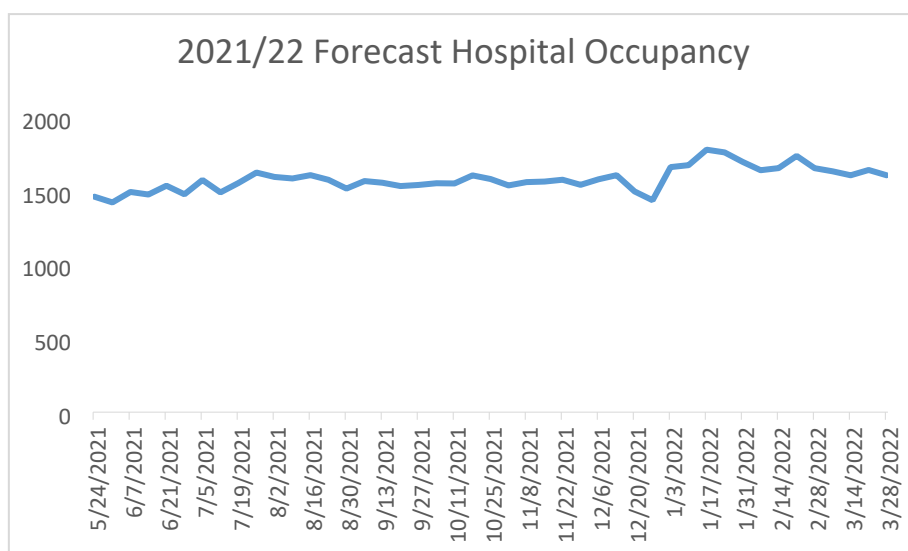
The Health Board Coronavirus Co-ordination Unit supports the response to the current phase of the COVID-19 pandemic. Our plan envisages that the Executive Incident Management Team (EIMT) will phase down its activities as community transmission continues to stabilise, alongside the reduction in COVID-19 related hospital admissions and intensive care demand. This will allow a greater focus on 'business as usual' as activity begins to re-generate and recovery and reset accelerate. It is well recognised, however that the impact of the pandemic is not entirely predictable and will remain significant throughout the course of the year, and likely for many years to come.

Our current assumption for new cases of COVID-19 during the year 2021/22 is a third wave in the summer months with peak hospital occupancy forecast mid to late August before a further increase in the winter months. Forecast hospital occupancy volumes are based on the most likely scenario (issued in March 2021) with timing adjusted locally to move the peak occupancy to later in the year and factor in differing peak times for each of our sites as observed in previous waves.

Revised national modelling work will continue to be reviewed and inform our local planning assumptions. The following chart sets out our current forecast demand for COVID-19 beds, using 30% of MLS in the summer months moving to 100% in the winter period.



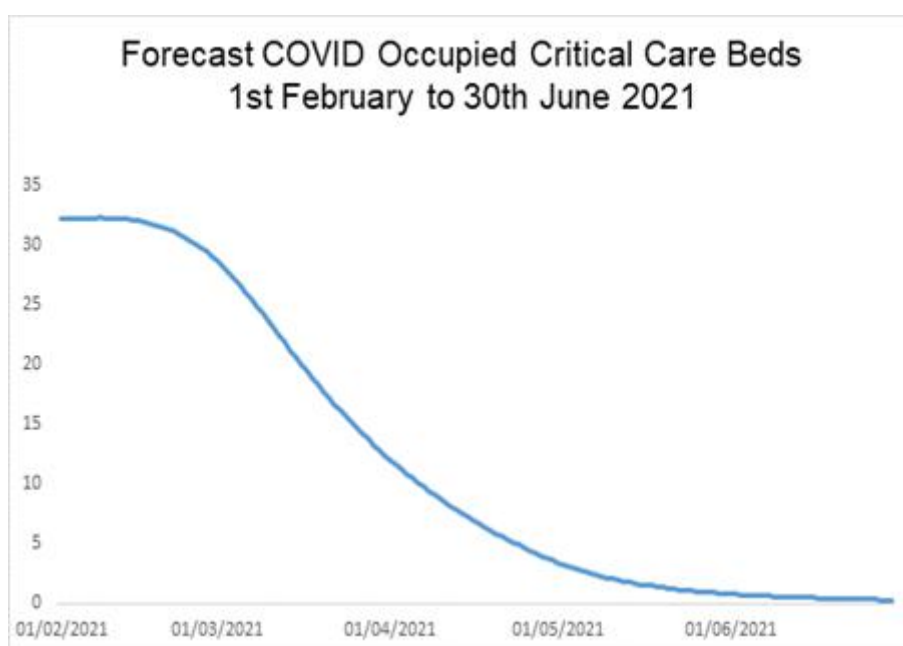
We have reviewed our plans for hospital occupancy for quarter 1 and beyond, taking into account the changing situation regarding COVID-19, an expected demand increase on non-COVID unscheduled care and planned care recovery. Expected bed occupancy for acute and community sites (medical and surgical beds) combined is shown in the following chart.



Our plans will continue to be refined as we gain further intelligence in relation to COVID-19 and the anticipated increased prevalence of other infections over the winter months.

Whilst we are seeing the number of admissions to critical care stabilising we are not expecting to see a significant reduction and it will be some time before the vaccine has an impact on critical care.

We have been consistently tracking between the MLS and reasonable worst case scenario (RWC) and based on this, our forecast will continue at 45% of the reasonable worst case for critical care occupancy as shown in the graph below.



We have considered the information emerging from the above in setting our bed planning for 2021/22. Our current plans involve the following:

- Designated COVID-19 hospital beds in our hospitals, including potential surge beds, are being reviewed in light of revised modelling in 2020/21;

- Our non-designated COVID-19 hospital beds will increase to 1,869, reflecting the change in use for some of the surge capacity previously in place to meet Covid needs;
- The national recommendation for minimum capacity invasive ventilation beds is to maintain 25% above baseline. Revised national capacity analysis suggests a range of 25 to 47 occupancy (31 to 59 beds at 80% occupancy) taking into account higher and lower projections. The funded complement of 36 beds will meet the lower end of this range. Planning is continuing concerning surge capacity staffing to address the higher end should this be required;
- Non-invasive ventilation outside of critical care is being reviewed but in the region of 27 beds may be maintained; and
- Post anaesthetic care units to be in place and by end of quarter 1 there will be 9 PACU beds across North Wales.

In addition to the direct impacts upon hospitals outlined above, it is expected there will be a COVID-19 related additional increase in demand for longer-term care packages and care home placement, despite the greater focus on discharge to recover then assess pathways.

Given the uncertainties regarding the continued impact of COVID-19, contingency plans for our escalation of COVID-19 response and bed capacity will continue into 2021/22. Monitoring and surveillance will continue to ensure that early warning signs of potential need for escalation are acted upon. The EIMT arrangements will be escalated to respond as required in the event of a significant or generalised increase in COVID-19.

The digital legacy of COVID-19 will inform future change and being reflected in the demand and capacity modelling assumptions and local solutions. We will work to optimise this benefit whilst also ensuring that the adoption of digital technology does not unfairly exclude some members of the population, leading to an unintended adverse impact by widening health inequalities.

Whilst the immediate hospital pressures of COVID-19 are expected to reduce, other aspects of demand for services are indicated to rise. This includes attendances at emergency departments, emergency admissions and GP referrals. Our plan sets out how we propose to respond to these changes in demand.

We are also acutely aware of the impact on our workforce of COVID-19 and with that in mind have taken into account a number of factors to ensure the continuity and resilience of our workforce for the coming period.

Initial indications are we need to recruit and deploy additional workforce capacity to build into existing measures such as transitioning the vaccination programme to business as usual and supporting the planned care backlog. With this in mind we are increasing bank hours plus other internal temporary staffing mechanisms in the first part of next year, given the timescales for substantive recruitment and the necessity to keep the workforce flexible until stability is restored in the second half of the year.

We have stable recruitment profiles in terms of students qualifying and taking up established roles across the Health Board and have an international nurse recruitment programme in place which will provide us with 111 nurses. We also expect to see the number of returners fall across the year 2021/22 in line with the COVID-19 related programmes' activity decreasing, given that the majority of returners have come back to support these programmes. There are initiatives being worked on to try to retain some of this workforce to support the organisation given the different, but ongoing workforce pressures the Health Board will face over the coming year.

6. Key performance lessons learnt and challenges for 2021/22

2020/21 proved to be a challenging year across the whole health and care sector. Section 1.1 set out some of the Health Board's key achievements during the year but there are challenges that clearly remain to be addressed, requiring focussed attention in our 2021/22 Plan.

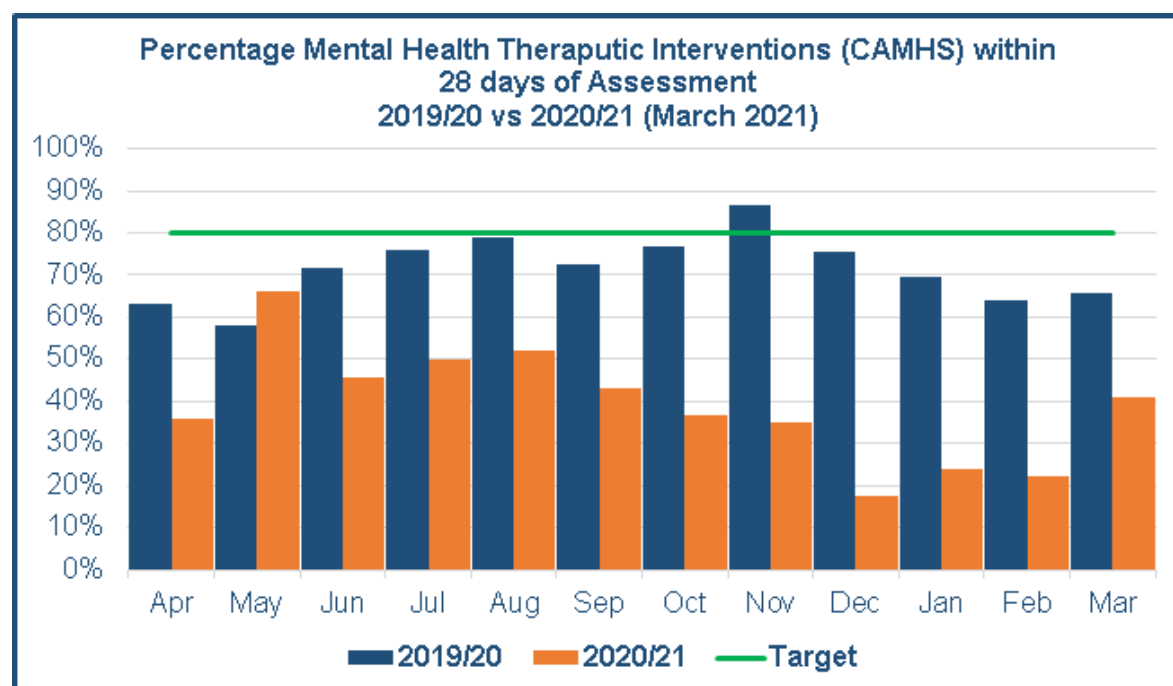
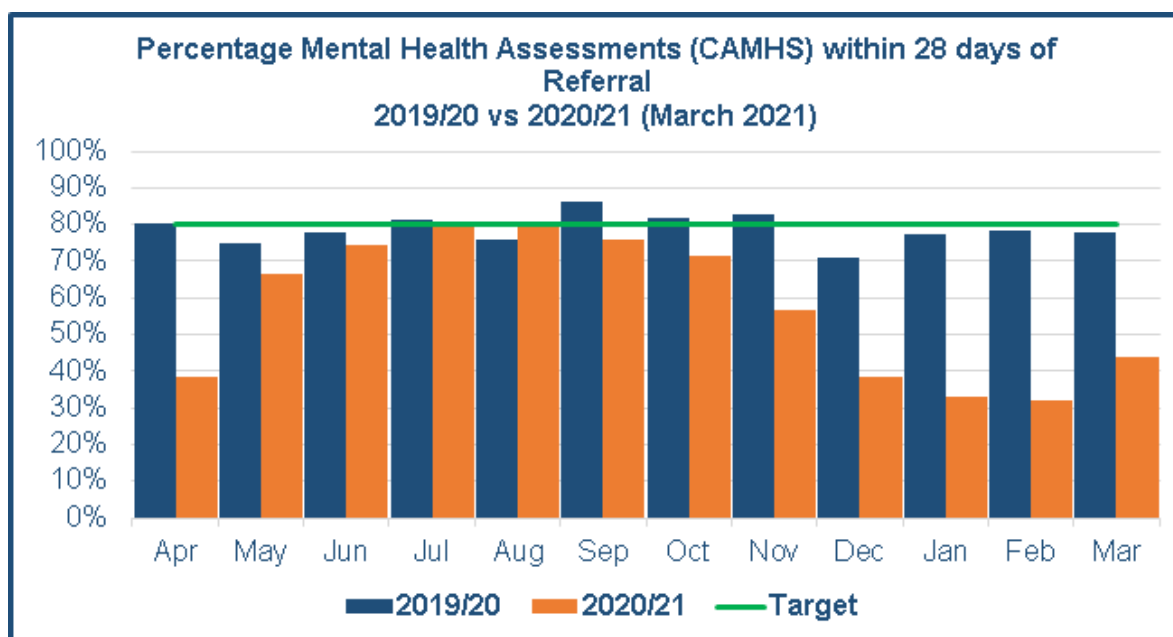
For our primary care contractors, these include:

- Growing demand for primary care services, with a wide range of face to face and digital access routes now in place;
- Significant pressures on workforce, including those arising from COVID-19;
- A decrease in capacity of some key services due to IPC requirements, such as phlebotomy;
- Support for patients those with one or more chronic diseases, and addressing the backlog of care;
- Support for patients whilst they wait for their planned care treatments from secondary care services.

Whilst significant improvements have been achieved in adult mental health provision in relation to access to mental health assessment and treatment within 28 days of referral, there remain challenges in achieving the commencement of psychological therapy within 26 weeks of referral. Current delivery is improving, however we only achieve a performance of 45% against a target of 80%, resulting in longer waiting times for our patients.

Child and adolescent mental health services (CAMHS) continue to see challenges relating to reduced capacity within the teams and reduced physical capacity within CAMHS accommodation due to social distancing requirements. As a result, performance against access standards has been impacted. Current delivery is 17% against a target of 80% for children and young people commencing therapeutic interventions within 28 days of assessment and only 38% receive an assessment within 28 days of referral. Improvement in access to services is required to meet Welsh Government assessment targets and there is a need to further develop early intervention post diagnostic services.

The graphs overleaf summarise the performance challenges facing our CAMHS service in meeting the requirements of the mental health measure:



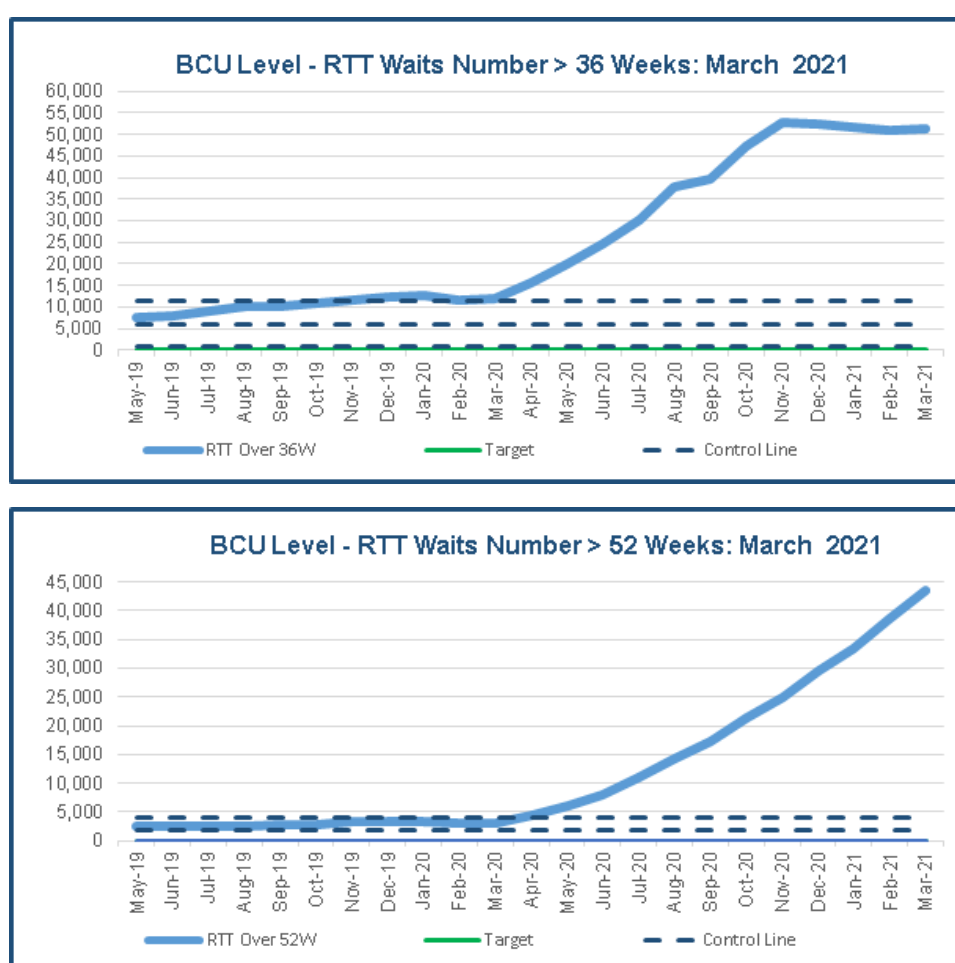
Following the first lockdown in March 2020 there was a significant reduction in both the number of attendances and ambulance conveyances to the three Emergency Departments across North Wales. Activity has fluctuated over the past 12 months with increases and decreases broadly corresponding to changes in COVID-19 lockdown restrictions, however, the total number of attendances across BCUHB for 2020/21 has remained below pre-COVID-19 levels. We expect that the further lifting of restrictions will result in an increase in attendances to pre COVID-19 levels.

Our unscheduled plan in section 11 reflects the work being undertaken to address this anticipated increase and include actions to improve flow in our secondary care Emergency Departments and the transformation of emergency and urgent care services, with initiatives such as Phone First, 111, the use of alternative pathways and the development of Urgent Primary Care Centres.

Initially, the COVID-19 pandemic had a significant impact upon the number of urgent suspected cancer referrals from our General Practices, falling to 37% of the 2019 monthly average in April 2020. However, after a joint communications campaign by the Health Board and Welsh Government, referral rates quickly increased and were at pre-pandemic levels again by July 2020. From 1st January 2021 Cancer Performance measures moved to the Suspected Cancer Pathway and our plans for 2021/22 include a number of initiatives to support delivery of the new measure.

During the first few months of the pandemic the number of patients waiting over 8 weeks for a diagnostic test rose to a peak of just over 15,700 by September 2020. Capacity was significantly reduced due to the need to work safely with COVID-19 and non-COVID-19 patients and as such the focus was on seeing patients on an urgent or urgent suspected cancer pathway. At the end of March 2021 the number of patients waiting over 8 weeks had been reduced to just over 8,000. The highest number of delays are in Endoscopy, Cardiology and Radiology and reducing the delays in these areas is a focus of the Annual Plan for 2021/22.

At the end of March 2020, there were 11,798 patients waiting over 36 weeks, and 3,113 patients waiting over 52 weeks on a Referral to Treatment pathway. At the end of March 2021, the number of patients waiting 36 weeks was 51,433 and the number waiting over 52 weeks was 43,423. Comparing these figures highlights the impact of the pandemic on planned care services and the scale of the task to address the backlog of long waiting patients.



A new model of waiting list management, alongside that of the Referral to Treatment model was introduced to ensure the safe management of the growing numbers and length of wait for patients

on our waiting lists. In line with other Health Boards in Wales, BCUHB implemented the Royal College of Surgeons risk stratification methodology to manage the waiting list on the basis of level of risk of harm to patients.

In addition, the Health Board adopted new ways of working such as virtual clinics and consultations for our patients. This was complemented by the introduction of Consultant Connect to enable GP's to access consultant advice and thus reduce the need to refer patients into secondary care.

The pandemic has been a catalyst for modernising the outpatient follow up model which will release capacity to help reduce the waiting times for patients. Where appropriate and clinically safe to do so, patients are now discharged from follow up with either a 'See on Symptom' (SoS) or a 'Patient Initiated Follow Up' (PIFU). This allows patients to come back into the system without having to see their GP for a re-referral.

7. Key integrated planning assumptions – COVID-19 workforce and finances

Developing this plan in the context of the pandemic has been complex given the uncertainty with regard to resource availability, particularly workforce and the overall impact and implications of COVID-19. This has required a number of assumptions to be made in support of our planning activity. Given the importance of these assumptions, it is critical that they are documented so that they can be understood when assessing the delivery aspects of this Plan. We have identified five workforce assumptions:

- The sickness absence rate forecast for the year ahead has factored in the potential effects of Long COVID by identifying staff with open COVID-19 related sickness record in excess of 28 days, which currently stands at around 41 staff. Whilst we expect to see staff sickness reduce across the year, we expect this to be a gradual reduction primarily driven by a major reduction in COVID-19 sickness as the vaccination programme works through the cohorts and staff are vaccinated. This assumption is reflected across the other sickness lines reported in the minimum data sets (MDS) which support this Plan;
- With regard to vaccination, our workforce delivery model is underpinned by robust plans which provide assurance that through working in partnership we can achieve, if not exceed, our expectations in this most critical and challenging of COVID-19 programmes. Our plans detail the additional workforce to extend and expand the vaccination programme to support the delivery of cohorts P5-P10. The current plans are based upon primary care teams delivering approximately 60% of doses with the remaining 40% delivered through Mass Vaccination Centres (MVCs) and Local Vaccination Centres (LVCs). Staffing numbers are flat lined until July and then decrease in line with the plan, with contingency for provision of a business as usual service being required across Q3 and Q4 of 2021/22;
- The Test Trace Protect staffing has been flat lined across the year as it is estimated that this service will stay in place across 2021/22;
- For other COVID-19 related Whole Time Equivalent (WTEs) we have factored in a reduction at the rate of 10% each month from April 2021 onwards. This is based on looking at the areas currently supporting the COVID-19 programmes and estimating when they might start to stand down or reduce their services. This will of course be subject to review based on experience against the forecasting;
- We expect the cleaning standards put in place as part of the COVID-19 programme to stay in effect for the whole 2021/22 and as such have flat lined the WTEs associated with this work;

The financial assumptions associated with the COVID-19 operational response are:

- The Test, Trace and Protect and vaccination programmes remain active throughout the year;
- Specific financial arrangements for continuing healthcare and funded nursing care will continue for quarter 1 and be funded by Welsh Government;
- Other COVID-19 costs will continue until mid-August and be funded by Welsh Government.

Clearly, there remains a degree of uncertainty about these assumptions and they will be subject to review within the quarter 1 period with appropriate amendments being made to the plan in year.

Welsh Government planning guidance for 2020/21 confirms that known COVID-19 costs will be funded through an additional resource allocation. Therefore, the financial assumption in the plan is that COVID-19 costs as shown in the table below and estimated at £115.7m, will be funded in the same way.

Funding of COVID	Pay £'000	Non Pay £'000	Total £'000
Covid funding - Stability funding	10,894	31,299	42,193
Covid Funding – PPE		6,544	6,544
National Programme - Cleaning Standards	2,297	192	2,489
National Programme – Care Homes		1,250	1,250
National Programme – Vaccination Programme	7,722	4,961	12,683
National Programme – Testing	2,374	429	2,803
National Programme - Tracing	2,806	10,721	13,527
National Programme - Protect	77		77
Surge Funding	122	1,340	1,462
Impact on Non Delivery of Savings		32,663	32,663
Total COVID-19	26,292	89,399	115,691

The Welsh Government has indicated that there will be an allocation of £170m to NHS Wales to cover some of the costs associated with COVID-19 during the first half of the financial year. The Health Board share of this allocation is £38.4m.

It is anticipated that the plan will be subject to quarterly review and amendment, as national and local assumptions around the impact of COVID-19 and recovery of planned care activity are updated.

8. Strengthen our Wellbeing Focus



The following table sets out the key deliverables for this element of our plan, with further supporting information below:

Key Deliverables 2021/22	
<p>We will:</p> <ul style="list-style-type: none"> • Continue to work to reduce the prevalence of smoking and associated harms; • Progress our smoke free site activity by ensuring increased access to support services and the progression of the mental health smoke free action plan; • Establish initiatives to be implemented as part of the homelessness/poverty programme, (in partnership with housing associations, third sector and local authorities); • Implement the infant feeding project, by increasing training rates and improve activity rates; • Develop and commence a children's tier 3 obesity service, and establish and implement referral mechanisms; • Establish a Physical Literacy North Wales programme; • Continue to focus on our vaccination planning, ensuring our general vaccination programmes are on track, alongside the additional COVID-19 vaccination planning for winter 2021/22; • Continue to deliver the regional Test, Trace and Protect programme with a range of partners; • Progress in partnership the inverse care law programme which seeks to identify opportunities for early intervention actions and targeted services. 	

The Health Board remains committed to a population health focus including strengthening wellbeing actions and tackling inequalities. The harm caused to the population of North Wales by COVID-19 is and will potentially be significant for some time to come and we recognise that the pandemic has hit our poorest communities the hardest.

Whilst overall health in North Wales is good, we still have long-standing health challenges across the region. These include our high smoking rates, issues relating to obesity (all ages), and limited physical activity levels. In recent years we have successfully progressed our work on the 'lifestyle bundle', to support healthy choices, promote self-care, ensure a focus on prevention and resilience work, and to support clinical pathway work (e.g. diabetes). We have placed a particular focus on setting up the required services, and therefore in 2021/22 we will start turning our attention to the wider challenges for individuals and communities.

From a population health perspective, we will continue to build on our activities and our plans for improving the health and well-being of the population in North Wales. We will do so in partnership through whole system working – building on our work with localities, local authorities, universities and the Third Sector.

During the year ahead we will focus on health protection activities, prevention and early intervention, and improving health and well-being. We will specifically continue to place a significant focus on ensuring a good start in life through a focus on the health of the child.

This work will be underpinned by the refresh of our population needs assessment and well-being assessments. This work will be undertaken in partnership across the region, and will ensure a renewed focus on understanding needs at the local and regional level to support our planning work.

Our priorities are set out below.

Health Protection - we will:

- Continue to focus on our vaccination planning, building on the significant progress made to date to continue to improve the reach of this programme throughout our population, communities and priority groups. This will include ensuring our general vaccination programmes are on track, alongside the additional COVID-19 vaccination planning for winter 2021;
- Deliver the regional Test, Trace and Protect programme with a range of partners.

Prevention and early intervention - we will:

- Further progress the key programmes which support life style choices, health improvement and the management of long term conditions through the continuation of the 'Prevention and Early Years' and 'Healthy Weight: Healthy Wales' funding. These include:
- Increasing take up of smoking cessation services through creating greater accessibility,
- Improving infant feeding rates through targeted support for families,
- Reducing childhood and adult obesity through further developing pathways and capacity,
- The creation of a network of physical literacy experts to support individuals, children and families.
- Progress the inverse care law programme through mapping current services and needs, and identifying areas of opportunity – through a partnership approach'
- Develop a framework on mental well-being (all ages), to support the wide range of public health mental health activities underway across the Health Board. This will support the targeted intervention activity, but more importantly support the emerging additional needs emerging post COVID-19.

Improving health and wellbeing - we will:

- Progress our work on the inverse care law, with a focus on our locality working, building upon our social prescribing activity across the region;
- Work to meet the needs of those most at risk through our strategic partnerships - the Alcohol Harm Reduction Strategy, the North Wales Suicide and Self Harm Reduction Strategy, and our Immunisation Strategy;
- Further grow the Well North Wales programme of work by expanding our food poverty and homelessness initiatives;
- Link with our community experts and third sector colleagues to help extend our reach to all vulnerable and hard to reach groups, alongside the work of our newly appointed BAME outreach officer;
- Explore and agree the next steps for our arts and health programme;
- Support the Sports North Wales programme – to ensure the focus on meeting needs and promoting physical activity.

9. Recovering access to timely planned care pathways



Recovering access to timely planned care requires a whole system response with primary and secondary care clinicians working together to support patients both waiting for and having access to care in primary and secondary care settings.

The following table sets out the key deliverables for planned care recovery, with further supporting information below:

Key Deliverables 2021/22	
<p>We will:</p> <ul style="list-style-type: none"> • Deliver the 'Six Point Recovery Plan' that builds on improving business process and improving care through reducing waiting times across North Wales; • Support the continuation of AccuRx on line platform for GP Practices, to promote efficient access to general medical services; • Increase dental treatment provision, moving towards delivering the pre-COVID-19 activity levels throughout 2021/22; • Work with cluster leads to develop and implement proposals to address primary care backlog, particularly in relation to supporting patients with one or more chronic conditions; • Continue to develop the Primary & Community Care Academy to support the delivery of the Primary Care Model for Wales, with a focus on innovation, research, new ways of working and recruitment. • Deliver an earwax management programme to improve access for patients; • Build upon the 'Once for North Wales' approach, using our hospital capacity flexibly to meet the needs of the whole population. Implement consistent approaches to demand management and patient validation through our outpatient transformation programme and end to end pathway redesign; • Implement 'Attend Anywhere' and online consultations (eConsult) to improve access. Improve the triage process to ensure the most appropriate clinician to meet a patient's need; • Develop a diagnostic and treatment centre model to transform planned care service delivery. • Ensure patients are physically and psychologically prepared for surgery, improving patient outcomes and reducing length of stay, for example through prehabilitation; • Deliver a sustainable eye care service for the population of North Wales based on the work to support the introduction of the national eye care measures; • Deliver improvement against the single cancer pathway, enabling delivery of the national target of 75% of all patients achieving the single cancer pathway; • Implement urology services redesign enabling work to progress on service developments including the introduction of robotic surgery in North Wales; 	

- The implementation of the National Maternity Strategy for Wales (2019-2024) to include the transformation of maternity services and working in partnership with early years services.
- Transformation of gynaecology and specialist services. Review of free standing midwifery led units across North Wales community, review of access to water birth services and the refurbishment of acute maternity units across all sites in addition to birth choices.

The Health Board and primary care contractors continued to deliver essential services throughout 2020/21 in line with Welsh Government requirements. The impact of COVID-19 however meant that there were detrimental impacts upon other services, which were curtailed, including significant aspects of planned care with associated risk and harm. Ensuring that planned care services can expand to address the risks identified and begin to reduce the backlog of patients waiting is a key priority for our plan.

COVID-19 impact on planned care

The backlog of treatment for patients which arose before and also due to COVID-19 continues to increase. The following table sets out the number of patients waiting over 36 and 52 weeks by treatment stage as at 10th June 2021:

Waiting list backlog	Waiting between 36 – 51 weeks	Waiting over 52 weeks
Stage 1 – outpatients	7,978	25,326
Stage 2 / 3 – diagnostics	2,043	5,102
Stage 4 –inpatients and day-cases*	1,674	12,577
Total	11,695	43,005

Note: stage 1 outpatients / stage 2 and 3 diagnostics / stage 4 inpatients & day cases.

The table illustrates the significant number of patients whose treatment is currently paused. This number continues to rise, with a forecast, based on current activity levels of 50,000 over 52 week waiters by the end of 2021/22. The distribution of waiters across sites is generally comparable, with the “Once for North Wales” approach starting to level the inequalities of wait for high-risk patients, however the variable patterns of long waiting patients across our hospital sites continue.

In addition to the reduction of activity levels as a result of the pandemic, there was a marked reduction in referrals. This has begun to recover, and there remains an expectation of increasing demand during 2021/22, as set out below:

- Demand for urgent suspected cancer referrals has returned to pre-COVID-19 levels but cumulatively the total demand is around 4000 cases lower in December 2020 than it was at the same point the previous year;
- The number of cancer patients starting treatment in 2020/21 was 3648, which is set to increase to 4233 during 2021/22;
- Screening services reopened during December and the demand via these services will be carefully monitored to assess volume, type and stage of demand filtering. The temporary cessation of screening services has contributed to the reduction in newly diagnosed cancers generally and in early stage diagnoses in particular.

It expected that referrals will increase, compared with 2020/21 levels, particularly in quarters 3 and 4, as more patients present. In relation to cancer services this has been estimated as follows:

- Urgent cancer outpatient referrals are expected to rise from 23,091 in 2020/21 to above pre-covid levels at an estimated 27,500;
- Urgent non-cancer outpatient referrals are expected to rise from 27,308 in 2020/21 to closer to pre-COVID levels at an estimated 31,926.

As the year progresses the number of referrals will be monitored against these assumed levels, to understand the ongoing impact of the pandemic, alongside the transformation work.

The single cancer pathway performance (62 day) currently stands at 68% compliance, has a planned action to increase to 75% to meet the national standards. This will be supported by the delivery of the suspected cancer pathway programme including the implementation of diagnostic pathways for each area; lung and endoscopy.

2021/22 planning assumptions

In order to support our planning assumptions we have considered the predicted demand for COVID-19 total occupied beds and COVID-19 occupied critical care beds to the end of June 2021.

Our planning assumptions are that Q1 (2021/22) is likely to be similar to Q4 (2020/21) in terms of admission and occupancy, noting that there are many unknowns around vaccine and the new variant. These assumptions will be regularly updated and tested.

This aligns with our financial assumptions that that COVID-19 response will continue to be the main clinical and operational priority in the first six months of the year, with planned care activity stepping up in the second half of the year. Welsh Government has provided strategic support of up to £90m over the next three years to be used to improve performance across North Wales in both planned and unscheduled care. This will be critical to addressing the backlogs and the Health Board's

ambition is to design and implement a clinical model which will provide improvements to performance, patient outcomes and efficiency.

Our recovery programme

The Health Board has set out a six-point recovery plan to re-start, treat and transform planned care, for increasing activity and reducing waiting times.

The plan provides an integrated solution to addressing the immediate challenges whilst identifying the critical need for longer term transformation solutions through the diagnostic and treatment centre approach and changing to a value based pathway approach.

The re-start programme deals with cohorts 1 & 2 which have been defined as patients waiting over 52 weeks as of March 2020 and Cohort 2, patients waiting from 1st of April 2020 to 4th of April 2021. The organisation has compiled an action plan and trajectory to recover cohort 1 by March 2022 and commencing cohort 2 clearance over the next two-three years. This activity is regarded as additional to the core plan and will be undertaken via additional clinical sessions, outsourcing and insourcing. There is also a commitment to pursue an option of modular theatres and wards to support orthopaedic elective activity and preventing disruption from further unscheduled care pressures.

The plan is summarised below:

2020/21	2021/22 to 2024/25	2025
<p>Six point plan established</p> <p>Enablers</p> <ul style="list-style-type: none"> • Diagnostics • Workforce • Digital • Performance fund • Effectiveness 	<p>Strategic outline case March 2021, outline and full business case June 2022.</p> <ul style="list-style-type: none"> • Point 1 – capacity planning validation and Once for North Wales outpatients. • Point 2 – patient communication and understanding demand. • Point 3 – Once for North Wales services, value based pathways. • Point 4 – use virtual capacity and care closer to home. • Point 5 – non surgical approaches to long waits. 	<p>Handover to Diagnostic and Treatment centre or centres</p> <p>Ambulatory care model</p> <p>In patient capacity</p>

- | | | |
|--|--|--|
| | <ul style="list-style-type: none"> • Point 6 – In sourcing and extra capacity. | |
|--|--|--|

The need to implement an early recovery programme is part of the 'Six Point Recovery Plan' and comprises the following activities:

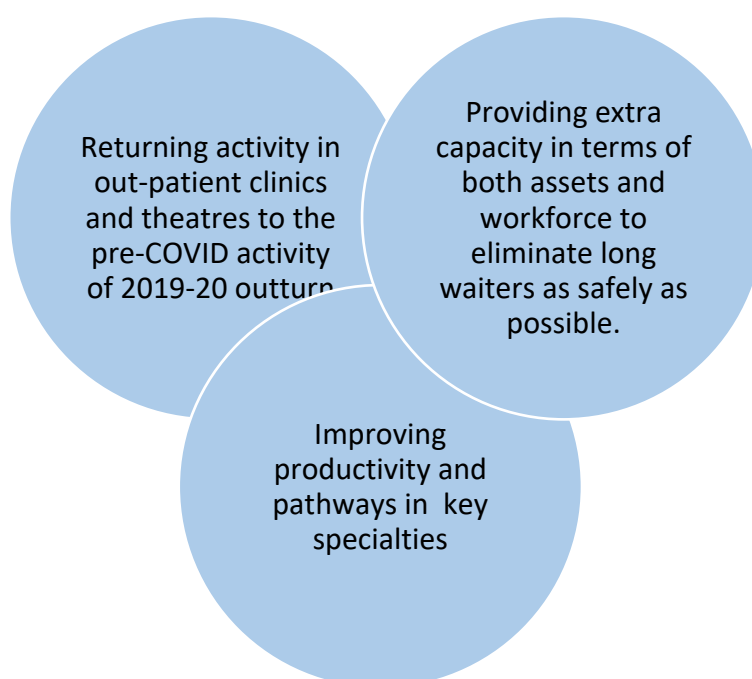
- Capacity planning, validation and "Once for North Wales" outpatients. An example of the "Once for North Wales" approach is eye care pathway patients (especially cataract patients) where one waiting list will identify priority patients who will be transferred to alternative sites for treatment. Resources will be utilised in a prioritised way no matter where in North Wales the patient lives;
- Patient communication and understanding demand;
- Value based pathways;
- Use of virtual capacity and care closer to home;
- Insourcing and extra capacity.

A summary of the short-term actions which will form the 2021/2022 plan is set out below:

Substantive staff continue to deliver P1-P2 activity both stage 1 and stage 4	Using 'Once for North Wales' Approach	Insourcing model to be used for long waiters stage 1 and stage 4	Theatres to be used each weekend across North Wales to facilitate the insourcing activity, day-case only (8 Theatres)	Modular theatre and wards x3 either centrally located or on each site for insourcing activity treating P4 long waiters	Capacity plan/activity schedule to understand timelines for backlog and clearance (starting in quarter 1)

Note: P1 highest clinical priority / P4 lower priority.

Within the recovery plan, there are three fundamental elements



The first element is to improve productivity back to the pre-COVID-19 activity of 2019/20. This will provide extra activity that is currently unavailable and provide planned care to the previous baseline level, from which further productivity improvements can be made.

The second element builds on this productivity by reviewing pathways and moving to the value based system. It will also address some of the underlying demand and capacity shortfalls that have been historically identified such as the requirement for further orthopaedic capacity. The six-point plan describes improving patient outcomes and provides alternatives to current treatments, such as the move towards more “office based decisions”, earlier interventions and diagnostics by primary care.

As we address the capacity gaps through new ways of working, we also need to address the substantial numbers of long waiters. The backlog has two components:

- The backlog from 2019-20 of 14,911 over 36 week waits, of which 3,113 were over 52 weeks. (This highlighted the shortfalls in capacity at that time.);
- The COVID-19 pandemic then paused all routine elective activity, which led to an increased backlog of 43,255 over 52 week waiters (forecast position),

Giving a total backlog position of 45,368 (3,113+43,255), across all stages.

To be able to understand the scale and implications of the backlog, the table below lists the key specialties and the amount of extra sessions required (based on the 2019/20 activity outturn) to clear the backlogs.

Speciality	Stage 4 sessions required to reduce back log below 36 weeks (across BCU)	Stage 4 sessions required to reduce back log below 52 weeks (across BCU)
General surgery	1448	1239
Urology	418	371

Trauma and orthopaedics	2576	2340
ENT	642	611
Ophthalmology	328	348
Max/Fax	215	191
Total	5627	5100

Understanding the amount of sessions required, allows some indicative timelines to be forecast. Whilst some of the specialties listed above could recover in 6-9 months, general surgery and orthopaedics would need to be measured in years. This timeline is indicative and assumes that the service is not subject to further disruption due to further COVID-19 outbreaks or winter pressures.

The table below summarises the anticipated phasing of key elements of the short-term recovery plan:

Scheme	Commencing from:	Speciality	In-patient	Day Case	OPD
Insourcing for risk stratified P4	Q1	Orthopaedic Urology Ophthalmology General surgery Women's services Maxillofacial services	Yes TBC Yes TBC TBC N/A	Yes Yes Yes Yes Yes Yes	Yes Yes TBC Yes TBC TBC
Additional Clinical Activity sessions (ACSs) For P2-3 risk stratified patients	Q1	All specialties	Yes	Yes	Yes
Modular theatres and ward	Q2	Orthopaedics'	Yes	Yes	N/A
Prehabilitation	Q1	All cancer Specialties	Yes (Critical care)		
DGM to run insourcing work	Q1	Orthopaedic Urology Ophthalmology General surgery Women's services Maxillofacial services			
Working towards delivering	Q2	Endoscopy		Yes	Yes

Endoscopy standards					
Working towards delivering Single Cancer Pathway	Q2	All cancer vague symptom specialties	Yes	Yes	Yes

Key Performance Indicators

- Our summary of activity plans for 21/22 for the following;
- First outpatient appointments (OPA) (face to face) - 71,811
- First OPA - virtual (not face to face) - 38,570
- Follow up OPA – (face to face) - 122,304
- Follow up OPA - virtual (not face to face) - 120,870
- Number of inpatient procedures - 6,356
- Number of day case procedures - 14,760

Primary Care Recovery

In response to the ongoing challenges in primary care, the following priorities have been identified:

- Ensure primary care involvement and engagement in the transformation of clinical pathways, to support recovery and address planned care backlog across the whole system, reviewing the impact of any operational changes and provider capacity. This will be supported by the Transformation Office of the health board.
- Provide additional funding to ensure continued use of the AccuRx and eConsult online platforms in GP practices, supporting improved access and demand management for general medical services. This was a specific request from primary care providers who are experiencing a number of workload efficiencies as a result;
- Encourage GP practices and community pharmacies to report their escalation levels, with Area teams taking proactive action to provide support where necessary;
- Establish a Dental Training Academy, hosting a training unit, GDS contractor and CDS, with a focus on increasing access to dental services in the west area of the health board. The tendering process for providers is currently underway, and it is envisaged that this will provide valuable additional activity within the West of BCUHB, as well as generating an advanced practice dental workforce within BCUHB;
- Increase the number of core urgent access sessions commissioned from general dental practices, providing an additional 250 to 700 patient appointments dependent on patient complexity of treatment needed. Proposals have been developed to commission further urgent and non-urgent sessions, as well as additional orthodontic activity;
- Complete the Pharmacy Needs Assessment by October 2021, providing a reference for the planning and commissioning of future community pharmacy outlets and services;
- Support the training of additional Independent Prescribers in community pharmacies;
- Continue to develop the integrated eye care programme and ODTs, optimising care closer to home and improving access to services

In relation specifically to chronic conditions, diagnostics and screening, proposals are now being advanced with our clusters, recognising that schemes need to be put in place over the summer

months. In order to progress this work dedicated project management support will be identified and in the interim, independent contractors are being encouraged to adopt a triaged approach where chronic disease management backlogs exist, to ensure that those with highest need are prioritised.

Furthermore, the priorities listed below will be delivered to support the whole recovery and ongoing development.

Primary care sustainability - we will:

- Develop our Primary and Community Care Academy, including the establishment of the Dental Academy with a dental training unit and provision of dental services, an additional training hub to further support advanced practice training in primary care, the further development of the Physician Associates programme and piloting of 'Project Flex', a flexible approach to GP recruitment..

Primary care premises – we will:

- Continue to engage at a national level with Welsh Government, , to review all primary care facilities, in order to develop a robust primary care estates strategy to support the delivery of new ways of working, growing demand and care closer to home.

Health and social care locality working – we will:

- Ensure that integrated localities continue to develop and deliver their priorities for 2021/22, which include:
 - effective delivery of the COVID-19 vaccination programme;
 - integrated mental health and well-being;
 - Chronic disease management, in particular diabetes and lifestyle choices.
- Further develop MDT working and advanced health practitioners working in primary care settings;
 - developing the community resource teams;
 - Support for care homes;
 - Frailty pathway development.

HMP Berwyn

There has been a very different year at HMP Berwyn during 2020 / 2021 as a result of the impact of COVID-19 on the prison population. As a result of this our priorities for 2021/ 2022 are:

- To offer an enhanced mental health and learning disability provision specifically addressing difficulties around recruitment and retention of specialist staff;
- Enhancing capacity to address the unacceptable long wait for routine dental care for residents at HMP Berwyn;

We will review of our primary care and substance misuse services structure to ensure we continue to deliver a responsive and fully integrated health and wellbeing service at HMP Berwyn. This includes a retendering process for our in hours and out of hours GP service subject to Board and Welsh Government approval.

Specialist Services

Specialist services for the population of BCUHB are predominately provided from BCUHB and NHS England providers with a small number of services provided from NHS Wales's providers.

The Health Board is a provider for a number of regional and national specialist services including, Artificial Limb and Appliance Services, cardiac services, CAMHS, cochlear and bone anchored hearing aids, Inherited bleeding disorders, neonatal intensive care, mental health services- forensic psychiatry, positron emission tomography PET services (provided through mobile unit) and renal services.

As a provider BCUHB has a number of models in place for delivering specialist services across the region, these include care provision locally in a single site or a combination of 2 or 3 hospital sites.

Similarly, there are a number of models in place for specialist services provision from NHS England providers, with care being provided both at the specialist provider and as outreach into BCUHB facilities. The outreach services and models vary across specialist services and the hospital sites. They include models where the specialist services are described as provider at or provider with BCUHB. The model of care is of particular importance in relation to the Governance arrangements in place.

We are working with WHSSC to develop a joint work plan and services strategies to ensure progress is being made in equity, quality, sustainability and repatriation.

This work will inform planned and unscheduled care pathways, the wider BCUHB recovery and also shape our clinical services plan. Areas of focus in 2021/22 include CAMHS, cardiology, plastic surgery, paediatrics, neurology and acquired Brain Injury.

10. Improved unscheduled care pathways



The following table sets out the key deliverables for this element of our plan, with further supporting information below:

Key Deliverables 2021/22

We will:

- Further develop the pathfinder urgent primary care centres, supporting an integrated model of unscheduled care and integrating these with the 'contact first' development and roll out of 111;
- Monitor escalation levels reported by GP practices and community pharmacies taking action where necessary;
- Develop the Home First Bureau approach to support timely discharges, by consolidating our resources including continuing healthcare, frailty pathway, discharge to recover and assess, and community resource teams;
- Deliver support to care homes with a focus on Quality Assurance;
- Implement the recommendations in the Welsh Government document 'Rehabilitation: A Framework for Continuity and Recovery 2020-21' to support the ongoing needs of COVID-19 patients;
- Complete a systematic review of emergency departments, working with local emergency admitting teams to map the current availability of services and identifying gaps to be addressed to develop and deliver improvement to the service;
- Implement emergency department access and patient flow (Welsh Access Model/ Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model);
- Implement the stroke service model strategic case enabling work to progress on strategic service development, strengthening acute stroke services across each of the three district general hospital sites;
- Develop a clear set of pathways for certain conditions to support the direct referral of patients to the most appropriate setting and provide a more seamless and efficient service to improve patient flow;
- Implement Same Day Emergency Care (SDEC) improving service delivery through standardisation and resulting in improved patient outcomes;
- Developing the unscheduled care hub, 111 service / contact first, reducing Emergency Department unnecessary attendances.

Responding to urgent and emergency care needs across the whole range of Health Board services has been a considerable challenge throughout the pandemic, however significant innovation and change has been delivered during this period through the re-design of patient pathways. We will build on these COVID-19 pathway improvements, including the speed at which change has occurred and use this COVID-19 learning to help shape and review our unscheduled care patient pathways going forwards.

We will need to ensure a robust approach to addressing the ongoing demands of the pandemic and the winter pressure challenges ahead, with appropriate surge plans in place as required, dependant on the ever-changing environment of the pandemic.

As set out in Section 4, it is expected that the demands placed upon hospital inpatient services as a result of COVID-19 will reduce as we move into 2021/22. Whilst this is positive in terms of reducing

this specific demand within our hospitals, there are indications that demand arising from other causes will increase during the year. This has been assessed against the 2018/19 baseline data and we expect a significant increase in emergency admissions from 58,085 in 2020/21 to 95,337 in 2021/22 based on the following assumptions:

- April - June 2021 5% increase (taking account of any reduction in restrictions and acuity of patients) Royal College of Emergency Medicine also suggests 5% uplift;
- July – August 2021 15% increase – this predicts circa 17-18,000 attendances over these months (taking account of social economic elements and expected increase in surgical emergencies);
- September –October 2021 - 5% increase (expecting admission rates to increase due to the above);
- November 2021 onwards – 100% comparison to 2018/19 (expecting usual seasonal conditions (for example respiratory, frailty etc.).

Given the significant performance challenges which the Health Board currently faces and the demand projections above, the need to undertake a fundamental re-assessment of key aspects of our unscheduled care delivery is clear.

The following elements have been identified as key to tackling the problems associated with unscheduled care, which have been accepted by the leadership team:

- Leadership and trust across systems;
- Ability to align goals across health and social care;
- A whole system approach.

In 2020/21, short term funding has been directed to hospital front door (SDEC) and early supported discharge (D2RA = Discharge to Recover and Assess). Short term funding has not enabled sustained change or enabled a thorough assessment of the impact of the interventions. Longer term or invest to save funding will depend on being able to demonstrate good patient and system outcomes.

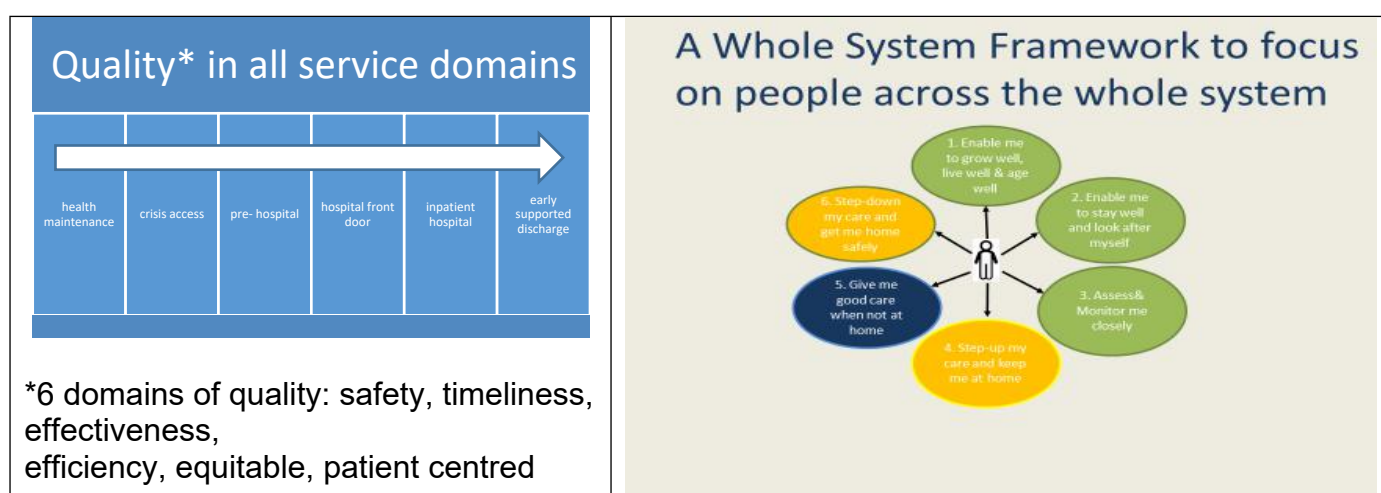
There are some areas of excellent practice in BCUHB, however the Board have recognised the need to sustain, embed and disseminate this practice. Clinical teams must be supported to describe a vision for their services and to define what good looks like for staff and patients.

It is recognised that the Health Board requires support to address these challenges. We are able to map the unscheduled care system in a number of ways in order to break it down into manageable parts whilst not losing sight of the connectivity that is required to make services work effectively together. To this end the Health Board has joined forces with the National Collaborative Commissioning Unit (NCCU) who are supporting the Board and its Social Care partners to deliver a comprehensive improvement programme designed to improve timely and appropriate access to

urgent and emergency care services. Translated into practical terms the HB has committed to ensuring that our citizens are helped and supported to access the right care, delivered by the right professional in the right place, first time and every time.

The HB will maximise its opportunity to secure recurring central funding through the NCCU commissioner, this will allow us to continue our support to programmes such as Same Day Emergency Care (SDEC), Welsh Access Model (WAM), Contact First linked to 111 rollout and Discharge to Recover and Assess (D2RA). Recurring funding will provide an opportunity to break the cycle of 'stop/start' of initiatives and allow teams to apply a true transformational approach to modernising and improving the services and care we provide.

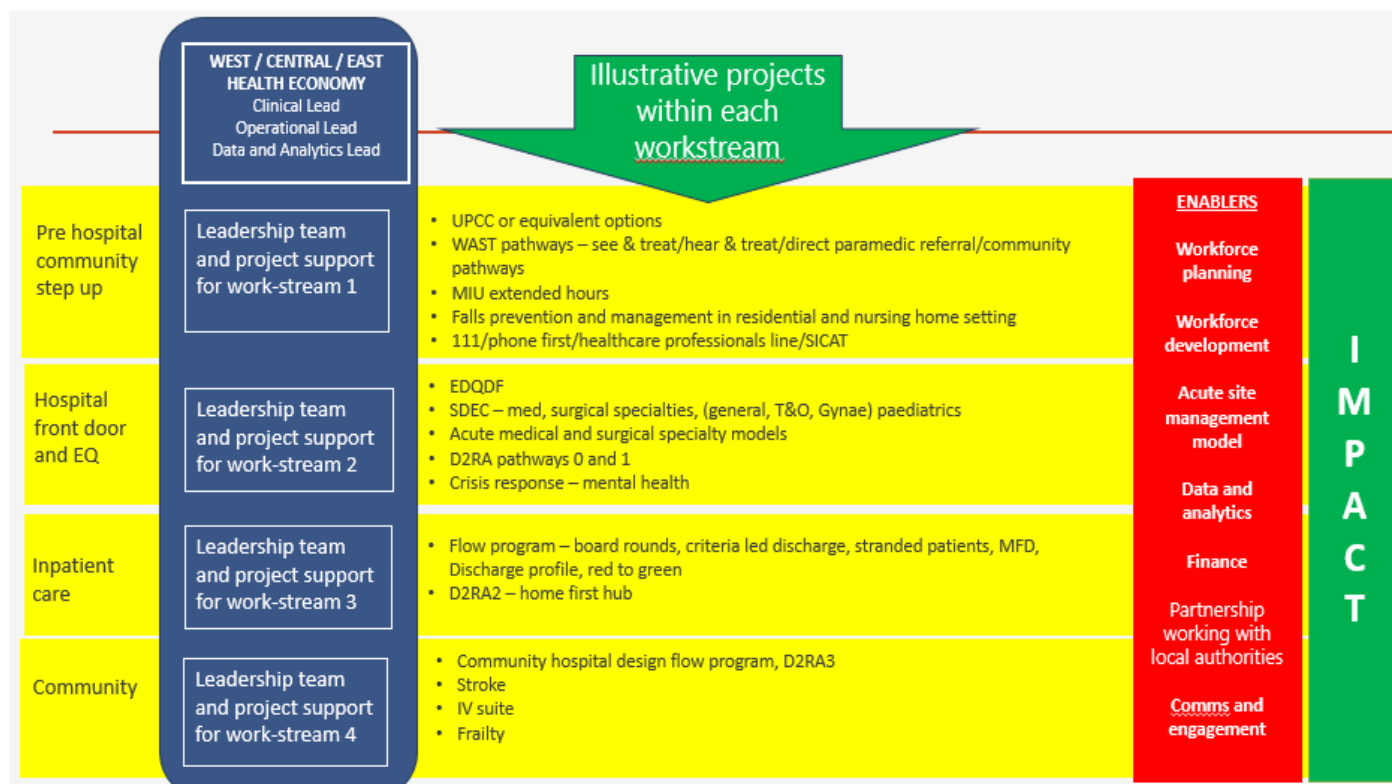
We describe an effective service as a service that should lead to good patient outcomes and good patient and staff experience in each of the domains depicted below.



In order to address this deficit in our service delivery, the National Collaborative Commissioning Unit (NCCU) has agreed to work with us to frame a programme and provide ongoing support and challenge over the next 18-24 months to help the clinical and managerial teams own the developments and embed the change.

The NCCU team have met with a range of staff and teams as well as stakeholders across the health and social care system to review local urgent and emergency care plans and have developed an outline plan. NCCU team's expertise will support clinical and managerial leadership teams to develop, implement and embed change and deliver improvements that focus on reducing harm, improving quality of care to ensure better outcomes for patient and better staff experience.

The following diagram illustrates the emerging plan setting out 4 key workstreams and supporting illustrative projects for the urgent and emergency care transformation programme of work



Welsh Government has provided strategic support of up to £90m over the next three years to be used to improve performance across North Wales and this will be allocated across planned and unscheduled care. We will use this funding to drive forward the most critical aspects of service change that will support service transformation and enhanced performance in unscheduled care.

In addition to the work described above, we are taking a system and pathway approach to ensure we can deliver seamless care across all services. This will include developments such as 'Contact First' and the implementation of 111, working alongside our GP Out of Hours service. We saw a significant drop in attendances and admissions across our emergency departments during the first phase of the pandemic in spring 2020 and we will endeavour to implement lessons learned, alongside these new services to maintain this position by continuing to educate and support the North Wales population and offering seamless services with primary care and other unscheduled initiatives.

In primary care, we will:

- Further develop the UPCC pathfinders as part of a national programme of innovation to develop alternative urgent care services. The UPCCs provide additional capacity to support GP practices and Emergency Departments, with patients triaged to the centres both in and out of hours. These pathfinders will include the continuation of the Wrexham/Mold Centres (supporting 6 clusters) and the North Denbighshire Centre commencing in Q1, in Rhyl.
- Continue to be a key partner to the national strategic programme, sharing the ongoing learning and evaluation; contributing to the WG priority to transform unscheduled care. Furthermore, a business case will explore the development of an UPCC pathfinder in the West Area, with the aim that this will be in place in readiness for the Winter Plan, integrating these with the 'phone first' development and roll out of 111.

11. Integration and improvement of mental health services



The following table sets out the key deliverables for this element of our plan, with further supporting information below:

Key Deliverables 2021/22

We will:

- Implement the neurodevelopment model of working, improving access to services for children to meet Welsh Government assessment targets and further develop early intervention post diagnostic services;
- Recruit and train psychiatrists in CAMHS supporting progression to future consultant posts, along with additional specialist nurses;
- Implement a number of support mechanisms including investing in the roll out of the mental health practitioner model and community connector role to localities in order to improve primary care resilience;
- Design clear and well-defined model of inpatient care that meets the population demand and draws upon the highest quality evidence base, improving our holistic approach to care;
- Introduce a programme of work across the mental health division to review long length of stay and delayed transfers of care, promoting safe and timely discharge of patients to the appropriate setting;
- Implement ward accreditation to improve the fundamentals of care and leadership, improving service delivery and outcomes for patients and their families, with all wards achieving a bronze award or above;
- Implement a programme to integrate health systems and develop digital health initiatives;
- Enhance leadership within mental health, developing a sustainable workforce plan including training to support service redesign;
- Further develop the delivery of clinically led safe and effective services, aligned with the Dementia Strategy;
- Work with area teams and local authorities to provide support to care homes through a team based approach;
- Implement an agreed model for early intervention in psychosis;
- Deliver clinically led, safe and effective services for mothers and babies and commission two specialist services placements.

The need to deliver continued improvement in our mental health services for people of all ages is a key priority for the Health Board and is reflected clearly in the targeted intervention framework published by Welsh Government. Recent events have seen the emergence of increasing mental health and wellbeing needs arising from the pandemic, which require an effective and timely response.

During the pandemic, there was a reduction in referrals to some services and it is envisaged that this will be reversed in 2021/22. Our planning assumption is for demand to return to pre COVID-19 levels, which will see an increase from 11,400 to 14,645 referrals under section 1a of the mental health measure. Similarly, crises referrals are expected to reflect activity prior to COVID-19, with the usual fluctuations in seasonal demand.

We have commenced work to transform our mental health services and to ensure long-term sustainable delivery. This work is taking into consideration the various services, which are experiencing pressure, including that felt by helplines and crisis response during the pandemic.

Within the Welsh Government budget for 2021/22, recurrent funding for mental health services was secured which is to be targeted towards delivering improvements in specific priority areas in the Together for Mental Health Delivery Plan 2019-2022 which was refreshed in October 2020 in light of COVID-19. The MH&LD Division in collaboration with CAMHS services submitted proposals against this recurrent funding which embed quality improvement approaches into their design and also address the impact of COVID-19 on the current demand and models of service provision.

The specific proposals related to:

• Eating Disorders – CAMHS and Adults services	£971,505
• Perinatal services	£156,000
• Increased access to psychological services – CAMHS and Adult services	£652,450
• Specialist CAMHS	£813,000
• Crisis Care/Out of Hours Provision (all ages)	£903,000

During 2021/22, there will be a particular focus to ensure that the Mental Health and Learning Disability (MH&LD) Division is working more closely across the organisation and with partners. We will re-invigorate our partnership work through engaging with key stakeholders in keeping with Together for Mental Health Strategy and ensure our clinicians lead and support the work we need to do to modernise our services.

As part of the £12m capability strategic support allocated by Welsh Government, the Health Board has allocated £6.7m in 2021/22 to improve Mental Health and Learning Disability services (including CAMHS) and progress the Mental Health strategy in partnership.

The strategic support resource which has been made available to mental health services will support delivery of engagement and transformation programmes across the Health Board, which are clearly aligned to the following 5 main strategic drivers:

1. Supports the requirements outlined within the Welsh Government targeted intervention framework.
2. Aligning plans against the 4 strategic objectives of the division, namely:
 - Delivery of safe and effective services in partnership;
 - Stronger and aligned management and governance;
 - Engagement with staff, users and stakeholders;
 - Review of capacity and capability.

3. Addressing the 4 ministerial priorities for mental health namely:
 - Tier 0/1 prevention;
 - Crisis prevention/response;
 - Suicide prevention/response;
 - CAMHS.
4. Learning from COVID-19 – applying lessons learned from the Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales:
5. Together for Mental Health Delivery Plan 2019/22 key priority areas:
 - Eating disorders;
 - CAMHS;
 - Further development of perinatal mental health services;
 - Increased access to psychological services (all ages);
 - Crisis care/out of hours provision (all ages);
 - Early intervention in psychosis.

Other priorities identified for improvement include:

- Divisional management and clinical governance arrangements are being strengthened to ensure delivery of safe services;
- We will continue to strive to achieve the national target of 90% provision of valid care and treatment plans;
- We are committed to appointing a substantive service leader to support the improvement of psychological therapies.
- CAMHS transformation and Improvement; to develop a workforce plan and sustainable workforce, service model and enhanced care pathways, including:
 - Crisis; improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible;
 - A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it;
 - Multi-agency children's transformation work developing integrated pathways of care.
- Within CAMHS there are also specific requirements to address long waiting lists for access to services. In response to this resource has been identified from the planned care performance fund which will enable the following actions:
 - By 30 June 21, gain external support to increase therapy capacity and assessments for therapy;
 - Development and implementation of a Children and Young People (CYP) workforce plan during Q1 to Q2 including considering new roles and the recruitment of psychiatry trainees in each Area and appoint twelve family wellbeing practitioners to posts across the teams;
 - Embrace and fully utilise 'Attend Anywhere' and ensure that this is utilised by all teams (supported by effective performance information processes) during Q1;

- Modernise our working practices, utilising new IT hardware for staff during Q1 and Q2;
- Improve our offer with the development of a CYP website to promote the service and support recruitment (Q2).

The current proposal for the allocation of strategic support for mental health is broken down as follows:

Mental Health for Adults and Children		
Description	Cost £m	Key deliverables
Older Persons Crisis Care	0.5	Improved and earlier response for older adults with severe and enduring mental health and those with dementia crisis Improved patient experience Reduction in unplanned/avoidable admissions/attendances at ED Reduction in DTOCs in acute hospital setting
Eating Disorders	0.5	Local specialist assessment and treatment of individuals (in line with NICE 2017 guidance) Individuals will be offered a range of psychological interventions Specialist treatment which will ensure safe and effective management of psychological, physical and social aspects of their eating disorder Collaboration with CAMHS to ensure seamless transitions and integration of care across services for young people requiring adult services
ICAN Primary Care	1.7	Direct and rapid access to a wider ranging support in primary care Tier 0 support by introducing ICAN connectors and ICAN community hubs
Medicines Management	0.6	Improved patient compliance and education with current medication
Occupational Therapy	0.4	Increased therapy leadership across the division to assisting in reviewing and improving patient flow between primary and secondary care Improved MDT working with a focus on recovery and overcoming barriers that prevent patients doing activities that matter to them discharge support
Perinatal	0.2	Reduce mental illness in the mother and improve the mother-infant relationship Regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health

Mental Health for Adults and Children		
Description	Cost £m	Key deliverables
Early Intervention in Psychosis	0.3	Reduce treatment delays at the onset of psychosis Promotion of recovery Reduction in episodes of relapse
Psychiatric liaison	0.3	Timely response Reduction in delays in emergency departments for mental health assessment Signposting to alternative support services
PMO Support Function	0.2	Project support for managing and reporting against all initiatives across the division Dedicated support to clinicians for tracking outcomes
Consultant Therapist	0.1	Support key strategic priorities of the division, strengthening leadership and cross divisional working and assisting in reviewing and improving patient flow between primary and secondary care. Lead pathway development to further meet the ambition for integrated service improvement and transformation through a holistic approach to care and improved multi-disciplinary ways of working.
CAMHs transition and joint working	0.8	Effective and timely transition arrangements that support young people into adult services The needs of young people and their families met Effective joint working arrangements between adult mental health, child and adolescent mental health services and local authority professionals
Integrated autism service	0.7	Timely assessment for individuals Dedicated support to individuals and their families
Joint commissioning pot with AISBs	0.3	Joint approach to commissioning health and wellbeing services for local population via community localities
Wellness, Work and Us	0.2	Staff will feel valued empowered individuals Reduced stigma around mental health Dedicated staff wellness areas to support wellbeing of our staff
Total	6.7	

Resources for mental health services will continue to be ring-fenced in 2021/22. Compliance of individual organisations with the ring fencing requirement is monitored on an annual basis. Additional funding has been allocated to the ring fenced mental health allocation for the Health Board for cost growth uplift. This funding will contribute to funding unavoidable cost growth in mental health services and includes funding to cover the first 1% of 2021/22 pay awards.

Increase independent provider support to our CAMHS in the short term for both assessment and therapy.

12. Enablers

We have identified a number of priorities and enablers, which are critical to the success of our plan, which are described in brief below. They also support the programme of development, which is key to demonstrating progress against the targeted intervention framework, which will be a key measure of success in 2021/22. The table below identifies the targeted intervention domains and the relevant enablers -

Targeted intervention domains	Our core key priorities and enablers supporting targeted intervention delivery;
Mental Health (adults and children)	<ul style="list-style-type: none"> • Transformation for improvement • Integration and improvement of mental Health Services
Strategy, planning and performance	<ul style="list-style-type: none"> • Transformation for improvement • Stronger governance • Making effective and sustainable use of our resources. • Aligning our people
Leadership (including governance, transformation and culture)	<ul style="list-style-type: none"> • Transformation for improvement • Enabled by effective alignment of our people • Stronger governance
Engagement (patients, public, staff and partners)	<ul style="list-style-type: none"> • Transformation for improvement • Strengthening our population health focus

These enablers are explored further in the sections, which follow.

13.1 Organisational development

We have committed to embark on a programme of work which aims to align each and every member of the organisation behind the goal of “One NHS organisation”, working with our partners and citizens to deliver co-ordinated seamless care or service for individuals. Our approach to this ambitious work programme, titled Mewn Undod Mae Nerth (Stronger Together), is framed by evidence-based research, which allow us to join the threads across the organisation and the system that facilitate the conditions for and are associated with high performance through an engaged and motivated workforce, committed to delivering the healthcare goals for North Wales.

Our plan is informed by previous commissioned reviews and by “A Healthier Wales’. It is driven by the quadruple aims:

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and

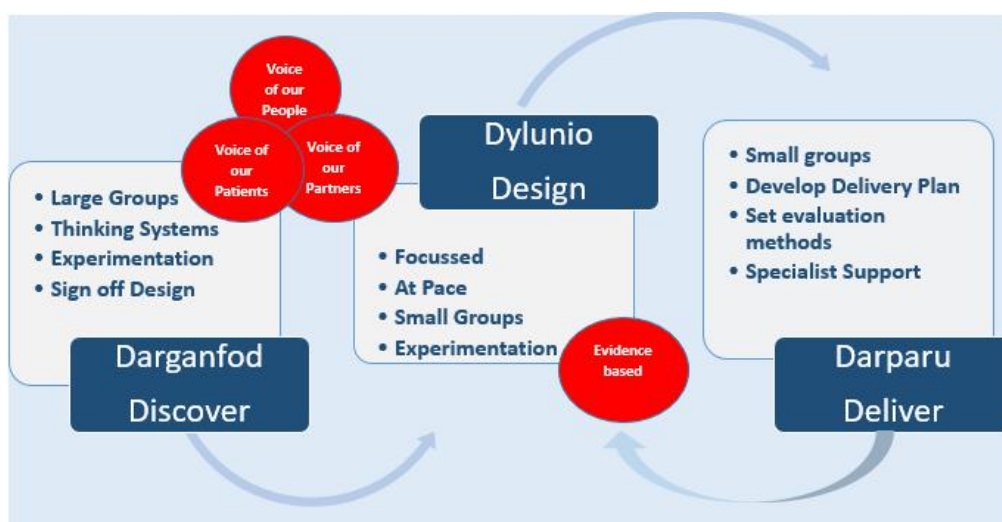
- A motivated and sustainable health and social care workforce.

The overarching approach we are adopting will enable the organisation to discover its current capability and answer the question: “What do we need to do as an organisation and system of care to succeed in the achievement of our purpose and goals?” Its design aims to integrate all existing quality, performance and productive service change and development activities currently taking place within the organisation.

We are working in partnership with our people so that the solutions to the problems we face are co-produced with people who work across the organisation and understand the challenges. Our approach will continue to be inclusive to ensure that those who contribute are truly representative of our people and wider cultural aspects are taken into account.

Applying the framework for large-scale change, we are using the model of discover, design, delivery to inform our strategic organisational development route map. The model is shown in the diagram below:

Mewn Undod Mae Nerth (Stronger Together):



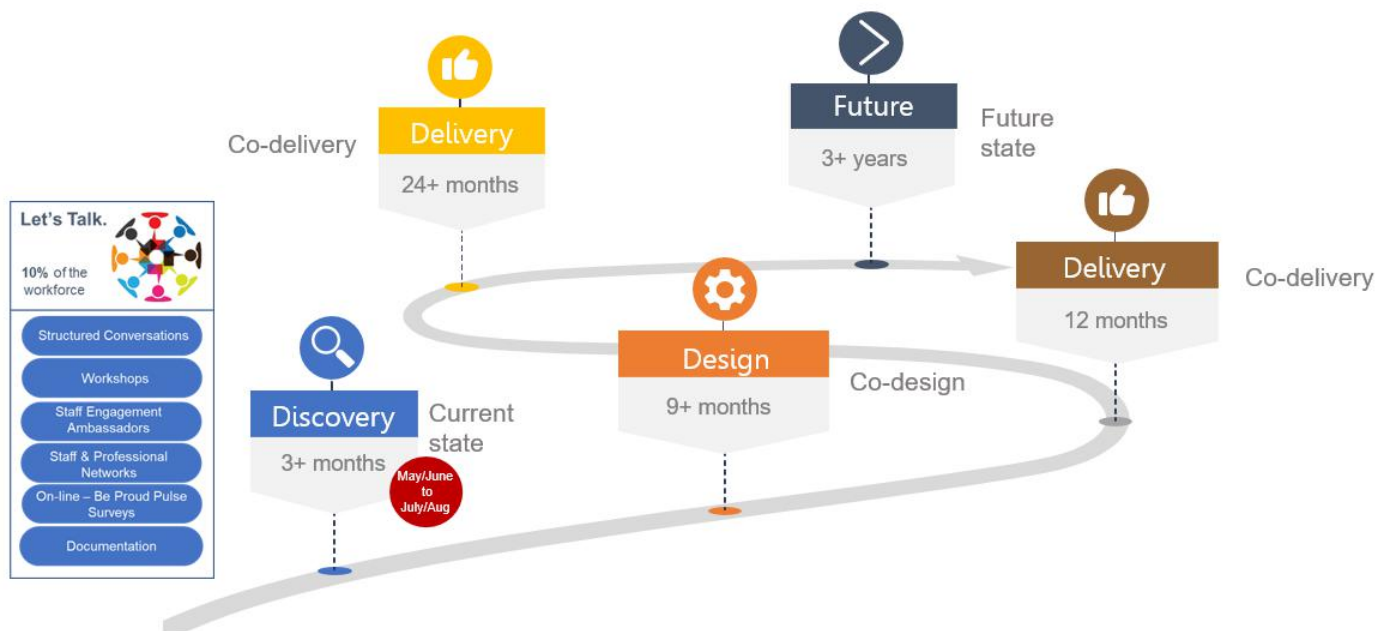
This work is consistent with and aligned to the seven themes within 'A Healthier Wales: Our Workforce Strategy for Health and Social Care'. As we move through the phases this will inform our contribution to the refresh of the Regional Workforce Board - workforce strategy, together with the updating of the Health Board's own workforce strategy.

The approach is positioned as organisation-wide and systematic, engaging our workforce, our partners and fundamentally our patients in the pursuit of a strategic organisation and system development route map for the Health Board. It is aligned to our vision for transformation as detailed earlier in this plan.

The goals and outcome measures have been established for the first phase, and work commissioned began in earnest at the beginning of April 2021.

We are clear on the route map and are well into our Discovery Phase “Let’s Talk”. The graphic below illustrates the timeline and key milestones. As described above we are working with our people and partners to deliver this work and in doing so are not only bringing together change agents from across the organisation to support delivery, but also building the capacity, capability and confidence to be self-sustaining in our focus on organisational health and the significant alignment with improved care, outcomes and experience. Our aim is to create a “social movement” across all groups and levels supporting our organisational and individual recovery and at the same time setting the tone for the culture we want to see, hear, feel and experience.

Our Strategic Organisation & System Development Route Map



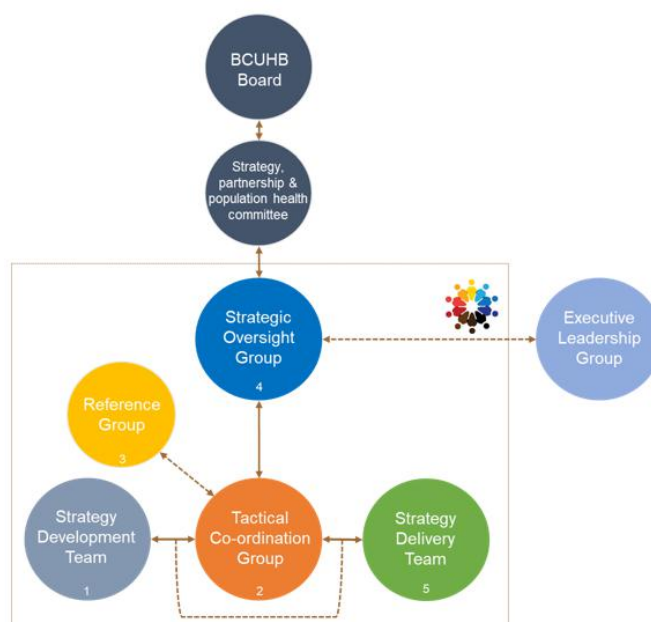
We have been clear from the start that this is championed and led from the Board through our organisation to our citizens and as such, the delivery structure is led by the Chief Executive. The structure below outlines the primary delivery structure.

Our Delivery Structure

Design Principles

The following design principles have been used to inform and develop the oversight & delivery architecture:

- Chief Executive Sponsorship.
- Collective Executive ownership.
- Connecting & coordinating interdependant teams & individuals.
- Connecting, coordinating & collective ownership of interdependant activities.
- Supports the model of a single corporate plan (master schedule)



In addition, and critically, we have built the development of our Board Development Programme on these design principles and are clear that the learning and feedback from our Discovery work will inform the further design of the programme in quarter 3.

In addition, the measures of success and maturity set out across the maturity matrices developed across the 4 domains will be supplemented with the learning and feedback from Discovery work, with the evidence, outcomes and reference groups being formed by people from across our organisation, partners and population. The longer-term aim is that Mewn Undod Mae Nerth evolves from a title for this piece of work to a way of working. This will clearly take longer to achieve but the work over the course of this year, building on the experiences of the last will be fundamental to the strength of the foundations underpinning sustainable change and improvement.

Key Deliverables 2021/22	
We will	
<ul style="list-style-type: none"> • Establish and mobilise the 3 year strategic organisational and system development route map – Stronger Together; • Develop an Organisational and Leadership Development Strategy 2022 – 2025 • Align the Board and Senior Leadership development as part of this strategy 	

13.2 Stronger governance

The Board continued to strengthen its system of integrated governance in the latter part of 2020/21 and will build on this progress to embed change in 2021/22. This will ensure that systems are in place to keep our public and staff safe and informed. Performance and accountability remain key priorities alongside co-worker involvement and engagement in decision making through social partnerships. This will support the transfer of innovations into practice, working with partners.

The Board will oversee the delivery of the targeted intervention improvement plan through the use of maturity matrices for the four improvement domains which are:

- (i) Mental Health Management;
- (ii) Strategy Planning & Performance;
- (iii) Leadership and;
- (iv) Engagement.

The Board has appointed Executives Directors to lead each of the domains, supported by a link Independent Member in order to effectively draw upon the breadth of skills and knowledge within the Board.

Executive Directors have developed maturity matrices within their domains that have been co-ordinated through the Targeted Intervention Steering Group and agreed by the Board. In May 2021 the Board agreed baseline reference points to reflect the current position in each domain, against which progress will be measured.

Progress will be tracked bi-monthly by the Board with a formal review of progress every 6 months as part of the standard reporting arrangements to the Board. Improvement expectations for the second six-month period will be set in November 2021. Actions to deliver the improvements required are contained throughout this plan and supporting programme level action plans.

The delivery of actions contained in this plan will be evidenced via the Board's performance report, with scrutiny and challenge provided by both the Finance and Performance Committee and the quality, safety and experience committee. Accountability for the delivery of actions will be clearly articulated across the organisation with service areas held to account for their performance through the monthly accountability review process.

Progress in the reducing risks set out in the Board assurance framework will be subject to review by the Health Board and its committees throughout the year as the actions set out in the plan are delivered.

Finally, following feedback from the Board work has commenced to develop a new Integrated Quality and Performance Report (IQPR). This new report and underpinning processes will align with the Health Board's Performance and Accountability Framework and will seek to ensure that overall there is a more robust process of assessment and reporting in place.

Assessment against the key outcomes will be a standing agenda item at the quarterly divisional executive accountability reviews and local accountability reviews. The information collated will also be used to contribute to our assessment against the targeted intervention framework.

13.3 Making effective and sustainable use of resources

The Health Board's current use of resources presents a number of challenges, including but not limited to, high premium rate pay expenditure, the quality and volume of estate and delivery of effective demand and capacity planning.

Against this baseline position, the pandemic has placed significant additional strain upon all of the Health Board's resources, most notably our people and estate. These demands are expected to continue during the period of this plan and therefore focused action is required to ensure that we make the best use of resources in the short, medium and long term. Our approach to this challenge is set out below:

- We will adopt a new approach to building our financial plan, including the development of a three year financial and service strategy;
- We will implement a workforce optimisation plan;
- Applying principles of value based healthcare, we will identify unwarranted variation ensuring transparency about why realistic decisions based on available resources are required. We will develop strategies to overcome barriers to implementation of change and build capacity and capability to implement the best available research evidence into effective action;
- Decarbonisation – we have a number of capital investments which support our commitment to improve energy efficiency and reduce reliance on fossil fuels. We will continue to increase our sustainable energy generation and reduce our carbon footprint. This includes the provision of the new electrical service vehicles and the associated charging points.

13.4 Workforce

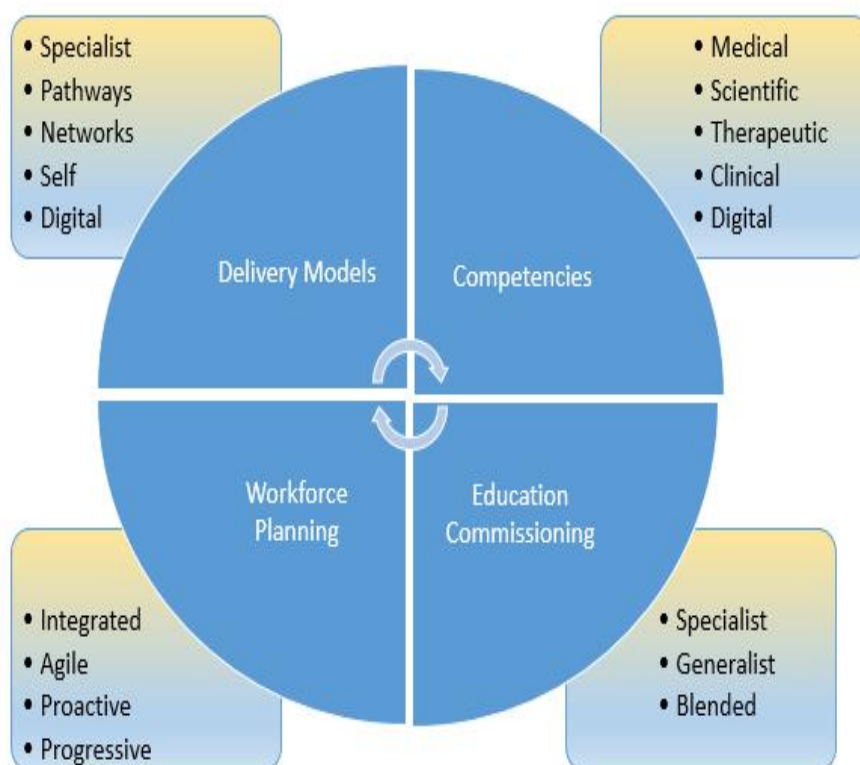
The following table sets out the key deliverables for this element of our plan, with further supporting information below:

Key Deliverables 2021/22

We will

- Deploy a clinically led service and workforce review programme to support effective planning, commissioning and deployment of our workforce across the Health Board, in order to ensure focussed and efficient recruitment, integration of new roles and optimisation of resources;
- Continue to execute improvements in staff safety, support, wellbeing and resilience, in order to improve attendance, retention and contribution;
- Develop and deploy an integrated multi professional education structure, together with the further enhancements in strategic educational collaboration, to support establishing the Health Board as learning organisation and an employer of choice;
- Develop and deploy a programme of work, as part of the strategic equality plan, to support the organisation in meeting its Socio-Economic duty;
- Refresh the workforce strategy 2019 – 2022 for the period 2022 – 2025.

Building on the work undertaken through the pandemic we will focus on improving the connectivity between service design and delivery, workforce shape and supply. This will include clinically led reviews of existing delivery models, which will then inform the workforce plan and ensure the skill mix is correct for service delivery and sustainability leading to proactive workforce commissioning and placement opportunities across primary, community and secondary care settings, whilst continuing to develop a longer-term approach to agile and flexible working.



Recruitment and importantly retention of staff will continue to be managed through collaboration between operational and clinical teams, clinical corporate teams and workforce teams. Informed and supported by both workforce and service reviews and education improvement plans, we will ensure that we have systems in place to make it easier for managers to plan, recruit and on board staff in an efficient way. Where this means agreement to proleptic appointment i.e. proactive in anticipation of turnover to facilitate handover and reduce gaps requiring interim support and/or increasing establishment to reduce high cost temporary workers, we will work in partnership to facilitate this - reducing barriers and realising benefits.

Clearly the scale of the challenge in terms of delivery of additional activity as part of our unscheduled and planned care improvement is significant. Set against a context of post pandemic fatigue and the assumptions built into our planning to date, we are clear that resourcing delivery of our plan will be multi-faceted.

Supported by the work undertaken nationally with regard to flexibility of rates etc. and the clarity of clinical direction our plans for 2021-22 are based upon pump priming additional capacity and capability through:

- In house Additional Clinical Activity – a blended approach of flexibility of sessions, additional sessions and utilising extended/blended roles. Opportunities for further enhancement of additional roles e.g. Physicians associates etc. to support sustainability of ongoing services one but important key to our planning and delivery
- Insourcing additional capacity and capability – flexible service delivery supplemented by dedicated and protected capacity and capability focussed on elective care. Particular examples include diagnostic services/endoscopy etc.
- Outsourced additional capacity and capability – whilst recognising the balance required, these services will be deployed to support those clinical specialities where the volumes are high and risk of harm is significant.
- Further Development of enhanced services around the patient out of hospital – increasing our bed base is not the solution either to provision of improved care and outcomes or in terms of attracting and retaining high quality staff. Using the challenges as a catalyst for changing our models from traditional to contemporary/evidence based and patient centred is essential and is factored into the assumptions in our workforce planning.

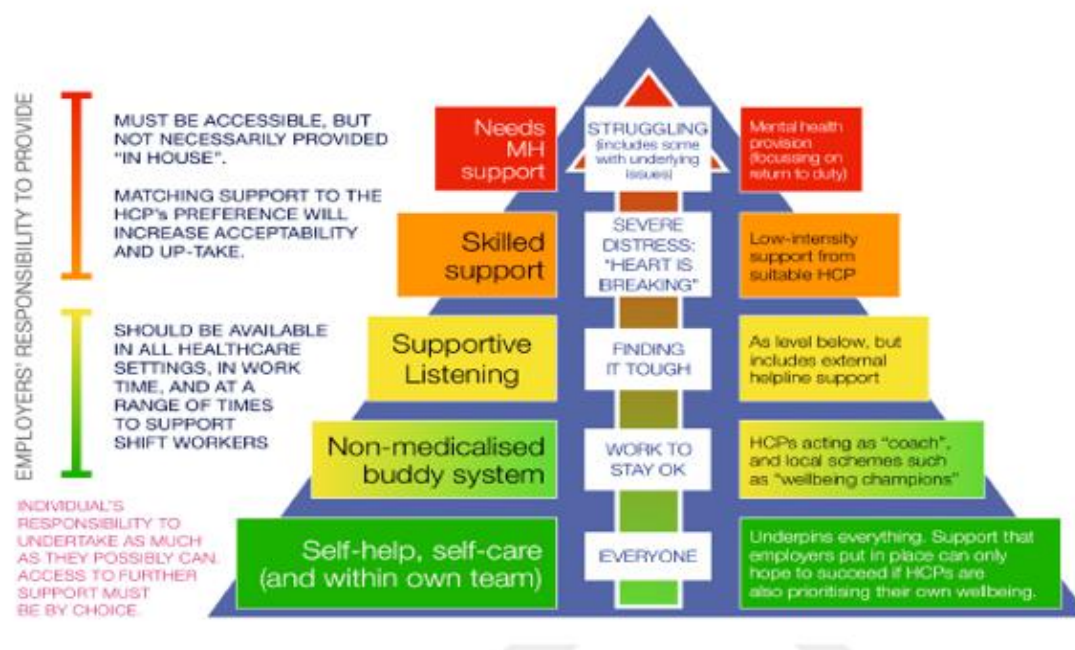
These measures will provide the necessary capacity and capability to deliver the care critical for our communities now, whilst supporting the development of improved pathways of care across our footprint, optimising our architecture and driven by improved outcomes.

Consistent with our responsibilities under the quadruple aims as well as our Socio Economic Duty we will continue to work with partners as part of the foundational economy challenge fund project - “Solving challenges with recruitment, retention and training of North Wales’ social care and health workers.”

In addition, the development of an integrated multi professional education structure, together with the further enhancement of strategic educational collaboration will be an essential element in achieving our vision for transformation. Building on the work done to date to work towards establishing the Health Board’s reputation as a learning organisation, committed to education and continuous learning and innovation and as a result an employer of choice.

Developing a career escalator will support us in illuminating the opportunities across the organisation as well as enabling us to better spot and nurture talent within the organisation. Creating the right environment and establishing the required infrastructure for our leaders to excel will be central to our talent and succession planning programmes.

We will continue to ensure that our staff continue to be supported with safe working conditions and that we are providing additional support for wellbeing both physical and psychological. Below is a diagram that outlines the levels of support that are in place to support staff and some of the broad types of provision that enable that support offer.



Building on the services delivered through our occupational health and wellbeing service and the staff support and wellbeing services deployed during the pandemic, we will continue to build capacity through the organisation to better support our staff within their teams. Using a model that enables staff to support themselves with signposting through to enabling them to access specialist support and advice we will work with partners to build upon the resilience demonstrated through the last 12 months.

13.5 Capital

The Health Board has access to a number of sources of capital including its discretionary allocation, the all Wales major capital programme, specific all Wales programmes, charitable funds and the Intermediate Care Fund (ICF). Taken together these form the capital programme.

The Welsh Government has confirmed that the Health Board's discretionary allocation for 2021/22 is £14.421m. After making provision for slippage and brought forward commitments from 2020/21, together with a 15% over-commitment to allow for potential slippage, this indicates that we should develop a discretionary capital programme of circa £15.7m total value.

Welsh Government have confirmed the establishment of a “*Funding Programme for Targeted Improvements in the NHS Estate in Wales*”. The programme is focused upon improvements with respect to estate infrastructure, mental health, decarbonisation and fire safety. Following a review of the bids received the national Estates Advisory Board have supported additional funding for the Health Board of £4.597m.

National programmes are established for radiotherapy and imaging. The Health Board’s bids total £5.075m. 2021/22 is expected to be the final year of the ICF funding programme and investment is focused upon those schemes that have commenced.

Finally, the Health Board regularly submits business cases to Welsh Government in order to access the all Wales major capital programme resource and the draft capital resource limit for 2021/22 indicates the following:

Capital projects with approved funding	£million
Primary Care - Central Denbighshire Ruthin	1.586
North Denbighshire - Royal Alex - Fees	0.181
Holyhead - Substance Misuse	0.376
Shotton - Substance Misuse	0.454
PAS System	0.169
Emergency Dept. Systems	0.335
ICF Funding	0.793
Wrexham - Fees to OBC	1.397
Approved funding	5.291

For 2021/22, the following priorities have been identified for the programme to focus on:

- Mitigating risk (and addressing compliance)
- Supporting patient safety
- Recovering (and learning) from COVID-19
- Service recovery (planned care)

The following draft programme has been developed for the total anticipated resource:

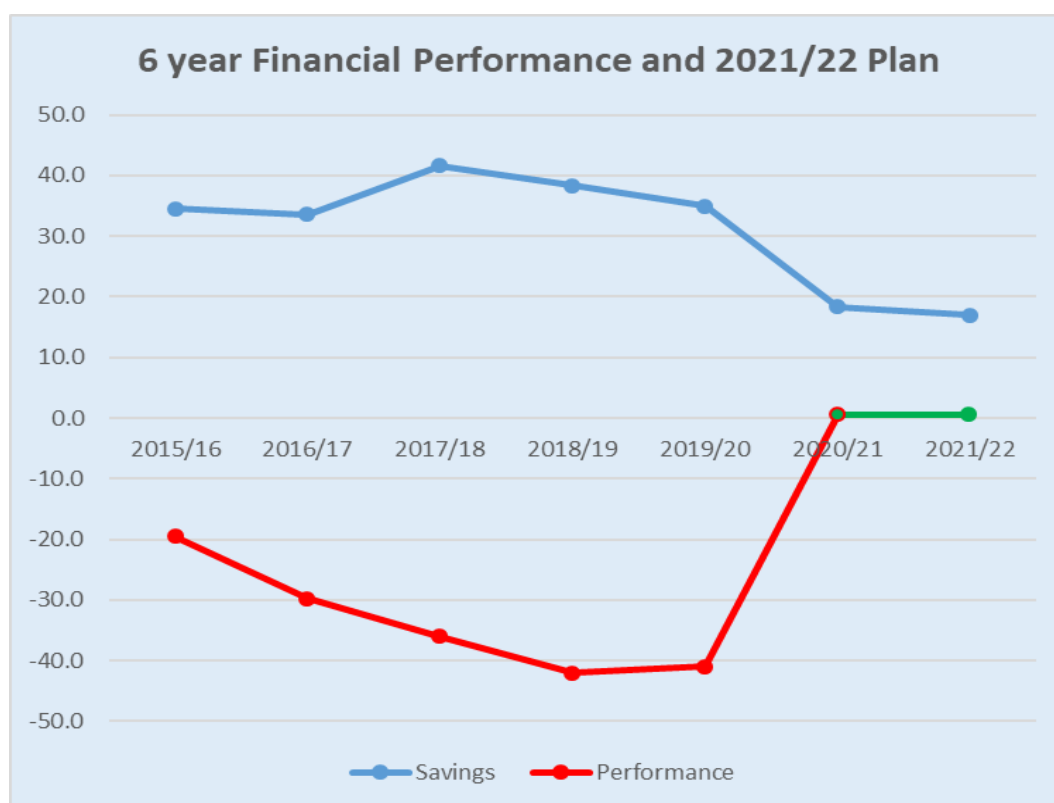
Discretionary and national programmes	£million
Estates	
- Risk and compliance	3.261
- Patient safety	2.946
- Recovering (and learning) from COVID-19	3.131
- Service recovery	3.810
- Accommodation	0.500
- Decarbonisation	1.430
Medical Devices replacement programme	2.188
Imaging and radiotherapy national Programmes	5.075
Informatics	3.123
All Wales capital projects approved funding	5.291
	30.755

13.6 Financial plan

Financial context

The Health Board has historically been unable to meet the challenge of living within the resources allocated by Welsh Government, despite significant savings being delivered. Utilising the deficit cover funding provided by Welsh Government in 2020/21 allowed the delivery of a small surplus and the revised plan for 2021/22 will deliver a £0.6m surplus after confirmation of additional funding to offset the impact of non-delivered savings during the COVID-19 pandemic.

This performance is illustrated in the following table:



Looking forward to 2021/22, the Health Board continues to face a significant underlying deficit position, which is a consequence of our residual infrastructure and delivery inefficiencies from 2019/20 combined with the impact of the non-delivery of recurrent savings in 2020/21, as shown below:

	£000
Residual Infrastructure and Delivery Inefficiencies	(42,500)
Impact of COVID on our Savings Delivery Plan for 2020-21	(32,663)
Underlying deficit carried forward	(75,163)

Final Annual Plan –Financial Planning Principles

The revised financial plan is aligned with the following Welsh Government Planning Principles:

1. Annual 12 month plans
 - a. The plan includes 12 months' cost assessment on a robust basis aligned with national and Heath Board priorities (unless explicitly described as less than 12 months)
2. National Priorities

The plan assumes 12 months' non recurrent funding for national priorities and programme areas in relation to:

 - a. COVID Mass Vaccination Programme
 - b. Testing costs including Welsh laboratory costs and community testing schemes
 - c. Use of PPE for infection control
 - d. Implementation of enhanced cleaning standards
 - e. Contact tracing
 - f. NHS commissioned social care packages
 - g. Continuation of the transforming access to unscheduled and emergency care programme
3. Aligning assumptions across organisations
 - a. The plan aligns with assumptions in other NHS Wales organisations' plans
4. Non-recurrent Stability Funding
 - a. Confirmation of non-recurrent stability funding for first six months has already been provided to the Health Board and has been applied against all other remaining in- year COVID 19 additional costs. The plan anticipates non recurrent funding for these costs where applicable for the second half of the year
5. Recovery Plan Allocations
 - a. The plan includes both allocation and expenditure in relation to confirmed Recovery Plan allocations
6. Recurrent brought forward position
 - a. The plan assumes non recurrent allocations for the impact of COVID 19 on the recurrent (brought forward) 2021/22 operational position, materially relating to 2020/21 non delivery of savings
7. COVID 19 Additionally
 - a. Anticipated in year COVID 19 stability funding relates to additional costs of COVID 19 response

Strategic support

The Health Board received confirmation of a package of strategic support in November 2020. This package contained support to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales.

Resources were allocated to meet the following objectives:

- Improvement in service performance, patient experience, and financial performance year on year;

- Engagement with the public, staff and partners as an essential first step to building a sustainable vision for the future leading to a medium term plan, focusing on well-being, population health and primary care as well as secondary care services;
- Strengthening the ability of the organisation to deliver on a wide-ranging change programme;
- Further improvements leading to de-escalation from targeted Intervention, using a maturity matrix approach to assess progress;
- Transformation and innovation to support improved outcomes and patient and staff experience.

The funding allocated is summarised in the table below:

Strategic support	WG response				
£m	20/21	21/22	22/23	23/34	Total
Deficit cover to the value of:	40	40	40	40	160
Performance Planned care Planned care & USC (section 4)	10.3	30	30	30	101
Enhance leadership in: MHL D Governance, delivery and OD	0.7				
Transformation Agenda Implementation of Mental Health Strategy in partnership (section 12)		6.7	6	6	18.7
Build capacity & capability to deliver transformation (section 3)		5.3	6	6	17.3
Total strategic support	51	82	82	82	297

2021/22 funding

The potential of a COVID-19 3rd wave and the related workforce constraints are the main risk to the delivery of the schemes this year and so the Health Board is actively identifying alternative schemes which can be mobilised in order to ensure we maximise the opportunity to improve performance.

A significant proportion of the schemes – mainly those which include recruitment of staff - have a recurrent impact which will need to be reflected in future years' planning.

Local planning assumptions

The Health Board is focused on six key priorities across the integrated system, which will be facilitated by the additional strategic support allocation:

1. Improving patient experience
2. Responding to COVID-19
3. Recovering planned care performance
4. Improving unscheduled care performance
5. Improvements to MHL D
6. Developing the sustainability of the Health Board across all domains

Resource allocation

The Health Board's baseline resource allocation is £1,670.5m, with a 2% uplift for inflation of £26.5m (hospital and community health services and prescribing of £23.7m and mental health ring fenced uplift of £2.8m). This results in a total allocation of £1,697m, which includes the strategic support of £82m referred to above.

In addition, there are a number of allocations which are not contained in the Health Board's baseline resource allocation of £1,697m and are detailed in the following table:

	£000
COVID-19	77,297
Removal of Donated Assets / Government Grant Receipts	(800)
Single Cancer Pathway	278
Substance Misuse	5,520
Substance Misuse inflation	267
IM&T Refresh Programme (in line with 11-12)	1,931
Consultant Clinical Excellence Awards	422
Prevention and Early Years Funding	1,301
Specialist Registrar	360
WAST Emergency Services	287
MSK Orthopaedic Services	1,150
National Dementia Bid - North Wales/Powys	121
Obesity Pathways	334
'A Healthier Wales' Prevention - SLC Resources	20
DDRB Pay Award 2020-21 For GP Trainees	42
'A Healthier Wales' Improving lives programme	57
Mental Health Service Improvement Fund	3,297
NHS Wales Collaborative Secondment Apr-May 2021	18
OPD transformation	31
Dementia Fund	2,153
Dental Contract: Innovation Funding Round 1	100
Outpatient Transformation Fund 2021/22	40
Suicide Prevention Funding	70
VIR1828 - SBRI Centre of Excellence 2021/22	382
Welsh Risk Pool	(2,351)
Total	92,327

These additional items total £92.3m, which gives a total baseline resource allocation of £1,789.4m reflected in the financial plan, which includes funding for COVID-19 expenditure of £115.7m.

Expenditure

Expenditure budgets have been reviewed and the key unavoidable financial impacts for 2021/22 are shown in the following table:

Changes to operational cost base	Net Cost Base
Pay	£'000
Pay/Award/Pension/Inflationary pressures	7,876
Changes to the workforce (Non COVID-19)	618
Non pay	
Inflationary pressures	0
Service change	352
Strategic priorities e.g. digital, ICF	1,429
Primary care prescribing	
Volume growth	0
Price growth/inflationary pressures	6,197
Secondary care drugs	
Volume / Price pressures	0
CHC/FNC	
Volume of CHC packages	0
Cost of CHC packages	4,691
Primary care contractor	
Out of Hours and Macmillan Support	255
Commissioned services	
Welsh Risk Pool	0
Specialist services – via WHSSC	4,851
EASC	3,493
English contracts	1,460
Other local pressures/service change	
Corporate	1,322
	32,544

This illustrates that the operational cost base will increase by £32.5m, which includes pay and price inflationary pressures, and unavoidable cost pressures. This increase is £6m greater than the inflation uplift received through the allocation, which will need to be offset through savings and efficiencies.

Cost of COVID-19

The Health Board continues to prioritise the response to COVID-19. In addition to our hospital response, both the vaccination programme and the Test, Trace and Protect programme will be key operations during 2021/22 as set out earlier in this plan.

The current estimate of direct COVID-19 costs equates to circa £116m of expenditure, with an additional £20m on COVID Recovery, the detail of which is illustrated in the following table:

	Allocated	Anticipated	Total
Funding of COVID	£000	£000	£000
Covid funding - Stability funding	38,394	5,261	43,655
Covid funding - PPE		6,544	6,544
National Programme - Cleaning Standards		2,489	2,489
National Programme - Care Homes		1,250	1,250
National Programme - Vaccination programme		12,683	12,683
National Programme - Testing		2,803	2,803
National Programme - Tracing		13,527	13,527
National Programme - Protect		77	77
Surge Funding		32,663	32,663
Total COVID	38,394	77,297	115,691

COVID Recovery Funding	£000	£000	£000
Planned Care Recovery Fund (£100m)	19,942		19,942
MH Helpline funding	343		343
Total COVID Recovery	20,285	0	20,285

The Health Board has confirmed plans to continue to use the field hospitals as mass vaccination centres until the following dates:

- Bangor – 31 May 21
- Llandudno – 31 July 21
- Deeside – 31 July 21

As a result, related costs associated with these facilities will be attributable to the vaccination programme. The Health Board is still reviewing the potential ongoing requirement beyond those dates, which should be confirmed by the end of June.

Savings

The Health Board has historically applied a consistent savings target across the organisation. Whilst this approach has yielded savings, it has not focussed particular attention upon areas where there are recognised savings and efficiency opportunities, which vary across service areas. For 2021/22 a more focussed approach will be adopted, using updated benchmarking data to identify opportunities for each service area.

Detailed opportunity analysis has been undertaken using external benchmarking and cost comparison. This has been provided to assist divisions and pan BCU functions to identify areas which can deliver recurrent savings by transforming service delivery. The benchmarking reviews have been undertaken to prioritise cash releasing benefits at this stage and have not been linked to

patient outcomes. They require further work to verify the cash releasing value. Areas for potential pathway and value work have been identified in discussion with both the Finance Delivery Unit and the Delivery Unit of Welsh Government and these will be reflected in the emerging programme of work.

The following table illustrates the opportunities which have a high to medium confidence level in the quality of benchmarking, which gives a range between £70.7m and £114.1m to be delivered over a three year period:

	BCUHB Benchmarking - 3 Year Opportunity	
	2020	
	£m Low	£m High
Savings work streams	70.7	114.1
Improving value and releasing capacity: requiring prior investment in patient pathway management	8.5	13.8
Referral management (Health and Social Care localities and secondary care consultants)	2.1	4.2
Management of Ambulatory Care sensitive conditions (community & primary care)	5.1	7.6
Alternative clinical pathways for regular attenders	0.5	0.7
Community Hospital DTOCS (Community, Primary Care, Private Sector, Councils)	0.5	0.7
Mental Health DTOCS (Community, Primary Care, Private Sector, Councils)	0.1	0.2
Pressure Ulcers & Healthcare Acquired Infections (Hospital Nursing)	0.2	0.3
Improving Efficiency within own Budgets	19.7	36.4
Theatres: Theatre utilisation/ unused sessions	0.0	0.1
Theatres: Theatre list productivity - surgical time	3.5	8.9
Theatres: Lost time, both late start & early finish	1.4	2.0
Theatres: Cancelled theatre sessions over 9%	1.0	1.5
Planned Care: Average Length of Stay	2.0	2.9
Urgent Care: Average Length of Stay	6.2	10.3
Outpatients: New to Review Ratios	5.3	10.6
Outpatients: DNAs	0.2	0.2
Cash Releasing	42.6	63.9
Community Hospitals: Elderly Wards NHS Benchmarking	1.2	1.7
Mental Health Hospitals: Mental Health NHS Benchmarking	3.7	5.2
Pathology	1.5	2.0
Facilities Management	1.6	2.4
Workforce: Temporary Staffing & vacancies	8.7	13.1
Workforce: Sickness (including within temporary staffing)	0.6	0.9
Workforce: Suspensions	0.1	0.1
Workforce: Pay Protection	0.1	0.1

Ward Nursing levels: WG Finance Delivery Unit (FDU) Ward Benchmarking	1.7	4.4
Corporate Staffing: FDU Corporate Benchmarking	0.7	2.6
Medicines Management: Primary Care Prescribing	13.6	17.2
Continuing HealthCare	8.3	12.4
Contracting	0.9	1.6
HSDU	0.1	0.1

Based on benchmark data, we have allocated the high value opportunities of £114m across service areas and this clearly shows that the opportunities vary widely. The table below summarises these opportunities and how this compares to the discretionary budgets held in the divisions:

Divisions	Savings Target £m 2021/22	Savings Target £m 2022/23	Savings Target £m 2023/24	3 Year Savings Target £m	Divisional Budget	% Saving Target of Overall Budget
Ysbyty Gwynedd	2.6	5.1	7.7	15.3	92.3	16.6%
Glan Clwyd	2.6	5.2	7.8	15.5	112.5	13.8%
Wrexham Maelor	2.6	5.2	7.7	15.5	97.8	15.8%
North Wales Services	0.8	1.6	2.3	4.7	95.3	4.9%
Women's	0.4	0.9	1.3	2.6	38.4	6.7%
West Area	1.7	3.3	5.0	10.0	95.8	10.4%
Centre Area	2.6	5.2	7.8	15.6	139.7	11.2%
East Area	2.4	4.8	7.2	14.3	141.1	10.1%
Other Area	0.2	0.3	0.5	0.9	13.4	6.7%
MHLD	2.0	3.9	5.9	11.8	118.6	9.9%
Corporate	0.9	1.8	2.7	5.3	120.2	4.4%
Contracts	0.4	0.8	1.2	2.4	186.8	1.3%
	19.0	38.0	57.0	114.0	1,260.7	9.0%

The methodology for addressing opportunities will be aligned with both the service transformation programme and the adoption of value based healthcare principles. The next steps are to progress these opportunities to validated projects and agree the final distribution of the savings target for 2021/22 and beyond.

The savings plan will be pathway and service focused to support the Health Board's transformation programme and the Service Improvement and PMO teams will be appropriately resourced to support the service areas to identify, validate and deliver savings opportunities.

As part of the transformation programme, we will develop a rolling three year plan, which will deliver a reduction in the cost base commensurate with the strategic support package of £82m, as described in section 3 of the plan.

Based on our current understanding of the opportunities analysis, we would expect delivery of savings of between £20m - £30m in a full year. We have therefore set an ambitious internal target of £25m of identified opportunities to allow for a realistic contingency against schemes not delivering in year. This pipeline target includes a significant component drawn from the transactional and non-

recurrent savings historically delivered, as part of the financial control measures we will put in place.

Notwithstanding the target of £25m, the financial plan is predicated on less i.e., circa £17m of savings delivery, recognising that there will be less opportunity to deliver savings in the early part of the year due to COVID-19. The service areas have so far identified £10m of savings against the circa £17m (60%); delivery is dependent upon the Health Board's ability to realise the savings not being compromised by COVID-19 pressures.

The financial plan

The proposed methodology for the financial plan and apportionment of budget by service area was presented for approval to the Finance and Performance Committee in February 2021, and is summarised below:

1. Allocate the core uplift to divisions' recurrent budget
2. Agree the forecast spend for 2021/22 based on agreed planning assumptions, including £17m savings delivery
3. Identify the residual financial risk

Having adopted this approach, the summary financial position is set out in the table below:

	£000	£000
2021-22 Recurrent Allocation	1,670,545	
2% Uplift	26,509	
Baseline Allocation for 2021-22		1,697,054
Additional Anticipated Resources		92,327
		1,789,381
2021-22 Baseline forecast Spend	1,756,838	
Pay Award	7,876	
Inflation	20,691	
Cost pressures	3,976	
2021-22 Revised Forecast Spend		1,789,381
Financial Risk		0

Financial Strategy

The Health Board is developing a financial strategy which will articulate our ambition to deliver sustainable health care for North Wales and is aligned to the significant transformation programme being progressed this year. It will be predicated upon the Health Board's adoption of value based health care principles to drive better outcomes for our population and focusing on clinical pathways for conditions.

The financial strategy will consider the significant and long-standing issues discussed and reviewed by the Finance & Performance Committee and the Finance Delivery Unit of Welsh Government and will align with the other enabling strategies developed across the Health Board which will all be reviewed and refreshed in line with the vision of the Stronger Together programme.

Financial governance

The Health Board has reviewed its governance arrangements during 2020/21. In response to the recommendations of this review a finance and transformation delivery group will be established. This group will be set up to support the execution of the Health Board's key financial priorities with oversight provided through the Finance and Performance Committee. The priorities are set out below:

- Improving financial performance and accountability;
- Delivery of the savings programme;
- Wider adoption of value based healthcare principles;
- Management of specific financial provisions; and
- Utilisation of strategic support funding.

Risks to the financial plan

The following risks to the financial plan have been identified:

- Significant risks on Planned Care Recovery due to the potential impact on capacity from a COVID-19 3rd wave, alternative options are being explored;
- Impact of a COVID-19 3rd wave on our core planning assumptions and the cost of COVID;
- Failure to deliver savings plans required to improve the underlying financial position of the organisation and improve productivity. This risk is currently estimated as £3.732m;
- Limited ability to deliver the clinical strategy and revised patient pathways within available resources;
- Inability to effectively manage cost and volume growth, including the increase in the Welsh Risk Pool Contribution.

The financial assumptions are in draft and subject to further refinement in line with additional NHS Wales guidance and the confirmation of our allocation assumptions.

13. Risks and issues

This Plan has a particular focus upon the effective management of risk and the avoidance of harm. The potential for harm during the pandemic is particularly heightened and the Health Board has determined its priorities with a view to minimising the four dimensions of harm arising from COVID-19. Underpinning our priorities, is a commitment to driving improvement using a consistent quality improvement methodology, supported by a modern digital infrastructure.

As part of our Board Assurance Framework, we routinely manage and review our risk registers noting and responding to the risks and opportunities that could impact the planned delivery of our Plan. Our Executive Team regularly reviews this, with corporate functions and divisions working closely with Directors and the Board to ensure that risks are appropriately mitigated and managed.

Programme level delivery plans have been developed and provide further detailed actions and timescales.

	Key Priority	Lead (Job Title and contact person)	Programme (What)	Action (How)	Programme/Patient Outcome (Why)	Lead Director	Target Date (When)	Risks	Finance	Target improvement linked	Board Level Monitoring	Board or Board Scrutinin g Committee
	COVID-19 response Strengthen our population health focus Recovering access to timely planned care pathways Improved unscheduled care pathways Integration and improvement of mental health services											
E1.1	Enabler	Executive Director of Governance programme sponsor (specific actions allocated to Exec lead portfolios)	Pan BCU Support Programmes - Targeted Intervention: The de-escalation for Betsi Cadwaladr University Health Board from Special Measures to Targeted Intervention (TI) outlining areas for further improvement Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	<ul style="list-style-type: none">Engage and communicate internally within the divisions, and with partners and stakeholders on the Maturity Matrix approach (CAMHs and Adult MH).Progress the joint working between CAMHs and Adult MH, with a focus on financial allocations and the transition pathway. (CAMHS and Adult MH).Establish the improvement and development group to support the CAMHs programme delivery (CAMHS).Review the MHLD leadership structure, with leads identified to support the key delivery areas (Adult MH).Progress the crisis concordat activity to support our clinical pathway focus (Adult MH).Undertaking a stakeholder mapping exercise and develop a relationship management approach to relevant stakeholders in the domains of patient, partners, staff and public.Consolidate a team for engagement across the four engagement domains, drawing from best practice.Use the development of key strategies (i.e. Living Healthier, Staying Well and Clinical Service Strategy) as a PDSA exercise to improve engagement process and outcomes.Develop an engagement process to encourage openness, transparency and trust with our citizens.Leadership priorities for the next quarter.Ensuring executive, senior leadership and partner ownership and engagement in the delivery of Discovery phase of Mewn Undod mae Nerth/Stronger Together.Aligning the Board Development programme with Mewn Undod mae Nerth delivered by the King's Fund with additional support from the Good Governance Institute.Reviewing clinical leadership support structures and resources to improve multi professional clinical engagement.Mobilising additional capacity and capability to support transformation, organisational and system development, engagement and governanceStarting the refresh of Living Healthier Staying Well.Using the refresh as the basis for our Clinical Services Strategy implementation plan.Develop a revised planning process to allow for a draft approvable IMTP to be agreed for 2022-25.Implement and embed the Performance and Accountability Framework including regular reviews, appropriate escalation, and revised performance reporting.	Programmes of work have been informed by the established maturity matrices which will be used to assess progress against the targeted intervention framework in 2021/22.	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	Core Funding	Y	Y		
E1.2	Enabler	Associate Director of OD	Pan BCU Support Programmes - Stronger Together	Establish and mobilise the 3 year strategic organisational and system development route map, Mewn Undod Mae Nerth/Stronger Together, comprising 3 phases - Discovery, Design and Deliver. The Discovery phase is an ambitious 3+month engagement process to talk with 10% of the BCU workforce through a combination of 1 2 1 conversations, focus groups and workshops. This extensive engagement across all areas of the Health Board will provide key thematic feedback from staff and provide the foundation for a 9 month design phase of Mewn Undod Mae	Listening to the experiences of staff working across the Health Board to learn from examples of best practice and understand what may be preventing staff from making further improving delivery of exemplar patient care pathways. The Discovery phase makes no assumptions about what the solutions may be and	Executive Director of Workforce & Organisational Development	30th June-30th September discovery; 31st December-31st March design		Core Funding	Y	Y	
E.3	Enabler	Associate Director of OD	Organisational and Leadership Development Strategy 2022-2025	The development of an Organisational and Leadership Development Strategy 2022-2025 which is aligned to Mewn Undod Mae Nerth/Stronger Together. The development of the strategy will be informed by the discovery phase of Mewn Undod Mae Nerth/Stronger Together and will be developed as a key part of the subsequent design phase of Mewn Undod Mae Nerth/Stronger Together to ensure the Health Board's organisational design and its leadership are enabled to deliver the Health Board's strategic goals and purpose during the final delivery phase of Mewn Undod Mae	An organisational and leadership development strategy aligned to and informed by the strategic organisational and system development route map of Mewn Undod Mae Nerth/Stronger Together to enable delivery of organisational and leadership development interventions that support the Health Board's strategic goals and	Executive Director of Workforce & Organisational Development	31st December-31st March	Investment case for Design phase of Mewn Undod Mae Nerth to include	Y	Y		
E3.1	Enabler	Associate Director of OD	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	Implement Year 2 of the Health Board's approved Strategic Equality Plan, delivery being monitored through the Strategic Equality and Human Rights Forum. As well as meeting its Socio-Economic duty and other equality priorities, there will be a focus on race equality with the establishment of a Race Equality Action Plan, taking account of the outcome of the Welsh Government's consultation on Race Equality in 30th June.	Delivery of inclusive patient services and management of staff, ensuring patients with protected characteristics are not disadvantaged in such a way as to adversely impact on health care outcomes and that staff are not disadvantaged in terms of recruitment, development, training and promotion opportunities.	Executive Director of Workforce & Organisational Development	30th June-31st March	Public Sector Duty and Socio-Economic duty on risk register	Investment case to expand corporate equality team completed	Y	Y	
E3.2	Enabler	Associate Director of OD	Develop and deploy an integrated multi-professional education structure, together with further enhancements in strategic educational collaboration, to support establishing the Health	Re-establish multi professional education working group, refresh work to date and agree action plan, with potential links with the development of the North Wales Clinical School	Improved opportunities for staff to secure education and training, both within and across professional groups, supporting delivery of safe, high quality patient care, grounded in latest evidence and research, and supporting recruitment and retention of staff and enhancing the Health Board's reputation as an being an	Executive Director of Workforce & Organisational Development	30th June-31st March					
E3.3	Enabler	Associate Director Of Health, Safety & Equality -	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training	Ensure effective Health and Safety through Make it Safe reviews, incident investigations. RIDDOR reports to ensure legislative compliance. Site visits with frequently asked questions and guidance provided to staff. Fit testing programme in place to support PPE safety and management. Implement effective manual handling training, risk assessment awareness and management of safety critical systems.	Reduce the risk of transmission patient to patient staff to patients, patients to staff. Ensure safe systems of work are implemented in all service areas.	Executive Director of Workforce & Organisational Development	30th September	BAF risk register programme	Core funding required	Y	Y	
E3.4	Enabler	Associate Director Of Health, Safety & Equality	Security, V&A Improvement Plan	Ensure adequate security provision is in place including restraint training, clinical audit system, lone working, lockdown procedure, V&A case management compliance with Welsh Security Framework and further development of the Obligatory response to violence collaborative.	Effective management of violence reduces the risks of absenteeism, stress in the workplace leading to better patient safety outcomes and staff retention.	Executive Director of Workforce & Organisational Development	31st March	BAF risk register programme	Core funding required	Y	Y	
E3.5	Enabler	Associate Director Of Health, Safety & Equality	Occupational Health action plan and SEQOSH accreditation	Effective management of violence reduces the risks of absenteeism, stress in the workplace leading to better patient safety outcomes and staff retention.	Continue to maintain all aspects of Safe Effective Quality Occupational Health Service accreditation. Implement a comprehensive immunisation and health surveillance system. Effectively support the staff Wellbeing Strategy and improve mental health support for staff.	Executive Director of Workforce & Organisational Development	31st December	BAF risk register programme	Core funding required	Y	Y	
E3.6	Enabler	Associate Director of Workforce Planning & Performance	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency's addressing the following issues: High levels of	Workforce Optimisation programme structure put in place. Ensure effective recruitment team structures and resources are in place.	Reduction in vacancies and leavers across targeted areas. Reduction in agency spend as a result of filling long term vacancies.	Executive Director of Workforce & Organisational Development	30th September - 31st December	BAF risk register programme	Business case in place with money identified in the financial plan	Y	Y	
E3.7	Enabler	Associate Director of Workforce Planning & Performance	Deploy a clinically led service and workforce review programme to support effective planning, commissioning and deployment of our workforce across the Health Board, in	Clinical Service Review areas identified and signed off and programme structures put in place. Workforce Planning framework developed and put in place for the organisation.	Clinical service models optimised and workforce aligned to maximise service delivery Consistent approach to workforce planning and commissioning across the	Executive Director of Workforce & Organisational Development	30th September - 31st March		Core Funding			
E3.8	Enabler	Associate Director of Workforce HR	Review and enhancement of arrangements for social partnership working	Ensure effective social partnership working as a key enabler for organisational development and transformation. Review the operation and management of social partnership relationships and processes and establish a programme for improvement across both medical and non-medical structures	Supports the successful delivery of service improvement, organisational and system development	Executive Director of Workforce & Organisational Development	31st December		Maintenance of funding and service support			
E3.9	Enabler	Associate Director of Workforce HR	Agile working programme	Ensure agile ways of working deployed to maintain safety for staff and patients due to Covid19 are optimised and embedded	Supports employee engagement, flexible working and effective use of resources.	Executive Director of Workforce & Organisational Development	31st March		Project management support required			
E3.10	Enabler	Associate Director of Workforce HR	Implementation of professional standards for employee relations issues	Implementation and monitoring of professional standards for employee relations issues, including user friendly guidance for managers	Employee engagement in relation to fair treatment	Executive Director of Workforce & Organisational Development	31st December		Short term investment to progress work at pace			
E4	Enabler	Associate Director of Workforce HR	Refresh of Workforce Strategy for 2022 - 2025	Refresh the Workforce Strategy 2019-2022 for the period 2022 - 2025	Workforce priorities set out for the period	Executive Director of Workforce & Organisational Development	31st March					
E1.3	Enabler	Associate Director of Nursing - Infection Prevention, Nursing Midwifery & Patient Services	Pan BCU Support Programmes - Safe Clean Care Harm Free	Making our place safe through, clean wards, safe bed space, safe entry, safe break and safe change. Through Safe clinical and non-clinical areas (transfers), safe wards and safe rapid isolation. Ensuring our actions are safe, for patients, visitors and staff. Support the workstreams release more time to care through; Infection prevention and control cockpit development. Building designing and purchasing IT enables solutions Develop tools/ material to support the behavioural change Safe Clean Care workstreams	Providing a safer place prvidng health for North Wales population, reducing infection spread. Identifying areas of improvement across the wards and hospital to support safe care. Improving the place of work for staff, reducing injury at work. Developing and using dgtal technology solutions to improve delivering and monitoring safe ways of working.	<p>Shared responsibility for sections of SCC Strategy.</p> <p>Chief Operating Officer - Safe Clean Care Harm Free – Safe Place - Safe Clean Care Harm Free – Informatics</p> <p>Executive Medical Director - Safe Clean Care Harm Free – Safe Space</p> <p>Executive Director Nursing & Midwifery - Safe Clean Care Harm Free – Safe Action</p>	<p>30th June - Divisions to identify Business case to address SCC Strategy.</p> <p>30th September - Approve/engage/research business case and strategy</p> <p>31st December - 31st March - Implement new ways of working</p>	COVID Funded / Capacity & capability		Y		
E1.4	Enabler	Assistant Director of Strategy and Planning	Pan BCU Support Programmes - LHSW & Clinical strategy review	As we move forward into the Covid recovery phase, it is timely to take stock and check with our staff, patients, partner organisations and the public how Covid-19 has affected health and well-being and what we can learn from this experience.	<ul style="list-style-type: none">Check in with our staff, patients, partners and public whether the principles are still validReview our strategic priorities to ensure they are consistent with "A Healthier Wales"Address those elements of LHSW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathwaysTest the strategy is still relevant in the changed environmentProvide the framework for development of a Clinical Services Plan	Executive Director of Planning and Performance	<p>30th June Review of current strategy plan developed</p> <p>30th September Approval of refresh plan approve - Engagement plan developed</p> <p>31st December/31st March - Engagement process initiated</p>		Core Funding	Y	Y	
E1.5	COVID-19 response	Consultant - Anaesthetics & Intensive Care / Clinical Lead for Critical Care	Enhanced recovery from critical illness The provision of robust and consistent staffing within traditional 'medical' critical care rotas to ensure patient safety	Enhanced recovery from critical illness by addressing the shortfall in Allied Health Professional and Clinical Psychology workforce including Rehabilitation Assistant posts at the three Acute Hospital sites The provision of robust and consistent staffing within 'medical' critical care rotas by recruiting experienced critical care nurse or allied health professional staff to advanced clinical practice roles at the three Acute Hospital sites	<ol style="list-style-type: none">Improved quality of patient care during critical illness and during the recovery from critical illnessImproved patient safety and quality of careReduced costs through reduced length of critical care and ward stay, reduced readmission, and decreased longer term healthcare utilisationEquity of access to support across North WalesRaised staff well-being and retentionClinical staff (in particular critical care nursing staff) able to concentrate on core clinical activity	Executive Medical Director	<p>30th June - 30th September Development of Business Case</p> <p>31st December Business Case submitted for internal sign-off and approval</p> <p>31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022</p>	Financial resources Ability to recruitment skilled staff Failure to meet national standards and recommendations Protracted length of patient stay Increased length of time for patients to regain independence Increased dependence at critical care and hospital discharge Inequitable access to clinical psychology and therapy services across North Wales Clinic cancellation due to lack of dedicated nursing staff resource	Business Case to be approved. Circa £1M revenue funding tbc		Y	QSE & Board

	COVID-19 response	TTP Programme Director	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a PHW responsibility * Contracts for Regional, Local and Mobile testing units and WAST are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	Government contracts with an external provider to provide Regional and Local Testing sites – two and four respectively across the region. Note: Government contract with another external provider to provide mobile testing units (MTUs). MTUs move across the region including to more remote areas. They also respond in the event of outbreaks. Activity is monitored for every unit in conjunction with epidemiology reports. To work strategically with partners to agree the most appropriate deployment of the mobile testing units.	PCR testing needs to be undertaken as rapidly as possible for anyone demonstrating Covid symptoms and for cases where the TTP service has recommended a test. The earliest identification of positive cases will help to ensure transmission of the virus is reduced, or prevented. The desired outcome is to minimise and eliminate transmission of Covid.
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S1.1				Review Ottawa model in preparation for 2022/23 planning Identify primary care partners for targeted community engagement sessions 22/27		Executive Director of Public Health	31st March					
S1.2	Strengthen our population health focus	Programme Director Well North Wales (WNW)	Reducing food poverty initiatives are established	Deliver community education programmes to: - Llangeini - Plas Madoc	The Health Board has committed to working with partners to reduce food poverty across North Wales. This will support many of the population to access fresh and affordable food, and build on our community-based activities relating to physical and mental health and wellbeing.	Executive Director of Public Health	31st March		Core Funding			PPPH
S1.2				Finalise programme Agreement with one further identified area.	This work will also support our work on increasing food waste alleviation initiatives, and we hope to reduce the stigma associated with such initiatives currently.	Executive Director of Public Health	31st December					
S1.2				Develop Food Distribution plan	This work will be undertaken with the Wellbeing of Future Generation Act (Wales 2015) in full focus.	Executive Director of Public Health	30th June					
S1.2				Post-Covid revised strategy to be produced in Plas Madoc	Key Short-Term Outputs: 1. Usage of the space and resources at the Plas Madoc Leisure Centre to host and support food poverty alleviation projects.	Executive Director of Public Health	30th September					
S1.2				Increase number of partners and scheme members through engagement events/ membership scheme in Llangeini	2. Process measures will be collected on the numbers of people attending cookery courses; the numbers of projects identified and scoped; and the links to North Wales Social Prescribing programmes	Executive Director of Public Health	30th September					
S1.2				Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector.		Executive Director of Public Health	31st December					
S1.2				Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire		Executive Director of Public Health	31st December					
S1.3	Strengthen our population health focus	Programme Director WNW	Homelessness initiatives are implemented	Co- Contribute to development of regional Lottery bid to address homelessness (in partnership with housing associations, third sector and local authorities).	The Health Board, in partnership with a number of agencies are supporting activities to support the homeless people and rough sleepers in North Wales. We aim to do so by working on improving skills for employment and aiming to achieve greater stability and wellbeing for this co-hort. The benefits to the Health Board and to this population are numerous, given the increased alcohol and drug problems, the prevalence of infectious diseases, the poorer oral health and the higher levels of cirrhosis, kidney and heart conditions than in the general population.	Executive Director of Public Health	31st December		Core Funding			PPPH
S1.3				Refresh with partners the Wrexham programme and Health Board contribution.	In essence, the work will transform the model of care through a reduced demand on primary and emergency care.	Executive Director of Public Health	31st December					
S1.3				Extended scope for Bangor and links to the food poverty/ training café.	Key Outputs (as indicative measures) will include: - The numbers accessing drug and alcohol recovery programmes	Executive Director of Public Health	31st December					
S1.3				Post-Covid Rhyl development and Health Board contribution. refreshed with partners	- The numbers accessing specialist programmes	Executive Director of Public Health	31st March					
S1.4	Strengthen our population health focus	Head of Womens Services	Implementation of the Infant feeding project (Wrexham)	To support the Infant feeding strategy, the training sub group will deliver pre-reg standards of infant feeding training to allied services, eg health visiting, paediatrics. The group will progress the WHO baby friendly initiative through focus on IF training.	The Health Board continues to focus on its work to support children having the best opportunity for a healthy start. We want to ensure that women and families feel supported to make informed choices about their method of feeding, and it is important that women are satisfied with the support received. As a result, we aim to see an increase in the number of women breast-feeding and continuing to breast-feed, alongside increased rates of breast-feeding at initiation, discharge from hospital and at 10 days.	Executive Director of Public Health	30th June-31st March		Core Funding			PPPH or QSE?
S1.4				Targetted support following birth to increase numbers of women breastfeeding on discharge from hospital and at 10 days. The newly appointed IF support workers will give additional support one to one and telephone support up to day 10.	These actions will link with the over-arching outcomes of : 1. Healthy start 2. Healthy actions 3. Health in the early years and childhood	Executive Director of Public Health	30th September-31st March					
S1.4				QI project finishes Dec 21. Evaluation report produced for review by Health Improvement and Reducing Inequalities Group	Key measures: • An overall increase in the number of women breastfeeding and continuing to breastfeed in Wrexham as part of the quality improvement project. • Women and families feel supported to make informed choices about their method of feeding and are satisfied with the support given	Executive Director of Public Health	31st March					
S1.4				Women/Mothers experience survey – questions specific to breastfeeding and experience during COVID	• Professionals report positive changes in the support they are able to provide • BF Initiation rates not less than 61% (WXM), 54% (YGC), 62% (YG) • At discharge from hospital at least 46% (WXM), not less than 41% (YGC), not less than 44% (YG)	Executive Director of Public Health	31st December					
S1.5	Strengthen our population health focus	Head of Womens Services	Infant feeding strategy	Appoint Strategic Breastfeeding Lead (awaiting National JD) - Response due from National team - JD forthcoming: - JD developed - Post advertised or seconded	• Improve breast feeding rates at Day 10 following birth to 40% (WXM), not less than 33% (YGC), not less than 35% (YG). Positive feedback from Experience Survey (qualitative feedback)	Executive Director of Public Health	31st December 30th June 30th June 30th September		Core Funding			PPPH or QSE?
S1.6	Strengthen our population health focus	Assistant Area Director, Therapy Services	Children's Tier 3 obesity service has commenced	Posts appointed Referral mechanisms established	Given the high levels of children's obesity across North Wales, our actions aim to support the stabilisation of childhood obesity rates, thus leading to improved health outcomes across the life course. Our focus will support young people to improve both physical health and mental health. We would envisage a 12 month period of support is required for most children. Indicative measures for the service are: - Number of referrals - Number of appointments - Sessions attended - Numbers on waiting list - % change in weight - % change in BMI - % change in wellbeing scores We would expect to see outcomes increase through 22/23. Patient satisfaction surveys – completed at beginning of engaging with service and at intervals through the treatment pathways. 450 capacity per full year of service – target in 21/22 225 across the areas.	Executive Director of Public Health	30th September		Core Funding			PPPH or QSE?
S1.7				Service plan is implemented (as per business case) – no BC attached please clarify in short para		Executive Director of Public Health	30th September-31st March					
S1.8	Strengthen our population health focus	Principal Public Health Practitioner	Physical Literacy North Wales programme is established	Identified partners and relevant workforce trained	Building on the work undertaken during 2021, our Physical Literacy programme will focus on developing four key areas within the early years. These are skills, motivation, confidence and opportunity. We know that this work will support a child's potential to enjoy activity and sport at school and beyond.	Executive Director of Public Health	31st December		Core Funding			PPPH
S1.8				A range of examples of physical literacy informed practice shared with partners across the region	The key measures identified are: 1) Four separate physical literacy projects underway across the region 2) A training programme underway for the four projects 3) 40 people will be trained per project 4) An action plan will be developed for each project	Executive Director of Public Health	31st December					
S1.8				Resources and tools developed		Executive Director of Public Health	31st December					
S1.8				Online training resource developed		Executive Director of Public Health	31st March					
S1.9	Strengthen our population health focus	Programme Director WNW	Elemental software is utilised by local authorities	Agreed activities at each local authority	To support our programme roll-out with partners, the Elemental software will be utilised by Local Authorities.	Executive Director of Public Health	30th June		Core Funding			FPIG
S1.9				Progress reporting structure established	The key measures are: 1) Activity and outcomes are captured 2) The number of referrals are captured by project	Executive Director of Public Health	30th September					
S1.9				Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group	Contribute to the Health Board commitment on reducing inequalities and improving the outcomes for those where it is most needed. The programme will focus on non-communicable diseases, such as coronary heart disease, stroke, type 2 diabetes, breast cancer and bowel cancer.	Executive Director of Public Health	31st March					
S2	Strengthen our population health focus	Public Health Assurance and Development Manager	Inverse Care Law Commissioned report received	Programme manager appointed	This work will support a number of over-arching outcomes including: 1) Healthy actions 2) Good health in working age 3) Healthy ageing 4) Minimising avoidable ill-health And most importantly, increase the healthy life expectancy of people living in the most deprived areas of North Wales, and reduce the rate in life expectancy between the	Executive Director of Public Health	30th September		Core Funding			PPPH
S2				Commissioning complete		Executive Director of Public Health	30th September					
S2				Report and recommendations received		Executive Director of Public Health	31st March					

S2				Plan developed	Unprivileged areas or remote areas, and to reduce the gap in the expectancy amongst the people residing in the least and most deprived areas.	Executive Director of Public Health	31st March					
S2.1	Strengthen our population health focus	Principal Public Health Practitioner	Alcohol Insights Commissioned report received	Findings shared with Allied Planning Board Action plan developed and implemented	In support of the Area Planning Board activity, the Health Board continues to focus on positive actions that reduce alcohol-related harms. During 2021/22, we will further seek to understand the behaviour, attitudes, motivations towards alcohol during different stages of the life course. The Health Board is keen to learn more about these during pregnancy and during the working age period. This work will support the over-arching outcome of: 1) Resilient empowered communities 2) Healthy actions 3) Minimising avoidable ill-health	Executive Director of Public Health	31st December		Core Funding			PPPH
S2.2	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase level 1 activity particularly in target groups	Early years dieticians and support workers appointed	Progress its service offer to the population of North Wales, and scale up current programmes. The aim of the work is to support improved physical health and mental health and wellbeing. The HWWH work will also support the stabilisation of childhood obesity rates. The work will support the overarching outcomes of : 1) Years of life and years of health 2) Mental wellbeing 3) A fair chance for health	Executive Director of Public Health	30th June	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding . COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects.	Core Funding			PPPH
S2.2				Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area)	All new team members have observed a min. of 1 C&C programme within their first 9 months in post. Min. of 3 schools per BCU area identified/ secured (in 2021) to participate in the programme during 2022. Min of 1 programme per BCU area facilitated in the first year with support from East BS/ B4. 3 programmes / year / BCU area delivered as standard after first 12 months of full operation	Executive Director of Public Health	30th September	There is a risk that vacancies are not filled which will impact on the delivery of project outputs.				
S2.2				Come and cook with your child' programme commences in primary schools		Executive Director of Public Health	31st December					
S2.2				Bollau Bach/Tiny Turns programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed		Executive Director of Public Health	31st December					
S2.2				Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start - Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc. - Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g. PID and this is discussed and agreed with all parties within the first 9 months Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Bollau Bach/Tiny Turns is increased. - Digital training resources completed and tested	Min. of 15% settings caring for 0-1 years engaged" in 2021/22 (compared with 0% at baseline as new offer). Brief audit undertaken in first 9 months of nutrition training (L2) completed by FS staff, cooking courses they have run in previous 12-18 months & nutrition resources held in each FS team (benchmark/ baseline) Increase in the no. of childminders/ playgroups engaging in digital training during 2021/22 (compared with previous 12/12)	Executive Director of Public Health	31st December					
S2.3	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase capacity / support to Tier 2 weight management service	Existing tier 2 service expanded to provide specific support for weight gain during pregnancy: - Access to post-natal support including digital access is increased	Expected numbers of patient to be seen during a fully operational year in the following programs: *Foodwise for Life - 300 *Commercial weight provider – 850 *Kind eating face to face - 450 Video Kind eating – 500 *Lifestyle - 1000	Executive Director of Public Health	31st March	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding . COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects.	Core Funding			PPPH
S2.3				Psychological input expanded to support tier 2 through appointment of cognitive behavioral therapy therapists/counsellors/practitioners	Measures will include - Weight loss - % weight loss - % BMI reduction *(N.B. numbers are subject to Covid restrictions and ability to run full groups)	Executive Director of Public Health	31st December	There is a risk that vacancies are not filled which will impact on the delivery of project outputs.				
S2.4	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase accessibility of healthy food, healthy staff project	Campaign developed and implemented - as part of Wellbeing Wednesdays and Wellbeing at Work	Take up the "Well being Wednesday" menu offer during the target period Staff feedback	Executive Director of Public Health	31st December	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding . COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects. There is a risk that vacancies are not filled which will impact on the delivery of project outputs.	Core Funding			QSE
S2.5	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase National Exercise Referral Scheme / exercise programme capacity and work with local authorities to promote active travel and physical activity	Sports North Wales business case developed	Increases in activity: Number of NERS programs by County across the age ranges	Executive Director of Public Health	30th June	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding .	Core Funding			PPPH
S2.5				Resource plan developed which specifies requirements and training needs to deliver the programme	Number of participants accessing the programs per year	Executive Director of Public Health	30th June	COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects. There is a risk that vacancies are not filled which will impact on the delivery of project outputs.				
S2.5				Targeted campaign through identified partners and engagement events to all age groups including 60+	Quality of Life scores before and after the program	Executive Director of Public Health	30th September					
S2.5				Performance measures agreed with NERS staff and reported to HIRIG for monitoring.	Number of participants signed up to further classes/gym membership post program delivery	Executive Director of Public Health	30th June					
S2.5				Links established with Bangor and Glyndwr Universities to evaluate the various approaches to national exercise referral scheme, including virtual and outdoor activities	Appointments to posts will be made in 30th June and a review of the above will take place in 30th June	Executive Director of Public Health	31st March					
S2.5				Progress report received which reviews and evaluates access to national digital skills for Life	Progress / access numbers to Digital Skills for Life	Executive Director of Public Health	30th September					
S2.6	Strengthen our population health focus	Assistant Area Director, Therapy Services	Contribute to national digitalisation of nutritional skills for life programme	Review the uptake and interaction from the Web based resource including the online self-referral e-form.	Program fully digitalised and available for roll out. Access numbers.	Executive Director of Public Health	30th June	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding . COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects. There is a risk that vacancies are not filled which will impact on the delivery of project outputs.	Core Funding			FPIG
S2.7	Strengthen our population health focus	Assistant Area Director, Therapy Services	Development of in house website, associated resources and video content for weight management service	Review marketing and communication to support delivery and ensure a clear Health Board pathway for obesity services and transition between tiers. Work with Health Board	Indicative measures: Number of hits on the website and the various sections within the site - Self referrals received - demand and response times	Executive Director of Public Health	30th September	Future National funding .	Core Funding			FPIG
S2.7				With BCU Informatics Service develop an Obesity Dashboard to reflect current performance			31st December	COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects. Staffing				

	Strengthen our population health focus	Strategic Lead Community Pharmacies	Finalise community pharmacy enhanced services business case - Lifestyles	Review current population health data and evaluate whether priorities outlined in the Pre-Covid draft (alcohol, BBV) remain priorities or whether Community Pharmacy support should be enhanced for other lifestyle aspects eg Smoking, Weight loss.	The business case planned for submission in 19/20 proposed support through community pharmacies to deliver initial advice and signposting to alcohol guidance and support, along with developing dry blood spot testing for Hepatitis C. This will be reviewed and refreshed to reflect current priorities/COVID. The aim is to provide wider access to initial support to enhance positive lifestyle choice and to encourage positive steps towards improved health.	Executive Director of Public Health	31st December		New Funding from 22/23				PPPH
R1	Recovering access to timely planned care pathways	Assistant Area Directors Primary Care	Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.	Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision.	Supports GPs and other health professionals to communicate more effectively with their patients in the delivery of care; includes medical surveys, text and photo responses, patient triage, text messaging, vaccination booking, and with the plus version video consultations and digital documents.	Executive Director Primary & Community Care - Acting Executive Medical Director	30th June	Risk to implementation: Procurement processes may prevent timely implementation. Need for consistent Data Protection standards and documentation across the health board and multiple independent contractors.	Performance Fund		Y	FPIG	
R1				Interim contract in place for accuRx use by North Wales practices.	Maintain new ways of working, support recovery and the delivery of access standards.	Executive Director Primary & Community Care - Acting Executive Medical Director	30th June	Risk if not implemented: Poor patient access to primary care Unsustainable primary care services unable to meet demand					
R1				Work with NWIS to agree long term contract requirements	Improved delivery of GMS access standards (see related action below) Efficient use of clinical capacity. MDS ref:	Executive Director Primary & Community Care - Acting Executive Medical Director	30th September						
R1				All Wales contract in place for accuRx	• In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • Ambulatory sensitive conditions referral numbers	Executive Director Primary & Community Care - Acting Executive Medical Director	31st December						
R1.1	Recovering access to timely planned care pathways	Assistant Area Directors Primary Care supported by PC Academy lead	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	Extend eConsult provision to participating practices.	Improved or maintained access to General Medical Services Monthly eConsult activity and patient satisfaction reports to demonstrate increased access.	Executive Director Primary & Community Care	30th June	Risk to implementation: Not a contracted requirement to participate.	Primary Care (WG Investment Fund grant – linked to the Academy)		Y	FPIG & Board	
R1.1				Monitor eConsult activity including patient satisfaction	Efficient service provision	Executive Director Primary & Community Care	30th June	Growing demand as evidence of unmet demand and more patients contacting practices through virtual routes					
R1.1				Monitor patient/clinical satisfaction in relation to video and telephone consultations	MDS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4	Executive Director Primary & Community Care	31st December	Risk if not implemented: Poor patient access to primary care					
R1.1				Review access to virtual consultation training		Executive Director Primary & Community Care	30th September	Unsustainable primary care services unable to meet demand					
R1.1				Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above)		Executive Director Primary & Community Care	31st December						
R1.1				Feed local learning into the national Strategic Programme to inform future strategies		Executive Director Primary & Community Care	31st March						
R1.2	Recovering access to timely planned care pathways	Asst Director Primary Care Contracts supported by Asst Area Directors Primary Care	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated QAIF)	Review 2020/21 performance against standards (validated data released June 21)	Improved achievement of GMS Access Standards Maintained or improved access to primary care GP practice services for patients MDS ref:	Executive Director Primary & Community Care	30th June	Some GP practices may not participate the QAIF is not mandated Investment is required in phone systems to improve access and monitoring. This is a barrier particularly in some of our managed practices.	Primary Care		Y	FPIG & Board	
R1.2				Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team	• In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • A&E attendances	Executive Director Primary & Community Care	31st March	High demand in primary care including c-19 vaccination programme and impact of planned care backlog					
R1.2				Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum		Executive Director Primary & Community Care	30th June-30th September						
R1.2				Performance reports provided to Board in line with regulatory requirements.		Executive Director Primary & Community Care	30th June-31st March						
R1.3	Improved unscheduled care pathways	Asst Director Primary Care & Community Services, supported by Asst Area Directors Primary Care	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	Presentation to WG of pathfinder proposals for 2021/22 to secure additional funding for current pathfinders (East & Central Areas).	Additional urgent primary care capacity in place to support practices and emergency department service delivery. Monthly activity levels are included in the KPIs; estimated in East Area 1200-1800pm; Central Area 1000pm.	Executive Director Primary & Community Care	30th June	Risk to implementation: Capacity to deliver pathfinders Recruitment of multi-disciplinary workforce	Performance Fund (for West Area) and WG UPCC grant (subject to approval)		Y	PPPH & Board	
R1.3				Further development of UPCC pathfinder in East Area covering 6 clusters	Improved patient satisfaction.	Executive Director Primary & Community Care	30th June	Confirmation of funding					
R1.3				Commence UPCC pathfinder in North Denbighshire in partnership with mental health third sector	Timely access to services in response to on the day demand	Executive Director Primary & Community Care	30th June	Recruitment to short term posts Links with 111 and GPOOH as they also change during this period					
R1.3				Development of proposals/business case for a UPCC pathfinder(s) in West Area	Integrated working with the unscheduled care programme, including 'phone first' and the implementation of 111. MDS ref:	Executive Director Primary & Community Care	30th June	Risk if not implemented: Unable to meet patient demand for unscheduled care in primary and secondary care.					
R1.3				Implementation of UPCC(s) in West Area (subject to approval/funding)	• In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • A&E attendances	Executive Director Primary & Community Care	31st December						
R1.3				Participation in national evaluation of all pathfinder UPCCs, with recommendations for a future model of care.		Executive Director Primary & Community Care	31st March						
R1.3				Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for north Wales		Executive Director Primary & Community Care	31st March						
R1.4	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Area Medical Directors and Planned Care Lead	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times	Improved patient communication and provision of alternative services if appropriate, to support patients waiting for planned secondary care, including regular updates. (Activity data will be detailed in the planned care action log)	Executive Director Nursing & Midwifery	30th June	Risk to implementation: Planned Care leads capacity to fully engage Complexity across specialities and sites	Performance Fund –assuming further allocation from WG		Y	FPIG & Board	
R1.4				Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes	Alleviate patient concerns Seek feedback from primary care in relation to the impact of waiting list validation and patient queries.	Executive Director Nursing & Midwifery	30th June	Insufficient resourced capacity in primary care to participate Risk if not implemented: Poor patient outcomes and increased clinical risk					
R1.4				Development of proposals to manage the backlog of planned care in the primary care sector	Robust management of clinical risk MDS ref:	Executive Director Nursing & Midwifery	30th June	Primary care unable to cope with additional demand relating to queries and supporting patients whilst they wait					
R1.4				Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement.	• In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • All elective activity • Urgent cancer OPD referrals • Urgent non-cancer OPD referrals	Executive Director Nursing & Midwifery	31st March						
R1.5	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Asst Area Directors Primary Care	Participate in the Welsh Government commissioned primary care estates review	Collate data and review feedback from patient survey to inform local estates requirements and priorities	Information assimilated to support the development of the primary care estate to meet current and future service models	Executive Director of Planning & Performance	30th June	Risk to implementation: Primary Care leads capacity to fully engage	Primary Care			?	
R1.5				Review national report recommendations (once published), and participate in further work as required	Continued programme of primary care premises improvements. MDS ref:	Executive Director of Planning & Performance	31st March	Impact on prioritisation of business cases in development Risk if not implemented: Delays in improvements of primary care estate					
R1.5				Implement improvement grant funded schemes	• In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4	Executive Director of Planning & Performance	31st March	Primary Care estate not aligned to service change and strategic direction.					
C1.4	COVID-19 response	Clinical Director Therapy Services	Work with community, therapy and mental health services in supporting patients with long covid syndrome (in line with any published evidence, learning and guidance)	Ensure primary care engagement and involvement with the established Long Covid Recovery Programme Group to deliver the actions in the work programme of the group.	Understanding of patient numbers and demand for services in primary care settings Clear pathways in place for patients who continue to have health related problems following Covid19 MDS ref:	Executive Director Therapies & Health Sciences	31st March	Risk to implementation: Lack of capacity in primary care to engage with the programme Risk if not implemented: Care pathways to support long covid patients not fully developed/implemented	To be advised by action lead			PPPH	
R1.6	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Academy Manager	Further development of the Primary and Community Care Academy	PACCA Business Case finalised	Supporting the further implementation of the primary care model in Wales, leading new ways of working and innovation in primary care.	Executive Director Primary & Community Care	30th June	Risk to implementation: Approval of Business Case and allocation of additional funding Risk if not implemented: Academy not further developed and unable to meet the needs of primary care, both to support innovation but also improve recruitment and sustainability (as a response to the BAF)	Performance Fund		Y	Board & ?QSE	
R1.6				Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include:	Further integrated working with the Strategic Programme for primary care and HEIW Promotion of North Wales as a place to train learn and work; particularly in relation to primary care professions, with targeted recruitment initiatives.	Executive Director Primary & Community Care	30th June						
R1.6				Training Hub established and posts advertised	(Subject to business case approval), increased numbers of advanced practitioners working in primary care settings	Executive Director Primary & Community Care	30th September						
R1.6				Level 7 Vocational Education Programme in place	Support the sustainability of GMS Primary Care through the development of training posts supernumerary to the costed established to develop a cohort of practitioners who are Primary Care ready.	Executive Director Primary & Community Care	30th September						
R1.6				Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University	Supported primary care internships, including Physicians Associates	Executive Director Primary & Community Care	31st December						
R1.6				Evaluation Lead and Research Development appointed	Deliver a range of development, training and education programmes to support the development of clinical and non-clinical practitioners. Increase skills and knowledge in Community Pharmacy to meet population need and develop services that can be provided closer to home via an alternative primary care contractor.	Executive Director Primary & Community Care	30th September						

I1.1					<div>money. Little evidence about practice and improved quality outcomes.</div> <div><ul style="list-style-type: none">• Delaying and reducing the need for care and support. Reduction of unplanned admissions and attendances to ED. Reduction in falls, Pressure Ulcers, safeguarding referrals, medication errors, infection outbreaks.• Targeted interventions in area of inequality and deprivation.• Improved recruitment and retention in care homes. Improved access to joint training and education. Reduction in care Homes being managed through Escalating Concerns.</div>		31st December Refine QAF and commence Implementation.					
I1.1							31st March Full Implementation					
I1.2	Improved unscheduled care pathways	Assistant Area Director (AAD) - Intermediate Care & Specialist Medicines and AADs of Community Services	Transformation of Community Services - Home First Bureau	Development and implementation of a Home First Team in line with Home First Bureau Business Case.	Discharge to recover and assess is a National programme of work. National measures agreed and reported since March 21 in order to start collecting the baseline information. National measures reported since March 21 <ul style="list-style-type: none">• Measure 1 – No. of people transferred on to each D2RA pathway.• Measure 2 - % of those transfers that took place within 48 hours of decision being made.• Measure 3 - % people transferred to a D2RA pathway a co-produced recovery plan in place.• Measure 4 - % of people transferred out of D2RA pathway to usual place of residence.• Measure 5 - % of people readmitted to Hospital within 28 days (post D2RA pathway). Benefits	Executive Director Primary & Community Care	30th June – Baseline data being collected. 30th June – Review of Home First Bureaus	TThe D2AR investment in the Central Area has focussed on the provision of addition HCA staff, working over 7 days. Early evidence is demonstrating how these staff are enabling more care to be deliver in patients' homes. There is insufficient funding to maintain the posts for the full year.	Performance Fund		y	Board & FPIG?
I1.2		AAD Pharmacy and Medicines Management		Recruit to the staffing model outlined in the business case (confirmation that this has been approved is required).		Executive Director Primary & Community Care	30th September – Review of baseline data 30th September – Home First Business Case approved and all posts recruited to.	ICF funding not guaranteed post March 2022. Risk of staff leaving if contracts can't be renewed and notice having to be given to some staff Longer stays in acute and community hospitals				
I1.2				Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT. Fully implement Discharge to Assess capacity within the community.	<ul style="list-style-type: none">• Reduction in unnecessary admissions into hospital.• Improvement patient pathway with minimal delays.• Patients receiving care at home rather in hospital.• Improved patient flow to maximise acute bed capacity.• Improved patient experience and more joined up care.	Executive Director Primary & Community Care	30th June – Training and education across system. 30th September – Gap analysis and recruitment 31st March – Ongoing monitoring					
I1.2				East - Development of pathways out of hospital to support D2RA – e.g. EMI pathways. Pharmacy support needs to be included as part of the CRT. To support domiciliary and care homes to administer medication safely to people in their own homes. Supports care closer to home	Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at charge of care setting in line with NICE guidance.	Executive Director Primary & Community Care						
I1.3	Improved unscheduled care pathways	AAD Community Services West	Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.	COTE linked to CRTs and MDTs at pre crisis point (West only).	<ul style="list-style-type: none">• Pilot impact of COTE support within CRTs (West)• Supports the expansion of Community Transformation work beyond South Wrexham.	Executive Director Primary & Community Care	Ongoing	Short term cost pressure whilst services cross over. Risk we won't have the funding. Can't recruit the right type of resources	Core Funding		Y	Board & QSE
I1.3		AADs Community Services		Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East)	<ul style="list-style-type: none">• Sustainable COTE workforce.	Executive Director Primary & Community Care	30th June – workforce review. 30th September/31st December – extend MDT model from South Wrexham to Central Wrexham and NWW.					
I1.3				YG & YGC Frailty units established and staff recruited	<ul style="list-style-type: none">• Improved patient care and avoiding unnecessary hospital admissions or increased lengths of stay.	Executive Director Primary & Community Care	Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor					
I1.3				Frailty model embedded into community services and intermediate care approach to utilise step-up beds from primary care more consistently. Partnership working with LAs for Marleyfield step down beds (East).	<ul style="list-style-type: none">• Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at charge of care setting in line with NICE guidance.	Executive Director Primary & Community Care	East 30th June Marleyfield West - YG Frailty unit – on hold, funding not confirmed. Led by acute.					
I1.3				Inclusion of pharmacy requirements for frailty units /services, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team.		Executive Director Primary & Community Care	West Frailty model in place West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December					
I1.4	Improved unscheduled care pathways	AADs Community Services	Review of Community Hospital Function	Community Hospitals model of care reviewed and criteria reviewed.	<ul style="list-style-type: none">• Fit for purpose intermediate care beds to support discharge to recover and assess model.	Executive Director Primary & Community Care	31st December		Core Funding			PPPH
I1.4				Penlewy Hospital transferred to Rainbow Charity Subject to public engagement and Welsh Government support.	<ul style="list-style-type: none">• Avoiding unnecessary delays for intermediate care beds.	Executive Director Primary & Community Care						
I1.5	Improved unscheduled care pathways	Community Transformation Regional Programme Manager	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people own homes and communities.	Joint programme with Local Authorities in order to: Expand and strengthen Community Resource Teams so as to meet the needs of the local population.	<ul style="list-style-type: none">• Better and more seamless, integrated care and support within the community, that delivers what matters to the people of North Wales. By strengthening community services (including primary care, community health, social care and the third and community sector) the programme supports a shift towards prevention, early intervention, and well-being. This in turn will support demand management for secondary care services and statutory social care.	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	Short-term Transformation and ICF funding not aligned to longer-term delivery timescales for change. Risk that programme momentum may slow once grant funding ceases.	WG Transformation Fund		Y	Board & PPPH
I1.5				Strengthen place-based working through the development of integrated health and social care localities, leadership and governance.		Executive Director Primary & Community Care	31st March – Sustainability planning for post programme continuation					
I1.5				Develop an integrated workforce model able to deliver increasingly complex care within the community.	<ul style="list-style-type: none">• Integrated working will ensure the better co-ordination of services, reduce duplication and waste and ensure that care and support is delivered at the right time, in the right place and by the right person.	Executive Director Primary & Community Care						
I1.5				Strengthen the role of digital technology in delivering future, focused and person-centred care		Executive Director Primary & Community Care						
I1.5				Expand the role of the community and third sector in delivering 'what matters'		Executive Director Primary & Community Care						
I1.6	Improved unscheduled care pathways	Assistant Area Directors of Community Services	Sustainable service models with North Wales Hospices – led by East	Review of sustainability of North Wales Hospices completed (considering moving NHS funding up to UK average of 30%.)	4 bed provision in YPS. Review of provision in Dwyfor / Meirionnydd being undertaken.	Executive Director Primary & Community Care	31st December	Funding	Core Funding			Board & PPPH
I1.6				Develop a palliative care pharmacy enhanced service to support specialist palliative care pharmacist role in each area. Over the next three years this will provide support to each hospice.		Executive Director Primary & Community Care	31st December	Funding	Core Funding			
R2.4	Recovering access to timely planned care pathways	Assistant Area Director of Community Services	Diabetes: Implementation of adult psychology service for diabetes across North Wales; and recruitment / implementation of Diabetes Clinical Lead post (pan North Wales).	Recruitment by Mental Health Learning Disabilities service (Psychology) commenced as per agreed staffing proposal in line with business case.	Delivers care closer to home and supports patients to self-manage condition	Executive Director Primary & Community Care	31st December	Management capacity at local level to support this work.	Core Funding			QSE
R2.4				Implement rollout of Diabetes Adult Psychology service.		Executive Director Primary & Community Care	31st December	Clinical Lead and Canterbury model funding not confirmed.				
R2.4				Complete service investment template for Diabetes Clinical Lead and commence recruitment. process once approval given.		Executive Director Primary & Community Care	31st December	Recruitment and funding not allocated for Canterbury model or clinical lead post				
R2.4				Take stock of Diabetes service provision status across N Wales to map way forward by Area.		Executive Director Primary & Community Care	31st December					
R2.4				Diabetes value-based work programme established and driven forward with clear timetable for implementation.		Executive Director Primary & Community Care	31st December					
R2.5	Recovering access to timely planned care pathways	Assistant Area Directors of Community Services	Implementation of the Malinko Scheduling System within every District Nursing Team in BCU.	Project Board established to oversee implementation.	Scheduling system to support effective allocation of DN resources.	Executive Director Primary & Community Care	30th June: Project Board, PID and Business Case 30th September: Commence roll out	WG is funding the licences, but not the implementation costs or ongoing support and infrastructure costs, which will need to be found from within existing budgets.	Licences are funded through WG contract.			FPIG
R2.5				Agree PID	Ability to monitor missed / delayed visits and tasks.	Executive Director Primary & Community Care	31st December: Implement management systems.	Malinko may not have the capacity to support a comprehensive roll out within the 2021-22 year.	BCU needs to fund professional fees to support the implementation, project management costs (non recurrent).			
R2.5				Produce business case and secure resources.	Ability to capture and record the 'levels of care' required by WG.	Executive Director Primary & Community Care	31st March: Complete roll out and review benefits realisation					
R2.5				Agree implementation programme	Ability to demonstrate nature and level of any gaps between demand and capacity within and across DN teams.	Executive Director Primary & Community Care			BCU need to fund purchase costs of Smartphones needed to operate the Malinko App, the ongoing contract costs for the phones and a System Administrator post to manage the system.			
R2.5				Roll out system.		Executive Director Primary & Community Care						
R2.5				Implement management systems for ongoing system use (including consistent use across BCU).		Executive Director Primary & Community Care						
R2.5				Ensure benefits realisation.		Executive Director Primary & Community Care			Internal Business case being developed, WG contract only agreed in late March 2021.			
I1.7	Improved unscheduled care pathways	Assistant Area Director – Primary & Community Care	Increased capacity within CRTs to support patients to be cared for in their own homes.	Employ additional HCSW's within CRTs in the Central Area, working from 7.30am to 9pm, 7 days per week.	Patients needing additional short term care in their own homes can be supported, avoiding unnecessary hospital admission. Patients no longer requiring acute care can be discharged to recover in their own homes. Patients with increased care needs, for example double handed care visits, can be discharged earlier / avoid admission to hospital while recovering or awaiting an increase in their package of care. Increased number of patients wishing to die at home can be supported to do so. Reduced demand on acute and community hospital beds. Contribution to reduced LOS.	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning monies to continue in post, linked to CRTs. Data collection 30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy 31st December: subject to funding, recruit and deploy additional HCAs to support care delivery outside hospital 31st March: Secure permanent funding, subject to further evaluation	Risk that there is insufficient capacity of other CRT staff and GPs to provide care (capacity put in place as GPs and DNs have said that they can manage more people at home with sufficient support staff, so currently, not an issue). Risk that NHS HCSW's are increasingly relied upon to provide domiciliary care where Dom Care Agency services are not available	FYE £1.045m D2AR funding secured to fund additional HCAs already employed until end of September. Need to secure remaining monies for full staffing and for 31st December and 31st March.		Y	Board & FPIG (in support of reducing DTGc7)

R2.8				Introduce super green pathways to protect elective capacity	Summary, ensuring reducing in long waits and value for money		30th September					
R2.9	Recovering access to timely planned care pathways	North Wales Musculoskeletal Network Delivery Manager	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	Programmes developed to support patients whilst they are awaiting an extended period of waiting	The six-point recovery plan includes schemes to support patients whilst awaiting their procedure, such as Escape from pain and habilitation programmes. These will support healthier living and improve mobility	Executive Director Nursing & Midwifery	31st December	Funding for programme. Workforce to deliver model Patient uptake Facilities to deliver the model	transformational Funding	Y	Y	Board & QSE
R2.9				Escape from pain programme for orthopaedics, digital app for orthopaedics, communication tool web site for length of wait in place								
R2.9				introduction of Orthopaedic habilitation programmes to support patients mobility and general health whilst awaiting an intervention	Improve mobility and prevent extended length of stay once ready for their operation. Prevents further complications			requires business case and option appraisal				
R3	Recovering access to timely planned care pathways	Consultant Anaesthetist manager	Expand access to prehabilitation, increase social prescribing and access to digital tools. Joint programme with primary care division	Complete the review of prehabilitation across north Wales	Business case to support critical care pre-habilitation is within the annual plan and ready to be mobilised. The larger healthier living/habilitation programme is currently being prepared as a business case	Executive Director Nursing & Midwifery	31st December	significant cost to deliver the programme Ability to find workforce to deliver ability to find site to deliver programme	Performance Fund Transformational fund	Y		FPIG
R3.1	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Develop a diagnostic and treatment centre model to transform planned care service delivery.	Strategic outline case pursues a number of options to provide cancer, vague symptoms, diagnostics and ring fenced beds for orthopaedics and cataracts, providing a new model of care for these cohort of patients submit to Board	The strategic outline case goes to board in May 2021 and will allow the next stage of FBO/OBC to be developed.	Director of Planning and Performance	30th September for submission of case	Not supported by board	Core Funding	Y		FPIG
R3.2	Recovering access to timely planned care pathways	Hospital management teams/Head of Planned Care Improvement	Insourcing to support provision of service for cohort 1&2	Tender specification for insourcing	This will provide additional capacity to the organisation in the form of insourcing and outsourcing	Executive Director Nursing & Midwifery	30th June	Tendering process not completed on time unable to allocate the insourcing work due to lack of providers Unable to provide facilities for insourcing company.	Performance funding transformational funding	Y	Y	Board & FPIG
R3.2			Outsourcing specification for Orthopaedics	Tender specification for outsourcing	this modelling will allow the organisation to understand, capacity required, cost and trajectories to reduce long waits in the organisation							
R3.2				Demand and capacity modelling complete to treat all over 52 week waits and to get the organisation to 36 weeks								
R3.3	Recovering access to timely planned care pathways	North Wales Musculoskeletal Network Delivery Manager	Continue the strategic service developments for orthopaedics	Orthopaedic model built into diagnostic and treatment centre business case	The orthopaedic model will allow the de-coupling of unscheduled care and scheduled care for this specialty. Preventing cancellations and disruption in patient flow	Executive Director Nursing & Midwifery	30th June	diagnostic and treatment centre strategic outline case not approved	Core Funding	Y		FPIG
R3.4	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Develop the Outpatient transformation programme Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.	Approve and recruit outpatient transformation programme team to progress the work across all sites	Allowing improved access for patients and reduce waiting times. Development of further straight to test pathways. Reduce face to face consultations will provide further OPD capacity reduce follow up backlog Will reduce Outpatient waiting times and give patients more choice will support deliver of Suspicious Cancer pathway will support delivery of 16 week out-patient target	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	supported by executives unable to recruit lack of clinical ownership/leadership	performance fund	Y	Y	Board & FPIG
R3.4				Transforming outpatient department for 'Once for North wales' approach.								
R3.5	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	To explore external capacity to support access to treatment	External providers canvassed on fortnightly basis to assess available capacity	To establish availability of additional capacity to reduce waiting times – below 52 weeks by March 2022	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July If these time frames work then outsourcing could be August insourcing September. Hope that helps	unable to resource further capacity unable to reduce backlogs costs	Performance funds transformational funds	Y	Y	Board & FPIG
R3.5				Fortnightly review of capacity to assess any external capacity available								
R3.6	Recovering access to timely planned care pathways	Endoscopy Network Manager	Development of sustainable endoscopy services across North Wales	Deliver on 2 year endoscopy plan.	Reduce diagnostic and endoscopy waiting times, improve cancer outcomes	Executive Director Nursing & Midwifery	31st March	Recruitment of workforce	Core Funding	Y	Y	Board & FPIG
R3.6				Achieve milestones to plan.								
R3.7	Recovering access to timely planned care pathways	Divisional General Manager Cancer Services, Cancer Services	Deliver suspected cancer pathway	Delivery of the national target of 75% of all patients achieving the single cancer pathway	Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	not enough out-patient capacity to achieve new standard pathways not sufficient to deliver new model Cancer services do not have a high profile in the organisation	Performance Fund transformational funds	Y	Y	Board & FPIG
R3.7				Cancer pathways revisited and aligned to achieve the national standard								
R4	Recovering access to timely planned care pathways	Directorate General Manager, Iwmcs, North Wales Managed Clinical Services	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals	Insourcing contract in place with external provider	Reduction in backlog of patients waiting over 8 weeks for scan. Stretch project to reduce waits to 6 weeks	Executive Director Nursing & Midwifery	30th September		Core Funding	Y	Y	Board & FPIG
R4				Additional mobile scanners / staffing in place								
R4.1	Recovering access to timely planned care pathways	Directorate General Manager, Iwmcs, North Wales Managed Clinical Services	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals	Insourcing contract in place with external provider	Reduction in backlog of patients waiting over 8 weeks for scan. High Street locations identified as ideal for this service.	Executive Director Nursing & Midwifery	30th September		Performance fund	Y	Y	Board & FPIG
R4.1				Additional clinic space / staffing in place								
R4.2	Recovering access to timely planned care pathways	Directorate General Manager, Iwmcs, North Wales Managed Clinical Services	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)	Recruitment to medical, scientific / allied health professional, supporting and administrative posts	Recruitment to agreed sustainable service models. Identification of suitable space to operate from.	Executive Director Nursing & Midwifery	31st March		Core Funding	Y	Y	Board & FPIG
R4.2				Identification of estates and equipment priorities								
R4.3	Recovering access to timely planned care pathways	Directorate General Manager, Iwmcs, North Wales Managed Clinical Services	Ensure sufficient mortuary capacity across North Wales	Capital secured to increase capacity at YWM	Reduced risk of lack of capacity especially in high occupancy times.	Executive Director Nursing & Midwifery	30th June		Core Funding	Y		QSE?
R4.4	Recovering access to timely planned care pathways	Divisional General Manager Cancer Services, Cancer Services	Review Of haematology services	Standardised, accessible information and materials on diagnostic procedures and interventions. Standardised, optimised, referral pathways		Executive Director Nursing & Midwifery	31st March		Core Funding	Y		QSE?
R4.5	Recovering access to timely planned care pathways	Clinical Director Therapy Services, Therapies & Health Science	Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)	Increased equity of access to allied health professionals and rehabilitation programmes	Improved communication due to attendance at multi-disciplinary teams with improved multi-professional and interagency working.	Executive Director Nursing & Midwifery	30th September		Core Funding	Y	Y	Board & QSE
R4.5				Development of referral pathways particularly for upper gastrointestinal and hepatobiliary and pancreatic cancer which are Wales cancer network priorities and the Health Boards strategic priority for pelvic cancer services								
R4.5				Development of self-management information								
R4.5				Timely interventions at all stages of the cancer journey for communication, eating and drinking, leading to faster progression to oral diet and fluids, reduction in the need to rely on radiologically inserted gastrostomy / percutaneous endoscopic gastrostomy enteral feeding, reduction in the costs of enteral feed and dietary supplements								
R4.5				Use of patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales								
R4.5				Development of programmes of education to upskill generalist therapy staff, and multi professional teams supporting self- management; efficient use of resources and supporting increased numbers of patients and carers.								
R4.5				Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers.								
R4.6	Recovering access to timely planned care pathways	Site Acute Care Director	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	Eye Care Collaborative Group in place and robust with good engagement and appropriate structure in place to receive proposals and agree recommendations to HB. Linked in to all All Wales Groups Business Case to support strategic direction approved by PCTG and to Executive Management Team 9th June 2021 for progression under strategic direction of travel in Annual Business Plan 2021. Priorities include increased capacity for IVT, implementation of Digital Eye Care system together with replacement of EoL equipment and lastly the re-tendering for Eye Care pathways to be delivered by Primary Care ODTCS	These actions allow the development of strategic direction for ophthalmology and developing a 2-3 year plan will support the delivery of a cataract service that will reduce the patients waiting times Implementation will enable increased capacity to treat wet AMD patients requiring specific treatment intervals to mitigate sight reduction (circa 570 extra treatments per week) Delivery of electronic referrals and image sharing reducing attendance at secondary care for stable glaucoma patients undertaken by Primary Care Optometrists	Executive Director Nursing & Midwifery	Already initiated with pump priming last year, continuation secured through previous funding whilst BC approval expected June 2021 enables re-tendering exercise by end 30th September	Required approval for BCUHB and WG Funding	Core Funding as part of Annual Business Plan 2021	Y	Y	Board & FPIG
R4.7	Recovering access to timely planned care pathways	Site Acute Care Director	Enable work to progress on strategic service developments urology	Development of the urology plan (RAS Procurement) Completion of All Wales procurement process by end 30th June In parallel review of BC to support RAS and Urology re-design for BCUHB approval	The plan will help address the demand and capacity imbalance and will support the reduction of waiting times and the development of a specialised centre of excellence for patients in north Wales	Executive Director Nursing & Midwifery	Procurement by 30th June Delivery RAS 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	Required approval for BCUHB and WG Funding	Performance Fund	Y	Y	Board & FPIG
R4.8	Recovering access to timely planned care pathways	Site Acute Care Director	Implementation of the glaucoma pathway	Implemented and delivery on going. Performance against trajectory good with improvements on going as we work towards re-tendering process	As above with regards to the Eye Care Strategy, along with an additional 7,200 appointments (300 referral refinement)	Executive Director Nursing & Midwifery	31st March	Required approval for BCUHB Funding	Core Funding	Y	Y	Board & FPIG
R4.9	Recovering access to timely planned care pathways	Site Acute Care Director	Implementation of the diabetic and age-related macular degeneration pathways	Ongoing	Updated pathways being reviewed	Executive Director Nursing & Midwifery	31st March	Required approval for BCUHB Funding	Core Funding	Y	Y	Board & FPIG

R10	Recovering access to timely planned care pathways	Site Acute Care Director	Independent prescriber pathway in place to support 12 qualified independent prescribing optometrists	Ongoing with prescribers identified	Provision of eye care within Primary Care	Executive Director Nursing & Midwifery	31st March	Placements and support continues to be worked through	Core Funding	Y		FPIG
R10.1	Recovering access to timely planned care pathways	Women's Services Interim Matron for Patient Experience Team	Family Centred Care Scheme	Work with Maternity Voices Groups, working with our partners to transfer innovation into practice.	1. Co-production of service development 2. Improved Birth Choices across community settings – improved community birth rates. The current Community Birth rate is between 1.8% - 2% - Our target would be 3% in line with the Wales average.	Executive Director Of Public Health	Action 1: 30th June	Risk re. Engagement strategy – risk is that units remain closed due to COVID community adaptations impacting on ability to open the engagement process without bias.	Core Funding			QSE or PPPH
R10.1				Provide choices for place of birth; review of Free Standing Midwifery Units in community and review access to water birth services in North Wales.			Action 2: 30th September					
R10.2	Recovering access to timely planned care pathways	Clinical Leads and Matron	Ensure Safe and Effective Care	1. Implement the recommendations of the HIW National Review of Maternity Services (November, 2020)	1. Safe and effective care, delivered in line with national standards, Welsh Government performance measures, MBBRACE, Each Baby Counts, RCOG and NICE guidelines.	Executive Director Of Public Health	Action 1: 31st December	MIS is a WG introduction as is out of our direct control and Saving Babies' Lives – securing the right USS capacity remains a risk	Core Funding		Y	Board & QSE
R10.2				2. Implement the National MIS solution for Wales (HIW, November 2020).	2. A Midwifery Informatics System		Action 2: WG Initiative					
R10.2				3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.	3. Maternity Service User Engagement Strategy		Action 3: informed by WG timetable					
R10.2				4. Benchmarking exercise against NICE Quality Standards	4. Reduction of birth intervention and induction of labour via latent phase community project.		Action 4: 30th September					
R10.2				5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model,	5. Reduced C-section rates		Action 5: 30th June					
R10.2				6. Ongoing monitoring of safety equipment checks.			Action 6: 30th June					
R10.2				7. Reflect workforce plans with national standards for maternity services.			Action 7: 30th September					
R10.2				8. Implement MBBRACE recommended Local and National Improvement initiatives to reduce stillbirth			Action 8: 31st March					
R10.2				9. Implementation of the GAP/GROW I + II			Action 9: 31st March					
R10.2				10. Mortality and Morbidity multi-professional reviews to conform to MBBRACE and PMRT requirements.			Action 10: 30th September					
R10.2				11. Promoting normality in first pregnancy, latent phase project in community.			Action 11: 31st December					
R10.2				12. Ensure compliance with the C-Section Tool Kit to maintain Elective C-Section rates under 10% by increasing ECV and maximising VBAC Opportunities.			Action 12: 31st December					
R10.2				13. Implement the MBBRACE and Each Baby Counts (EBC) Recommendations.			Action 13: 30th September					
R10.3	Recovering access to timely planned care pathways	Interim Matron for Patient Experience Team	Continuity of Care and skilled multi-professional teams	1. The service will develop models of midwifery and obstetric care, which offer continuity of carer in line with the Welsh Government Maternity Services plan	1. Continuity of care – Women will be seen by a max 2 obstetric and 2 antenatal midwives.	Executive Director Of Public Health	Action 1: 31st December	Continuity of Carer risks include compliance with Maternity Workforce Standards is essential and COVID may impact on delivery.	Core Funding			QSE or PPPH
R10.3				2. Dedicated obstetric lead to champion bereavement care	2. Obstetric Champion for Bereavement		Action 2: 31st December					
R10.3				3. Women see a maximum of 2 obstetricians for routine antenatal care ensuring co-partner involvement in decision making.	3. Fetal Surveillance Champions		Action 3: 31st December					
R10.3				4. Timely access to training for staff to carry out all their roles.	4. Skilled and fully trained workforce		Action 4: 31st December					
R10.3				5. Multi-professional training to include obstetric emergencies, PROMPT and fetal monitoring surveillance.	5. Improved Leadership and developmental opportunities for staff		Action 5: 30th June					
R10.3				6. Introduction of CTG / fetal surveillance champions.	6. Learning and research culture.		Action 6: 30th June					
R10.3				7. Development of leadership skills and opportunities for professional growth.			Action 7: 30th June					
R10.3				8. Ensure that staff can access bereavement training (SANDS).			Action 8: 30th June					
R10.3				9. Foster a learning culture and infrastructure including medical and health science school.			Action 9: 30th June					
R10.4	Recovering access to timely planned care pathways	Head of Women's Services	Implement Sustainable Quality Care	1. Ensure staffing levels are birth rate plus and RCOG compliant	1. Birth Rate Plus compliant	Executive Director Of Public Health	Action 1: 30th June	Welsh Government Birth Rate Plus plans / reviews.	Core Funding		Y	Board & QSE
R10.4				2. Reduction of activity in contract agreement with CoCH services,	2. Care closer to home		Action 2: 31st December					
R10.4				3. Implement the 21/22 Revenue Business Development Plans.	3. Sound and robust governance and risk management system		Action 3: 31st March					
R10.4				4. Develop stronger governance systems, for performance and accountability.	4. CSIM Workforce Sustainability		Action 4: 31st December					
R10.4				5. National CSIM Peer Review by WG and Clinical Supervision Resource Mapping.			Action 5: 30th September					
R10.5	Recovering access to timely planned care pathways	Clinical Director	Transformation programme Gynaecology and Specialist Services	1. Establish Recurrent Pregnancy Loss Task and Finish Group to propose a service model for a dedicated service in North Wales to include repatriation of patients referred to Liverpool Women's Hospital which will support the recommendations of the report Making the Case for Better Miscarriage Care in Wales (FTWW, Sept 2018).	1. Dedicated Early Miscarriage Service – providing care closer to home (reduction of reliance on Liverpool services). 2. Emergency Gynaecology Unit 7 days a week 3. Fertility Services – providing care closer to home 4. Clinical pathway for Heavy Menstrual Bleeding and Continence. 5. North Wales Colposcopy Service 6. North Wales Pelvic Health Service 7. North Wales Endometriosis Service 8. Gynaecology Service User Engagement Strategy 9. Centralised gynaecology referral centre	Executive Director Of Public Health	Action 1: 31st March	Gynae Transformation – risk – Funding / Business case support and local capacity to absorb the re-patriation projects e.g diagnostics and theatre capacity.	Core Funding			QSE & FPIG
R10.5				2. Develop a service model for Fertility Services to ensure provision of services for the population of North Wales.			Action 2: 31st March					
R10.5				3. Implement pathway for Heavy Menstrual Bleeding and Continence.			Action 3: 30th June					
R10.5				4. Transforming Women's Health Care (Gynaecology) with Live Labs approach to a sustainable model for the future.			Action 4: 30th September					
R10.5				5. Final Review of Service Model for North Wales Colposcopy Service and YGC Colposcopy Plan.			Action 5: 31st March					
R10.5				6. Roll out the All Wales of Pelvic Health Programme.			Action 6: 30th September					
R10.5				7. Continue working in partnership with Gynae Voices Service-user Forum for co-production of service development.			Action 7: 30th June					
R10.5				8. Improve advocacy, reducing inequalities and implement engagement strategy.			Action 8: 31st December					
R10.5				9. Develop a North Wales Endometriosis Service.			Action 9: 31st March					
R10.5				10. Centralised referral centre for gynaecology.			Action 10: 31st March					
S10.2	Strengthen our population health focus	PHW, Womens Services, Neonatal Services & North Wales Infant Feeding Strategic group	Optimal Outcomes for every Mother and Child	1. Continuation of the Smoking Cessation – "Help Me Quit for Baby".	1. Reduction in stillbirth rates by half by 2025 – Year one 21/22 plan by 31st March 2. Improved healthy birth weight - as part of the Saving Babies' Lives Care Bundle 2 – Year 1 by 30th June 3. Infant Feeding Strategy 4. Reduction in term admissions	Executive Director Of Public Health	Action 1: 30th June	Optimal Outcome for each child – risk external funding to support projects is not secured.	Early Years / Building Healthier Wales Fund			QSE
S10.2				2. Healthy Weight: 'Help with my Weight' (pre & post pregnancy), Foodwise in Pregnancy (during pregnancy) & Progress 'Insight' work (to inform future maternal obesity service developments).			Action 2: 31st March					
S10.2				3. Implement a Quality Improvement Programme (Yr 1) - Infant Feeding Healthcare Support Workers Pilot Scheme – "Building a Healthier Wales Programme".			Action 3: 31st March					
S10.2				4. Implement the Strategic Infant Feeding Strategy (Yr 2) and identify a lead to work with the national steering group and drive local action plans.			Action 4: 31st March					
S10.2				5. Neonatal Care, reducing term admissions, introduce hypoglycaemic pathways and monitor introduction of a sepsis risk calculator			Action 5: 31st March					
S10.3	Strengthen our population health focus	PHW, Womens Services, Neonatal Services & North Wales Infant Feeding Strategic group	Children from all Backgrounds are Given the Best Start in Life	1. Healthy Start: To support increasing uptake of the "Healthy Start Scheme" amongst eligible families in North Wales.	1. Healthy Start Scheme 2. Improved parental outcomes – psycho/social wellbeing 3. Perinatal Mental Health – The national maternity measures for this service are; the proportion of women who report having an existing mental health condition at their initial assessment and the proportion of those Women who have a Mental Health Care in place. 4. Preconception counselling service	Executive Director Of Public Health	Action 1: 31st March	Risk external funding to support projects is not secured.	PHW Funding			QSE
S10.3				2. Targeted Parenting Programmes – "Solihull Parenting Approach".			Action 2: 31st March					
S10.3				3. Perinatal Mental Health Support - to promote the psycho/social well-being of women, their babies and surrounding family.			Action 3: 30th September					
S10.3				4. Provide preconception counselling services for women with pre-existing medical conditions			Action 4: 31st December					
M1	Integration and improvement of mental health services	Mental Health & Learning Disabilities, Interim Deputy Director	Digital & Health Informatics: Develop programme to integrate health systems and implement digital health initiatives.	We will work with colleagues in Informatics & Performance to develop a sustainable and unified system to support clinical models and pathways.	To provide a safe and sustainable infrastructure To provide support for staff with modernised systems and tools To reduce the risk of use of multi-systems across the Division To provide improved reporting	Interim Executive Director of Mental Health & Learning Disabilities	30th June, testing & pathway development 30th September, agree system plan 31st December/31st March dependent on IM&T position	Uncertainty over the future direction of the possible IM&T solutions.	IM&T Funded	Y		FPIG
M1.1	Integration and improvement of mental health services	Interim Director of Nursing	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	We will proceed in completing ward accreditation by scoring as a minimum bronze across all of our inpatient wards.	* To improve service delivery and experience / outcomes for patients / families / carers by meeting fundamental standards for inpatient nursing * To increase the number of wards achieving a bronze award or above	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work 30th September, agree plan for roll-out 31st December/31st March implement	Links with corporate services and support to deliver	MHLD Revenue	Y	Y	Board & QSE

M1.2	Integration and improvement of mental health services	Interim Director of Operations	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	By further embedding the Wellness, Work & You Strategy.	To improve the skill mix to address shortfalls in service provision To ensure multi-disciplinary staff are trained to provide best quality services for patients	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan		Transformation Funding	Y	Y	Board & OSE
M1.2				We will develop a meaningful communication strategy.	To provide effective recruitment and retention To ensure our staff are well, supported and engaged		30th September/31st December/31st March implementation					
M1.2				We will develop a sustainable workforce plan including training to support the service redesign & improvement initiatives	We'll have a safe, sustainable and stable leadership structure							
M1.3	Integration and improvement of mental health services	Programme Director	Ablett / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older People's Mental Health inpatient services in the Central Area.	We will progress the business case through gateway reviews and continuation of planning requirements.	To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups; To provide an environment that supports staff to deliver safe, effective care to patients, carers and families; To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery	Interim Executive Director of Mental Health & Learning Disabilities	30th June 31st March, dependent on planning permissions outcome	Delay in planning permissions	Capital Investment	Y	Y	Board & OSE
M1.4	Integration and improvement of mental health services	Medical Director	Therapy Services: We will explore and define roles of therapy services including psychological therapy, occupational therapy and physiotherapy.	We will strengthen the pan divisional relationship for therapy services with mental health and learning disability division, by creating clinical expertise and leadership to assist strategy and pathway design We will develop and recruit to a new role which will support the strategic direction of the division in focussing on therapy led safe and timely discharge.	To improve holistic approach to care, and multi-disciplinary ways of working To ensure our staff are trained and developed to provide best quality services for patients To reduce the number of DTDC's	Interim Executive Director of Mental Health & Learning Disabilities	30th June Agree focus of therapy support across the division 30th September Recruitment process 31st December Commence new roles	Delay in recruitment processes.	Transformation Funding	Y		OSE
M1.5	Integration and improvement of mental health services	Medical Director, Head of Nursing CAMHS	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	We will develop effective and timely transition arrangements that support young people into adult services. We will develop effective joint working arrangements between adult mental health, child and adolescent mental health services and local authority professionals In partnership we will develop and implement CYP workforce plan and recruit to specific roles.	To provide a seamless services for patients / younger persons transitioning into Adult MH Services. To evidence based data sets, triangulated benchmarking with local data will underpin our work To have a clearly defined proposal for model of crisis care	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan 30th September, agree plan 31st December-31st March begin to implement improvements	Delay in recruitment processes. Availability of skilled and trained staff. Lack of project support.	Transformation Funding	Y	Y	Board & OSE
M1.6	Integration and improvement of mental health services	Medical Director	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	We will develop a process to ensure timely escalation for issues relating to delayed transfer of care, long length of stay and out of area patients	To reduce long length of stay, delayed transfers of care and out of area placements To provide care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date 30th September, agree plan and begin roll-out 31st December-31st March, on-going work with adjustments as required	Fragility of care home sector	MH&LD baseline budget	Y	Y	Board & OSE
M1.7	Integration and improvement of mental health services	OPMH Clinical Lead	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	We will work with partners to promote and support initiatives to reduce the risk and delay onset of dementia, including links between hearing loss and dementia. We will extend support services so that all with patients with dementia and mild cognitive impairment have access to support, tailored to them, to incorporate the six steps into their daily life.	To have a defined model of care that meets the population demand and is of the highest quality evidence base To improve holistic approach to care To ensure that staff are trained and developed multi-disciplinary staff to provide best quality services for patients	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme 31st December-31st March begin implementation	Demographic change.	TBC	Y	Y	Board & OSE
M1.8	Integration and improvement of mental health services	OPMH Clinical Lead	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	We will work with Area Teams and LA partners, develop a team approach to support care home in order to avoid crisis situations. We will further define a vision for service provision for older person's mental health. We will define and implement the proposed model of crisis care We will recruit a crisis care team	To reduce the use of clinically unjustified out of area placements and provide care closer to home To have a clear admission criteria and planned discharge To define model of inpatient care that meets the population demand and is of the highest quality evidence base Improved holistic approach to care To have trained and developed multi-disciplinary staff to provide best quality services for patients To have more people having quicker access to services providing appropriate and timely crisis support to maintain people receiving care in their own homes. To reduce avoidable and emergency admissions To provide support to EMI and commissioned care home settings	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs 31st December-31st March begin implementation	Delay in recruitment processes. Availability of skilled and trained staff. Failure to recruit.	Transformation Funding	Y	y	Board & OSE & PPH?
M1.9	Integration and improvement of mental health services	Interim Director of Nursing	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	We will develop and implement agreed early intervention in psychosis model of care We will recruit to specific workforce dedicated to this service We will develop integrated pathways	To provide an equitable service across North Wales To provide swift access to dedicated service / practitioner To provide each patient / family with a crisis and management plan To reduce in emergency admissions To reduce bed occupancy and out of area placements To provide a service for younger persons and adults	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme 30th September, begin recruitment 31st December, integrate in to local teams 31st March, evaluate	Delay in recruitment processes. Availability of skilled and trained staff. Availability of space for resource	Transformation Funding	Y	y	Board & OSE
M10	Integration and improvement of mental health services	Consultant Psychiatrist	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	We will develop whole system patient flow pathways. We will define required establishment and workforce plan. We will develop options for secure service provision / service transformation to inform robust service business case.	To reduce placements outside of Wales by providing care closer to home To strengthen commissioning arrangements More people having quicker access to services To have trained and developed multi-disciplinary staff to provide best quality services for patients To strengthen partnership approach to achieving best outcomes for patients / families / carers	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan 31st December Develop options appraisal		Likely to require a full business case	Y	y	Board & OSE
M10.1	Integration and improvement of mental health services	Interim Director of Operations	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	We will define the required establishment and skilled workforce. We will review and develop commissioning arrangements We will further develop fully functioning multi-disciplinary teams to provide best quality services for patients including preventative models of care. We will define the new model for assessment and treatment and domiciliary care.	To provide care provided closer to home and reduce out of area placements To improve patient / carer experience through effective partnership working	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan 31st December Develop future options appraisal 31st March Evaluate work programme to date	Availability of skilled and trained staff.	Healthier Wales & ICF Funding	Y	y	Board & OSE
M10.2	Integration and improvement of mental health services	Medical Director	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	We will work proactively to develop the existing service pathways and ensure alignment to Welsh Government guidance We will provide dedicated professionals as above would allow a more seamless process, more flexibility We will improved access to specialist clinical expertise specifically early intervention and treatment by recruiting additional specialised staff	• To ensure our services are aligned to Welsh Government guidance • To reduce mental illness in the mother and improve the mother-infant relationship • To provide regular and on-going training to allied mental health and primary care colleagues: to improve the understanding and knowledge of perinatal mental health • To have a multi-skilled and specialist workforce to support our patients • To provide a modernised service by developing integrated pathways • To reduce the need for out of area placements and support care closer to home • To ensure our services are aligned to Welsh Government guidance • To reduce mental illness in the mother and improve the mother-infant relationship • To provide regular and on-going training to allied mental health and primary care colleagues: to improve the understanding and knowledge of perinatal mental health • To have a multi-skilled and specialist workforce to support our patients • To provide a modernised service by developing integrated pathways • To reduce the need for out of area placements and support care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme 30th September, begin recruitment 31st December, integrate in to local teams 31st March, evaluate	Delay in recruitment processes. Availability of skilled and trained staff. Availability of space for resource	Transformation Funding	Y	y	Board & OSE
M10.3	Integration and improvement of mental health services	Clinical Lead Occupational Therapist	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care. To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.	We will develop locally agreed protocols and project plan with Clusters. We will recruit key staff members dedicated to support the work We will roll out Primary care Mental Health Practitioners to current ICAN Test sites with a wider roll out across the Region We will develop a training plan	To provide effective and efficient service delivery including released general practitioner time. To deliver care at or as close to home as possible To provide access to the right information, when needed to improve mental health and wellbeing e.g. number of individuals supported through ICAN community hubs To provide the best possible outcome, diagnosed early and treated in accordance with clinical need To ensure staff that are fully engaged in delivering excellent care and support to patients	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters 30th June Recruitment of OTs for model across North Wales 30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies	Availability of skilled and trained staff.	Transformation Funding	Y	y	Board & OSE

M10.3				We will develop an evaluation framework	To provide standardised systems and processes								
M10.3				We will identify further GP surgeries for roll out	To reduce the number of referrals into MH primary care services (< MHM part 1)		31st December-31st March evaluate impact						
M10.3				We will share learning and evaluation at regular time points with division, clusters and wider partners									
M10.4	Integration and improvement of mental health services	Head Of AMH Clinical Psychology & Psychological Services	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	We will review of existing offer and service provision and develop an improved model of care.	<ul style="list-style-type: none">To improve interventions based on good quality and timely research and best practiceTo train staff to deliver excellent care and support to patients and familiesTo standardised systems and processesTo improve access to services and reduce waiting times	Interim Executive Director of Mental Health & Learning Disabilities	31st March	TBC	TBC	Y	y	Board & QSE	
M10.4				We will develop workforce plan									
M10.5	Integration and improvement of mental health services	Head of Operations	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	We will develop a plan in relation to Specialist Bed Based Care with the driving principle being – Right Care, Right Time Right Place.	<ul style="list-style-type: none">To reduce placements for low secure provision outside of Wales and provide care closer to homeTo have an agreed establishment and workforce planTo have strengthened commissioning arrangementsTo have trained and developed multi-disciplinary staff to provide best quality services for patientsTo reduce in patient transport	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September review and agree plan	Identified funding stream	Likely to require a full business case	Y	y	Board & QSE	
M10.5				We will define the bed based care and community model			31st December, seek Divisional approval and consider funding requirements						
M10.5				We will review our estate requirements			31st March finalise plan						
M10.5				We will develop our workforce model									
M10.6	Integration and improvement of mental health services	Clinical Lead SMS	Substance Misuse: To continue to strengthen the existing psychosocial interventions available within the substance misuse service to improve recovery outcomes and early intervention and ensure equity of services available throughout North Wales.	We will develop a recovery model of care providing services with effective leadership and well established governance and accountability systems and integrated pathways.	<ul style="list-style-type: none">To have trained and developed multi-disciplinary staff to provide best quality services for patientsTo have agreed partnership approach to achieving best outcomes for patients / families / carersTo ensure interventions for patients are delivered in a timely mannerTo provide services that deliver holistic, recovery focused care and treatment matched to the needs of the service user and are accessible and appropriate to the populationTo integrate services and operate within the principles of co-production and prudent health and social care	Interim Executive Director of Mental Health & Learning Disabilities	30th June, explore new services available	Lack of identified investment	Revenue and WG funding	Y		QSE	
M10.6				We will explore, bid for and optimise new commissioning opportunities.			30th September-31st December develop bids and plans / engagement						
M10.6							31st March agree date for proof of concept						
M10.7	Integration and improvement of mental health services	Medical Director	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	We will work with our 3rd sector partners to develop a pathway to include crisis, community and home treatment provision.	<ul style="list-style-type: none">To reduce use of inappropriate s136To reduce the use of clinically unjustified out of area placementsTo have clearly defined admission criteria and planned discharge that's linked to community alternativesTo have a defined crisis pathway	Interim Executive Director of Mental Health & Learning Disabilities	31st December	TBC	Additional resources for MH 2021 – 22	Y	y	Board & QSE	
M10.7				We will develop a business case to secure funding									
M10.8	Integration and improvement of mental health services	Head Of Specialist Tier 3 Eating Disorders Service	Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.	We will develop and implement the provision of a MARSIPAN 'Team' to facilitate medical and psychiatric admissions for ED patients (MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa, Royal College of Physicians, 2014).	<ul style="list-style-type: none">To meet the targets for review within a week for urgent cases and 4 weeks for all cases by the specialised teamTo have dedicated professionals to allow a more seamless process, more flexibility, and the ability to offer more 'slots' / availability to service accessTo improve access to specialist clinical expertise in ED at Tiers 1 and 2 and specifically early intervention and treatment.To provide a service for younger persons and adults	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	y	Board & QSE	
M10.8							30th September, begin recruitment	Failure to recruit.					
M10.8				We will work collaboratively alongside existing staff in CAEDS and therefore strengthen the ED workforce.			31st December, integrate in to local teams	Availability of skilled and trained staff.					
M10.8							31st March, evaluate	Lack of project support.					
M10.8								Availability of space for resource					
M10.9	Integration and improvement of mental health services	Principal Clinical Psychologist	Integrated Autism Service: To provide a dedicated joint service for patients with autism diagnostic assessment providing support and advice for adults, parents/ carers, and professionals.	We will develop effective pathways for patients.	<ul style="list-style-type: none">To provide timely assessment for individualsTo provide dedicated and holistic support to individuals and their families	Interim Executive Director of Mental Health & Learning Disabilities	30th June Identify impact of current service model	Discontinuation of ICF funding allocation	Transformation Funding	Y		QSE	
M10.9				We will provide joint working arrangements across health services and local authority professionals.			30th September Identify funding model with LA partners for continued funding following discontinuation of ICF funding.						
M11	Integration and improvement of mental health services	Head of Operations	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	We will review the evidence based data sets, triangulated benchmarking with local data.	<ul style="list-style-type: none">To have a defined model of care that meets the population demand and is of the highest quality evidence baseTo have trained and developed multi-disciplinary staff to provide best quality services for patientsTo increase more people having quicker access to services providing appropriate and timely crisis supportTo reduce avoidable admissionsTo reduce unplanned/avoidable admissions/attendances at ED	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	Delay in recruitment processes.	Transformation Funding	Y	y	Board & QSE	
M11				We will undertake capacity modelling			30th September, develop and agree a plan	Failure to recruit.					
M11				We will define the proposed model of service we will further develop pathways & workforce, and improve patient experience.			31st December, agree proposals	Availability of skilled and trained staff.					
M11							31st March, implement	IT to support NHS 111 implementation					
M11.1	Integration and improvement of mental health services	Interim Deputy Director	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	We will review of Caniad (third sector working) arrangements.	<ul style="list-style-type: none">To ensure all key stakeholders are involved in and at the heart of everything we doTo have strengthened commissioning arrangements	Interim Executive Director of Mental Health & Learning Disabilities	31st December	N/A	N/A	Y	y	Board & QSE & PPH?	
M11.1				We will establish joint working approach with area teams to ensure joint planning, engagement and delivery of joint pathways									
M11.1				We will re-instate our Patient Experience Group & Together for Mental Health Partnership Board									
M11.2	Integration and improvement of mental health services	Medical Director / Pharmacy Lead	Medicines Management: To provide dedicated medicines management across the division including inpatient units and CMHTs.	We will work with pharmacy services to develop medicines management pathways and pharmacy requirements including role redesign.	<ul style="list-style-type: none">To reduce spend against drugs, prescribingTo provide patients with options for consultations in clinic or virtual clinic, therefore improving experience by providing choiceTo ensure our home treatment patients have access to timely medication and discuss medication with a pharmacy technician.	Interim Executive Director of Mental Health & Learning Disabilities	30th September recruitment into posts	Availability of skilled and trained staff.	Transformation Funding	Y		QSE	
M11.2				We will provide resource to support anti-psychotic medication reviews for GPs.			31st December liaison with MDT to identify patients who require support						
M11.2				We will support remote prescribing during and post the Covid19 pandemic by implementing the EMIS system for our clinicians and prescribers			31st March Evaluate						
M11.3	Integration and improvement of mental health services	Interim Deputy Director	Estates & Capital Investment: To develop a sustainable Divisional Estates plan to support the delivery of our services, new models of care and service redesign requirements.	We will deliver agreed capital programme in conjunction with Estates and Capital departments which is focussed on improvements, upgrades and reconfiguration of environments to support health and safety.	<ul style="list-style-type: none">To have safe and sustainable premises Improved environments for our patient, families and staffTo provide and support staff in their working environmentsTo have the right staff, right place, right time, access for patientsTo improve patient and staff experience	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree capital funding available	Amount of funding available	Discretionary Capital and WG Additional Investment	Y		QSE	
M11.3							30th September, begin scope work ie plans for works						
M11.3				We will review our accommodation to scope opportunities for rationalisation / agile working / co-location			31st December, procurement						
M11.3							31st March, complete works						
M11.4	Integration and improvement of mental health services	Interim Deputy Director	Interim Management Support - Project Support Function: To provide consistent and integrated project management and support across the Division to deliver all service improvement and transformation initiatives	We will i provide additional capacity to Clinicians for all managing and reporting requirements against all initiatives across the Division.	<ul style="list-style-type: none">To have quality and standardised documentation, strengthening governance arrangementsTo ensure projects and programmes of work delivered to 'make a difference' for our patients and staffTo provide performance management and monitoring of schemes, thus giving assurance of delivery against target and commitment	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree required resource	Delay in recruitment processes.	Transformation Funding	Y		FPIG	
M11.4							30th September, recruitment	Failure to recruit.					
M11.4							31st December -31st March implement	Availability of skilled and trained staff.					
I2.1	Improved unscheduled care pathways	Unscheduled Care programme lead	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	Welsh Access Model implemented and access principles and priorities adopted across all sites – emergency department access pathway to include a 'Contact First' system, 'Streaming Hub', and 'Wait & Care System', leading to more efficient navigation of patients Pioneering key performance indicators verified and published for each site – 'Time to Triage', 'Time to Clinician', 'Outcome'	<ul style="list-style-type: none">Improved clinical outcomes by EDs through focus on efficiency and effectiveness to reduce time to triage and time to clinician.Improved patient experience and quality of care within ED through a standardised pathway and direction to the most appropriate department in a timely manner – in line with the Welsh Access Model.Enhanced engagement of ED workforce.Increased value for money achieved from ED funding through innovation, improvement, adoption of good practice and eliminating waste.Reduced patient harm from seamless journey to the right healthcare professional first time and improved health outcomes through effective triaging methods.Improved patient experience through collection of live qualitative patient data and experience.Improved staff experience through analysis of qualitative feedback to inform changes in the department.Improved patient safety and experience through implementation of a number of pathway improvement projects that focus on reducing delays and directing the patient to the right clinical outcome first time.Reduced harm, improved patient experience and improved flow from utilisation of pre hospital pathways where appropriate.Improved quality, reduced variation as a result of a standardised suite of Guidelines to ensure the same high standard of care regardless of where patients access servicesImproved quality and value as a result of a reduced number of unnecessary or duplicated investigations leading to efficiency savingsImproved patient experience and reduce harm from navigating patients to alternative services before they enter the system for triage. This proactive approach to patient management will ensure patients receive the correct care option in the most appropriate setting in a timely manner, while reducing the demand on ED.	Executive Director Nursing & Midwifery	31st March implementation WAM – 31st March KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March	Funding of improvement support workforce – funding has now been confirmed through the National EDQDF Team until March 2022.	Performance Fund		y	Board & FPIG	
I2.1				National Enablers for Service Improvement (NESIs) – Collection, analysis and evaluation of patient and staff feedback, with findings being fed into Internal Health Board improvement groups to support service development initiatives			NESIs PE – Ongoing through to 31st March SE – Ongoing through to 31st March						
I2.1				Implementation of Pathway Improvement Projects (PIPs) for; ambulance handover & triage; clinical guidelines; navigation, and engagement to achieve CAREMORE standards. This will involve completion of scoping documentation and establishment of local working groups by 30th June. The programme of work and actions agreed nationally in place by 30th September. Pilot of PIPs across three BCU sites within 31st December and data Analysis & Evaluation (Local & National) within 31st March			PIPs: All to be in place by 31st March						
I2.2	Improved unscheduled care pathways	Unscheduled Care	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	Established acute and community surge plans	<ul style="list-style-type: none">Prevention of harm by ensuring patients only stay in hospital for the appropriate amount of time	Executive Director Nursing & Midwifery	30th September	Workforce recruitment	Core Funding / WG Funding		y	Board & FPIG	

I2.2				Specific winter schemes implemented to meet increased demand during Winter as well as Covid19 demand	• Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment		30th September					
I2.2				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22			30th September					
I2.3	Improved unscheduled care pathways	Unscheduled Care programme lead	Same Day Emergency Care (SDEC)	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way	Aligned to USC improvement programme • Improve patient / staff experience and reduce harm through avoiding unnecessary ED attendances / delays • Improved patient experience through being seen by the right healthcare professional first time • Maximise use of ambulatory care / SDEC service to ensure patients are only admitted when absolutely necessary • Efficient flow across the whole system will improve patient & staff experience; improve quality / reduce harm	Executive Director Nursing & Midwifery	30th September	Workforce recruitment	WG Funding through additional USC allocation (recurring)		y	Board & FPIG
I2.4	Improved unscheduled care pathways	Unscheduled Care programme lead	Developing the unscheduled care hub, 111 service	Implementation of 111 in NW by the end of June 2021 to integrate call handling and nurse assessment functions of GPOOH and NHS Direct into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care.	Aligned to USC improvement programme • Improve patient safety, experience and clinical outcomes through timely transfer of information to support clinical decision making and care • Minimised duplication in assessment processes • Support delivery of services closer to patients home and improve self care rates • Support for patients to choose the right service at the right time • Reduced pressure on emergency care services and improved patient flow through reduced unnecessary ED attendances • Efficient service delivery with improved direction to alternative services	Executive Director Nursing & Midwifery	30th June - Phase 1	Workforce	HB allocation of National 111 programme		y	Board & FPIG
I2.5	Improved unscheduled care pathways	Unscheduled Care programme lead	Developing the Contact First model	Implementation of Phase 1 of the Contact First model which will focus on the establishment of a healthcare professional line to support the provision of advice, support and signposting to appropriate alternative pathways of care and will build on and expand the existing SICAT service currently supporting WAST calls (crisis on scene and ambulance stack) – supported by enhanced directory of services. The HCP line will be a separate phone line to 111 during Phase 1 which is not public facing. The ultimate objective is to provide a single integrated public facing 111 service model, for which the timescales need to be agreed nationally.	Aligned to USC improvement programme • Improve patient safety, experience and clinical outcomes through timely transfer of information to support clinical decision making and care • Minimised duplication in assessment processes • Support delivery of services closer to patients home and improve self care rates • Support for patients to choose the right service at the right time • Reduced pressure on emergency care services and improved patient flow through reduced unnecessary ED attendances • Efficient service delivery with improved direction to alternative services	Executive Director Nursing & Midwifery	30th September - Phase 2	Workforce recruitment	WG Funding via the USC additional allocation for 2021-2023. This service will then merge with the 111 phase 2 development			FPIG
I2.6	Improved unscheduled care pathways	Unscheduled Care programme lead	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	Further develop and embed the Home First Bureaus to support development of D2RA pathways following Executive approval of business case and support the step up and step down model of care in the community, to both avoid admission and support early discharge for medically stable patients	Establishment of Home First Bureaus in each area to support discharge planning: i) reduce delayed discharges ii) reduce unnecessary waits for assessments in hospital iii) reduce DTOCs iv) increase in number of patients returning home v) increase in short term step-down placements vi) reduction in long term placements vii) increase in assessments of patients post discharge leading to viii) shorter lengths of stay and releasing beds ix) improved patient flow across USC system This work is aligned to the USC improvement programme • Improve flow across the whole USC system through implementation of relevant discharge pathways and reduced patient delays • Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment • Reduce harm by reducing patient length of stay to minimum	Executive Director Nursing & Midwifery	31st December	Workforce/Recruitment			y	Board & FPIG
I2.7	Improved unscheduled care pathways	Unscheduled Care programme lead/ Area Director East	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	Development of business case to improve stroke services across a whole system approach that will provide a "Once for North Wales" network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services. Phase 1 service proposal focuses on: Prevention including improved AF detection	The outcomes have been adapted from the WG Stroke Delivery Plan and cover the six elements of the stroke pathway and are linked to : • better management of AF, faster, effective acute care and Rehabilitation • better management of AF and the Health Board Health and Well Being Strategy of weight loss and smoking cessation Improved patient outcomes through: • reducing the risk of stroke through the prevention pathway • improving quality of life through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and in-patient beds • improving quality of care and patient experience through an improvement in the total pathway • reducing disability through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and in-patient beds • improving survival rates through an improved 72 hour pathway • reduced variation across NW • Improve Sentinel Stroke National Audit Programme and related performance criteria • Improve compliance with Stroke Guidelines (Royal College of Physicians recommendations) • Reduced disability and reliance on social care • Improved prevention through reduced risk of another stroke • Improved patient safety and outcome through timely swallowing assessments: improved access to occupational therapy, physio therapy, speech and language therapy interventions • Improved patient experience through early supportive discharge processes • Improved staff experience with improved recruitment and retention of specialist staff	Executive Director Nursing & Midwifery	Stroke Prevention – 30th September	Affordability of the new model Workforce recruitment & retention Ability to maintain 65% & 85% occupancy rates Suitability of estates to provide an appropriate rehabilitation environment	Performance Fund		y	Board & FPIG
I2.7				Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery			Acute services – 30th September					
I2.7				Development of Early supported discharge (ESD) across the 3 areas			ESD – 30th September 20% / 31st December 70% / 31st March 100%					
I2.7				Specialist community inpatient rehabilitation beds across the 3 areas			Specialist Community inpatient beds – 30th September					
I2.7				A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay	Measures of patient experience and outcomes will be aligned to the standards for stroke care throughout the pathway.		Consistent approach to rehabilitation – 31st March					
E1.6	Enabler	Head of Programmes, Assurance and Improvement	Creation of a Digital Strategy	Development and Implementation of the digital strategy which has been approved by the Board.	To deliver key enablers across North Wales which will drive digital transformation of care and deliver commitments outlined within the Strategy over the next three years.	Executive Director of Primary & Community Care	31st May	• Approval at Trust Board is not received. • Competing priorities with lack of sustainable investment in digital • National infrastructure and projects may not deliver what is needed and/or at the required pace • Unable to keep up with the pace of digital change to meet the expectations of our patients, carers and staff • Information is not safe • Insufficient staff capability and capacity to deliver the Strategy • Organisational culture and service planning does not change • Lack of engagement from staff	Business Case approval for difference projects will be required.		y	Board & FPIG
E1.6							30th September					
E1.7	Enabler	Project Manager	Deliver Phase 3 of Welsh Patient Administration System implementation	Phasing and approach agreed	Delivery of a single patient administration system Welsh Patient Administration System (WPAS) across BCUHs. This will streamline the care process and enable up to date accurate information to be available for service delivery across the Health Board. Improve the ability to manage patient pathways seamlessly throughout the hospitals within the Health Board. Provide timely and accurate information for clinicians and managers. Enable services to modernise in response to changing working models. Reduce variation in scheduling, tracking and reporting throughout the Health Board.	Executive Director of Primary & Community Care	30th June – Re-start the project. 30th September – System build and data migration. 31st December – UAT user acceptance testing and training. 31st March – Lead to up to implementation in May 2022	There is a risk that key resources (project and services) will not be available to support key activities on the project. There is a risk that project will continue to defer the scope of the data migration iterations. There is a risk that operational users are unable to attend WPAS training There is a risk that slippage in either the BCU or the Velindre data migration plan may impact overall WPAS timescales. There is a risk that BCU do not have sufficient resources to keep up with the demands of a complex data migration activity.	Corporate Risk - CRR10A/INF01 National Infrastructure and Products. Business case has secured funding for post 2021 required from WG.		y	Board and FPIG
E1.8	Enabler	Programme Manager	Deliver Symphony - Phase 1 2020/2021	Implement V2.39 in the West ED and 6 Minor Injury Units associated with the West (including LLGH)	Phase 1 required before WPAS West implementation – West ED and MIUs were previously using PMS to record attendances. Phase 1 complete (with the exception of 2 MIUs which are currently closed with no imminent plans to re-open). The system will bring: • Improved Continuity and Timeliness of Care • Improved Quality of Patient Care, Experience and Safety • Improved Discharge • Improved Data Quality and Standards • Improved Data Sharing across BCUHs and Intelligent • Improved Administration Efficiency The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	Health Board risk - BAF20/28 - Effective Use of Resources Project level risks: • There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner. • There is a risk that Tywyn and Dolgellau MIUs will not be able to implement BCU Symphony at a time which is suitable for both the MIUs and the project team. • There is a risk that generic log on to the system may not be an acceptable method to be used for Information Governance purposes.	Funded		y	Board & FPIG
E1.9	Enabler	Programme Manager	Deliver Symphony - phase 2 2021/2022	Upgrade from V2.29 to V2.39 Move East area onto the Health Board Symphony, alongside the West, which entails an upgrade from V2.29 to V2.38 including 1 minor injury unit associated with the East	Phase 2 will bring improved functionality and the latest version of Manchester Triage. Manchester Triage 1 is currently used within Symphony 2.29 in the East. This version of Manchester Triage is out dated and has been flagged as a significant clinical risk as both presentation flow charts and discriminators have been updated in newer versions. The benefits listed in Phase 1 will also apply to Phase 2. The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.	Executive Director of Primary & Community Care	30th June – Data migration testing 30th September – End user training. Go Live period (July), Phase closure	Health Board risk - BAF20/28 - Effective Use of Resources. Project level risks: • There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner. • There is a risk that Tywyn and Dolgellau MIUs will not be able to implement BCU Symphony at a time which is suitable for both the MIUs and the project team. • There is a risk that generic log on to the system may not be an acceptable method to be used for Information Governance purposes. • Availability of adequate funding (Capital and Revenue) • Availability of key personnel to undertake the enabling activities required for readiness (EMIS, NWIS, BCU Programmes, Information and ED resource)	Funded		y	Board & FPIG
E2	Enabler											
E2.1	Enabler	Programme Manager	Deliver Symphony - Phase 3 2021/2022	V2.39 implemented in Central and 2 minor injury unit's	The completion of the Phase 3 implementation will see all ED/MIU areas using a single system for the time, providing standardisation across BCU in readiness for a move to the National Welsh Emergency Department system.	Executive Director of Primary & Community Care	30th September – Phase 3 planning	To be determined from planning in 30th September	Funded		y	Board & FPIG

E2.1				Implement Symphony v2.38 into 2 minor injury units in Central area	The benefits listed in Phase 1 will also apply to Phase 3.		31st December - to be determined from 30th September planning					
E2.1					The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.		31st March- to be determined from 30th September planning					
E2.2	Enabler	Programme Manager	Case review and options appraisal of the Welsh Community Care Information System business	Welsh Clinical Portal able to open patient content from within the Cito patient record	This Business Case will outline the justification for this proposed project through identifying a clear and agreed way forward.	Executive Director of Primary & Community Care	30th June – stakeholder engagement, seek a contractual arrangement with supplier, complete the review of the Business Case.	Corporate Risk - CRR10A/INF01 National Infrastructure and Products. Re-approval of the Business Case declined.	Funded			FPIG
E2.2							30th September – Business Case approval					
E2.2				Business case review and submitted for re-approval.			31st December – Re-planning dependant on the Business Case					
E2.2							31st March – Re-planning dependant on the Business Case					
E2.3	Enabler	Head of Patient Records & Digital Integration	Development of the acute digital health record (Cito DHR) pan-BCU	Deliver the project for the Digital Health Record (4 year project to Nov 2024)	The development of the Digital Health Record will allow a single view of the patient record, having this in place will support the integration with local and national systems and will provide greater access to systems and information that are safe and reducing the use of paper from the how we work. We will have one system that is capable of gathering patient information from scanned records, new content from e-forms and current and future systems. Part of this project is also to develop digital ways of sharing information across our borders.	Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MPV) & two Early Adopters * New scanning contract in place	The common risks across the digital projects are escalated to our Patient Records Transition Programme. There can be described as * Spectrum of digital readiness and literacy amongst users * BCU is non-compliant with key legislation * Digital readiness of the organisation - infrastructure, hardware and network * Quality of the data within the source system causing data within other linked systems to be inaccurate * A delay to the project achieving its objectives, due to emerging events/issues e.g. Covid, new corporate initiatives	Funded		y	Board & FPIG
E2.3							31st March – Phase Roll out programme established and underway					
E2.4	Enabler	Head of Patient Records & Digital Integration	Digital clinic letters solution (EPRO) pan-BCU	Digitise the clinic letters for outpatients through implementation of Digital Dictation and Speech Recognition project (2 year project to June 2022)	This project will increase efficiency through reducing document turnaround saving valuable time for staff. It will provide a system that streamlines document management for staff while creating a secure digital environment for patient transcriptions which are easily accessible for staff to review. Clinic letters are digitised and available electronically pan-BCUHB, offering the option of speech recognition and device dictation; with the product in use within the WEST prior to the migration from PIMS to WPAS in May 2022 (key dependency).	Executive Director of Primary & Community Care	30th September – West roll out complete	The common risks across the digital projects are escalated to our Patient Records Transition Programme. There can be described as * Spectrum of digital readiness and literacy amongst users * BCU is non-compliant with key legislation * Digital readiness of the organisation - infrastructure, hardware and network * Quality of the data within the source system causing data within other linked systems to be inaccurate * A delay to the project achieving its objectives, due to emerging events/issues e.g. Covid, new corporate initiatives	Funded			FPIG
E2.4							31st December – Central roll out complete					
E2.4							31st March – East roll out underway					
E2.5	Enabler	Head of Patient Records & Digital Integration	Support BCU's standards compliance in respect of patient records storage, processes and management arrangements pan-BCU	Review the progress against the recommendation actions for the areas in scope of Stage 1 Baseline Assessment	This was an action under the recommendation of the HASCAS/Ockenden Improvement Board that has now been transferred to the DIGC for monitoring.	Executive Director of Primary & Community Care	30th June – Community children review (School nursing, health visiting, community paediatric across three areas of BCUHB)	* Corporate Risk - CRR20-06 - Informatics - Patient Records pan BCU. There is a risk that the right patient information is not available when required. This is caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This may result in a failure to support clinical decisions for safer patient outcomes and an inability to meet our legislative duties.	At the Department Level of Business Cases as required.			FPIG
E2.5				Stage 2 onwards - apply this approach as good practice in line with the work of the IG Toolkit.			30th September – To be determined from the Audit role out plan based on availability of departments. 31st December – To be determined from the Audit role out plan based on availability of departments. 31st March - To be determined from the Audit role out plan based on availability of departments.					
E2.6	Enabler	Head of Patient Records & Digital Integration	Improving assurance of results management (stopping printing results)	The timely availability and good management of results is critical to inform the care a patient receives, constituting a fundamental part of the overall patient's care record that will often have a direct impact on patient outcomes. The Health Board is currently in a state of low assurance as a result of significant issues regarding viewing results, authorisation, action recording and appropriate filing of paper results within the patient case notes.	A 100% take up of 'Electronic Test Requesting' for tests in scope To have a viable application/system to manage the 4 key steps of results management To have stopped printing results for the tests in scope of Objective 1 To have assurance on the management of results via a 'dashboard tool' in use within BCUHB that reports on un-viewed and/or non-actioned results, by speciality, clinician and test	Executive Director of Primary & Community Care	30th June – Business Case submitted to the HBRG for progression	* spectrum of digital readiness and literacy amongst users * BCU is non-compliant with key legislation * digital readiness of the organisation - infrastructure, hardware and network * quality of the data within the source system causing data within other linked systems to be inaccurate * a delay to the project achieving its objectives, due to emerging events/issues e.g. Covid, new corporate initiatives.	Funded			FPIG
E2.7	Enabler	Head of ICT – Sion Jones	Full implementation of Office 365+E286	Mobilisation: * Governance arrangements * Technical Readiness * Communications Plan * Training Plans Phase 1: * Proof of Concept pilots * MFA / SSPR * Office upgrades * Teams deployment * Exchange Online migrations * EMS inTune * MDM Phase 2 - File Storage and Collaboration * SharePoint archiving * SharePoint migration * OneDrive migration Phase 3 - Roll-out of business and task management applications * Bookings * Forms * Planner * Project * Stream * Sway * Tasks * To Do * Yammer Phase 4 - Microsoft Advanced Analytics solutions * Power BI * Power Query * Power Apps * Power Automate	Continued roll-out of Microsoft Office 365 to further support the collaboration, improved communication and agile capabilities with better utilisation of mobile devices such as Laptops, Smartphones and Tablets.	Executive Director of Primary & Community Care	Mobilisation: 30th June Governance: complete recommendations highlighted in Project Health Check Phase 1: 30th June Complete all Phase 1 tasks Phase 2: 30th June Complete SharePoint Archiving. 30th September Commence SharePoint migrations and One Drive migrations (further timescales yet to be confirmed but migrations likely to run into 31st December) Phase 3: 30th June data gathering by Business Change Manager and commencement of work package 30th September Phase 3 proof of concepts 31st December further roll out yet to be determined (will be determined by proof of concept findings) Phase 4: Work not yet planned	Corporate Risk - CRR10A/INF01 National Infrastructure and Products. No further Support for the roll roll-out of Microsoft Office 365 to further support the collaboration, improved communication and agile capabilities with better utilisation of mobile devices such as Laptops, Smartphones and Tablets. Increasing licencing costs.	Funded			FPIG
E2.7												
E2.7												
E2.7												
E2.7												
E2.8	Enabler	Head of ICT	Undertake a gap analysis of between the current level of investment and required investment to develop a 5 year capital investment plan to support operational services and the digital strategy	Undertake a gap analysis between current and requisite levels of investment to inform and develop a detailed 5 year capital investment plan to underpin the Health Boards ICT infrastructure and further support operational ICT services and the principal digital strategy.	To secure additional funding to ensure current and future ICT infrastructure investment meets the ever-increasing growth in supporting and hosting key clinical and business systems.	Executive Director of Primary & Community Care	30th June – Carry out Gap analysis	Health Board risk - BAF20/28 - Effective Use of Resources Current resources within the service increase and priorities need to be re-evaluated to carry out the work. This would then cease Informatics from securing additional funding to ensure current and future ICT infrastructure investment meets the ever-increasing growth in supporting and hosting key clinical and business systems.	Funded			FPIG
E2.8							30th September – Develop 5 year capital plan					
E2.8	Enabler	Head of Programmes, Assurance and Improvement	Development of a business case for a single sign on project	Approved business case	This Business Case will outline the justification for this proposed project through identifying the value of a single sign on for clinical staff to optimise workflows and enable faster access to patient information. This has the potential to enhance patient care delivery through decreasing the time spent signing on to multiple systems	Executive Director of Primary & Community Care	30th June – Development of Business Case	Health Board risk - BAF20/28 - Effective Use of Resources. There is a risk that current resources within the service increase and priorities need to be re-evaluated to carry out the work.	Funded			FPIG
E2.8							30th September – Business Case complete					
E2.9	Enabler	Head of ICT	To strengthen cyber security	Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber security.	Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber Incident through the deployment of key processes, accreditation and risk management as well as new and emerging technologies.	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	Corporate Risk - ICT01 – Cyber Security There is a risk of cyber security attacks due to a lack of assurance around cyber security threats and lack of a dedicated Cyber Security Team which could lead to a total loss of all Health Board data stored on BCU servers. This could impact patient care, Health Board reputation, confidentiality, and breaches of legislation, financial impact (fines and cost of recovering data). If this risk is not addressed it could lead to the organisation not meeting legislative requirements such as GDPR and NIS-D. We could also be open to Civil suits should patient safety incidents occur as a result of a cyber-attack.	Not funded.		Y	Board & FPIG
E3	Enabler	Senior Project Manager, Planning	Primary Care - Central Denbighshire Ruthin	To re-develop the Ruthin Community Hospital site to enable the relocation of community and primary services from the current premises at The Clinic, Mount Street, Ruthin and support the integration of community and primary care services and improve the Dental Surgery facilities at Denbigh Community Hospital..					Capital Investment			

E3.1	Enabler	North Wales Musculoskeletal Network Delivery Manager,	North Denbighshire - Royal Alex	There is a public commitment to deliver a new service model for the local population. "Healthcare in North Wales is Changing" was widely consulted on. In-patient beds at Prestatyn Community Hospital were closed in May 2013 following the outcome of this public consultation with a commitment to offer a new model of care in the community. The service model will support the emerging model of Healthy Prestatyn and underpin primary care sustainability.	1. To provide safe and sustainable services in response to the current and future health and well-being needs of the local population 2. To further develop multi-agency, integrated, responsive primary and community care services in the area 3. To increase the range of local services, thereby reducing the reliance on the DGH					Capital Investment			
E3.2	Enabler	Estates Senior Project Manager, Planning	Holyhead - Substance Misuse -	The aim of this scheme is to create a multi agency substance misuse treatment base for Anglesey county, primarily supporting Holyhead and nearby rural villages. Craig Hyfryd is currently a satellite base for BCUHB CMHT / SMS staff which includes nursing, medical, social worker, administration staff, SMS Midwifery, Blood Bore Virus, and Harm Reduction Team. The team currently provides Tier 3 key-working sessions for drug and alcohol service users, access routes to Tier 4 provision and medical reviews.						Capital Investment			
E3.3	Enabler	Estates Senior Project Manager, Planning	Shotton - Substance Misuse	To create a multi-agency substance misuse treatment and support base for Flintshire which will incorporate the NHS BCHUB SMS Service and the Drug Intervention/Health & Well-being Programme (DIP) in one building, together with other services such as the Harm Reduction team and Therapeutic Intervention Service, and recovery services including the Cylle Cymru Out of Work Programme and Caniad Service User Involvement Service.	In addition, group work sessions with psycho/social interventions are a fundamental part of the service. The service also offers sexual health checks, family planning sessions, and blood borne virus testing and vaccinations. The standard and size of the current accommodation is not conducive to a therapeutic environment and the service, staff and multi-agency approach has outgrown the existing layout of the building. However, the current standard of the building is offset by its advantageous location, close proximity to key partner agencies and is known and accepted by the local population. As part of the development project, it is intended to undertake a complete renovation, and part new build extension, of the existing NHS base Craig Hyfryd, in order to expand service user and office space. The new WEDS will support and enable the reconfiguration of unscheduled care across NHS Wales. Implementing the WEDS in BCU will enable us to operate our three District General Hospitals and MIUs as "one hospital" – unachievable with the current systems. WEDS provides the following: • Provision of a single view of the patient record for ED. • Easier sharing of information generally and particularly concerning children and vulnerable adults/ repeat attendees across EDs and MIUs in Wales. • A combined information strategy for the ED environment The shift of focus towards Prevention & Health Improvement and ensuring that we progressively realign services in this way. Strengthening Primary and Community Care – with particular emphasis upon new models of care outside hospitals that move care and intervention close to people's homes, and providing more integrated care with our partners in Local Authority social services, with voluntary sector and working with Carers					Capital Investment			
E3.4	Enabler	Chief Information Officer, Informatics	Emergency Dept. Systems	The Emergency Departments (ED) at Ysbyty Glan Clwyd and Ysbyty Gwynedd use their respective hospital Patient Administration Systems (PAS) to manage the administration of their patients (WPAS and DXC PAMS). Within Wrexham Maelor there is a stand alone ED system (Symphony).						Capital Investment			
E3.5	Enabler	Chief Information Officer, Informatics	PAS System	At an operational level, this provides the opportunity for the introduction of standardisation into process areas such as referrals, waiting lists and appointments management. Also, the rationalising of PAS systems within the Health Board is a fundamental building block to having integrated patient based information. This will support the provision of seamless care and efficient utilisation of resources to support the Health Board's objective of having one hospital functioning across the previous three District General Hospitals (DGH) sites.						Capital Investment			
E3.6	Enabler		Intermediate Care Funding	TBC						Capital Investment			
E3.7	Enabler	Assistant Director Of Planning And Performance - Capital, Planning	Wrexham - Fees to OBC	The purpose of this project is to substantially reduce the risk of physical infrastructure failure at the Wrexham Maelor Hospital over the next decade, and so avoid the consequential impact on patient care. It proposes the achievement of this objective through investment in a range of infrastructure projects.						Capital Investment			



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Quality and Performance Report – May 2021						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Ed Williams, Head of Performance Assurance Kamala Williams Interim Director of Performance						
Craffu blaenorol: Prior Scrutiny:	The report has been scrutinised by the Executive Director of Planning and Performance						
Atodiadau Appendices:	1. Main data report as at 31 May 2021						
Argymhelliad / Recommendation:							
Members of the Finance and Performance Committee are asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Y/N to indicate whether the Equality/SED duty is applicable							N
Sefyllfa / Situation:							
<p>Publication of the NHS Wales Delivery Framework for 2021-22 has been delayed, due to ongoing COVID-19 pandemic and changes in ministerial responsibilities for Health and Social Care in Wales post the elections held in May 2021. This report includes indicators from the National Delivery Framework of 2020-21, together with a section on COVID-19. In this month's Quality & Performance report the COVID -19 indicators have been updated to align with those reported to the Health Board in the 'Covid-19 and Vaccination Programme' Report.</p> <p>At the time of writing, the pace of de-escalation of national COVID alert levels is under review in light of increasing community transmission. The Health Board's COVID escalation plans will require balance alongside the restart and recovery of our planned care services.</p> <p>The COVID-19 vaccination programme continues apace, with over eight hundred thousand vaccinations already given across North Wales, the highest number of all the Health Boards in Wales. The Health Board is now offering vaccinations to all adults of 18 years old and over.</p> <p>Pressures upon the unscheduled care system continues in light of COVID-19. Performance in our Emergency Departments fell in May to 67.65% of patients seen within 4 hours compared to 70.3% in April. However, there was a marked increase of attendances. The number of patients waiting over 12 Hours in our Emergency Departments increased again to, 2,118 compared to 1,749 in April</p>							

(1,618 in March 2021). The number of patients experiencing ambulance handover delays of an hour or more also increased in May at 1,331 compared to 1,190 in April and 939 in March 2021.

Performance against the stroke care measures improved in May with 27% (against a target of 59%) of patients admitted to a Stroke Assessment Unit within 4 Hours compared to 21% in April 2021. The rate of patients reviewed by a Stroke Consultant within 24 hours improved at 82% (against a target of 85%) in May 2021 compared to 54% in April 2021 with significant improvement against this measure across all three acute hospitals with the biggest improvement in West.

As in the rest of the UK, the disruption caused by COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-COVID-19 rates result in increased waiting times. In May 2021 the number of people waiting over 36 weeks and 52 weeks fell at 52,706 and 42,034 compared to 53,076 and 43,567 respectively in April 2021. This is the first reduction in numbers of over 36 weeks and over 52 weeks waits reported since December 2019. The number of patients waiting over 8 weeks for diagnostic tests at 6,934, and the number waiting for therapy, 1,040 continued to fall in May 2021 compared to 7,441 and 1,153 respectively in April 2021.

For April 2021, against a target of 75%, 67.0% of patients started treatment within 62 days of suspicion. Although below the target rate, BCU remains one of the best performing Health Boards in Wales in terms of the Suspected Cancer Pathway.

At 180,572, the total number of patients waiting on the 'Follow Up' waiting list, rose for the second month in May 2021. The number of those patients that are more than 100% overdue their follow up date rose for the first time in 8 months, at 54,146 at the end of May 2021.

Performance against the eye care measure has remained static at 44.23% in May 2021 compared to 44.97% in April. The predicted continuous improvement is not occurring at the expected pace.

There trend for staff sickness rate over the last 6 months (October to March) has been one of improvement and May rate is 5.27%, and remains lower than at the same period in 2020. COVID-19 related sickness also fell from 0.4% to 0.1%.

Performance Appraisal Development Review (PADR) Rates have continued to increase month on month with 71.3% completed by end of May 2021.

Reducing spend on agency and locum staff continues to be a priority for the Health Board. In May the combined Agency and Locum cost was 7.8%, 0.1% down on April 2021.

Cefndir / Background:

Our report outlines the key performance and quality issues that are delegated to the Finance & Performance Committee. The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to Covid-19 as well as the key measures contained within the 2020-21 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales.

Asesiad / Assessment & Analysis

Strategy Implications

The performance measures within the report are aligned with the National Delivery Framework.

Options considered

Not Applicable

Financial Implications

The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board.

Risk Analysis

The present pandemic has produced a number of risks to the delivery of care across the healthcare system. The paper highlights the risks arising directly from Covid-19 and the need to restart and recover non-Covid-19 services. The impact of Covid-19 on non-Covid-19 planned care is reported together with the interdependencies between ensuring safe re-start of elective care and balancing the risk of covid-19 for patients, staff and system capacity.

Legal and Compliance

This report will be available to the public once published for Finance & Performance Committee

Impact Assessment

The Report has not been Equality Impact Assessed

Quality and Performance Report

Finance and Performance Committee

Performance to 31 May - Presented on 24th June 2021

It should be noted that publication of the NHS Wales Delivery Framework for 2021-22 has been delayed due to the ongoing consequences of the COVID-19 pandemic and changes to ministerial responsibility for Health and Social Care following the recent Senedd elections. Welsh Government have advised that Health Boards should continue to monitor performance in line with the measures included in the 2020-21 NHS Wales Delivery Framework until further notice.

Report Structure

The format of the report reflects the latest published National Delivery Framework which relates to 2020-21 and aligns to the quadruple aims contained within the statutory framework of 'A Healthier Wales'.

Additional sections are added to reflect COVID-19 key performance indicators. In this month's report the indicators have been updated to align with those reported to each meeting of the Health Board in the Covid-19 and Vaccination Programme Report.

The report is structured so that measures complementary to one another are grouped together. Narratives on the 'group' of measures are provided, as opposed to looking at measures in isolation.

This report contains data showing the

impact of the pandemic on referrals, planned care activity and waiting lists.

Performance Monitoring

Performance is measured via the trend over the previous 6 months and not against the previous month in isolation. The trend is represented by RAG arrows as shown below.



Performance has improved over the last 6 months



Performance has got worse over the last 6 months



Performance remains the same

Ongoing development of the Report

The Quality & Performance Report for this Committee, together with the sister report for Quality, Safety & Experience Committee and for the Health Board are in the process of being redesigned.

The Integrated Quality & Performance Report will take a proactive approach towards providing assurance. It is supported by a set of frameworks and methodologies that will provide objective and replicable levels of assurance on content.

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The committee are asked to note the following:

COVID-19 Update

Pace of de-escalation of national alert levels is under review in light of increasing community transmission

Escalation plans to deal with increases in COVID related hospital admissions require a balance with the restart and recovery of our planned care services.

The COVID-19 vaccination programme continues apace, with 800,000 vaccinations already given across North Wales, the highest number of all the Health Boards in Wales. There is a national trial of a third booster of the vaccine, for which Wrexham is a participating area.

Quadruple Aim 2: Unscheduled Care

Pressures upon the unscheduled care system continues in light of COVID-19. Performance in our Emergency Departments fell in May to 67.65% of patients seen within 4 hours compared to 70.3% in April. However, there was a marked increase of attendances. The

number of patients waiting over 12 Hours in our Emergency Departments increased again to, 2,118 compared to 1,749 in April (1,618 in March 2021). The number of patients experiencing ambulance handover delays of an hour or more also increased in May at 1,331 compared to 1,190 in April and 939 in March 2021.

Performance against the stroke care measures improved in May with 27% of patients admitted to a Stroke Assessment Unit within 4 Hours compared to 21% in April 2021 (against a target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours improved at 82% in May 2021 (against a target of 85%) compared to 54% in April 2021, with significant improvement against this measure across all three acute hospitals with the biggest improvement in West.

Quadruple Aim 2: Planned Care

As in the rest of the UK, the disruption caused by COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-

COVID-19 rates result in increased waiting times. However, in May 2021 the number of people waiting over 36 weeks and 52 weeks fell at 52,706 and 42,034 compared to 53,076 and 43,567 respectively in April 2021. This is the first reduction in numbers of over 36 weeks and over 52 weeks waits reported since December 2019. The number of patients waiting over 8 weeks for diagnostic tests at 6,934, and the number waiting for therapy, 1,040 continued to fall in May 2021 compared to 7,441 and 1,153 respectively in April 2021.

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At 180,572, the total number of patients waiting on the 'Follow Up' waiting list, rose for the second month in May 2021. The number of those patients that are more than 100% overdue their follow up date rose for the first time in 8 months, at 54,146 at the end of May 2021.

Performance against the eye care measure has remained static at 44.23% in May 2021 compared to 44.97% in April. The predicted continuous improvement is not occurring at the expected pace.

Quadruple Aim 3: Workforce

There trend for staff sickness rate over the last 6 months (October to March) has been one of improvement and May rate is 5.27%, and remains lower than at the same period in 2020. COVID-19 related sickness also fell from 0.4% to 0.1%.

PADR Rates have continued to increase month on month with 71.3% completed by end of May 2021.

Quadruple Aim 4: Agency /Locum Spend

Reducing spend on agency and locum staff continues to be a priority for the Health Board. In May the combined Agency and Locum cost was 7.8%, 0.1% down on April 2021.

COVID-19

Key Messages

**COVID-19
vaccination
offered to all
adults >18 years
old**

**Pace of de-
escalation of
national alert levels
is under review in
light of increasing
community
transmission**

**Escalation plans
need to be
balanced with
the restart and
recovery of
services**

Measure	at 14 th June 2021
Total number COVID-19 Vaccinations given BCU HB	813,047
Total Number who have received both 1 st and 2 nd doses of vaccine	319,785
Total number of tests for COVID-19 (last 7 days)	14,642
% Tests turned around within 24 Hours (Last 7 days)	100%
Average turnaround time (Last 7 days)	2 Hours
COVID-19 incidence per 100,000 population (last rolling 7 days)	34.2
% Prevalence of Positive Tests (last rolling 7 days)	1.4%
Number of (PHW) Deaths - Confirmed COVID-19* (last rolling 7 days)	0

Source: BCU IRIS Coronavirus Dashboard, accessed 14th June 2021 (Unless otherwise stated)
 * PHW Coronavirus Dashboard Accessed 14th June 2021 data as at 13th June 2021
 Presented on 24th June 2021

- Incidence is increasing across all Local Authorities (LA) areas in North Wales. Conwy and Denbighshire have highest rates in Wales at 57.2 and 48.1 cases per 100,000 (to 10 June.) Flintshire, Wrexham and Anglesey are all in the top ten highest incidence areas of Wales and Gwynedd slightly below the Wales average. Positivity rate over last 7 days varies 3.7% for Denbighshire (highest in Wales) to 1.9% for Gwynedd.
- The Delta variant is now accounting for the vast majority of cases across North Wales and is likely now the dominant variant occurring
- Highest volume of new positive results is amongst the 16 – 29 year age group.
- Small numbers of community onset admissions have occurred over the last week or so, although still very low. There are currently no Covid patients in critical care although each site has had one or two suspected or confirmed cases. There are concerns about capacity within hospitals if admissions for people with COVID-19 continue to increase, given the current high levels of unscheduled care pressures
- A small number of care homes have staff or residents with positive tests and some awaiting results.
- Overall GP consultations remain generally flat although a very slight uptick seen in June.
- The vaccination programme continues to deliver well, with all adults over age 18 having been offered the vaccine. Initiatives are continuing to seek to encourage uptake amongst groups that are to date underserved, and to reduce the numbers of people failing to attend for their appointments.

Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self management



People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

Key Messages

Referrals for urgent, suspected cancer via screening services have increased through Q1

Work is continuing to identify what capacity for additional sessions are required to deliver the screening recovery programme

Following cessation of screening services in April 2020 (due to the COVID-19 Pandemic) all screening services are up and running in Wales. Reduction of the backlog caused by the cessation of services remains a priority for the Health Board and for Public Health Wales.

At this time data for uptake of screening services is not available as Public Health Wales are putting all their informatics resources into the reporting and monitoring of COVID-19.

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.



There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

Key Messages

Restart and Recovery Programme has commenced most service have restarted














Orthopaedic services in West and Abergale to recommence in June

Significant performance challenges continue across the system

Top 5 Measures (based on movement up or down)

Period	Measure	Target	Actual	Trend
May 21	Number of patients waiting more than 52 weeks for treatment	0	42,034	
May 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	0	59.40%	
May 21	Number of Ambulance Handovers over 1 Hour	0	1,331	
May 21	Number of patients waiting more than 8 weeks for diagnostic test	0	6,934	
May 21	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	2,118	

Quadruple Aim 2: Unscheduled Care Measures

Period	Measure	Target	Actual	Trend	Period	Measure	Target	Actual	Trend
May-21	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered	90%	93.90%		May 21	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>= 59%	27.00%	
May-21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	59.40%		May 21	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	>= 85%	82.00%	
May-21	Number of Ambulance Handovers over 1 Hour	0	1,331		May 21	Percentage compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient	>= 64%	37.20%	
May-21	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	>95%	67.65%		Q3 20/21	Percentage of stroke patients who receive a 6 month follow up assessment*	TBA	50.50%	
May-21	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	2,118		May-21	Number of health board patients non mental health delayed transfer of care	> 30	34	
Mar 21	Number of patients who spend 24 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge		189		May-21	Number of health board beddays non mental health delayed transfer of care		945	
Feb 21	Percentage of survival within 30 days of emergency admission for a hip fracture*	>= 80%	87.00%						

*Hip fracture survival reported 3 months in arrears

*Stroke 6 month follow up Time is reported 6 months in arrears

Quadruple Aim 2: Emergency Departments and Minor Injury Units

(1)

Key Drivers of performance

1. Pre-hospital demand –

- High ambulance conveyance rates across North Wales (adjusted to per 100,000 population)
 - Disproportionate demand for patients arriving by ambulance leading to protracted length and number of ambulances delayed at handover
 - Increased risk to our communities due to limited availability of ambulances to respond to calls.
 - Allocation of calls pan North Wales

2. Demand and Capacity in Emergency Departments (ED) –

- Variance in green and red patients presenting to ED – challenge to sustain flow through both pathways which results in:
 - Delays in ambulance handover
 - Flow out of EDs due to speciality bed waits and COVID-19 restrictions
 - Lengthy waits for patients in our EDs resulting in poor patient experience and outcomes

3. Flow and discharge –

- Overcrowding in EDs due to upstream capacity challenges, impacted further by red v's green capacity. This results in:
 - Risk of nosocomial transmission
 - Ability to safely offload patients from ambulances
 - Long waiting times to be seen by an ED doctor
 - Poor patient experience and outcomes as well as increased stress and anxiety to staff

Actions being taken

1. Pre-hospital demand –

- Increase Single Integrated Clinical Assessment and Triage (SICAT) capacity to maximise all opportunities for conveyance and admission
- Good progress being made on the rollout of Same Day Emergency Care (SDEC) services with the addition in May of support from the National Collaborative Commissioning Unit (NCCU) team.
- Further development on acute medical model of care, frailty services and direct access pathways. This work will gather pace over the next 3 months with a target date of October 2021 for implementation and embedding of pathways across the 3 health communities.
- Implementation of the Health Board's Contact First service is on track to deliver the 'Healthcare Professionals Line' by 22nd June. This is phase 1 of a 2 phase rollout which will see the Contact First service become directly patient facing as part of the 2nd phase rollout of 111 in North Wales.

Actions continued overleaf...

Quadruple Aim 2: Emergency Departments and Minor Injury Units (2)

Actions being taken continued...

- Work on the Kendall Bluck staffing review of EDs has been reviewed and revised to reflect post COVID-19 ways of working, taking into account the planned changes to acute pathways i.e. implementing an Acute Medical model and Frailty services; direct access pathways to specialities through SDEC roll out and the pre-hospital demand management work (which is likely to negate the predicted 5–15% increased USC demand over the coming 5 years). The revised workforce model reflected in a revised business case will be complete by June 30th with the plan to progress through approval and implementation by October 2021 (pre-winter). In the interim, teams are working on ensuring the Health Board offer for urgent and emergency care demand have the capacity to meet the predicted increases over the summer period where we anticipate up to a 15% increase due to the 'staycation' affect on tourism across North Wales

2. Demand and capacity –

- Forward planning introduced in early February with revised data based on the Swansea University Reasonable Worse Case (RWC) scenario modelling.
- Projections have been adjusted to BCUHB to support sites to pre-plan the capacity needed for COVID-19 and non-COVID demand through our EDs. This data suggests a further surge in Q3 – and though predicted numbers are unlikely to reflect the second wave, the Health Board processes and infrastructure will be required still to ensure safe and effective Infection Prevention & Control arrangements continue.
- Access to point of care testing and increased rapid swabbing capacity is planned to be delivered by July 2021 and this will be key to maintaining timely flow through EDs

3. Flow and discharge –

- Use of revised capacity and demand data from in-patient bed modelling linked to Health Board surge planning. Enhanced intelligence data designed to help teams to plan surge capacity days in advance (acute and community sites), and offer opportunity to better mitigate unexpected outbreaks or staffing challenges which results in reduced bed availability. Also review of site surge planning for Red and Green pathways to maintain flow.
- Work continues to deliver the recommendations in the Kendall Bluck staffing review of EDs. This will address, in part the current challenges in staffing number and skill mix across 2 of the 3 EDs.
- Mobilising surge capacity across North Wales with criteria that meets the current clinical needs of patients waiting to return to Care Homes or needing packages of care.
- Ongoing work with partners and Care Home sector to support key homes and services experiencing difficulties as a result of COVID-19.

Timelines to delivery of Improvements:

- Reduction in number and length of ambulance handover delays – ongoing
- Implementation of Kendall Bluck recommendations – June 2021
- Partnership working with Welsh Ambulance Services Trust (WAST), Local Authorities (LAs) and Care Homes – ongoing
- Delivery of Contact First/111 – June 2021

Quadruple Aim 2: Emergency Departments and Minor Injury Units (3)

In addition to the above specific actions, the BCUHB collaboration with the National Collaborative Commissioning Unit (NCCU) is now well underway with the NCCU team working closely with the locality teams and across partner organisations. A meeting has been held with the six Local Authority colleagues across North Wales – this was an incredibly productive, interactive session and offered up lots of opportunity to improve the partnership working across Health and Social Care. The NCCU team presented to the Health Board in June and provided details of the progress made to date on the work being progressed with teams across the 3 Health Communities on shaping the local plans for unscheduled care, which will inform the overarching BCUHB strategy for urgent and emergency care. The Board supported the direction of travel for the programme of work which will be clinically led with the NCCU continuing to provide leadership and support over the next 18-24 months. A Senior Clinical Lead has been appointed to drive this programme forward and further supporting appointments including clinical, operational and analytical leads are being progressed.

Risks to delivery:

Workforce – inability to recruit to

- i) implement the full recommendations of the Kendall Bluck ED Review
- ii) deliver Contact First/111

Financial – insufficient funding to deliver the 2021/22 USC plans

Technology – inability to mobilise the digital technology to deliver Contact First/111; delivery of WPAS across all sites

Key Drivers of performance

- Access to Stroke Co-ordinators
- Timeliness of referrals for CT scan – requires above
- Availability of beds on Acute Stroke Unit (ASU)

Actions being taken

- WEST established team including Heads of Nursing (HoN) Medicine, Directorate General Manager (DGM) Emergency Care, Prysor Ward Manager, Stroke Specialist Nurse, Occupational Therapy, Physio Therapy, Operational Management and Improvement Leads to review all breaches
- Unscheduled care pressures across the system remain a challenge and recovery of planned care activity has increased acute flow challenges on all sites
- Pathway work with Emergency Department (ED) and work on referral pathways when Stroke Co-ordinators not available
- EAST - Breach analysis reports sent to Stroke Multi-disciplinary team (including ED, Acute Medical Unit (AMU) and ASU managers)
- Work with Site Management re adherence to retaining beds on ASU a key element of daily Safety Huddles. Sisters on ASU identifying patients each morning that can be transferred to other medical wards to create stroke beds for acute admissions.
- Business plan progressing for funding to support service improvement and early supported discharge to support ASU
- Refresh of local Stroke Delivery Meetings and BCU wide Stroke meeting re-established
- Work on referral pathways when Stroke Co-ordinators not available continues with junior medical staff

Action to be completed by

- Stroke business plan approved with Site leads for Stroke, supported by Medical, Nursing and Therapy teams. Appointed ex-Directorate General Manager for Stroke to manage phase 1 of revised business plan

Risks

- Recruitment plan for resources identified in Business Plan
- Lack of Stroke Co-ordinators to cover in the week and weekends, impacted more so by sickness within the team and Co-ordinators being allocated to ward numbers due to nursing staff shortages
- Stroke Consultant support due to Covid-19 rota, reduced ASU / SRU beds in YGC, no ESD service, COVID-19 pathways affecting flow, swabbing delays

Stroke Care – April 2021 Performance

4Hr – Admission to ASU – Challenge across all 3 sites – 21% - unscheduled care pressures and loss of ASU beds at YGC.

CT Scan – 52% - not a capacity issue, this will improve with 4th stroke coordinator

***The Formal Swallow target was a data error for WEST, this has been reviewed by Therapies and should be 89%.**

Quadruple Aim 2: Delayed Transfers of Care (DToC) 1

Delayed Transfers of Care (DToC)

Key Drivers of performance (Page 1 of 2)

1) Nursing & Residential Homes

Capacity for timely packages of care in all areas. significantly more difficult in Flintshire and Wrexham

Challenges in homes accepting patients back on a Friday (pre-weekend) in some areas increasing Length of Stays (LoS) by 3 days.

Community hospital closed in West due to outbreak resulting in restriction of patients transfers in this area

Limited EMI placements within both nursing / residential homes across Conwy, Denbighshire & Flintshire particularly where top up fees required from 3rd party.

Some staffing issues attributing to delays in capacity for Nursing / Residential homes being able to accept patients into available beds.

2) Staffing / Resources

Reduced resources within Home First Bureau limiting support for Community Hospital discharges;

Delays in acceptance from placements due to availability of managers to accept

3) Local Authorities

Lack of availability of packages of care including larger domiciliary care packages (particularly double handed 4 times a day)

Delays in Social Workers attending wards for assessments of patients.

Dispute between social services and medical teams regarding mental capacity of patients is an ongoing issue in some areas exacerbated by delays in mental capacity assessments and also IMCA support for patients advocacy.

Staff shortages within Wrexham Local Authority

Housing availability for homeless patients that require ongoing care. No priority given for patients in NHS beds.

Actions being taken

1) Nursing & Residential Homes

Continuing Health Care (CHC) teams providing support to find alternative placements, including out of area due to number of homes closed due to COVID-19.

DToC continue to be regularly reviewed and scrutinised with the wards and escalated as required on an ongoing basis.

LA (East), commissioned contracts with two care agencies to pick up domiciliary care packages in a temporary capacity and expedite discharge from hospital, and also provide care for admission avoidance to hospital

Quadruple Aim 2: Delayed Transfers of Care (DTC) 2

2) Staffing / Resources

- Community resource team working on the front line in ED to support admission avoidance and care closer to home.
- Recruitment taken place for Home First Bureau to increase capacity and also increased capacity of Healthcare Support Workers and progress chasers to support flow. Home First Bureau business case in West under review.
- Discharge to Recover than Assess (D2RA) model in place with Home First Bureau to support flow.
- Twice weekly rigorous review of discharge plans for all patients within community hospitals.

3) Local Authorities

- Weekly DTC / Length of Stay meetings ongoing with health, social care, mental health and CHC involvement to improve communication and remove blockages
- Local Authority (East) commissioned contracts with 2 care agencies to temporarily pick up domiciliary care packages to expedite discharge from hospital
- Daily review of all medically fit patients awaiting packages of care by Home First Bureau and multi-disciplinary team to identify those suitable for step down beds.
- Daily review by the Home First Bureau of all patients requiring domiciliary care, to ascertain if they can provide care to bridge the gap before domiciliary care start date.
- Recruitment to posts within Wrexham Local Authority taken place, start dates awaited. Tuag Adref providing support for ongoing packages of care whilst awaiting domiciliary care packages

Timelines

- Above actions are taking place on an ongoing basis and where relevant through regular daily, weekly / twice weekly meetings

Risk

- Risk of increased staff sickness across care agencies and ability for Home First Bureaus to provide a 7 day service
- Risk of Hospital acquired functional decline (HAFD) due to increased LOS from drivers affecting performance
- Communication between Health, Social Care, Third / Independent sectors to support the shift from traditional ways of working to assessments in the correct environment
- Availability in identified services to support transfer to the correct D2RA pathway within timescales.











What is being done to try and resolve the lack of Red capacity in domiciliary care

Across BCUHB work continues with LA's to jointly review patients waiting for packages of care and support discharges. Resources are being used across disciplines including in-house LA capacity, CRT and Home First and Hospice @ Home capacity to provide the required care. The result of this is that a patient may have care provision that comes from two different sources, but jointly meets their needs. Close communication through the Home First bureau enables the team to ensure that all governance arrangements are in place. Delays due to Red capacity has not been an issue in Central area.

What are the outcomes / actions from meetings with Local Authority re choice policy and surge capacity?

Weekly joint escalation meetings with Local Authorities are established to review capacity across all areas and actions to be put in place to support the facilitation of safe discharges with a home first approach and escalation of any specific issues. Work ongoing between BCUHB and LA to improve the safer discharges to placements and improve the relationships to support Discharge to Recover and assess pathway 4. Covid-19 Discharge guidance support the relaxed Choice Policy

Quadruple Aim 2: Planned Care Measures

Period	Measure	Target	Actual	Trend	Period	Measure	Target	Actual	Trend
Apr 21	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	67.00%		May-21	Number of patients waiting more than 36 weeks for treatment	0	52,706	
May 21	Number of patients waiting more than 8 weeks for a specified diagnostic	0	6,934		May-21	Number of patients waiting more than 52 weeks for treatment	0	42,034	
May 21	Number of patients waiting more than 14 weeks for a specified therapy	0	1,040		May-21	Number of patients waiting for a follow-up outpatient appointment	Reduce	180,572	
May-21	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	>= 95%	44.23%		May-21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	34,721*	54,146	
May-21	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	48.39%		Q2 20/21	Percentage children regularly accessing NHS Primary Dental Care	Improve	57.20%	

Quadruple Aim 2: Referral to Treatment

Referral to Treatment (RTT) Performance

Issues Affecting Performance

The COVID-19 pandemic has left a backlog of over 44,000 patients now waiting over 52 weeks, All sites and areas are undertaking re-start of their services for planned care, with the exception of orthopaedic in-patients at Abergele and West site. The risk stratification process is underway to treat the back logs using a cohort Methodology. The plan is to achieve cohort 1 (pre-COVID-19 backlog with the exception of orthopaedics by March 2022) followed by the COVID-19 backlog (cohort 2) from March 2022.

Actions and Outcomes

- Additional clinical sessions have commenced along with validation of patents on waiting lists, specification for outsourcing and insourcing are going through internal governance process prior to procurement
- Business case being developed for modular wards and theatres for orthopaedics expected to be completed in July
- This will contribute to the reduction of both cohorts.

Timeline for delivery of improvement

Outsourcing should be available in August/September subject to procurement

Cohort 1&2 number are reducing this month through validation

Risks and Mitigations (What are the key risks to improving performance and have they been escalated? If so where to?)

For each key risk

- Inpatient beds- being mitigated by modular ward and “green pathways”
- Medical cover at Abergele- vacancies are out to agency to support staffing
- Further disruption from COVID-19/unscheduled care- sites are working closely with unscheduled care to ensure winter plans are aligned.

Cancer Performance

Issues Affecting Performance

- In April 2021, 240 out of 358 (67%) of patients were treated in target. Main reasons for patients not being treated in target were:
 - Complex diagnostic pathways (9%)
 - Delay to first outpatient appointment, primarily breast and colorectal (16%)
 - Delay to other diagnostics, primarily on urology pathway (34%)
 - Delay to endoscopy (12%)
 - Delay to surgery (12%)
 - Patient related reasons e.g. patient unavailability for next stage of pathway (12%)

Actions and Outcomes

- Additional outpatient capacity has been created in both breast and colorectal in order to meet demand and reduce delays. A business case has been submitted to the Executive Team for an additional four rapid access breast clinics each week in order to ensure patients are seen in a timely manner
- Endoscopy insourcing continues to reduce waiting times; a full endoscopy business case for a sustainable service has been submitted
- Surgical delays have reduced significantly as COVID pressures have eased; outsourcing of urology procedures continues pending a decision re the robot procurement for North Wales
- Business cases being developed for one stop neck lump clinic and vague symptoms rapid diagnosis clinics to reduce pathway waits

Timeline for delivery of improvement

- All business cases to be completed by end of June with implementation in autumn.

Risks and Mitigations

- Cancer diagnoses are approximately 400 less (April 2020-March 2021) compared to 2019/20. There may be an increase in patients presenting at later stage which would place pressure on oncology services; currently seeing expected numbers of stage 4 cancer presentations but reduction in stage 1 presentations. Risk escalated to Health Board and business case for additional oncology support developed
- Currently approximately 500 patients still active on a suspected cancer pathway over day 62 due to pathway delays above (note majority will not have cancer but pathway has not yet been completed; conversion rate from referral is approximately 10%). All delays escalated to operational managers

Quadruple Aim 2: Cardiology

Key Drivers of performance:

- The impact of COVID-19 has resulted in reduced capacity to allow for social distancing and Infection Prevention & Control (IPC) measures. This has impacted on waiting times for patients being longer than the 8 week target.
- There are national recruitment challenges specifically for cardiac diagnostics staff which is affecting some of our sites.
- Department growth has resulted in restrictive footprints creating infrastructure and estates difficulties.
- Potential capacity challenge for the service regardless of COVID impact which will need to be addressed.

Actions being taken:

- The demand and capacity exercise for cardiac physiology is nearing completion which will form part of a North Wales wide workforce and service development plan.
- There is additional activity being undertaken across North Wales, primarily to support echocardiography waiting lists, these include; Waiting List Initiatives, locum working and shared resources across North Wales.
- A scoping project to look at insourcing/outourcing for echocardiography has commenced.
- Within cardiac physiology we have successfully recruited to 2 practitioner training posts (PTPs) and 3 scientist training posts (STPs). Recruitment of these posts plus support from Band 7 training posts will support much needed succession planning, however in the interim the training requirements of these posts may impact on activity if additional funding for Band 7 training posts is not successful.

Timelines:

- Demand and Capacity exercise completion by end of Quarter 2 of 2021/22
- Above feeding into 3 to 5 year service development plan for Cardiac Physiology Services.
- Additional activity on-going – no end dates currently
- Recruitment of STP posts end of April and will be in post in Quarter 3 2021/22.

Risk

- Workforce restrictions – to include succession planning, sickness and expansion
- Demand & Capacity – complexity proving difficult and a risk of the data not being as meaningful as first thought
- Continuing Pandemic implications

Diagnostics Performance

Key Drivers of performance:

- Lack of capacity to meet the demand, resulting in long waiting times for patients. Current waiting times show that 65% of Diagnostics waits and 33.71% of our surveillance patients are overdue. This equated to 2,540 and 1,880 patients respectively.
- Impact of COVID – reducing capacity to approximately 60%, resulting from downtime requirements through enhanced infection control policies. Procedures have been limited to urgent suspected cancers and urgent patients due to available capacity.
- Recruitment challenges resulting in vacancies and staff that do not have the required competencies
- Poor estate and IT infrastructure, resulting in inefficiencies. i.e. labour intensive processes due to poor IT, limitations in capacity, high risk processes i.e. decontamination.

Actions being taken:

- Business case is in its final draft to expand endoscopy capacity, which will resolve issues of the backlog and reduce the demand and capacity gap. The case has been supported by the planned care board. To be submitted to the business case group and executive team. 8.2M has been secured, from the 100M national funding pot. Insourcing has been procured until March 2021. Currently undergoing financial scrutiny.
- Outsourcing forms part of the business case, with the proposal for a modular build on YGC.
- A review of the endoscopy ventilation systems is still in progress, which will enable the productivity to be improved.
- An IT system dedicated to endoscopy has been agreed by the planned care board, which will contribute to the resolution of some of the inefficiencies. A business case has been submitted to the digital team and a capital request has been identified. A project Manager has now been appointed.

Timelines:

- Timelines for the business case are unsure.
- Insourcing is showing positive results but will need to continue for 2021/22, for Q1 and Q2. A business case is in draft to support substantive recruitment, which will need to be agreed to enable backlog to be resolved by December 2021. This case will be presented to the Planned Care Board on 26 March 2021.

Risk:

- Further waves of pandemic may impact recovery.
- IT capacity to support the implementation of an endoscopy IT system and the capital funding required
- Capital funding for estate improvement for endoscopy and decontamination

Quadruple Aim 2: Diagnostic Waits – Radiology and Neurophysiology

Radiology

The number of patients waiting over 8 weeks for radiology diagnostics is currently 2,261, an improvement of 1,916 from the end of March 2021 position. Further imaging capacity is now on-line and with additional non-recurrent funding to meet anticipated increased demand, we are continuing to use a combination of additional hours and insourcing to help address the capacity gap. Although future referral rates are uncertain, we anticipate the downward trend in waiting list size to continue. A profile forecast for the non-recurrent funding has been developed and shared with the executive team.

Neurophysiology

There are 401 over 8 week waiters, a decrease of 13 from end March 2021 position. Consultant-led in-sourcing activity of 123 patients in May, along with overtime within the small team has maintained the overall position. A new tender for insourcing will be progressed in Jun, and locum physiologist cover continues to be sought to reduce the NCS backlog over the next 3-6 months.

Quadruple Aim 2: Follow Up Out patient Waiting List

Issues Affecting Performance

- Weekly / by weekly Access meeting have ceased over a number of months, these were instrumental in the provision of assurance/reassurance of delivery to national targets.

Actions and Outcomes

- Administration Validation (ongoing)
- Clinical Validation (ongoing)
- Virtual Consultations – the restart of the provision of a video consultation platform (Attend Anywhere)
- Pathways - See on Symptoms/ Patient Initiated Follow Up (SOS/PIFU) – review of historic SOS/PIFU for clinical discussion on discharge
- Outpatients Efficiency Programme
- Launch of video group consultation
- Speciality focus on efficiency

Timeline for delivery of improvement

- Administration Validation (ongoing)
- Clinical Validation (ongoing)
- Virtual Consultations – the restart of the provision of a video consultation – commences June 2021
- Pathways (SOS/PIFU) – review of historic SOS/PIFU for clinical discussion on discharge – commences June 2021
- Outpatients Efficiency Programme – (ongoing- delivery dependant on support)
- Launch of video group consultation – commences June 2021
- Speciality focus on efficiency – commences June 2021

Risks and Mitigations

- Securing resource for delivery of the Outpatient Efficiency Programme
- Management willingness to support delivery / culture change
- Clinical decision making pace
- Weekly Accountability framework

Quadruple Aim 2: Eye Care (1)

Key Driver:

Utilisation of agreed Glaucoma, Diabetic Retinopathy and Corona virus Cataract Pathway (Integrated delivery between Primary and Secondary

Key enabler of above is National Digital Electronic record & E-Referral Programme (see Eye Care slide 2).

Benchmarking

National/BCU benchmarking/learning inbuilt into MDT/pan-organisation engagement/pathways/performance reports: via: Webinars/ECCG/Local eye groups (LEGs).

Waiting times is main concern trend (historic/backlog due to COVID-19)

Pan BCU stratification established

Actions:

-Identify delivery targets for high risk specialities (Glaucoma/D. Retinopathy/AMD). E.g. Primary care Data gathering for later Medical virtual review

-Review/agree KPI AMD targets in reference to updated National pathway.

-Coronavirus Cataract pathway: Clinical Lead informing Regional Cataract Centre planning

Progression of Business case opportunities to utilise primary care to support Pathway transformation

-Ongoing work to confirm Cataract current delivery plan. R1 (Glaucoma/D. Retinopathy KPI implementation plans including outcome from BC support)

Key Risks/Opportunities for change

Clinical & Operational Senior Leadership constraints/conflicting COVID-19 priorities impacting on engagement re: implementation/monitoring

>Redress: a. Reset of ECCG Governance framework (achieved) b Sites progressing/leading Local Eye Group meetings.

KPI Data Quality gaps adversely impacting on establishing dashboards/ demand & capacity analysis/ recovery & delivery trajectories/KPI monitoring

>Redress: Pan BCU Data SOP/Root-cause redress actions (Achieved). Redress of gaps rollout (April 21) On track/In progression

Delay in sites formulating/delivering local implementation plans

>Redress: a. Escalated to Senior leaders b. All sites reporting exception/recovery plans ECCG June 21

Significant opportunities to reduce Inequity of wait times. Pan BCU Cataract PTL (Patient Treatment List) is key equity enabler with reduced uptake/transfer of patients

>Redress: a. Exploring through planned care (Once for North Wales) b. Sites confirming/progressing site utilisation/supporting Data QA development needs June 21

c. Establish Pan BCU operational/monitoring process July 21

Significant under performance against High risk (R1 risk stratification) patient pathway targets.

>Redress. Progressing for backlog reduction April 21 (Glaucoma: Central & West progression against trajectory. D. Retinopathy: East achieving)

Reduction in Cataract delivery Pan BCU due to COVID-19

>Redress. Options in development to progress recovery of activity and backlog. Cataract Regional Centre & Mitigation planning in progression.

Escalation:

Risks/opportunities and Monthly reports shared/escalated to Senior Managers/Clinical Lead (via Monthly ECCG Meeting/Highlight & KPI reports/Action Logs

Quadruple Aim 2: Eye Care (2)

Ophthalmology Performance Digital Programme

Key Driver:

Delivery of National Digital Programme (Key Enabler of National Pathways)

- EPR implementation
- E-Referral Implementation

Benchmarking

- National Programme: Shared via WOPCB
- Equipment training commenced March, EPR Equipment Webinars in April 21 plus EPR system training from WG April 21

Actions:

- Arrive/install Welsh Government funded (£1.3M equipment by close March: (Achieved March 2021)
- >Site/Clinician training in Zeiss equipment April-June 21 rolling (On track)
- >Server delivery (Zeiss & IT partnership) June 21 (on track for completion)
- >Establish Electronic Patient Record (EPR)/E-Referral Implementation team/delivery plan (Established Feb 2021/Digital Sub-Group Updating Plan June 21)
- >Progression of Business Case to resource BCU Digital implementation/sustainability. WG funded posts progress

Key Risks/Opportunities for change

Clinical/Operational/Informatics constraints/conflicting priorities impacting on engagement

- >Redress: a. Reset of Governance/communication framework. Digital Programme sub-group of ECCG (Achieved Jan 21 with ongoing priority to sustain).
- Establish Electronic Patient Record (EPR)/E-Referral Implementation team/delivery plan
- >Redress: Funding approval for Regional/programme (WG Capital) posts confirmation (Achieved). Recruitment meetings with support of Informatics/Pan BCU Clinical Lead/Site

Key Barrier Trends:

Business Case progressing positively and plans in readiness stage for implementation following approval

Escalation:

Escalation of Risks/opportunities and Monthly reports shared/escalated to Senior Managers/Clinical Lead (via Monthly ECCG Meeting) and Planned Care Transformation Group, Secondary Care Group and BCU Performance group

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable



New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals. Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.




Key Messages

Staff health and well-being remains a key priority for the Health Board

Staff have responded well to the demands placed upon them

Slight increase in agency/locum spending in a challenging environment

Measures

Period	Measure	Target	Actual	Trend
May 21	Personal Appraisal and Development Review (PADR)	$\geq 85\%$	71.30%	
May 21	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	$\geq 85\%$	83.23%	
May 21	Percentage of sickness absence rate of staff	$< 5\%$	5.27%	

Quadruple Aim 3: Narrative – Workforce (1)

Sickness Absence

Key Drivers of Performance:

- COVID-19 related sickness absence has dropped further to 0.3% (0.4% in April). This reflects a further reduction in staff testing positive, which totaled just 5 in May (a significant drop from 65 during March and 15 in April).
- Non COVID-19 related sickness absence increased by 0.6% to 5% (which is the same as January).
- Stress related absence remains the biggest cause of absence with approximately 4 times more days lost than the 2nd largest cause (infectious diseases). It is the biggest cause of absence by a considerable margin for all areas. As previously stated, the incidence of colds / flu has been much lower this year, due to the successful flu campaign and social distancing.
- The highest levels of sickness absence are in Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery. Nursing sickness levels are high on all 3 secondary care sites – 6.66% to 7.71%. Hotspots for Additional Clinical Services are MH&LD, East and West Area and Ysbyty Glan Clwyd (YGC).

Actions Being taken:

- Work is ongoing to strengthen control measures to reduce transmission, including booking systems for areas where social distancing is otherwise not possible and reinforcing messages on remote working.
- Psychological / Emotional Health and Wellbeing support to staff has been strengthened, and is being further developed.
- Workforce and OD continue to support hotspot areas
- Further invites are being sent out in June to staff in priority groups 1 – 4 who have not previously taken up the offer of vaccination
- Joint task and finish group is in place to support processes to support shielding staff with a return to work (now approx 35 who have not yet been able to return in some capacity)

Timelines:

- Further offer of vaccination in June 2021

Risk:

- Further increase in stress related absence

Quadruple Aim 3: Narrative – Workforce (2)

Personal Appraisal & Development Review (PADR)

Key Drivers of performance

- PADR Compliance for May was 71.26%, a 0.97% increase since April. As a comparison, PADR compliance in May 2020 was 66.81%.
- Only 3 divisions out of 22 have seen a decrease in compliance this month, this is an improvement as there are usually more than three divisions who see a drop in compliance each month.

Actions being taken

- Detailed reports and tailored support to be offered to the 3 divisions that have seen a decrease in compliance. This tailored support has proven to be effective and impact positively on compliance in other divisions. For example since supporting and attending Estates & Facilities Senior Leadership Team meetings, they have seen an increase of 4.6% in compliance.
- Bespoke PADR training sessions to be held with managers and supervisors in Estates & Facilities as a result of discussions at Senior Leadership Team meeting.
- League tables to be shared with senior managers across the organisation with tailored reports being offered to support line managers to take corrective action to increase compliance.

Timelines

- Detailed reports and offer of tailored support to be offered by 8th June allowing time for planning and improvements to take place. Any other requests for detailed reports to be provided as and when requested.
- Bespoke PADR training sessions to be held with managers and supervisors in Estates & Facilities on the 14th and 23rd June
- League tables to be shared with senior managers across the organisation by 4th June

Risk

- Although COVID-19 related activity may now start to reduce, the risk remains that the pressure on increase in activity to achieve performance targets may take the focus away from conducting PADRs.

Quadruple Aim 3: Narrative – Workforce (3)

Mandatory Training

Key Drivers of performance

- Mandatory training compliance at level 1 reduced across all Mandatory training subjects in April 2021 by 0.44% to 82.63%. A key factor in this is a fault in the E-learning functionality with the E-Learning modules being offline from the 6th to the 21st April 2021. Mandatory training compliance has increased to 83.19% (as of 26th May) following restoration of the E-Learning functionality.
- BCU has the highest compliance with mandatory training of all Health Boards in Wales with its current compliance of 83%.
- A further extension of temporary contracts within vaccination centres has been implemented from the end of June 2021 to the end of October 2021. This will continue to affect overall compliance as staff working solely in vaccination centres are not required to complete all attached competencies of Level 1 Mandatory training.
- Completion of Mandatory training remains low for Estates and Facilities and for Medical & Dental staff.

Actions being taken

- During the downtime of the E-learning programmes, close monitoring of the training completions took place with an increase of compliance as noted taking place with a current compliance figure of 83.19%, an increase of 0.56%.
- Following investigation, it is not possible to remove specific Mandatory training compliance for staff allocated to contracts within the mass vaccination centres, therefore compliance figures for particular mandated subjects will continue to be affected until at least October 2021.
- A revision of the ESR function for completing E-learning has taken place between ESR functionality managers and representation from ESR systems, Organisational development and the Office of Medical Director to agree a 'simpler user process' for accessing E-Learning related training. Following rollout of the new revised process, compliance will be monitored for Estates and Facilities and Medical and Dental staff to assess the impact of the revised process on improving completion of mandatory training for these two staff groups.

Timelines

- Weekly monitoring of compliance figures will continue and will be reviewed at the next exception report completion.
- A review of requirement to complete all level 1 Mandated subjects for staff pertaining to temporary contracts within vaccination centre temporary contracts will be taken before October 31st 2021
- An Implementation plan for the rollout of revised E-learning training to be rolled out by June 30th 2021

Risk

- COVID-19/Business as Usual (BAU) related work impacts upon training delivery
- Social distancing restrictions affects delivery of training within existing training buildings, this affects the safe 'face to face' classroom occupancy for specific courses.

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focussed on outcomes.



Key Messages



Measures

Period	Measure	Target	Actual	Trend
Q3 20/21	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	TBA	21.30%	<div></div>
Q1 20/21	Percentage of critical care bed days lost to delayed transfer of care - Intensive Care National Audit & Research Centre (ICNARC) definition	Reduce	5.60%	<div></div>
May 21	Agency spend as a percentage of total pay bill	Reduce	7.20%	<div></div>

* Dental surgeries have started to reopen however figure provided should not be compared with pre-COVID-19 figures.

Quadruple Aim 4: Narrative – Agency Spend

Agency & Locum Spend

Key Drivers of Performance

- Non-core agency, bank and overtime pay spend saw a slight decrease in May from £8,801,000 to 8,493,000.
- Agency spend is down by £363k at £3,472,595 (4.8% of total pay); Locum spend is down by £143k at £1,775,593 (2.4% of total pay); WLI spend is up by £66k at £188,254; Bank spend is down by £75k at £1,976,771. There is a general trend of decreased spend except across agency and WLI which can be linked to the increase in activity across Planned Care as the recovery programme is started.
- Medical Agency spend is up from £1.38m to £1.43m month on month with a corresponding decrease in locum and bank spend. The increase in agency spend can be linked to the increase in activity across Planned Care as the recovery programme is started.
- Nursing Agency spend is up from £1.2m to £1.4m and bank spend has seen a corresponding decrease by £120k and overtime by £186k. The increase in agency spend can be linked to the increase in activity across Planned Care as the recovery programme is started.

Actions being taken

- Proactive recruitment drives for Medical and Dental staff are being developed and work to secure a number of Physicians Associates and ST 1 doctors is being taken forward. This correlates to number of other workforce optimisation initiatives that are being mobilised to support reduce the Health Boards reliance on temporary staffing.
- The focus on Nursing recruitment is increasing as capacity is released from COVID response with overseas nurse programmes underway and looking to be expanded, with new initiatives such as Clinical Fellowships being developed to increase nursing capacity and support progression and retention across the nursing workforce.
- Support is in place to focus on increased recruitment to hotspots with the development and implementation of the recruitment pipeline report.

Timelines

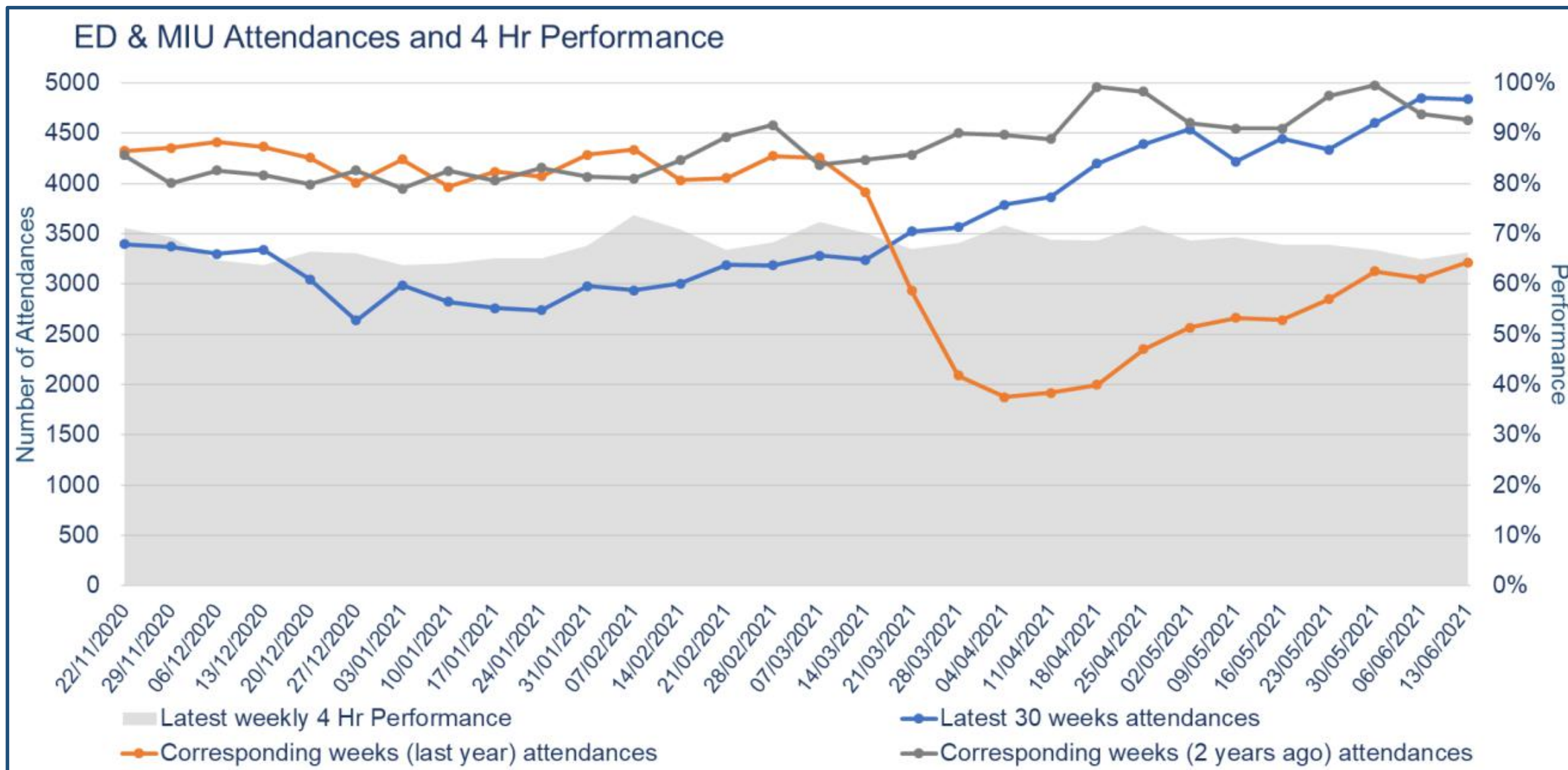
- Refreshed clear medical and nursing recruitment plans now in place and being rolled out across identified areas such as band 5 nursing hotspots.
- Enhanced temporary staffing service process developed and now in place

Risk

- The service delivery model and replication of predominantly bed-based services will continue to result in challenges in respect of rotas
- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels
- Quarantine rules for overseas travel may reduce the run rate of overseas nurses commencing employment
- The lack of shielding staff being able to return to clinical posts and the effects of Long COVID-19 on staff could result in being unavailable to work for longer periods of time

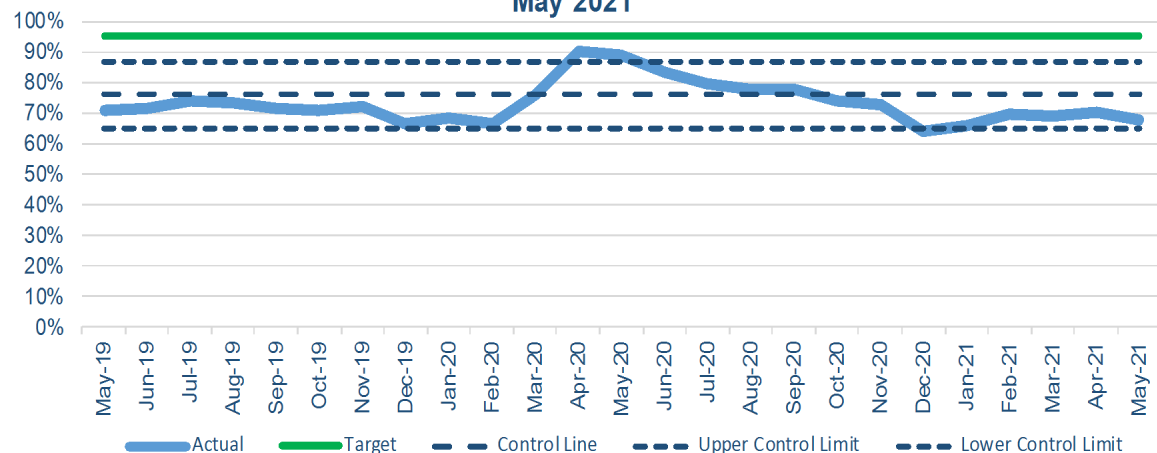
Additional Information

Quadruple Aim 2: Unscheduled Care: Attendances (1)

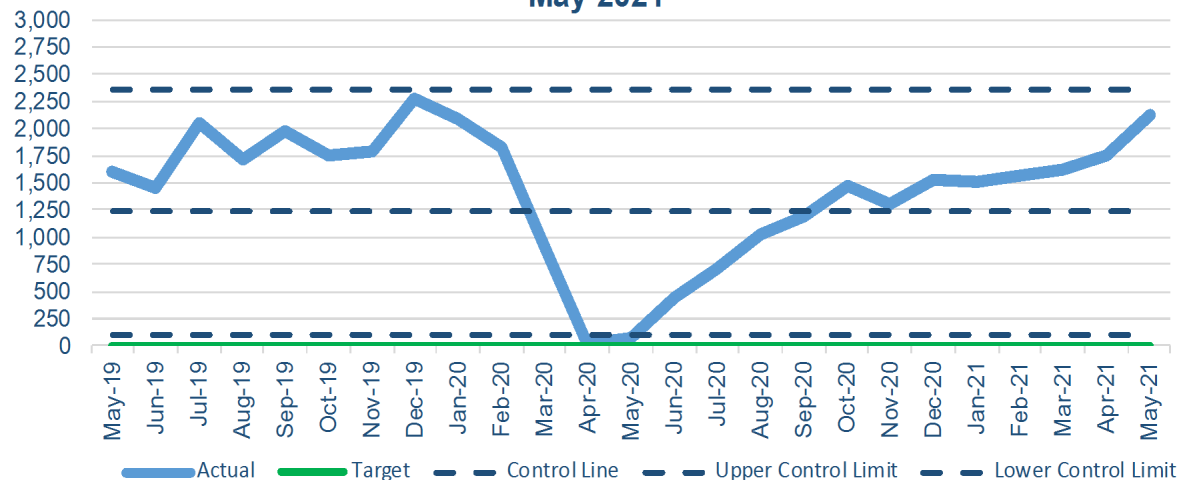


Quadruple Aim 2: Unscheduled Care (2)

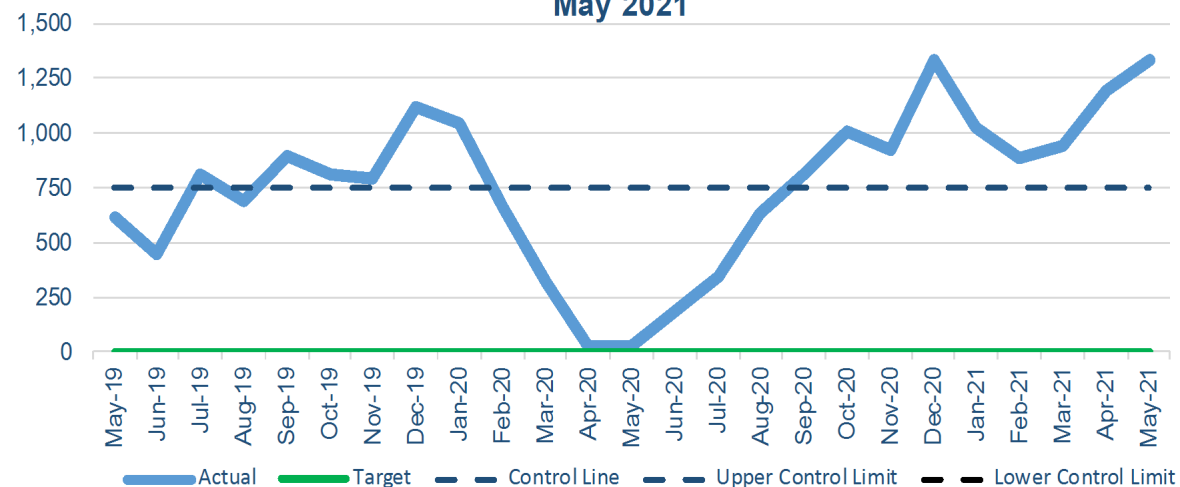
BCU Level - Emergency Department (inc MIU) 4 Hour Waits:
 May 2021



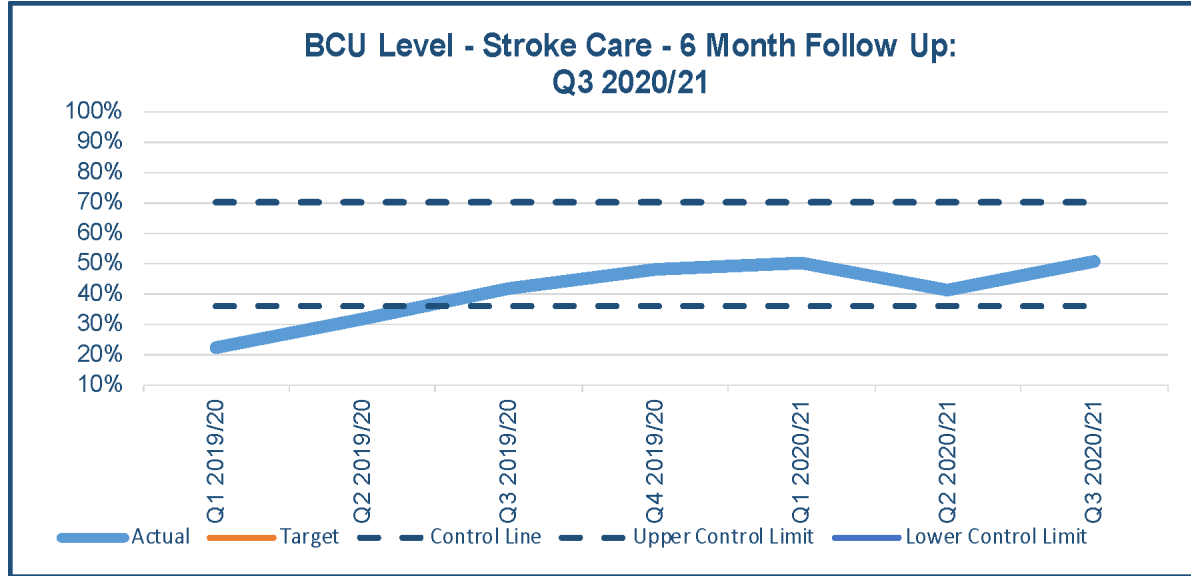
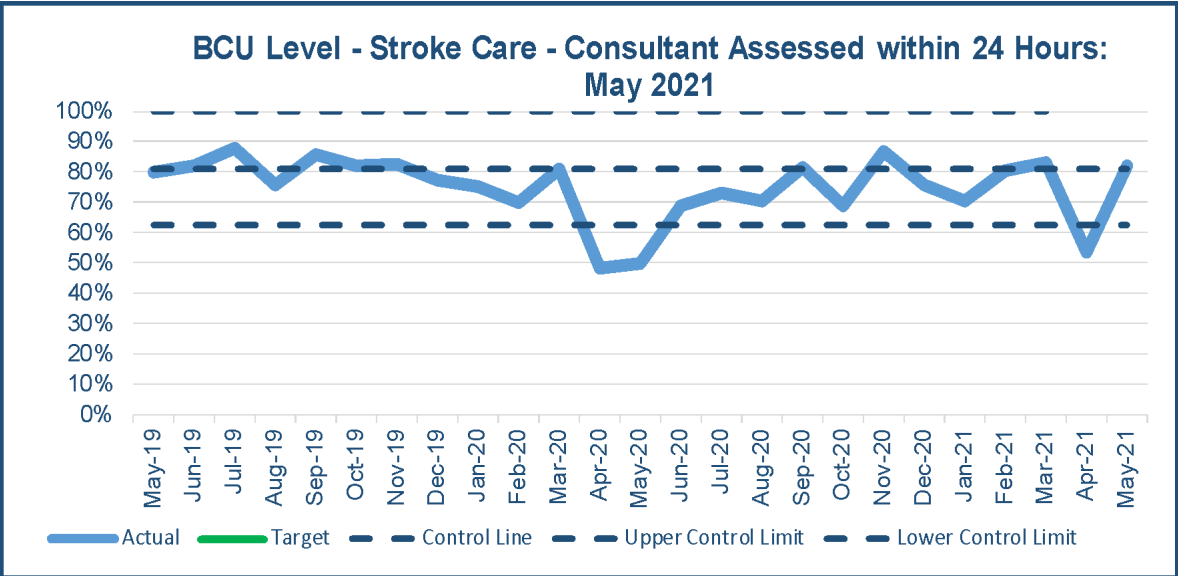
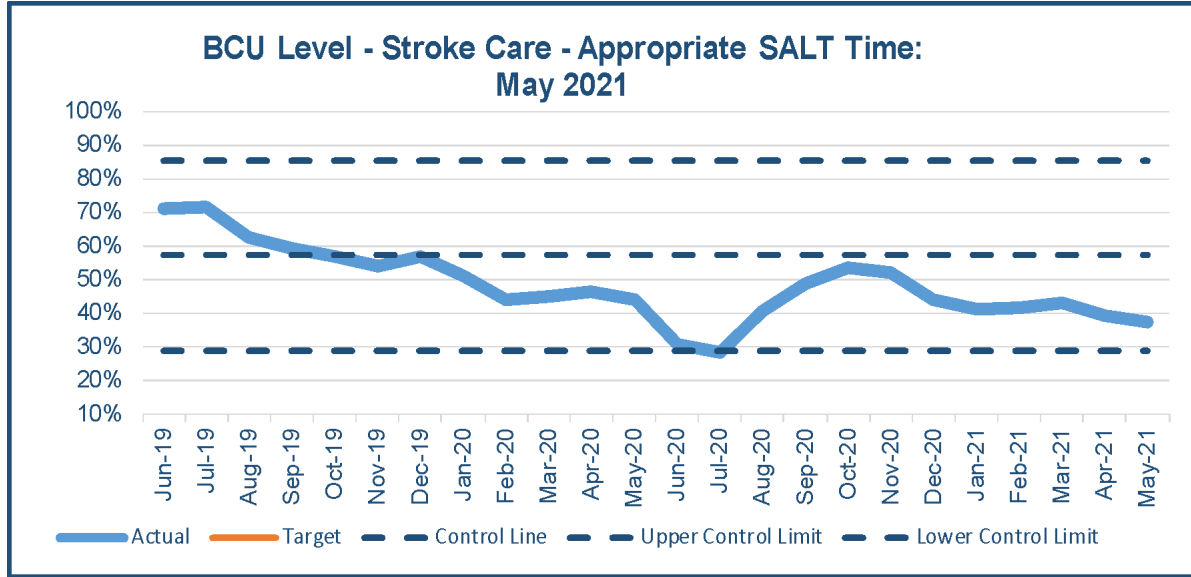
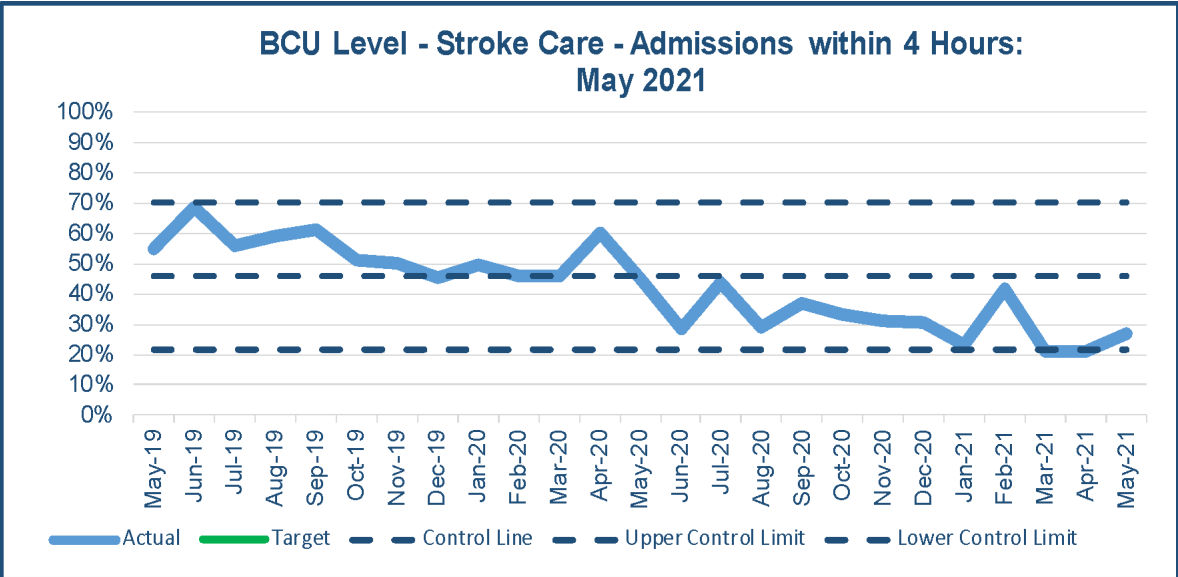
BCU Level - Emergency Department 12 Hour Waits:
 May 2021



BCU Level - Ambulance Handovers over 1 Hour:
 May 2021

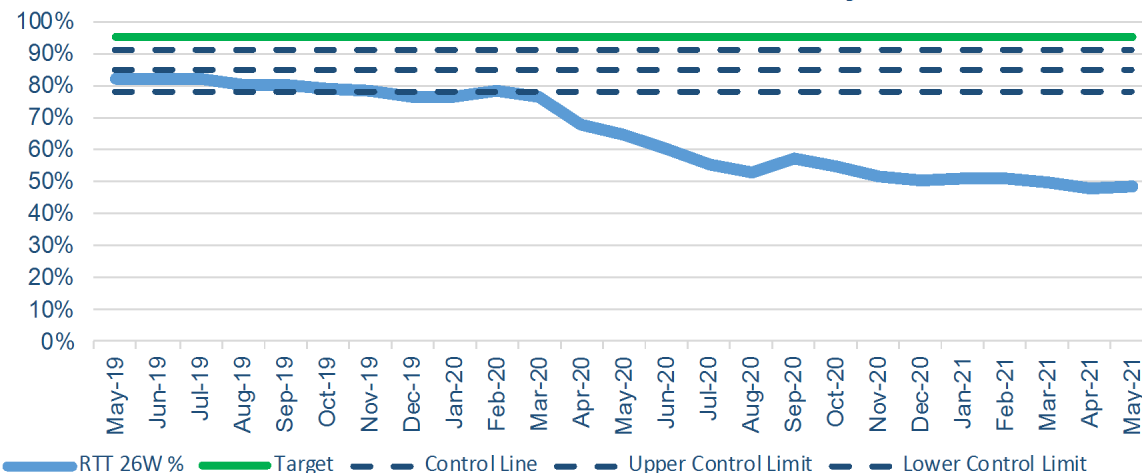


Quadruple Aim 2: Unscheduled Care (3)

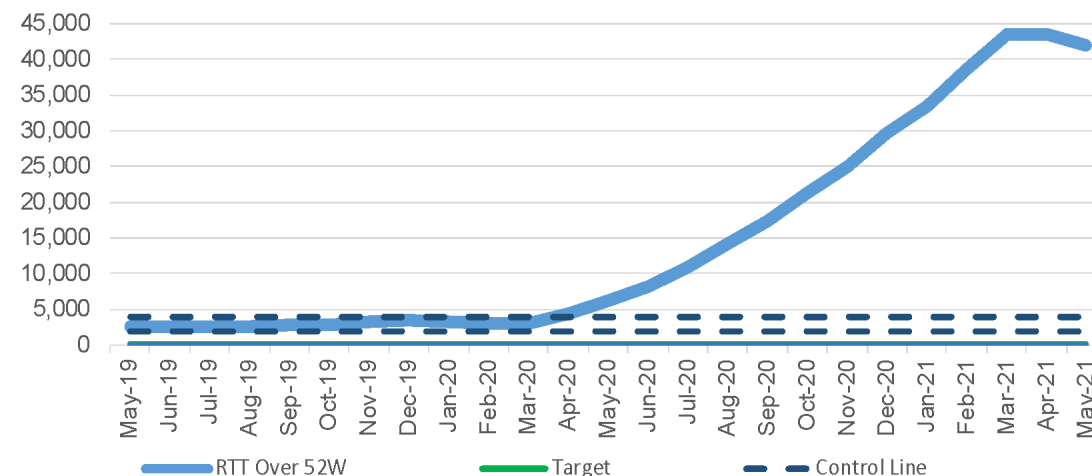


Quadruple Aim 2: Planned Care (1)

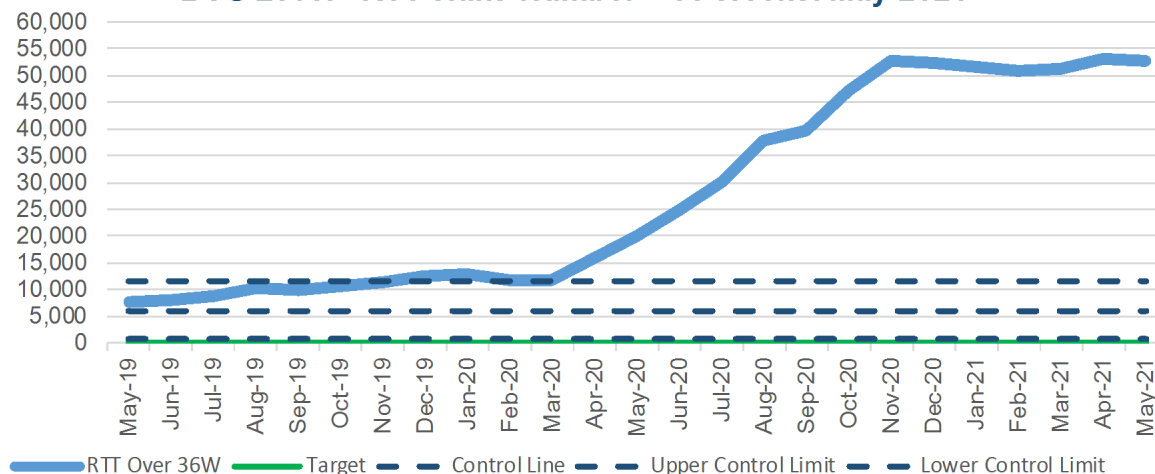
BCU Level - RTT Waits % <= 26 Weeks: May 2021



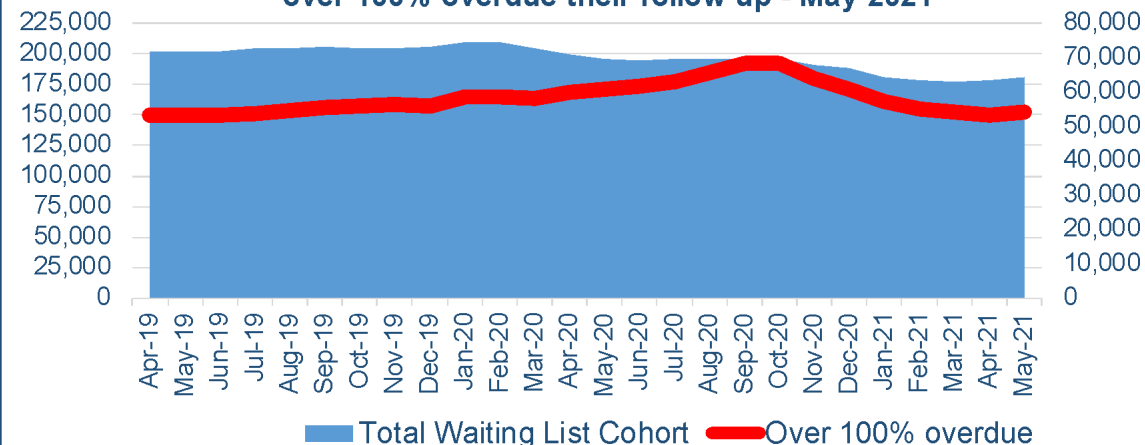
BCU Level - RTT Waits Number > 52 Weeks: May 2021



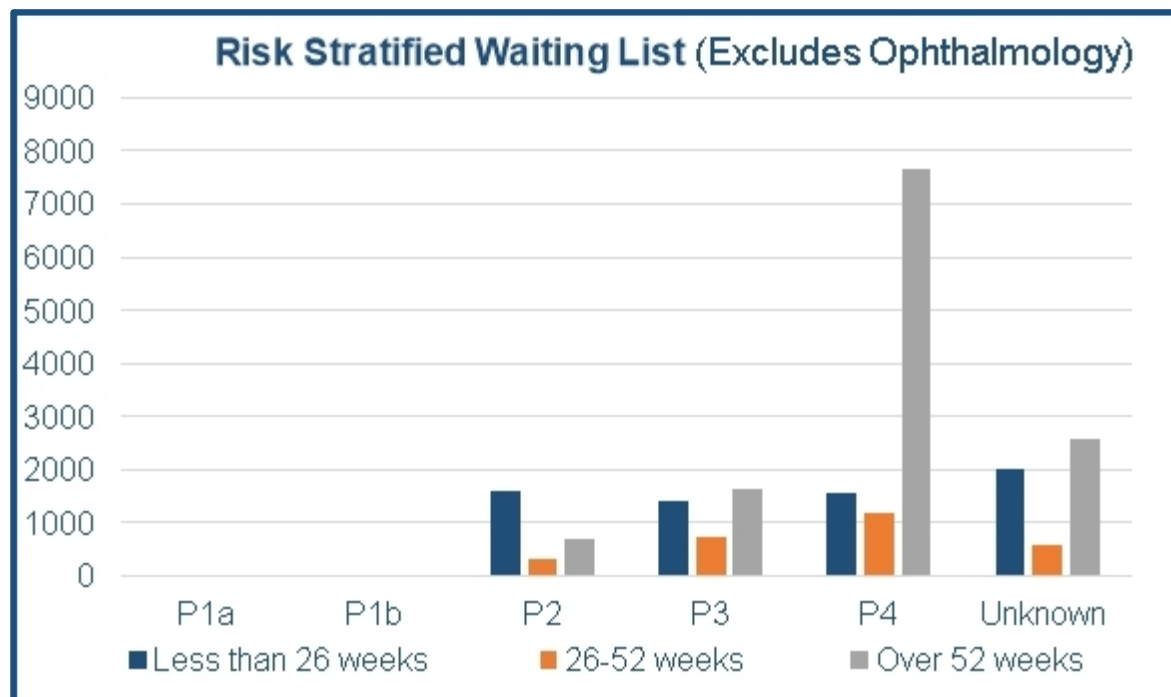
BCU Level - RTT Waits Number > 36 Weeks: May 2021



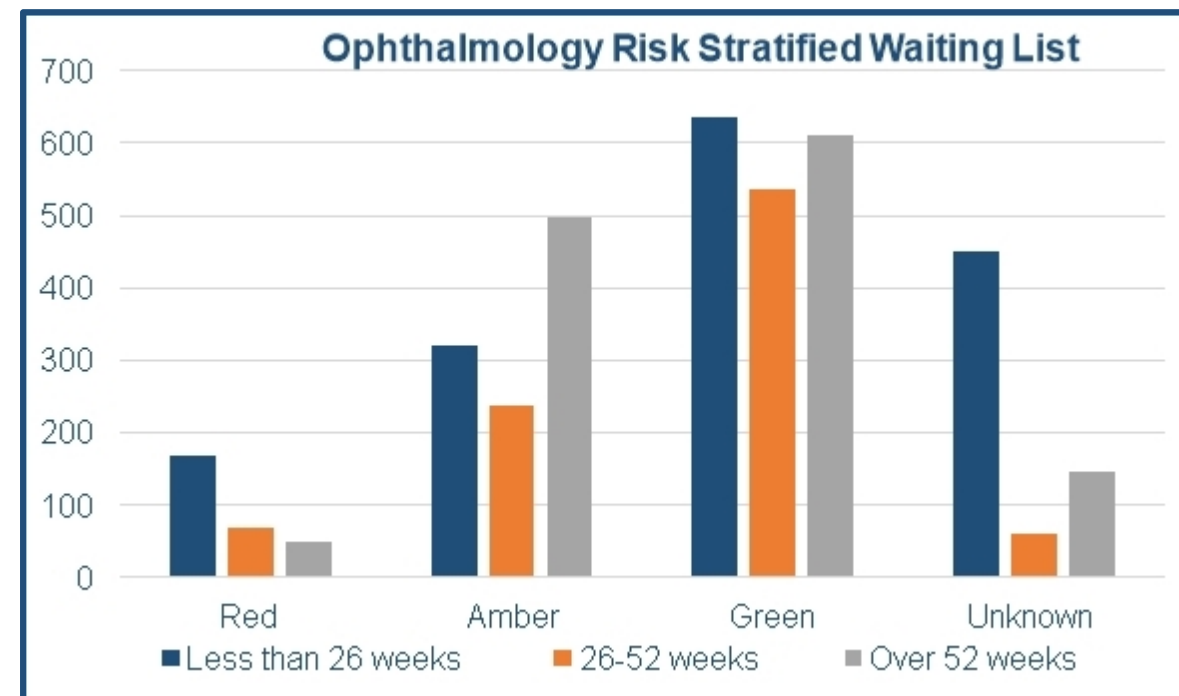
BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - May 2021



Quadruple Aim 2: Planned Care (2) Waiting List by Risk Stratification



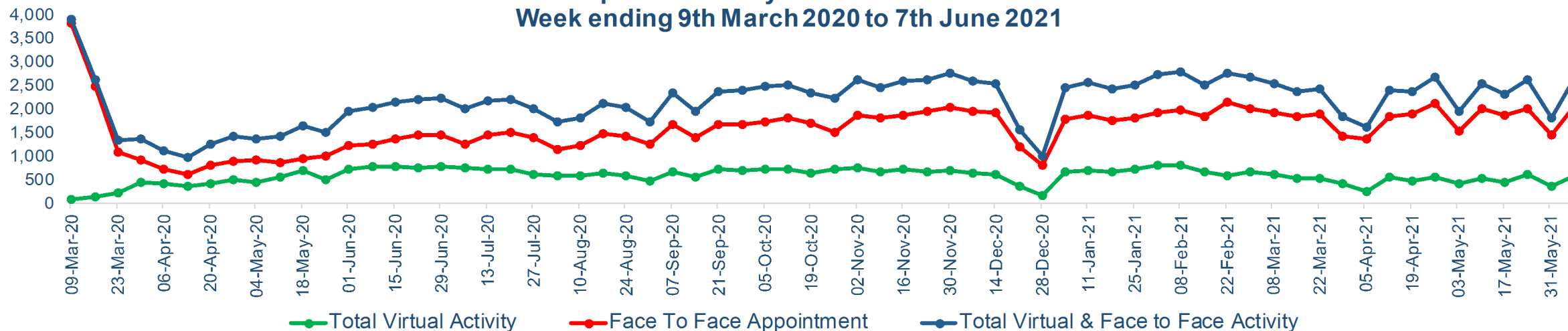
Source BCU HB IRIS : Accessed 16:17pm 7th June 2021
 Data includes Admissions Waiting List for all specialties and excludes Endoscopy



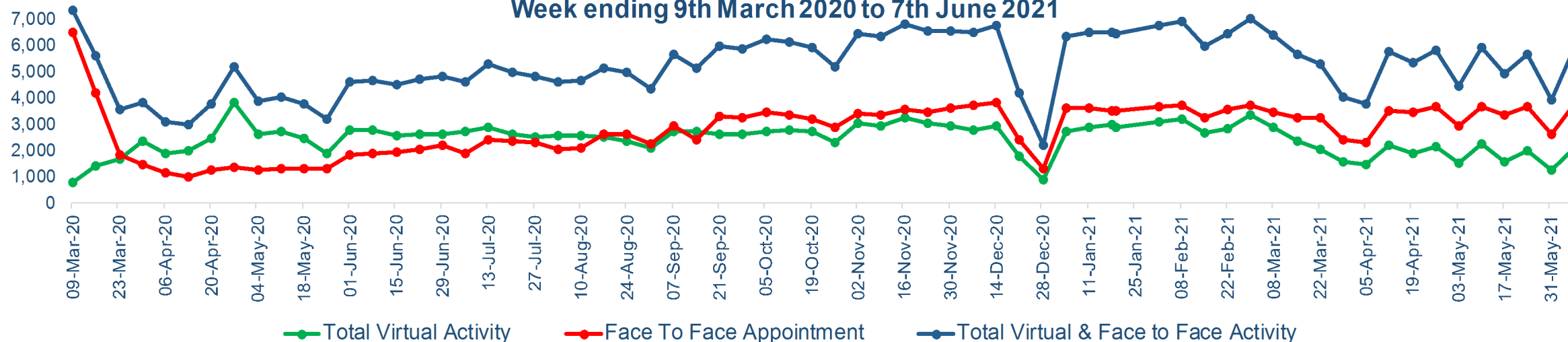
Source BCU HB IRIS : Accessed 16:17pm 7th June 2021
 Data includes Waiting List for Ophthalmology Only

Quadruple Aim 2: Charts Planned Care (3)

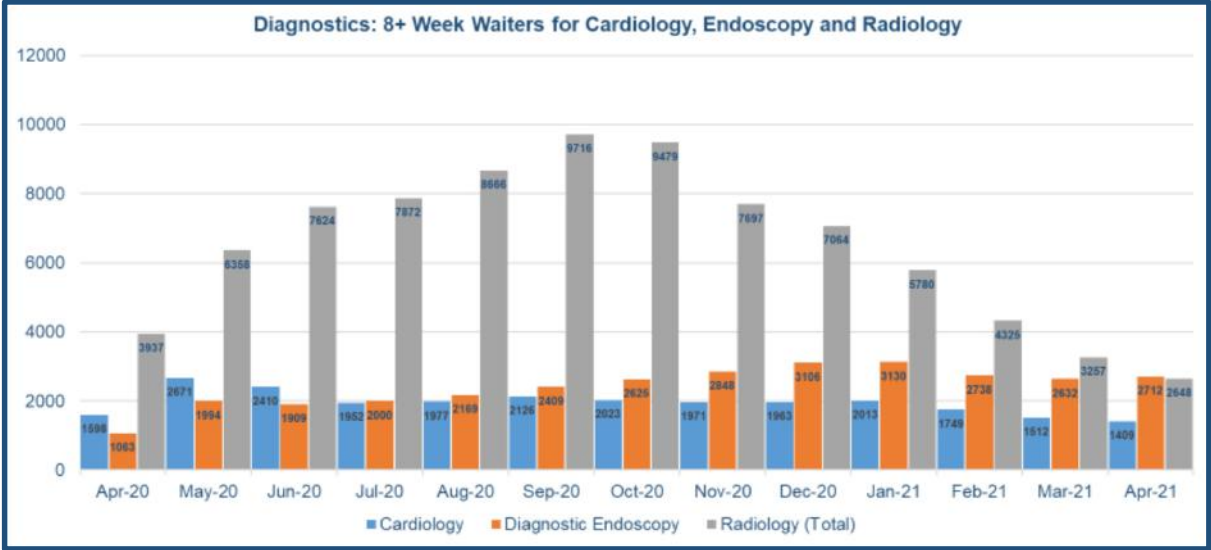
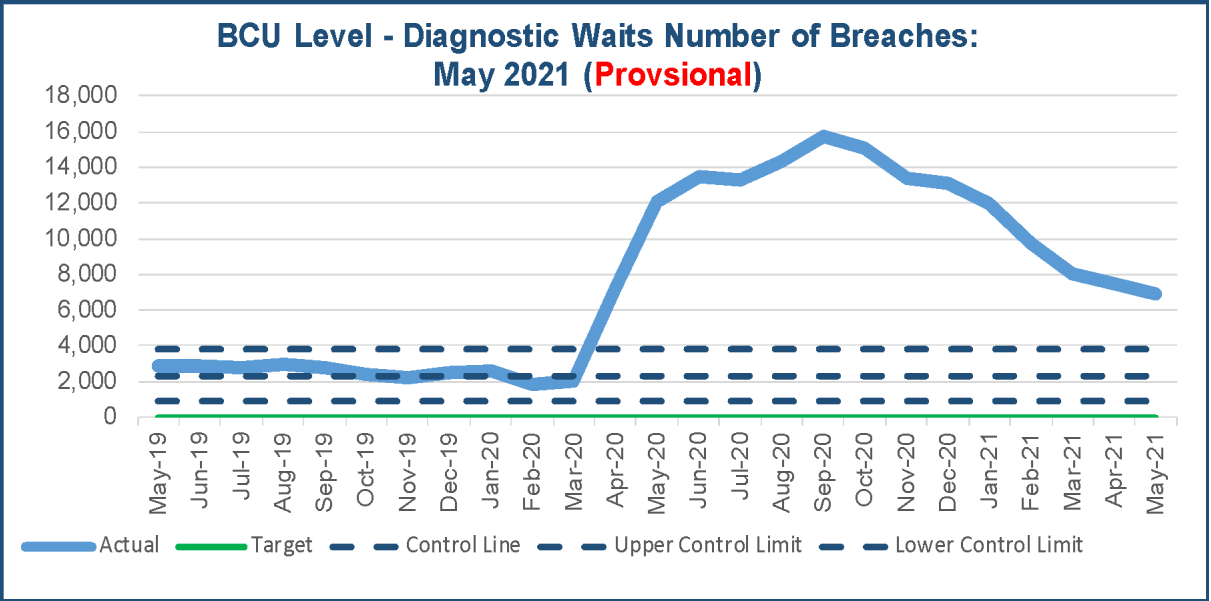
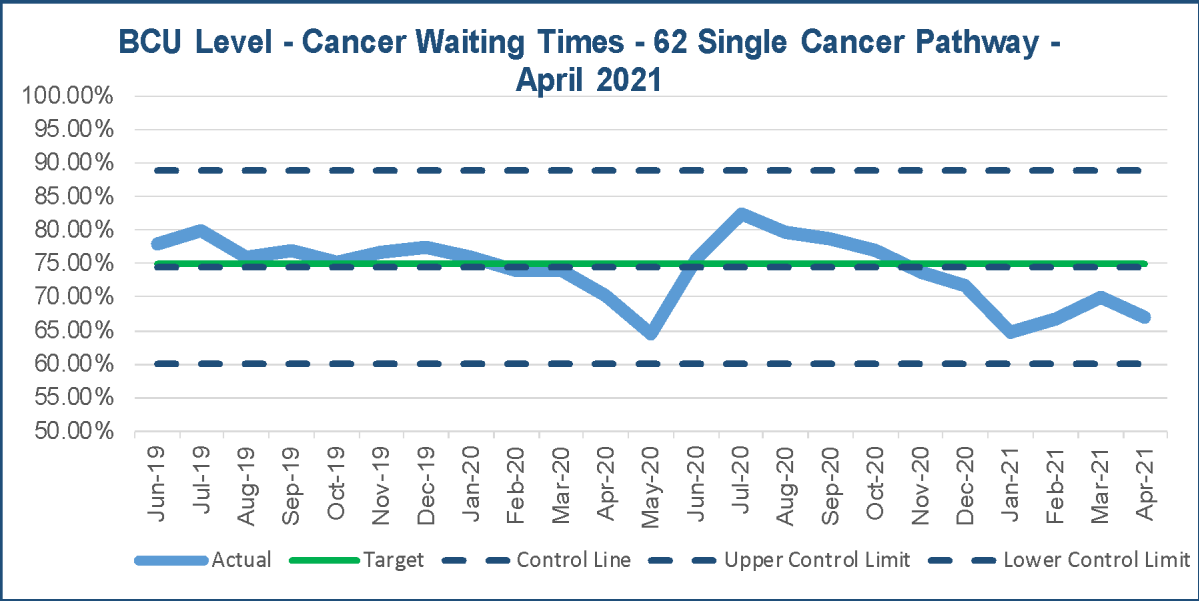
New Outpatient Activity: Virtual and Face to Face
Week ending 9th March 2020 to 7th June 2021



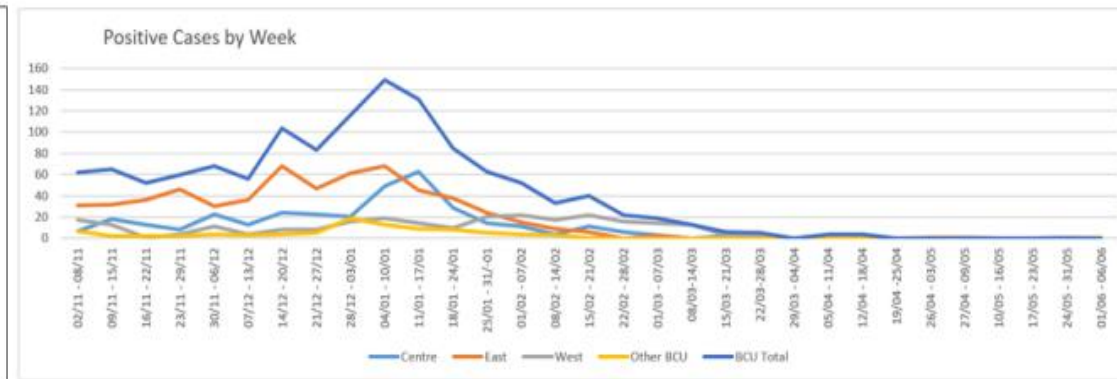
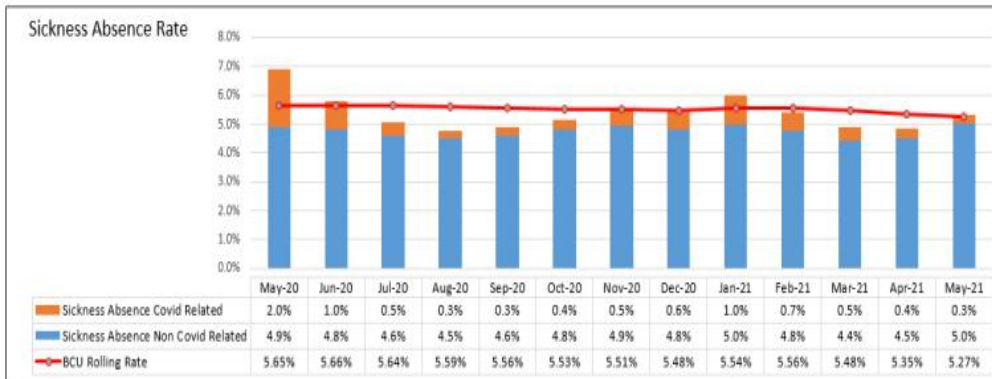
Follow-up Outpatient Activity: Virtual and Face to Face
Week ending 9th March 2020 to 7th June 2021



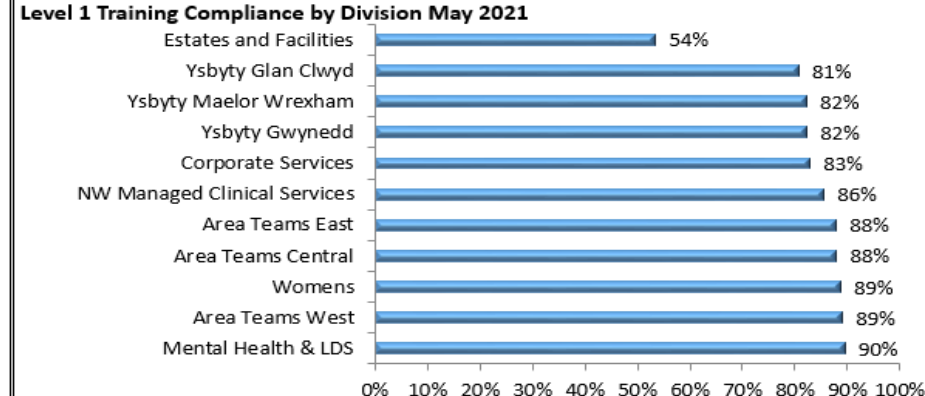
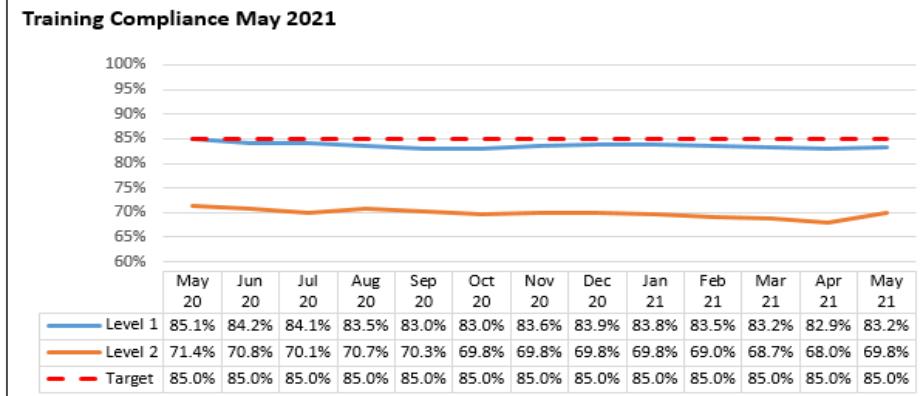
Quadruple Aim 2: Planned Care (5)



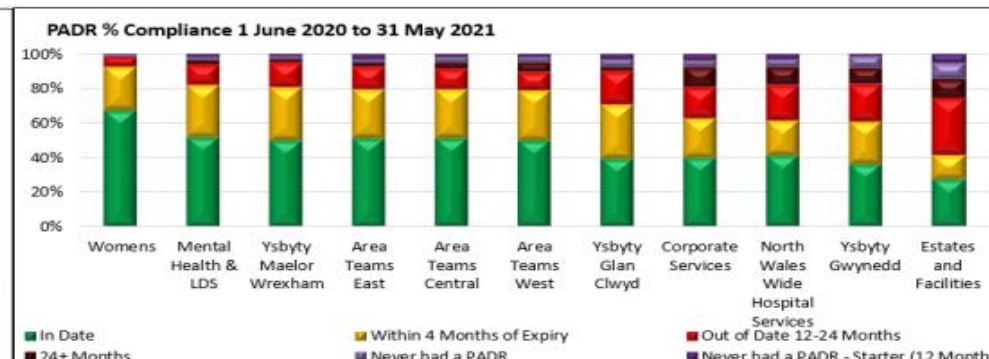
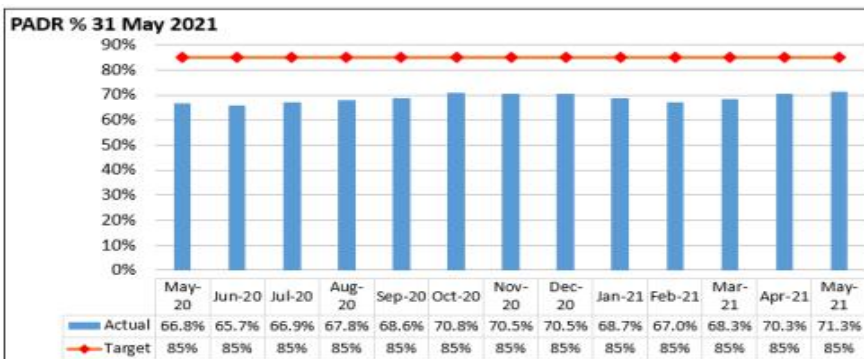
Sickness Absence Rates



Core Mandatory Training Rate

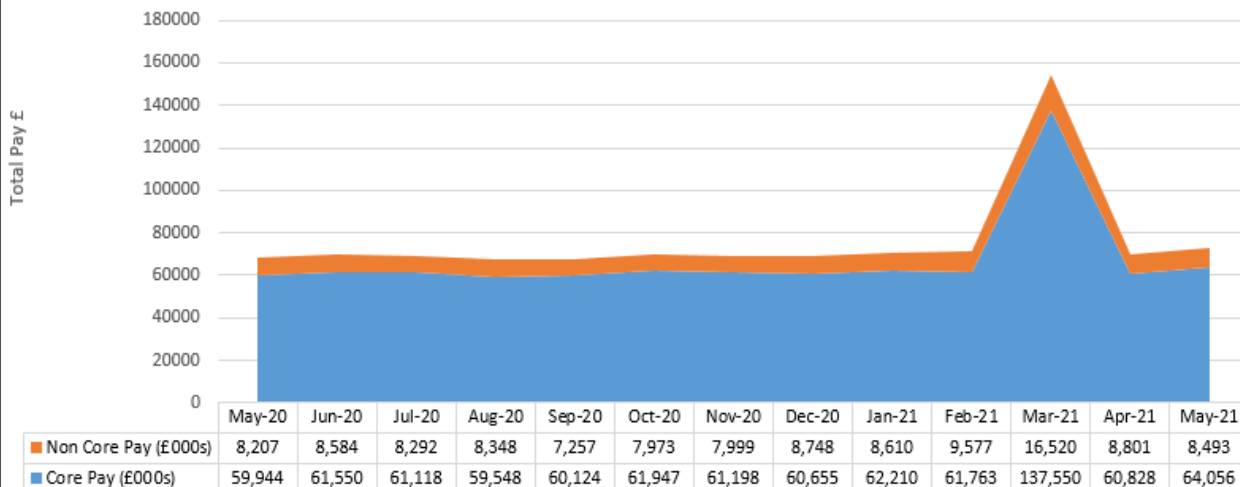


PADR

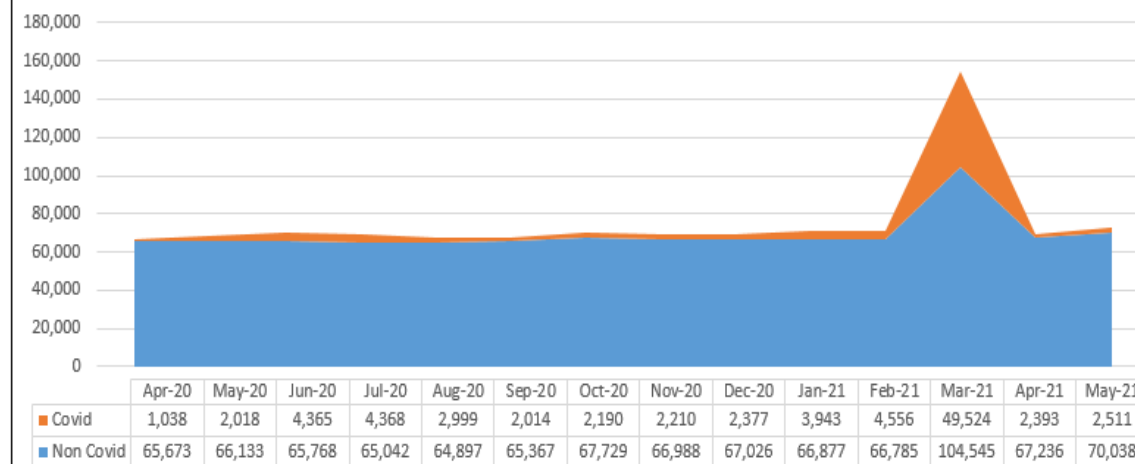


Quadruple Aim 4: Narrative – Agency Spend

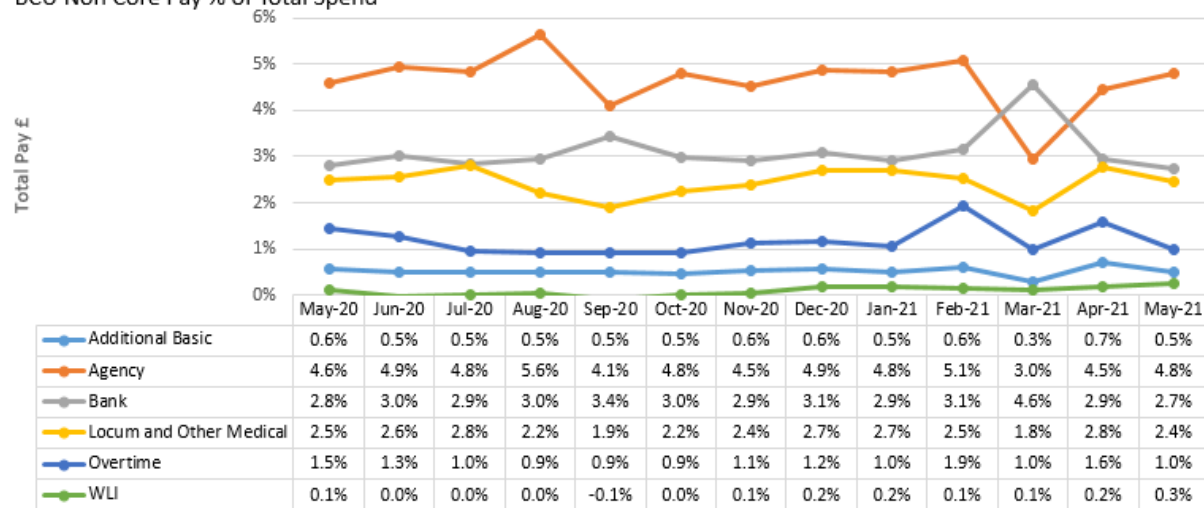
BCU Pay Core vs Non Core (£000s)



BCU Covid v Non Covid Spend (£000s)

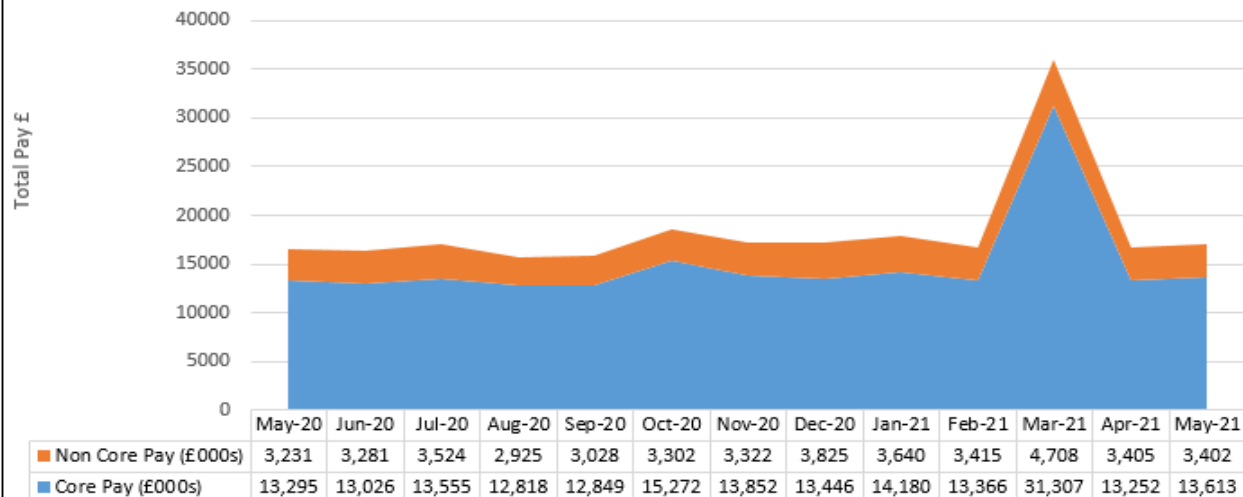


BCU Non Core Pay % of Total Spend

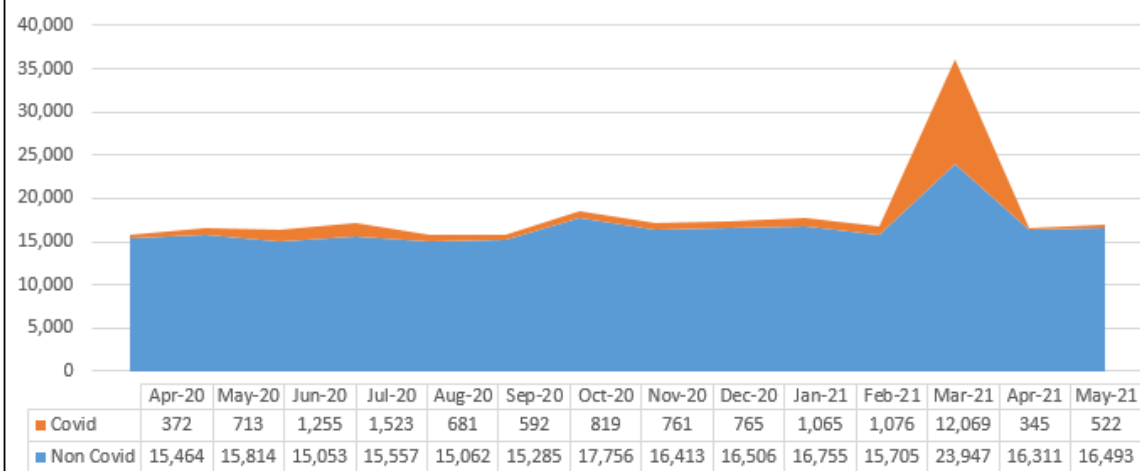


Quadruple Aim 4: Narrative – Agency Spend

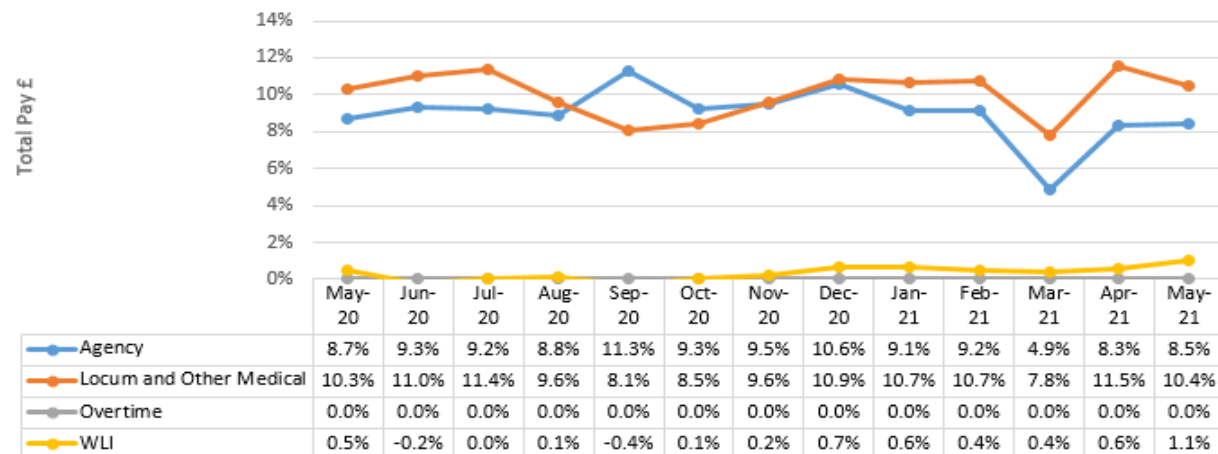
M&D Pay Core vs Non Core (£000s)



M&D Covid v Non Covid Spend (£000s)

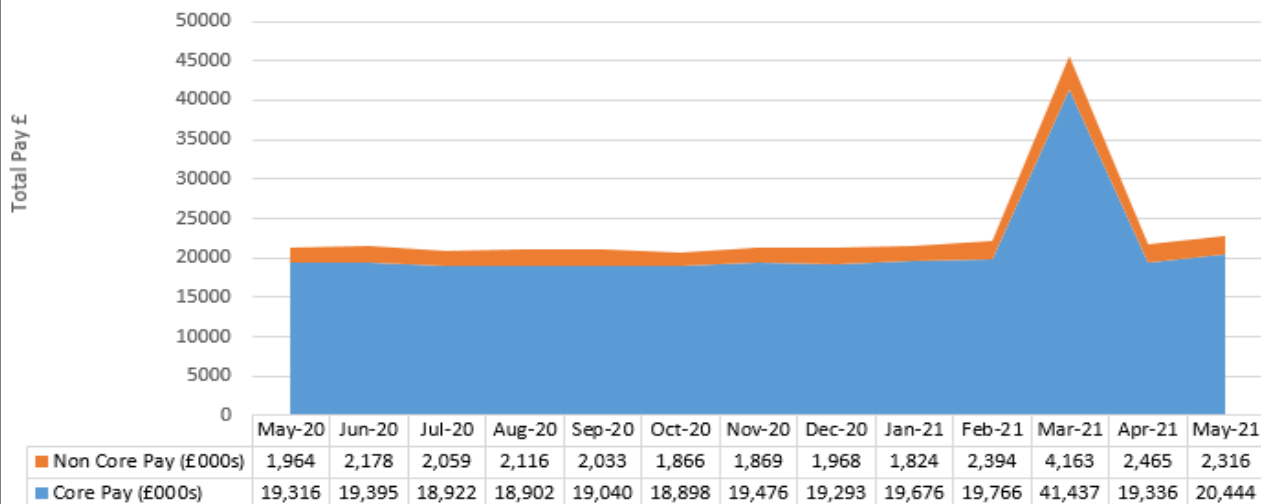


M&D Non Core Pay % of Total Spend

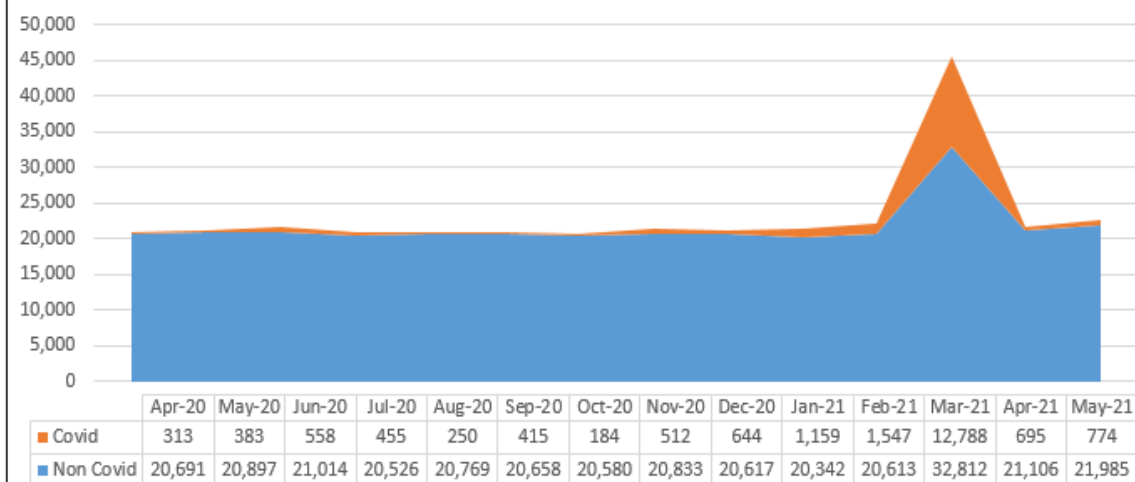


Quadruple Aim 4: Narrative – Agency Spend

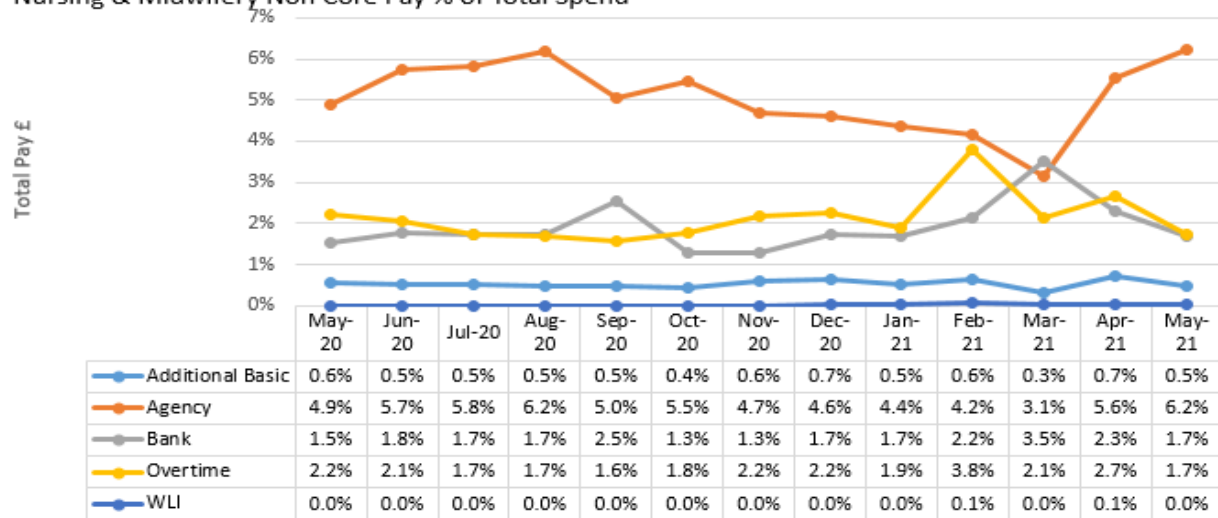
Nursing & Midwifery Pay Core vs Non Core (£000s)



Nursing & Midwifery Covid v Non Covid Spend (£000s)



Nursing & Midwifery Non Core Pay % of Total Spend



Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

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

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

 follow @bcuwb

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



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance (F&P) Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Performance and Accountability Framework (PAF) – Use and effectiveness						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Kamala Williams, Interim Director of Performance						
Craffu blaenorol: Prior Scrutiny:	The Performance and Accountability Framework referenced in this report was approved by the Health Board in November 2020.						
Atodiadau Appendices:	N/A						
Argymhelliaid / Recommendation:							
<p>The Committee is asked to note:</p> <ol style="list-style-type: none"> 1. The Performance and Accountability Framework (PAF) was approved by the Board in November 2020 with a review date of March 2021. 2. The review of the PAF did not take place as planned and subsequent feedback from the Executive Divisional, Divisional and Local Accountability meetings has highlighted variation in the operation of the Framework. 3. Given the variation that has been highlighted, and as the PAF has been in place for six months, it is timely to review its use and effectiveness. 4. A review of the PAF will be undertaken by the Performance Team, with Terms of Reference for the Review to be agreed by the Performance Oversight Group (POG). 5. An update report detailing the process, timescale and progress of the review to be brought to the August F&P meeting. Final findings and recommendations of the review to be shared with the Committee. 							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information	X
<i>If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.</i>						Y/N to indicate whether the Equality/SED duty is applicable	N
Sefyllfa / Situation:							

The Chair of the F&P Committee has requested a report on the use and effectiveness of the PAF and to confirm that where actions are agreed under the Framework arrangements are in place to check whether the actions have been completed.

Cefndir / Background:

In November 2020 the Health Board approved a PAF, the Framework is underpinned by a hierarchy of performance reviews that span six organisational levels from the individual to the Board.

The Framework was initially assigned a review date of March 2021, however, the review did not take place following delays in enacting key elements of the Framework. Specifically, the first meeting of the Performance Oversight Group (POG), which provides Executive Team leadership and oversight of performance and accountability at a pan BCUHB level, did not take place until 22nd April 2021. POG meetings had been scheduled to take place before the 22nd April but were stood down as a result of the COVID second wave and winter pressures, as a consequence Executive Divisional Accountability meetings, post commencement of the POG, did not take place until the 6th May.

Feedback from Executive Divisional, Divisional and Local Accountability meetings has highlighted variation in the operation of the Framework.

Although the original timescale for the review was not met, the delay presents an opportunity to undertake a review of the Framework in line with the Targeted Intervention and Improvement Framework (TIIF) and to utilise the relevant maturity matrices for Leadership and Strategy, Performance and Planning as part of the review methodology.

Asesiad / Assessment & Analysis

USE OF THE PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

PERFORMANCE AND ACCOUNTABILITY REVIEW MEETINGS

Divisional meetings

Performance review meetings take place within each of the Four Health Board Divisions:

- Primary and Community Care (PCC),
- Mental Health and Learning Disabilities (MHLD),
- Secondary Care (SC) incorporating North Wales Managed Clinical Services (NWMCS) and Women's Services.

The meetings vary in nature some take place at a Divisional level e.g. MHLD whereas other meetings are at a sub divisional level e.g. Area or Acute Site. Where meetings are at a local level, information is aggregated to Divisional level for the purposes of the Executive Divisional Accountability meetings.

Some Divisions have specific performance and accountability meetings whilst others have meetings aligned to previous performance management arrangements e.g. local F&P, Quality Safety Experience (QSE) or Leadership Team meetings. Although there are different reporting lines for these meetings there is an expectation that key performance issues should cascade to and from the Executive Divisional Accountability meetings.

Executive Divisional meetings

The first Executive Divisional Accountability meetings of 2021/22 took place on the 6th May. A schedule of quarterly meetings has been agreed for the remainder of the financial year. If POG deem necessary, the frequency of meetings can be increased.

There is a standard agenda for the meetings, items include - a review of outstanding actions from the previous meeting, a review of performance against the National Delivery Measures and Annual Plan, areas where the Executive Team are seeking additional assurance around performance, issues for escalation and a look ahead at performance for the remainder of the year.

Performance Oversight Group (POG)

The first meeting of the POG took place on the 22nd April, dates for monthly meetings have been agreed for the remainder of 2021/22.

The POG undertakes agenda setting for the Executive Divisional Accountability meetings, this includes consideration of any areas of concern and whether the concern is sufficient to warrant more frequent meetings. The meeting also provides an opportunity for the Executive Team to consider other issues pertinent to performance and accountability, for example, review reporting arrangements, early identification of performance hot spots.

ACTIONS AGREED AT PERFORMANCE AND ACCOUNTABILITY MEETINGS

Executive Divisional meetings

Actions from the Executive Divisional Accountability meetings are agreed by each Division and added to an Action Log Tracker, which is located on the Executive Planning and Performance Sharepoint intranet site i.e. accessible to all Divisions.

Actions should be updated on the tracker by the Division as and when completed. Outstanding actions along with any associated risks to performance are considered at the Executive Divisional Accountability meetings.

Performance Oversight Group meeting

Notes of the meeting are taken, actions recorded and reviewed as a standing agenda item.

ACTIONS FOR ESCALATION TO POG

There were no issues identified for escalation to the POG at the Executive Divisional Accountability meetings on the 6th May.

The Executive Divisional meetings which will take place from July onwards will include a standing agenda item which will require Divisions to confirm:

- Local performance accountability and review meetings are taking place on a regular basis
- Issues for escalation to the POG.

Divisions have indicated that further guidance setting out escalation thresholds would be welcomed to ensure a consistent approach across all Health Board services.

Issues escalated to the POG and/or identified by the POG as requiring further escalation have three possible outcomes – Support, Intervention or Sanctions where performance has not improved over a sustained period. The POG will agree actions that need to be escalated to the Board for decision, support or information.

RECOMMENDATIONS

1. A review of Performance and Accountability Framework to take place. Terms of Reference including timescale for the review to be agreed at the POG meeting on 16th June.
2. An update report detailing the process, timescale and progress of the review to be brought to the August F&P meeting.

3. Final report to be shared with the Committee.

Strategy Implications

Not applicable

Options considered

Not applicable

Financial Implications

Not applicable

Risk Analysis

Risks relate to organisational compliance and effective operationalisation of the Performance and Accountability Framework.

Legal and Compliance

The Performance and Accountability Framework is the mechanism by which individual directorates, divisions and sites within the Health Board are held to account for compliance with national and locally agreed standards and guidance. Where available information from the performance reviews is incorporated into the current Board Integrated Quality and Performance Report (IQPR).

Impact Assessment

No impact assessments have been undertaken for this report.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	2022/25 Planning Principles and Timetable						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Mr John Darlington, Assistant Director - Corporate Planning Mr Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning						
Craffu blaenorol: Prior Scrutiny:	The approach has been discussed by the Planning workstream and the Executive Director of Primary Care and Community Services from an improvement perspective.						
Atodiadau Appendices:	Appendix 1: 2022/25 Planning Principles and Timetable Appendix 2: Work programme templates						
Argymhelliad / Recommendation:							
It is recommended that the committee							
<ol style="list-style-type: none"> 1. Receive this report 2. Endorse the planning principles and outline timetable for 2022/25 							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						Y	
The 2022/25 plan will be subject to Equality Impact (EqIA) and a socio-economic (SED) impact assessments. Any significant issues will be flagged in relevant areas of the Plan as these are developed.							
Sefyllfa / Situation:							
The attached paper sets out the planning principles and timetable to support the development of our 2022/25 Integrated Medium Term Plan (IMTP).							
Recommendations are made to ensure that clear planning arrangements exist to ensure our plan is approved and submitted by December 2021.							
Cefndir / Background:							
Integrated Medium Term Plan (IMTP) planning arrangements were paused in 2020 due to the pandemic.							

'A Healthier Wales', Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care'.

The Primary Care Model for Wales is an important element of our plan and predicated on locality level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'. Accordingly, Clusters are responding to BCU core priorities in developing their plans and developing a summary annual 'plan on a page'.

We also want to check on the progress of our long-term strategy for health, well-being and healthcare, Living Healthier, Staying Well (LHSW). It has been three years since we developed this. Change takes time, and we need to check whether we are achieving what we set out to do, and whether the principles and priorities are still relevant. To facilitate this we are beginning a review and refresh of LHSW.

- Check in with our staff, patients, partners and public whether the principles are still valid
- Review our strategic priorities to ensure they are consistent with "A Healthier Wales"
- Address those elements of LHSW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways
- Test the strategy is still relevant in the changed environment
- Provide the framework for development of a Clinical Services Plan

We are developing a discussion paper and will be asking people – patients, carers, community groups, partner organisations and others – for their views. The refresh work will be completed by the autumn to feed into the development of the integrated three year plan and to provide the basis for the clinical services plan.

Asesu a Dadansoddi / Assessment & Analysis

Our approach to planning for 2022/25 is summarised within Appendix 1 together with key planning considerations which will be taken forward through further engagement with divisional teams.

Opsiynau a ystyriwyd / Options considered

Our plan will be underpinned by robust business cases. Priority schemes will be identified which in turn consider potential options for delivery.

Goblygiadau Ariannol / Financial Implications

The plan integrates service, activity, financial and workforce implications within resources available. The planning principles reinforce that plans must be delivered within delegated budgets and these will reflect the need to manage cost pressures over our allocation.

Dadansoddiad Risk / Risk Analysis

All schemes will be required to identify key risks and a risk analysis undertaken to demonstrate how these will be managed.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The development of an approvable Integrated Medium Term Plan is a critical organisational requirement, as a specific action under the targeted Interventions Improvement Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act. The risk relating to failure to develop a plan is identified within the Corporate Risk Register.

Asesiad Effaith / Impact Assessment

Underpinning schemes and business cases will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.

Developing our Three Year Integrated Medium Term Plan for 2022/25

Planning Principles and Outline Timetable

1. Purpose of the Report

This paper has been prepared to establish planning principles and a timetable to support the development of our 2022/25 Integrated Medium Term Plan (IMTP). This aims to ensure clear and well organised planning arrangements exist for establishing and presenting the plan to Board in December 2021.

It is important that we take stock and review previous planning cycles to make recommendations for improving the way we plan across the Health Board going forward. This will be undertaken working with divisional / planning leads and the output of which will further shape and refine our approach. As part of this, we need to reflect upon and take into account:

- Planning is dynamic, ever changing and evolving;
- All management roles have a planning component within them;
- Planning should not stop in March and start again in the autumn;
- Our plan is not about describing 'business as usual' but to articulate where we need to change.

The recommendations from the recent planning review will also be helpful in this context.

2. Planning Principles for 2020/23

2.1. National Planning Context

The introduction of Integrated Medium Term Plans across Wales signalled a move away from a focus on annual plans, towards a medium-term approach linked to organisational strategies. (IMTP plans were however paused across NHS Wales in 2020/21 due to the pandemic.)

A Healthier Wales is Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care', which is focused on health and wellbeing, and on preventing physical and mental illness.

The Primary Care Model for Wales is predicated on cluster level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need.

Importantly, we need to build upon the significant progress made by clusters to date and to support and empower the planning function at cluster level, drawing in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with ‘A Healthier Wales’.

The NHS Wales planning framework for 2022/25 is expected to be published in late summer. Previous Frameworks have reinforced the requirement for every NHS organisation to have a long-term strategy, which should be a separate document to the IMTP. The IMTP document should “demonstrate how the actions to be taken during the three-year period help achieve the long term vision of the organisation set out in the strategy”.

The Well-being of Future Generations Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined up approach. The Act puts in place seven well-being goals and we need to maximise our contribution to all seven.



We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Act. This means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals.

There are five ways of working which we need to think about when working towards this:



‘A Healthier Wales: Our Plan for Health and Social Care’ was launched by Welsh Government in July 2018 in response to the Parliamentary Review of Health and Social Care in Wales and sets out a long term future vision of a ‘whole system approach to health and social care’, which

is focused on providing more services in peoples own homes or a close to their north place of residence as possible. There is a greater emphasis on preventing illness, early intervention and supporting people when they need it, including helping them to manage their own health and well-being and to live independently for as long as possible. The Health Board's principles, well-being objectives, key strategic priorities and outcomes are broadly aligned with the plan and we will review these to ensure we address the detailed requirements.

2.2. Local Context

In March 2018, the Board approved its long-term strategy – entitled Living Healthier, Staying Well (LHSW). This strategy sets out how health, well-being and healthcare might look in ten years' time and how we will start working towards this now.

This is now being refreshed and will influence how our resources are allocated and how staff prioritise their time.

We are also developing our clinical services plan over the summer. Taken together, these important pieces of work will shape and inform our IMTP for 2022/25.

There will be a continued drive to reduce variation and embed innovation across North Wales as our strategic direction continues to be implemented, using data and best practice in support of all our work. Plans will be grounded in good evidence of effectiveness and will reflect the quadruple aim as set out within 'A Healthier Wales' and LHSW:

- ***Improved population health and well-being;***
- ***Better quality and more accessible health and social care services;***
- ***Higher value health and social care; and***
- ***A motivated and sustainable health and social care workforce.***

The 2020/21 plan was approved by Board as a draft plan and is being refreshed in line with national planning guidance and expectations by end of Q1.

Significant work was undertaken to develop plans which are SMART with clearly articulated patient impacts. Whilst plans have certainly strengthened as a result, we need to continue to reinforce and build further on this approach into 2022/3 including supporting activity, financial and workforce profiles.

For 2022/23, we will build our transformation approach and corresponding actions (e.g. pathways, GIRFT) including improving our approach to prioritisation.

We will clearly demonstrate robust demand and capacity analysis with action plans to achieve and maintain targets within the resources available. This will include demand referrals to other secondary care or tertiary services which will inform BCU external secondary care contracts and WHSSC specialist services plans.

2.3. Summary Planning Principles

Initial / draft planning principles for 2022/25 are attached in full in **Appendix 1** for consideration and refinement and can be summarised as follows:

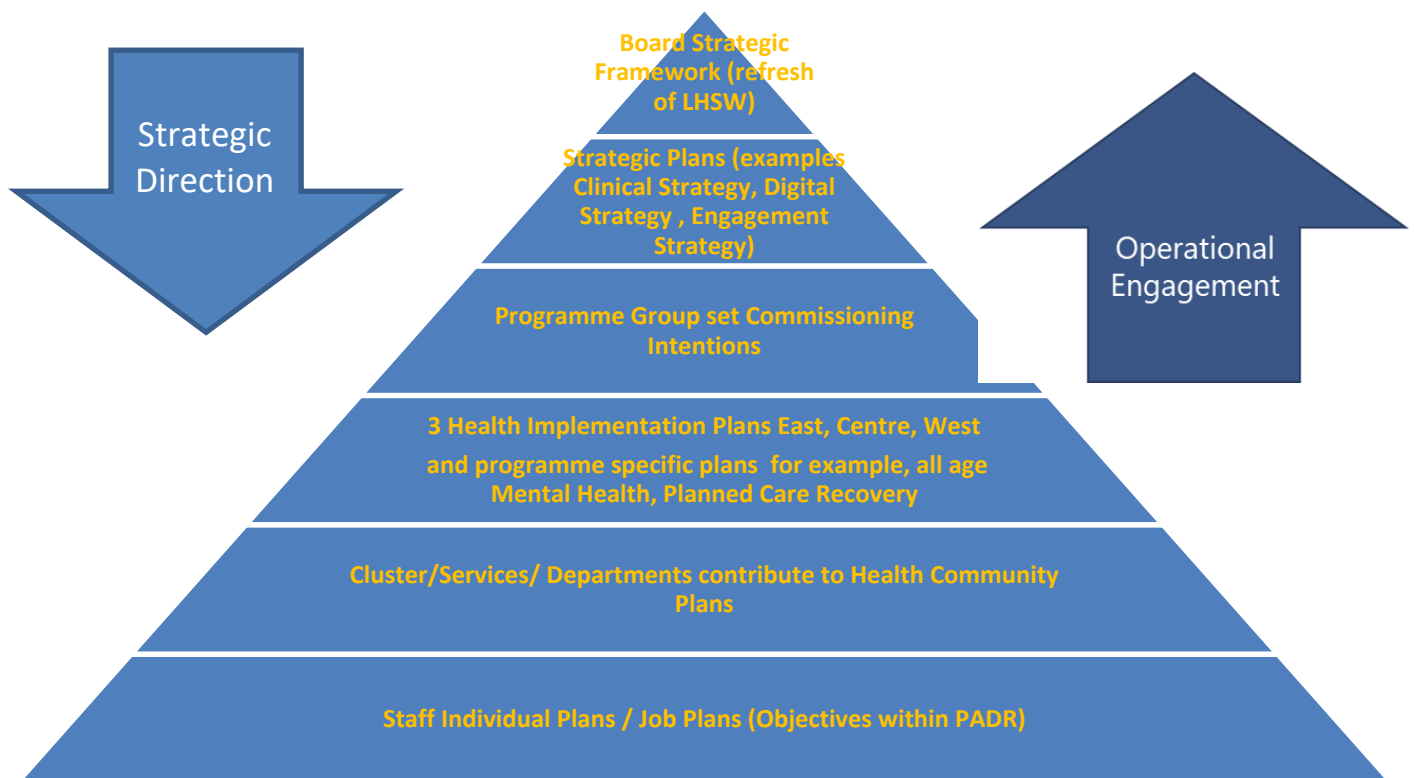
- *Focus on Quality, Safety and Outcome driven plans;*
- *Cost effective delivery;*
- *Health community level planning - Cluster IMTP plans will be developed by September 2021 (based on the national template) and incorporated into Health community level Plans;*
- *Plans will demonstrate a robust deficit reduction plan - there will be no opportunity to bid for additional resources and each Health Community plan will 'live within means'.*

3. Draft Outline Plan Development & Timetable

Alongside the strategic refresh outlined above, we need to ensure plans reflect specific local population and patient needs within our clusters which in turn will inform health community plans. Clusters with their local clinical leadership are well placed to assess local needs, but in addition a more systematic approach to cluster development is also needed.

14 Cluster plans (alongside service and department plans) will feed into and inform respective health community plans as illustrated below.

From Board to PADR - Blending 'Top Down and 'Bottom up' Planning



3.1. Strategy and Planning Map

The overall planning landscape is summarised overleaf:

'A Healthier Wales'						
Regional Partnership Board						
Strategy – Living Healthier Staying Well						
Equality Diversity Socio-Economic Duty						
Key Enabling Strategies						
Clinical Services Strategy	Workforce		Digital		Estates	
Welsh language	Finance		Quality Improvement		Research and Innovation	
Programme Groups (BCU wide programme group plans)						
Programme Groups Pathway Approach	Primary Care	Mental health	Planned care (Including diagnostics and cancer services plan)	Unscheduled care including therapies e.g. Stroke services	Community services (including children's, & therapy services plans)	
	Prevention and Health Improvement	Test, Trace & Protect	Commissioned Services	Vaccination	Continuing Healthcare	Women's Services
East, Centre, West Health Community Delivery Plans for 2022/23 working with Integrated Service Boards, Mid Wales Healthcare Collaborative						
(3 place based plans incorporating Area Teams, North Wales managed clinical services, Women's & Secondary Care services Plans)						
Built on the Strong Foundations of Cluster Plans						

For 2022/25 the expectation is therefore for:

- Commissioning Intentions –programme groups are well placed to shape commissioning intentions (aligned to the focused priorities identified by the Board) –adopting a logic model approach to share with health communities to respond within their planning work;
- The commissioning intentions will incorporate key national delivery framework performance measures and ensure new / emerging issues from LHSW strategy refresh and clinical plan will be considered and prioritised as part of this process;

- Health community implementation plans will be developed: east; centre; west; - shaped and informed by cluster and partnership plans for example RPB, Mid Wales Healthcare Collaborative;
- We will seek to integrate our planning on a pathway basis such that key pathway actions from North Wales regional services that can be disaggregated will be embedded within health community plans, including women's and mental health and learning disabilities as applicable to specific health communities.

In addition, a number of specific programmes are properly pan BCU. These include:

- *Prevention and health improvement*
- *Test, Trace and Protect*
- *Covid-19 vaccination*
- *Women's*
- *All age mental health*
- *Planned care recovery, (Including diagnostics and cancer services plans)*
- *Continuing Healthcare*
- *External commissioned services (including specialist services commissioned by WHSST)*
- *Enabling Programme plans, e.g. Research and Innovation, Quality and Safety, workforce, digital, estates,*

Plans will be supported where required by capital and revenue scoping documents / business cases and underpinning activity, financial and workforce profiles. Taken together, these plans will help shape the BCU three year plan for 2022/25 and WG minimum dataset

The table below sets out the current Executive Lead and Programme Leads for existing Programme Groups:

Programme Group (LHSW theme: health improvement, care closer to home, excellent hospital care)	Executive Lead	Clinical Lead(s)
Prevention and Health Improvement (HIRI)	Executive Director of Public Health	N.A.
Test, Trace and Protect	Executive Director of Public Health	N.A.
Covid-19 Vaccination	Executive Director of Nursing & Midwifery	Dr Jim McGuigan
Primary Care (CCTH)	Executive Director of Primary & Community Services	Cluster Leads Area Medical Directors: Drs Gareth Bowdler, Liz Bowen, and Jim McGuigan

Women's Services (CCTH/EHC)	Executive Director of Public Health	Dr Hemant Maraj
Community Services(including children's, & therapy services plans) (CCTH)	Executive Director of Primary & Community Services	Area Medical Directors: Drs Gareth Bowdler, Liz Bowen, and Jim McGuigan
Planned Care (CCTH/EHC)	Executive Director of Nursing & Midwifery	*
Unscheduled Care (CCTH/EHC)	Executive Director of Nursing & Midwifery	*
Mental Health & Learning Disabilities (CCTH/EHC)	Executive Director of Public Health	Dr Alberto Samoiraghi
Continuing Healthcare (CCTH)	Executive Director of Primary & Community Services	Area Medical Directors: Drs Gareth Bowdler, Liz Bowen, and Jim McGuigan
External commissioned services (including specialist services commissioned by WHSSC) (EHC)	Executive Director of Finance	*

* The question of clinical leadership in these areas is under active review.

3.2. Governance

The established planning workstream, reporting to ET will oversee and steer the planning process working with health community leads to:

- *develop better understanding of the challenges and opportunities in each area*
- *enable closer relationships with teams to facilitate the corporate planning processes*
- *provide constructive advice and planning input alongside health economy leads in developing health economy plans*
- *facilitate better links across corporate and pan-North Wales initiatives, aiming for consistency and good strategic fit with local priorities*
- *support closer links with local partners and stakeholders on pan-North Wales initiatives, working with established relationships.*

Planning and delivery will be supported through health community accountability reviews. Separate accountability reviews will be held for certain pan BCU services.

4. Outline Timetable

The timetable incorporates two broad phases of work below. Work to develop our IMTP is being aligned with LHSW strategy refresh and work to develop our broader clinical strategy.

In addition, DPH is leading work to complete a five year population health need assessment this year, which should be completed in time to inform the development of cluster, health community, and pan BCU level plans.

4.1. Phase 1 – Establishing Clear Commissioning Intentions for 2022/23

Draw upon the experiences of other organisations and invest in a transformation and quality improvement (QI) approach, embedding Kaizen principles into planning processes.

Refreshed three year ambition and key deliverables for 2022/23 will be developed by end July for agreement by Executive Team and Board

Commissioning intentions will be issued to Health Community Planning leads in August.

Outcomes for 2021/22 to 2023/24

Population outcomes

- ☐ People in North Wales have **improved health and well-being with better prevention and self management.**
- ☐ **Better quality and accessible health and social care services** enabled by digital and supported by engagement.
- ☐ The health and social care **workforce is motivated and sustainable.**
- ☐ **Higher value health and social care system** that has demonstrated rapid improvement and innovation.
- ☐ **Improve health and reduce inequalities.**

Organisational outcomes

- ☐ **Service transformation**
- ☐ Progress against **targeted intervention** requirements
- ☐ **Long-term quality service and financial sustainability**



Updating our 2021/22 priorities for 2022/23

Achieving the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for our citizens.

- ☐ **COVID-19 response**
- ☐ Strengthen our **population health** focus
- ☐ Recovering access to timely **planned** care pathways
- ☐ Improved **unscheduled** care pathways
- ☐ Integration and improvement of **mental health** services

Enabled by

- ☐ **Transformation** for improvement
- ☐ Effective **alignment of our people**
- ☐ Stronger **governance**
- ☐ Making **effective and sustainable use of resources**

Agile integrated delivery plans

Applying learning



4.2. Phase 2 – Delivery Plan Development

Health community plans to be developed in response to identified commissioning intentions above –using a consistent plan template.

The Health Community plans will inform the BCU wide plan.

The work programme templates including the A3 Kaizen approach (attached as Appendix 2) developed in 2021/22 will be adopted and operate at a Health community level to support the development of the plan and tracking its delivery.

Month	Actions
30 June	Co-produce detailed planning timetable for 2022/23 Review and refresh core priorities ensuring alignment with RPB partnership priorities
31 July	Identify clear commissioning intentions / planning templates issued
31 August	Scoping documents (schemes) and programme level/ health community Plans drafted.
30 September	Prioritisation process- (following engagement with leaders in the development of prioritisation).
30 November	Draft plan to SPPH and F&P Committees
30 November	Welsh Government Planning Framework MDS finalised at Health Community and aggregated at a BCU level. (performance, workforce, financial templates)
31 December	Integrated Three Year Plan submitted to Board
31 January	Plan submitted to WG

5. Early Issues for Consideration

A number of success criteria have been identified for consideration:

- Gaining greater strategic clarity?
 - Board to set priorities
 - Divisions and services to plan for delivery within that framework
- How do we ensure?
 - Clusters are able to truly shape and influence plans 'bottom up'?
 - Strong alignment with partnership priorities exists?
 - Plans are pathway focused from prevention through to specialist services?
 - Plans are co-produced, responding to the views of patients and our partners?
- Does the 'unit of planning' / suite of plans as proposed make sense?
 - Should the role of programme groups be to identify commissioning intentions for health communities to respond?
 - Should we have both programme level and health community (place based) plans?

6. Risks

A number of key risks have been highlighted including:

- *Programme level Planning*
 - *Ensuring programme are well connected into all divisions and vice versa*
 - *Clarity of scope and any potential overlaps*
 - *Programme management strengthened e.g. Planned and USC*
 - *Need strong divisional engagement into each programme –carve out capacity*
- *Recovery workforce constraints*
- *Service transformation*
- *Leadership capacity*

7. Recommendations

It is recommended that the Committee reviews this draft paper to support the development of our 2022/25 IMTP, specifically:

- a. Providing feedback around the paper and the early issues for consideration identified and;
- b. Draft planning principles identified in Appendix 1.

Appendix 1: Planning Principles for 2022/25

The Health Board will develop a three year IMTP for 2022/25, supported by an annual work programme for 2022/23. The planning principles that will underpin all our work are:-

1. Quality, safety and improving outcomes are our top priorities.
2. Everything we do will be in line with our organisational values.
 - Put patients first
 - Working together
 - Value and respect each other
 - Learn and innovate
 - Communicate openly and honestly
3. Plans need to be SMART: Specific, Measurable, Attainable, Realistic, and Timed
4. Our three health communities (East, Central and West) must demonstrate measurable benefits through integration (across primary and secondary care; physical and mental health; and health and social care).
5. A health community comprises primary care clusters, community services, and secondary care across physical and mental health. We are looking for integrated plans both in the sense of different parts of the Health Board working together and also integrating needs based service aspiration with the imperative of service sustainability.
6. We will ensure delivery of our refreshed Living Heathier, Staying Well strategy life course priorities for improving health and reducing health inequalities, care closer to home and excellent hospital care (including supporting frameworks and priorities.)
7. Our plan will reflect the priorities agreed with our statutory, third sector and independent sector partners including how services are co-produced and delivered on an integrated system wide basis to deliver legislation frameworks for health and wellbeing in Wales.
8. We will maximise the benefits of our enabling strategies around workforce, digital and estates to make our system sustainable.
9. We will improve our efficiency over the next three years to peer group benchmarking levels and our financial plans will be based on a robust deficit reduction plan and approaches for resources to follow the patient.
10. All plans must be delivered within delegated budgets and these will reflect the need to reduce our deficit and to internally manage all cost pressures over our allocation.
11. There is no opportunity to 'bid' for additional revenue as part of the planning process. The only route for consideration of schemes outside a delegated budget envelope is through demonstrable benefits realisation and contribution to the overall financial position.
12. Our workforce challenges will be addressed through recruitment approaches and by changing workforce models in line with service need.

This short business plan can only be used for Business Cases up to a value of *****

It is recognised that you will have supporting documentation in addition to this business plan, such as detailed costings, PID, etc. If required, they will be requested but do not need to be routinely supplied with this Short Business Plan. This Short Business Plan should therefore contain a succinct narrative, which must fit within the confines of this 4 page A4 template.

Complete the blue boxes only



Completion guideline and tips available on intranet – search “short business plan”

Title:	
Directorate:	
SRO Sponsor:	
Lead Manager:	
Clinical Lead:	

If required, are the following documents available to request:

Project Initiation Document (PID)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detailed costings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project time-chart e.g. Gantt chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For completion by
Corporate
Planning Team

Submitted:

QIT Agreement:

Planning Agreement:

Finance Agreement:

1

Outline of opportunity or problem

2

Key Baseline Measures

3

Expected changes in Measures arising from this business case

Include scale of change and timeframe

4

Key risks with Current State (Safety/Outcome/Regulation/Reputation),
including impact on delivery of organisational priorities

5

Overall improvement goals of Business Case,
including on service impact

6

What is 'in scope' and what is 'out of scope'

7

Interdependencies

8

Requirement (e.g. People, Pounds, Participation)

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Planned Care update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Gavin McDonald Interim Chief Operating Officer Gill Harris Deputy Chief Executive						
Awdur yr Adroddiad Report Author:	Andrew Kent Interim Head of Planned Care						
Craffu blaenorol: Prior Scrutiny:	Gill Harris Deputy Chief Executive						
Atodiadau Appendices:	Appendix 1- definition of cohorts 1&2 Appendix 2 - activity undertaken by BCUHB against cohort 1 Appendix 3- activity undertaken by BCUHB against cohort 2 Appendix 4 - the CEO letter						
Argymhelliad / Recommendation:							
<p>The Committee is asked:</p> <ol style="list-style-type: none"> 1. To note that the backlog clearance has commenced with high risk stratified patients being treated in order of priority 2. To note the specifications have been completed for insourcing and outsourcing 3. To note the planning and monitoring being undertaken to ensure quality and value for money for the backlog clearance 4. To recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme. 							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	X	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Y/N to indicate whether the Equality/SED duty is applicable							N
Sefyllfa / Situation:							
The paper continues to update the Finance and Performance Committee on the size of the waiting lists for the organisation and the journey being undertaken for returning elective activity and to remove the pre and covid backlogs.							
Cefndir / Background:							
The recovery of planned care continues to be a complex narrative based on understanding the current capacity against the historical demand (core activity) and being able to treat the backlogs left by covid as additionality. This means for the next few years we need to maintain core activity and be able to run sustainable additionality to clear backlogs as that capacity is no longer available to the organisation. Although simplistic, there are other variables to take into account, including							

unscheduled care pressures, further covid spikes plus any other internal disruptions we may experience such as staff sickness and isolation. This provides a context for the scale of the recovery for planned care.

Asesiad / Assessment & Analysis

Strategy Implications

The recovery plan fits into the overall strategic direction of planned care currently being discussed. It leads into the timescales for any potential diagnostic and elective treatment centre and supports the single cancer pathway and early diagnostics. By removing backlogs it supports patients having timely access to their required treatment.

Options considered

N/A

Financial Implications

There are significant financial implications to this paper that are being finalised. The completed plans to deliver this activity were due at the end of April. The finance team are supporting planned care to cost each recovery plan.

Risk Analysis

The current risk score of potentially causing harm and unable to achieve the national standard of 36-week waits is 25. A number of controls are being implemented but have not yet been operationalised due to numerous factors. This has been reviewed in April 2021.

Legal and Compliance

The Insourcing and Outsourcing specifications will be subject to a full procurement process and Welsh Government ministerial approval. A compliance governance framework is illustrated in the document.

Impact Assessment

An impact assessment regarding health inequalities will be undertaken once the plans have been confirmed and scrutinised.

Introduction

The paper continues to update the Finance and Performance Committee on the recovery of planned care, which is in three components:

- Re-start
- Treat
- Transform

This paper allows the Committee to be updated and informed on the six-point recovery plan with the associated three key elements described above. It gives progress to date, gives further narrative to the performance quadruple aim presentation and should be read as an addition to that content.

Context

Re-Start

The current waiting list as of the 8th of June is tabled below:

BCUHB	Weeks Waiting 8/06/21					Total Waiting List
	0-25	26-31	32-35	36-51	52+	
	60,549	6,190	3,518	7,677	44,265	122,199

Members will note the decrease in total list size, compared to the previous report (below) but an increase in the over 52 weeks of 1,765. This is a movement of patients from the 36-51 into the over 52 week category which can be seen when comparing the information from the April's Committee papers. The Committee will recognise that the over 52 week position will continue to deteriorate in the short term as the organisation catches up with Q1 activity and higher risk stratified patients.

BCUHB	Weeks Waiting					Total Waiting List
	0-25	26-31	32-35	36-51	52+	
	67,637	6,922	3,982	10,649	42,500	131,684

A further breakdown by stage of the over 52 week waiters is tabled below:

New DSU stage	36-51	52 and over	Grand Total
1	6774	24536	31310
2	1169	1969	3138
3	1014	3650	4664
4	1438	12348	13786
Grand Total	10395	42503	52898

Of note are the significant numbers within stage 1(outpatients) and stage 4 (treatment)

The Committee will recognise the annual plan describes a re-start of core activity in Q1 and Q2, as an outturn of Q4 and Q3 respectively, then a move to the 2019/20 outturn for the following quarters. Currently sites are on track to reach the milestones above.

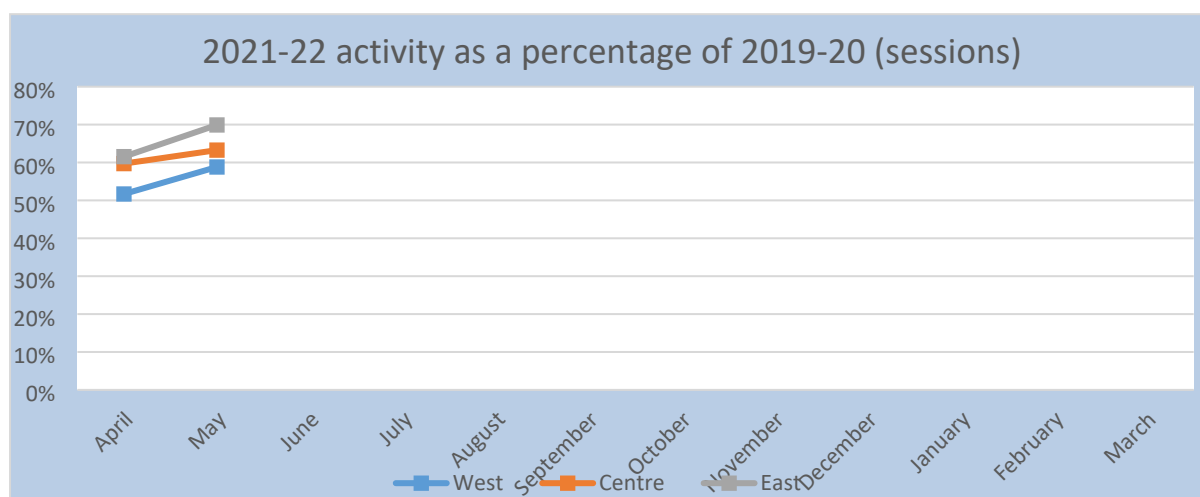
Core activity will be utilised to provide “catch up” of the lost Q1 activity, so in effect we will have 2 recovery programmes, recovering from the loss of activity in Q1 and then the backlogs, known as cohort 1 and 2, which has been previously discussed and the definition is set out in Appendix 1.

The re-start of elective activity is focusing on P3 backlog reduction before commencing the P4. However, the exceptions are orthopaedic in-patient activity at Abergele and West. The former is due to recruitment of medical cover during the out of hours period; the organisation is currently out to locum agencies and is expected to commence activity in early July. In the West, the refurbishment of critical care has meant the unit outlying into the orthopaedic ward with this due for completion in July. Further updates will be given verbally at the meeting.

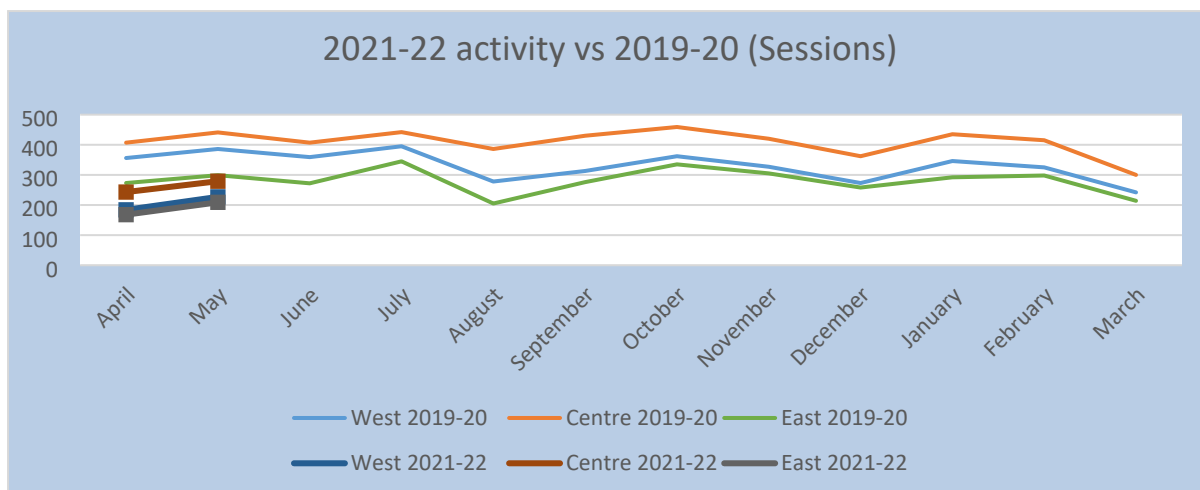
Treat

Theatre activity

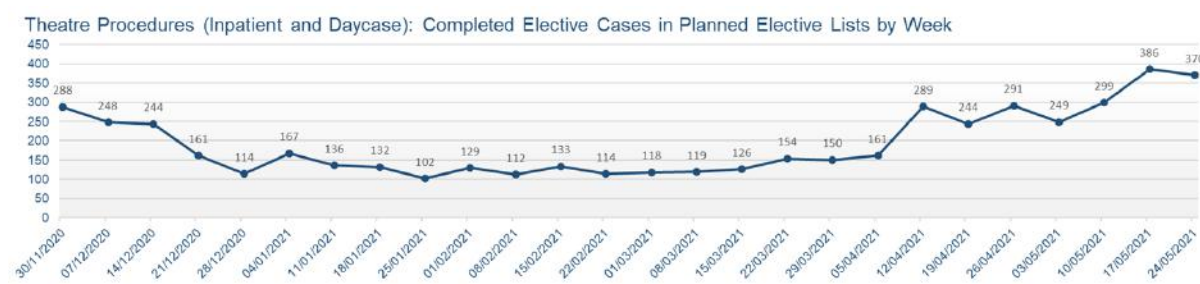
The graph below demonstrates an improvement of activity as a percentage of the previous year (2019-20) with East the best performing at 70% of their previous sessions, followed by Centre at 65%. West has now de-escalated from their covid situation and has improved up to 60%.



Although an improving situation the graph below is still demonstrating activity lower in actual numbers compared to the previous year. Abergele and West are contributing to this situation by not being operational for in-patient elective activity, and the planned care group along with performance colleagues are monitoring the situation. The Committee will recognise that this lost activity raises the risk of further backlogs developing on top of cohort 1&2 by year-end.



The final graph (below) shows a week-by-week improvement in productivity at the end of April and May in line with the re-start programme. This pattern was seen after the first covid wave and took approximately three months to fully recover.



Cohort 1&2

All sites and areas have now completed their cohort one recovery plans, where applicable, with trajectories going forward on a monthly basis until end of March 2022. As previously presented, these cohorts are to be seen as additionality and cohort one has commenced from June on all sites, focusing on Outpatient, daycase and in-patient activity. It has been stressed to all sites that Outpatient additionality is critical in the recovery plan. Firstly, it will ensure all patients who need converting to a procedure are moved under the risk stratification process, secondly if any concerns are detected they can be moved to the suspected cancer pathway and finally a significant amount of long waiters will be discharged or placed onto a 'see on symptoms' pathway.

In the previous meeting, the Committee were made aware that £14.2m is available from the Health Board to support the delivery of cohort 1 and a further £19.2m non-recurring transformational fund have been made available through Welsh Government. Specifications are now complete for outsourcing of orthopaedics, particularly in-patient arthroplasties of the hip and knee. An insourcing specification for all other specialties is also complete and the specification for modular wards and theatres are being finalised. These are now going through the internal committee process. Other business cases for Endoscopy and Cataract centres are near completion. Within radiology, insourcing is already taking place-supporting activity.

In June, the Clinical Advisory Group and planned care transformation group are evaluating the specifications before being presented to Executives, if agreed they can progress through the procurement route. It is expected that the specifications could be operational in August/September. Below is tabled the current scheme and the governance process that will be undertaken.

Approval	SFI / SO	Outsource / Insource (Independent Sector)	Modular Theatres / Wards	Additional Clinical Sessions	Cataract Centres	Internal Capital & Revenue
WG	>£1m	✓	✓		✓	✓
Board following Chief Executive approval	>£1m	✓	✓		✓	✓
CEO through Executive Team	>£0.5m	✓	✓		✓	✓
Planned Care Group / F&P	up to £0.5m	✓	✓		✓	✓
Exec Directors	up to £250k			✓		✓

Informatics have been able to introduce and develop monitoring against the cohorts. Appendices 2 & 3 demonstrate the activity undertaken as of end of May, this is produced weekly. Early reports from the start of monitoring (16/05/2021) confirm that 73 patients from cohort 1 have been treated and 1043 from cohort 2. The Committee will appreciate that the cohorts are managed as separate entities for administrative reasons, the reality is other variables come into play, such as patient choice and risk stratification, as examples, also the non-surgical specialties will be commencing cohort 2 activity this year, as they had no cohort 1 patients. However, the information dashboards will allow challenge and give assurance that the right patient is being treated in the right timeframe. This will be reported through the planned care performance framework and this committee.

Outpatients

As mentioned earlier outpatient activity is an area of focus. The Attend Anywhere business case has been approved via £374K from the organisational baseline and a non-recurring support of £209K from Tec Cymru. The plan includes early adopters such as mental health and learning disabilities commencing in June, followed by a specialty-by-specialty roll out during the summer. This will provide technology aimed at virtual activity for the clinicians.

Dashboards are in the final stages of being developed to look at efficiencies within outpatients, which will generate more core capacity. The patient validation exercise is due to commence in late June lasting several weeks, this is a Welsh Government directive asking long waiting patients(>52weeks) if they require their appointment or still wish to stay on the waiting list, this programme replicates the stage 4 initiative which is also due to commence in late June/early July.

The CEO letter (Appendix 4) is currently being sent to patients on the waiting list over the next several weeks. The stage 1 and stage 4 validation is commencing in

mid-June. The plan is to move at pace to treat cohort 1 patients by March 2022 whilst achieving core activity and commence treating cohort 2.

Transformation

A proposal for implementing “Getting It Right First Time” (GIRFT) will be presented to Executives in June and three key pathways (Hip, Knee and Hand) will be implemented this summer, allowing an integrated value based pathway for these conditions and moving Hand surgery closer to home via primary care, releasing theatre capacity for other orthopaedic procedures.

The Diagnostic and Treatment Centre strategic outline case was accepted at Board in May and further exploratory conversations have commenced including a “managed service approach” which may reduce the lead-time to such a facility.

Risk register

The Committee will note from this paper the scale of the situation and the current risk continues to be twenty-five with a target risk of fifteen. A number of these measures have been described to the risk group in April and are in the process of being implemented but to date are not fully mitigating the risk. The organisation is now mobilising its catch up activity, therefore in July the risk score will be re-assessed.

Conclusion

The planned care transformation group has established its recovery activity plan, we are now moving into the procurement and mobilisation phase to ensure long waiting patients are beginning to be treated. The recovery continues to dominate the organisation’s thinking and conversations. The midterm goal of the Diagnostic and Treatment Centre is an integral part of this recovery and to that end a managed service option is currently being explored as part of the full business case preparation.

Recommendations:

To note that the backlog clearance has commenced with high risk stratified patients being treated in order of priority

To note the specifications have been completed for insourcing and outsourcing

To note the planning and monitoring being undertaken to ensure quality and value for money for the backlog clearance

To recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme.

Appendix 1

Cohort definition

- Cohort 1 - Pre-covid backlog as of 31/03/2020
- Cohort 2 - Covid backlog as of 1/04/2020 - 09/04/2021

Appendix 2

Activity undertaken by BCUHB against cohort 1

Row Labels	Sum of 16/05/2021	Sum of 23/05/2021	Sum of 30/05/2021	week versus 16th May 2021
100 - General Surgery	235	235	233	-2
101 - Urology	223	221	220	-3
110 - Trauma & Orthopaedics	780	764	723	-57
120 - ENT	124	125	127	3
130 - Ophthalmology	50	51	47	-3
140 - Maxillo-Facial Surgery	457	457	453	-4
141 - Restorative Dentistry	0	0	0	0
143 - Orthodontics	20	20	20	0
171 - Paediatric Surgery	0	0	0	0
191 - Pain Management	34	32	29	-5
300 - General Medicine	1	1	1	0
301 - Gastroenterology	65	63	63	-2
302 - Endocrinology	126	126	126	0
303 - Clinical Haematology	0	0	0	0
320 - Cardiology	0	0	0	0
330 - Dermatology	46	47	47	1
340 - Respiratory Medicine	0	0	0	0
341 - Respiratory Physiology	0	0	0	0
361 - Nephrology	0	0	0	0
410 - Rheumatology	22	22	23	1
420 - Paediatrics	5	4	4	-1
430 - Geriatric Medicine	0	0	0	0
502 - Gynaecology	52	51	51	-1
Grand Total	2240	2219	2167	-73

Note: The negative number indicates a reduction in the cohort number

Appendix 3

Activity undertaken by BCUHB against cohort 2

Row Labels	16/05/2021	Sum of 23/05/2021	Sum of 30/05/2021	Difference current week versus 16th May 2021
100 - General Surgery	4922	4769	4694	-228
101 - Urology	3236	3212	3177	-59
110 - Trauma & Orthopaedics	10572	10421	10251	-321
120 - ENT	4755	4716	4690	-65
130 - Ophthalmology	6235	6171	6104	-131
140 - Maxillo-Facial Surgery	3156	3136	3116	-40
141 - Restorative Dentistry	12	11	11	-1
143 - Orthodontics	397	396	389	-8
171 - Paediatric Surgery	0	0	0	0
191 - Pain Management	642	626	614	-28
300 - General Medicine	5	5	5	0
301 - Gastroenterology	1160	1157	1138	-22
302 - Endocrinology	674	669	661	-13
303 - Clinical Haematology	0	0	0	0
320 - Cardiology	53	51	47	-6
330 - Dermatology	1657	1651	1646	-11
340 - Respiratory Medicine	200	191	179	-21
341 - Respiratory Physiology	540	531	527	-13
361 - Nephrology	72	67	59	-13
410 - Rheumatology	319	317	318	-1
420 - Paediatrics	14	14	14	0
430 - Geriatric Medicine	148	139	136	-12
502 - Gynaecology	1827	1812	1784	-43
Grand Total	40596	40062	39560	-1036

Note: The negative number indicates a reduction in the cohort number

Dear

I am writing to update you on the next steps regarding your planned appointment/treatment at the Betsi Cadwaladr Health Board. As you will be aware, the COVID-19 pandemic has had a significant impact on NHS services. Unfortunately, this has been no different in North Wales and over the past 12 months, we have had to postpone a significant amount of routine elective treatments in order to care for people with COVID-19 and suspected or diagnosed cancer as our main priority. We recognise that this has had a significant impact on many people waiting for an appointment or treatment, including you and we sincerely apologise for this.

As the pressure on our services has reduced and we are seeing fewer cases of COVID-19 we have been able to restart many of our elective appointments. This letter is to let you know that we aim to reschedule your elective appointment/treatment as soon as we possibly can. However, the pandemic has caused a significant increase to waiting times for many people, it will take some considerable time for us to see and treat everyone. To improve the position as quickly as possible we are doing a number of things, which include:

- Asking people if they would be happy to have their appointment or treatment in any of our three hospitals (Wrexham Maelor Hospital, Ysbyty Glan Clwyd or Ysbyty Gwynedd) to ensure the shortest wait possible.
- Using the independent (private) sector to help us care for patients and reduce waiting lists.
- Offering support to help people cope with the limitations of their conditions, especially those awaiting for orthopaedic treatment, such as offering advice sessions to help people cope with increased pain or reduced movement and helping to make positive lifestyle choices.
- Using more virtual clinics, such as telephone and/or video appointments.
- We will be contacting people again in the future to check if they still need an appointment/procedure, so we can support people who still require their treatment.

We have also updated our website and will continue to do so, which will give you more information on developments going forward. Once again, please accept our apologies for the time you have waited. We are doing everything to get you the treatment you require as quickly and as safely as possible. You do not need to take any actions from this letter, it is for your information only and the Health Board will be contacting you again in the future when it is time to book your appointment.

Yours sincerely

Jo Whitehead, PSM
Prif Weithredwr / Chief Executive



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Unscheduled Care Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris Deputy Chief Executive / Executive Director of Nursing					
Awdur yr Adroddiad Report Author:	Meinir Williams, Director of Unscheduled Care Claire Brennan, Head of Office, Executive Director of Nursing					
Craffu blaenorol: Prior Scrutiny:	Reviewed by Deputy Chief Executive / Executive Director of Nursing					
Atodiadau Appendices:	Appendix 1 – DRAFT Urgent & Emergency Care Improvement Group Terms of Reference					
Argymhelliaid / Recommendation:						
The Committee is asked to; <ul style="list-style-type: none"> • Note progress of the Urgent and Emergency Care Improvement programme Unscheduled Care • Note draft terms of reference for the Urgent and Emergency Care Improvement Group • Note Tier 1 performance updates for May 2021 across BCUHB, the key drivers attributing to performance alongside identified mitigating actions and anticipated outcomes. 						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N
Sefyllfa / Situation:						
<p>This report provides an update to the Finance & Performance Committee on the progress to date of the transformation work that the National Collaborative Commissioning Unit (NCCU) and BCUHB are working in collaboration on to deliver improvements to the Urgent and Emergency Care system that reduce harm, improve quality of care and provide a better experience for patients and staff. A copy of the draft terms of reference that are proposed for the refreshed Urgent and Emergency Care Improvement Group are attached at Appendix 1.</p> <p>An overview of performance for the month of May 2021 is also provided later on in the report as well as an update on 111 Implementation.</p>						

Cefndir / Background:

The programme of support from the NCCU is now well underway. This commenced with visits to each of the 3 localities in East, Centre and West at the end of March, to speak with a range of staff across various disciplines and seek their views, input and ideas for the urgent and emergency care system. This included, clinicians, staff from wards, site management, Emergency Departments (EDs), discharge teams, therapy teams, community and mental health. Further follow up meetings were then held in April with the acute and area senior management teams to review feedback from the visits and to discuss the development of local plans including a range of projects and initiatives identified for improving urgent and emergency care within their localities.

Following on from the visits and meetings during the first phase, the NCCU team have pulled the initial review work together for each locality and are in the process of present this back to each locality through separate workshops, during June, to discuss the development, prioritisation and implementation of local plans, including embedding local interventions into business as usual within a whole system change programme and agreed outcome measures. This local work will then inform the Health Board's overarching urgent and emergency care strategy. It is acknowledged and welcomed that the NCCU have confirmed their commitment to providing longer term support to the Health Board over the next 18-24 months, which is essential for the sustainable implementation of plans and support for change management, as it is recognised that the scale of change required for this transformation work for urgent and emergency care is a longer term improvement programme and will take a number of years to materialise and continue to evolve.

Partnership working is a key success factor for this programme of improvement and will actively involve and engage colleagues from Wales Ambulance Services NHS Trust (WAST), Local Authorities and the Third Sector, including the British Red Cross and Care and Repair teams, whom are already working with the Health Board to support patients in being discharged to and remain within their own homes and work is underway to explore a Hospital at Home service. The NCCU team have also met with the six North Wales Local Authority Adult Heads of Service to discuss the improvement programme of work and emerging plans which received very positive feedback and this programme will continue in partnership with social care colleagues as well as alongside other wider stakeholders.

The programme forms part of and aligns with the overall transformation ambitions being led by the Executive Director of Primary Care and Community Services. A Senior Clinical Lead has now been appointed to lead on the Urgent and Emergency Care improvement programme, who is key to driving this work forward through close working with staff, partners and stakeholders to implement and embed change, supported by the NCCU. A proposed revised structure has been developed that includes a programme manager and also sets out a triumvirate within each locality comprising a clinical lead, an operational lead and an analytical / informatics lead. Recruitment to these posts is currently being progressed and will be confirmed over the coming weeks to support the programme of work. The current format of the Unscheduled Care Improvement Group will be refreshed and draft terms of reference are attached at Appendix 1.

The revised structure is set out within the following diagram which also details the emerging plan for the programme, which sets out 4 key workstreams and a range of illustrative supporting projects with key enablers. The NCCU are keen to emphasize, within the emerging plan, the importance of patient flow being a system wide responsibility that is embedded into business as usual across the system and that local plans are integrated with effective inpatient ward processes and systems and empowered nursing and medical staff. Work is also underway with initial discussions at the workshops to identify a range of patient focused outcome measures to confirm the clear expectations of what is expected to be delivered and clear trajectories to achieve the outcomes.

The Senior Clinical Lead, has identified the need piece of work for a detailed and extensive focus on system wide data including benchmarking data, working with locality teams and supported by analysts, which will support the development of proposed 100 day plans and the implementation of a range of projects that are tested through improvement methodologies including PDSA cycles.

A clear communication and engagement plan will also be developed to ensure staff and stakeholders are aware of and involved in the programme of work. The improvement programme of work will be overseen by the proposed Urgent & Emergency Care Improvement Group and provide regular reporting into the Finance & Performance Committee.

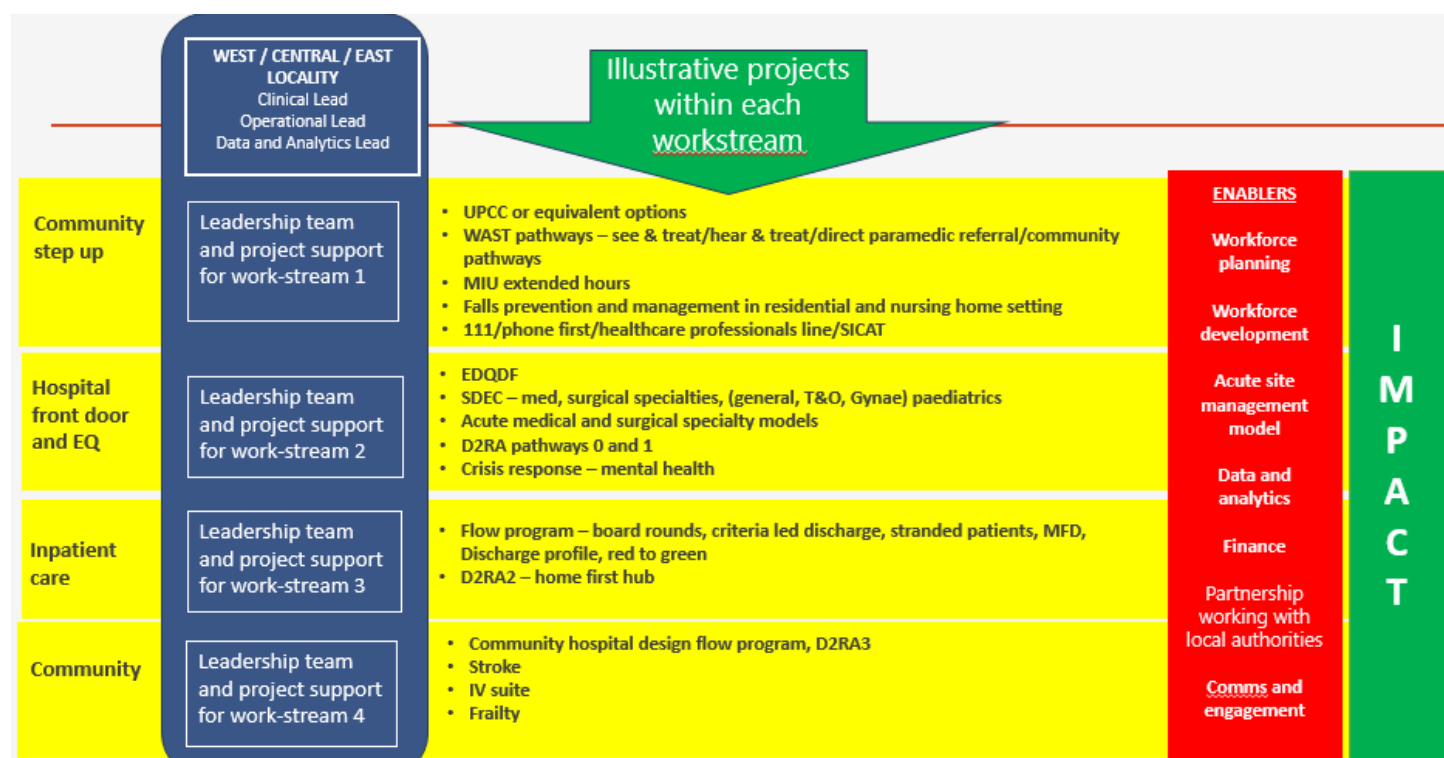


Figure 1: Urgent and Emergency Care emerging plan

Asesiad / Assessment & Analysis

The following narrative describes the position against the key performance standards with the performance data reflected in the performance report. The graph at figure 1 below depicts the data for 4 hour, attendances and arrivals from April 2019 to May 2021.

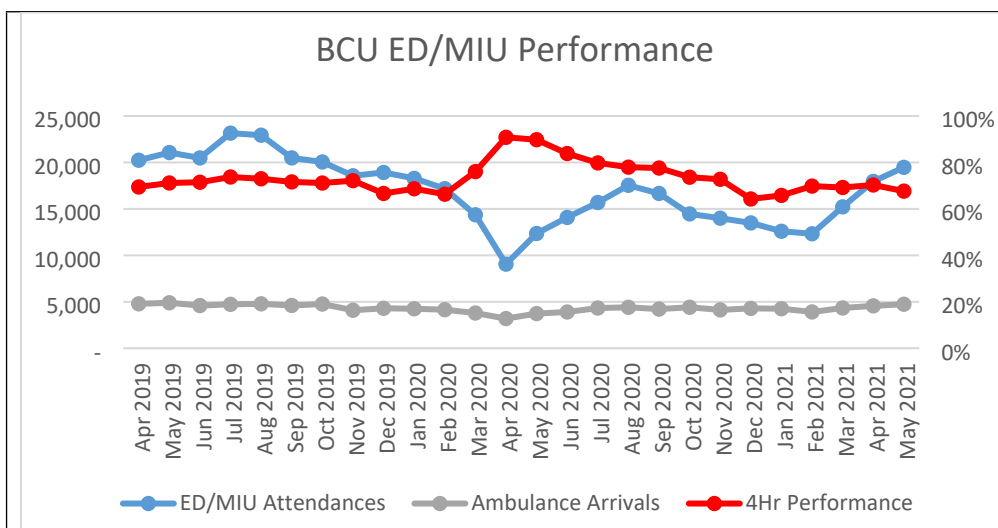


Figure 1: ED / Minor Injury Unit (MIU) performance

1. Pre-hospital demand

Ambulance conveyance rates across North Wales (adjusted to per 100,000 population) remains high when compared to other Health Boards. This means that our Emergency Departments experience:

- Disproportionate demand of patients arriving by ambulance
- Increased risk to our communities due to limited availability of ambulances to respond to calls.
- Allocation of calls pan North Wales

The pre-hospital pressures experienced by WAST in recent weeks and months is reflected in both the ambulance handover performance and inpatient acuity.

The number of ambulances presenting to the doors of the EDs has steadily increased over the past 4 months with over 1,000 more arrivals than May 2020 but a similar demand to May 2019.

It is important to note that the acuity of those patients conveyed by ambulance to our EDs has remained higher over recent months. High acuity limits the options to offload into lower acuity patient clinical spaces such as the waiting room or minors area. This means that those patients delayed in ambulances tend to be more frail, sicker and/or have complex care needs. The added pressure of patients requiring 'red' and 'green' pathway separation further compounds safe, timely offload.

The number of patients delayed for >60 minutes at ambulance handover has steadily increased over the past 4 months and whilst there were significantly more than the same time last year it is acknowledged that this was during the first phase of the pandemic and is not a truly comparable position and therefore 2021 data is also being reviewed against 2019 data.

2. Demand and Capacity in ED

The number of patients attending EDs and Minor Injury Units (MIU)s across the Health Board has continued to increase over the past 4 months and has now returned to pre-covid levels. This increase in attendances as well as the reduced capacity in our EDs, to ensure adherence to social distancing and the need to continue with the separation of red and green pathways, means that overcrowding in ED is felt more acutely. Whilst the rate of new Covid-19 infections is reducing, challenges remain within EDs in the unpredictable shift in green and red patients who continue to present to the departments and this year there is an added burden of additional 'walk ins' work as a consequence of

the increased holidaymakers above and beyond the usual summer demand from increased staycations across the region.

Often hourly variances provides a challenge to sustain flow through both red and green pathways. This results in:

- Delays in ambulance handover
- Flow out of EDs due to speciality bed waits and Covid-19 restrictions
- Lengthy waits for patients in our EDs resulting in poor patient experience and outcomes

ED overcrowding has been on the increase since November 2020. Periods where our EDs have been full due to high ambulance conveyance, a surge in self-presenting patients, failing direct access pathways and upstream capacity challenges, impacted further by red versus green capacity results in:

- Risk of nosocomial transmission
- Ability to safely offload patients from ambulances
- Long waiting times to be seen by an ED doctor
- Poor patient experience and outcomes as well as increased stress and anxiety to staff

The combined **4 hour ED/MIU** performance for May 2021 deteriorated compared to April 2021 and was lower in comparison to May 2019. Performance continues to remain a significant shortfall against the current national 95% combined 4hr ED performance target and sites are continuing to focus on unblocking EDs as a priority.

The total number of patients experiencing delays >12 hours across our EDs has steadily increased over the past 4 months with all sites reporting an increase compared to April 2021. The number of delays is also higher compared to May 2019.

3. Flow and discharge

In addition to the ongoing Covid-19 pathway challenges, the reduction in beds in order to comply with social distancing requirements, delays in specialty bed waits as well as swabbing delays for direct admission has attributed to challenges in flow across the whole system.

The need to adopt robust infection prevention measures is of no doubt, and the Health Board continues to be cognisant of the impact this has on the number and speed by which the teams can process patients through their care. The impact of these constraints is reflected in the performance against some of the key Unscheduled Care measures.

1. Pre-hospital demand – improvement actions being taken

- Increase Single Integrated Clinical Assessment & Treatment service (SICAT) capacity to maximise all opportunities for conveyance and admission avoidance
- Good progress is being made on the rollout of Same Day Emergency Care (SDEC) services with the addition in May of support from the NCCU team.
- Further development on acute medical model of care, frailty services and direct access pathways. This work will gather pace over the next 3 months with a target date of October 2021 for implementation and embedding of pathways across the 3 health communities. Work is underway, led by the therapies team in collaboration with WAST in respect of falls management, a business case is being draft with the proposal for a pilot within the East locality.
- Implementation of the Health Board's Contact First service is on track to deliver the 'Healthcare Professionals Line' by 22nd June. This is phase 1 of a 2 phase rollout which will see the Contact First service become directly patient facing as part of the 2nd phase rollout of 111 in North Wales.

- Work on the Kendall Bluck staffing review of EDs has been reviewed and revised to reflect post-Covid ways of working, taking into account the planned changes to acute pathways i.e. implementing an Acute Medical model and Frailty services; direct access pathways to specialities through SDEC roll out and the pre-hospital demand management work (which is likely to negate the predicted 5–15% increased unscheduled care demand over the coming 5 years). The revised workforce model reflected in a revised business case will be complete by June 30th with the plan to progress through approval and implementation by October 2021 (pre-winter). In the interim, teams are working on ensuring the Health Board offer for urgent and emergency care demand have the capacity to meet the predicted increases over the summer period where we anticipate up to a 15% increase due to the ‘staycation’ effect on tourism across North Wales

2. Demand and Capacity in ED – Actions being taken to improve:

- Forward planning introduced in early February with revised data based on the Swansea University (RWC) scenario modelling¹.
- Projections have been adjusted to BCUHB to support sites to pre-plan the capacity needed for Covid and non-Covid demand through our EDs. This data suggests a further surge in Q3 – and though predicted numbers are unlikely to reflect the second wave, the Health Board processes and infrastructure will be required still to ensure safe and effective Infection Prevention & Control arrangements continue.
- Access to point of care testing and increased rapid swabbing capacity is planned to be delivered by July 2021 and this will be key to maintaining timely flow through EDs

3. Flow and discharge – Actions being taken to improve:

- Use of revised capacity and demand data from in-patient bed modelling linked to Health Board surge planning. Enhanced intelligence data designed to help teams to plan surge capacity days in advance (acute and community sites), and offer opportunity to better mitigate unexpected outbreaks or staffing challenges which results in reduced bed availability. Also review of site surge planning for Red and Green pathways to maintain flow.
- Work continues to deliver the recommendations in the Kendall Bluck staffing review of EDs. This will address, in part the current challenges in staffing number and skill mix across 2 of the 3 EDs.
- Mobilising surge capacity across North Wales with criteria that meets the current clinical needs of patients waiting to return to Care Homes or needing packages of care.
- Exploration of the potential capacity of a Health Board Hospital at Home model.
- Ongoing work with partners and Care Home sector to support key homes and services experiencing difficulties as a result of Covid.

A review of winter schemes is underway to determine which schemes have had a positive impact over winter months for consideration of implementing as business as usual ahead of Winter 2021-22 and also to support plans over the coming summer months with the anticipated increase in the number of holidaymakers to the area. This will be undertaken alongside learning from Covid-19 to understand what has / has not worked well from initiatives implemented in response to the additional challenges subsequently impacting on the unscheduled care system.

¹ Technical Advisory Group, Swansea University RWC model scenario

111 Implementation and Contact First

The 111 programme has progressed through the BCUHB 111 programme board and associated work streams and is on track to go live by the launch date of 22nd June 2021. All work streams have delivered against the identified objectives including workforce, service model, ICT / telephony and public communications. In addition stakeholders including LMC have been engaged as part of the programme board. The 111 programme board has approved the 'go live' date subject to a final Senior Responsible Officer (SRO) assessment on 15th June. This includes the Executive Director of Primary Care (BCUHB SRO), WAST SRO and the national programme team. There are currently no 'red' indicators on the readiness checklist and none are expected.

As mentioned above, the first phase of the Contact First model will also go live on 22nd June which will see the implementation of a 'healthcare professional' line to access advice, support and signposting to alternative services that do not require a hospital admission. A location for the control centre has been confirmed at Bryn Tirion building on the Bryn y Neuadd site in Llanfairfechan and plans for workforce and ICT / telephony aspects are progressing to support this by the implementation date.

Opsynau a ystyriwyd / Options considered

N/A

Goblygiadau Ariannol / Financial Implications

There are no current financial implications, however, future reporting will confirm bids to be submitted against the recurring £25m funding for unscheduled care confirmed by the Minister.

Dadansoddiad Risk / Risk Analysis

Board Assurance Framework (BAF) Risk 20-02 describes the risk 'that the Health Board may not be able to deliver safe and effective care due to being unable to commit support processes. This could negatively impact on the quality of patient care provided'.

Key controls include;

- Unscheduled Care Improvement Group in place to oversee the improvement programme of work and monitor performance which provides regular reports to the Finance & Performance.
- Annual Plan in place and agreed by the Board, with monthly monitoring and review through the Unscheduled Care (USC) Improvement Group.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal implications.

Asesiad Effaith / Impact Assessment

N/A

Betsi Cadwaladr University Health Board
Urgent & Emergency Care Improvement Group

DRAFT TERMS OF REFERENCE v0.4 (15/06/2021)

1. CONSTITUTION

- 1.1. The Urgent & Emergency Care Improvement Group (UECIG) will provide assurance to the wider BCUHB and Welsh Government that the Urgent and Emergency Care improvement programme is being successfully implemented and to make decisions and provide direction to the acute and area teams within each locality that enable them to deliver the performance improvement programme.

2. PURPOSE

- 2.1. The UECIG will:
- Develop, implement and evaluate the BCUHB Urgent & Emergency Care strategy in partnership with the area and acute service delivery teams.
 - Support a number of projects to deliver the different elements within the Unscheduled Care strategy.
 - Oversee the delivery of programmes and projects in the most effective, efficient and timely manner, ensuring strategic fit is maintained across the whole Urgent & Emergency Care programme.

3. PRINCIPAL DUTIES AND REMIT

- 3.1. The UECIG principal duties are;
- To develop and implement the Urgent & Emergency Care programme plan and work with acute and area teams to ensure clear and detailed project plans are in place.
 - To develop a patient centred model that provides the highest quality of care and clinical standards across the whole urgent and emergency care system.
 - To support the development and prioritization of funding bids, both internal and external; new investment and invest to save funding in order to facilitate the delivery of project plans.
 - To mitigate the risk of harm within urgent & emergency care where possible, ensuring that any mitigating actions are considered and implemented.
 - To develop agreed performance and improvement metrics for the programme and report against these metrics.
 - To receive reports and track milestones and overall progress against performance trajectories.

- To challenge, assess and oversee the delivery of transformative programmes and projects, ensuring that slippages to delivery are minimised where possible.
- Hold operational leaders to account for operational performance and programme implementation.
- To receive updates in advance of any potential programme or project milestone slippages and understand the impact(s).
- To assess and support any barriers and risks that may impact on delivery and escalate as appropriate.
- To be an advisory forum providing an escalation route for programmes and projects.
- Work with corporate workforce teams to develop models of staffing that support the future delivery of urgent and emergency care to meet population demand ensuring opportunities for workforce are maximised including career pathways for development.
- To shape and inform the BCUHB planning process of the strategic direction of urgent and emergency care

4. MEMBERSHIP:

4.1. Membership of the UECIG shall comprise of;

Executive sponsor – Executive Director of Nursing & Midwifery
Senior Responsible Officer – Head of Unscheduled Care
Senior Clinical Lead
Assistant to the Deputy CEO Regional Delivery
Senior Analytical Lead
Locality Clinical Leads (East, Centre, West)
Locality Operational Leads (East, Centre, West)
Programme Manager
Senior Nurse representative
Finance Lead
Therapy Representative
WAST Representative
Local Authority Representative
Mental Health Representative
Workforce Representative
Womens Representative
Secretariat Support

5. QUORUM AND ATTENDANCE

5.1. A quorum shall consist of no less than six and must include Chair or Vice Chair, the Senior Responsible Officer, an Acute Care / Hospital Director or Hospital Management Team member from each acute site, an Area Director from each locality and either DGM or HON for ED / Medicine.

5.2. Nominated deputies to be permitted at the discretion of the Chair.

5.3. Other representatives may be invited as appropriate at the discretion of the Chair.

5.4. Each member must confirm attendance through accepting / declining calendar meeting invitations so that it is possible to ascertain if quorate prior to the start of the meeting.

6. FREQUENCY OF MEETINGS

6.1. The UECIG will meet fortnightly in the first instance in order to set the direction and thereafter on a monthly basis as directed by the Chair.

6.2. Additional meetings will be arranged by the Chair as determined.

7. ACCOUNTABILITY, RESPONSIBILITY AND AUTHORITY

7.1. The UECIG is accountable to the Finance & Performance Committee.

7.2. The UECIG shall embed the Health Board's vision, standards, priorities and requirements e.g. equality & human rights, through the conduct of its business.

7.3. The UECIG will ensure that progress is made in the implementation of the Urgent & Emergency Care programme of work and will review this as part of its responsibility.

8. REPORTING

8.1. The UECIG shall provide regular updates to the Finance & Performance Committee on progress against the Urgent & Emergency Care Improvement Programme and strategy.

8.2. Ensure appropriate arrangements are in place to escalate any issues relating to urgent / critical matters that may compromise patient care and affect the operation and / or reputation of the Health Board.



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Capital Programme Report - 31 May 2021						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital						
Craffu blaenorol: Prior Scrutiny:	Capital Investment Group Executive Team						
Atodiadau Appendices:	0						
Argymhelliad / Recommendation:							
The Committee is asked to receive and scrutinise this report.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	x	Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	
<i>If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.</i>						Y/N to indicate whether the Equality/SED duty is applicable	N
Sefyllfa / Situation:							
<p>The purpose of this report 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.</p> <p>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).</p>							

Cefndir / Background:

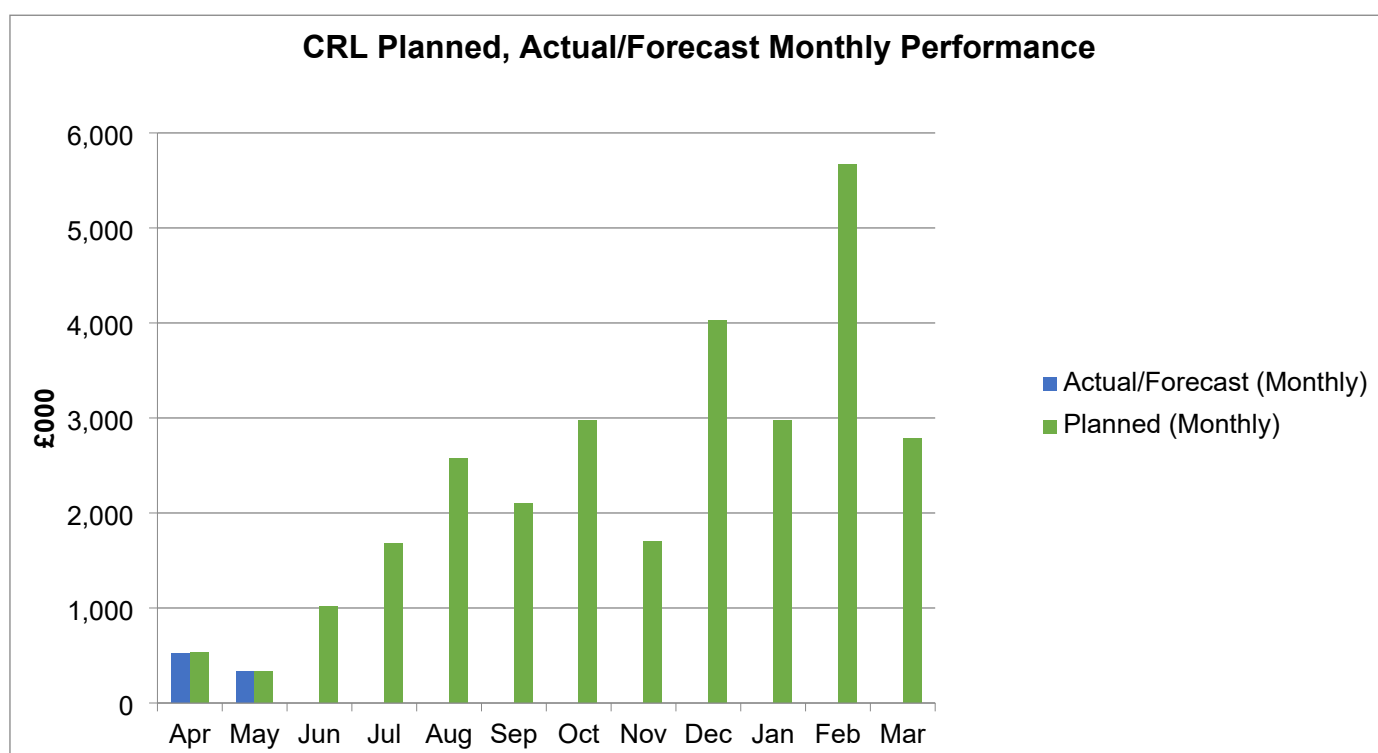
The agreed capital funding from all sources may be summarised as follows:

Capital Programme	£ '000
All Wales Capital Programme	14,443
Discretionary Capital	12,921
Total Welsh Government CRL	27,364
Capital Receipts	185
Donated Funding	800
TOTAL	28,349

Asesiad / Assessment & Analysis

Expenditure Planned/Actual

The graph shown below sets out the planned expenditure profile for the year and the actual expenditure to date and projected to year end.



The planned peaks in expenditure in December and February relate to major equipment delivery and installation.

Major Capital Schemes (>£1m)

Adult and Older Persons Mental Health Inpatient Unit Redevelopment, Ysbyty Glan Clwyd (YGC)

Following discussions with capital and policy leads within Welsh Government agreement has been reached that the Health Board may proceed with submission of the Outline Business Case (OBC) without needing to secure outline planning permission. Given the engagement with the local planning authority to date it has been recognised that further delaying the programme is a greater risks than any related to potential additional planning conditions.

The revised OBC internal scrutiny programme is therefore as follows:

Project Board	30 th July 2021
Capital Investment Group	3 rd August 2021
Executive Team	11 th August 2021
Finance and Performance Committee	26 th August 2021
Health Board	23 rd September
Submission to Welsh Government	24 September

Engagement has now commenced on the revised location, the car park to the north west corner of the YGC site, and contact has been made with the relevant neighbouring property owners (the Faenol Fawr hotel). The Project Team have finalised the outline design and the response to date from the planning authority has been positive. The Project Board intend to communicate the revised location to staff, patient groups, partner organisations and the wider public.

The project retains the proposal to create a multi-storey car park to the front of the YGC site to compensate for the car parking spaces displaced by the new unit. Welsh Government have indicated that they are unlikely to support any increase in parking provision over and above the spaces lost due to the development.

As previously indicated the development of the revised location has resulted in an additional £350k fees. Whilst we are in discussions with Welsh Government to seek to secure additional funding there is a risk that these costs may have to be funded from the Health Boards discretionary allocation.

Wrexham Continuity Programme

As reported in April, the Programme Board have reviewed the risk assessment undertaken in 2018 in support of the PBC to consider the lessons learnt from the pandemic and the impact of nosocomial infections.

The workshop undertaken with Users on 8th March, highlighted the following key additional risks to patients and staff:

- Ventilation to wards and areas undertaking aerosol generating procedures (AGP)
- Lack of washing / bathing and WC facilities for patients on wards
- Lack of single rooms for privacy & segregation opportunity
- Staff changing facilities
- IT Infrastructure and mobile phone coverage issues
- Wayfinding around the hospital
- Storage issues

The Project Board have now had the opportunity to begin to work through the potential consequences of addressing these risks. In seeking to make the current accommodation compliant with guidance and best practice initial feasibility studies have highlighted the relative inflexibility of the current hospital design and the potential complexity of developing solutions that maintain acceptable capacity. The on-going work has also indicated that replacement of the engineering infrastructure is likely to be more extensive than determined at PBC. Together these factors point towards a potentially substantial increase in the estimated cost of the works.

In order to progress the scheme the Project Board has instigated the following:

- A further workshop and design reviews have been arranged with Users to develop potential solutions and to consider the consequences, benefits and mitigations of each option.
- The workshop will compare solutions and determine the preferred option based upon defined criteria.
- The Cost Advisor will provide estimated costs for each option and is currently interrogating the Supply Chain Partners estimated costs for the infrastructure replacement to provide a robust cost estimate of the total cost.
- A report will be brought to the Executive Team in July detailing the outcome of the above to allow consideration of changes to the scope of the project and the extent of the Outline Business Case.
- Commissioning of a specific programme assurance review to provide independent advice on the process and determination of the scope of the project.

Capital Programme 2021/22

The Medical Devices programme have been informed by a number of suppliers that equipment replacements planned for 2022/23 will now no longer be supported in 2021/22. Furthermore, the programme lead has received a request to reprioritise the programme to support the delivery of additional activity to assist with the reduction in backlog of patient activity due to COVID. The programme has therefore been amended to reflect these changing priorities.

The agreed capital programme made provision for an over commitment of £2.545m to allow for in year slippage. This equated to 18% of the discretionary allocation or 9% of the total funding available. A number of factors threaten to increase this potential over commitment and risk delivery of the CRL:

1. The planned slippage from 2020/21 has increased by £873k. This was primarily due to the impact of the pandemic “second wave” and the outbreak at Ysbyty Gwynedd.
2. £110k of additional unplanned emergency works.
3. The additional fees associated with Adult and Older Persons Mental Health Inpatient redevelopment as described above (£350k).

The above increases the over commitment to £3.858m equating to 27% of the discretionary allocation. This is considered to be too high and increases the risk of delivery of the CRL.

Furthermore, a number of the “Performance Fund” plans have indicated the requirement for potential capital support including:

- Orthopaedic capacity (provision had been made for the required enabling works for the modular units however we have noted that further support may now be required for additional equipment).
- Urgent Primary Care Centres
- Prehabilitation
- Eyecare
- Urology
- Primary Care Academies.

The current projected over commitment, together with the potential change in investment priorities, indicate that the current programme expenditure should be slowed in the short term to allow the programme to be reviewed and aligned with BCUs changing priorities. The Capital Investment Group recommend that no further contracts, or Purchase Orders, are placed until the programme has been reviewed. Divisions and programme leads have been requested to review their programmes and to re-prioritise and rate each scheme as follows on the basis of risk to patient /staff safety:

Red – Must proceed this year
 Amber – Can be slipped over two years 21/22 and 22/23
 Green – Can be slipped to next year

The programme will then be reviewed at the next Capital Investment Group in July and further recommendations brought to the Executive Team for approval and subsequent ratification by this committee. It should be stressed that there is no intention of schemes not progressing but their timing may need to be reviewed.

Strategic Implications

The capital programme is in accordance with the approved Operational Plan.

Financial Implications

The report sets out the capital investment required to deliver the agreed projects together with the progress, variances and mitigating actions to deliver the agreed discretionary programme and to meet the identified cost pressures and risks.

Risk Analysis

There is a risk that full implementation of the agreed projects and discretionary programme may result in the Health Board being overcommitted against the CRL and fail to meet changing operational priorities.

Legal Compliance

The planned projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.

Impact Assessment

The capital programme is in accordance with the approved Operational Plan and the associated impact assessments. Major All Wales funded capital schemes are subject to specific impact assessments.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Finance Report Month 1 2021/22						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Tom Stanford, Interim Operational Finance Director						
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance						
Atodiadau Appendices:	<u>Appendix 1</u> : Finance Report Pack						
Argymhelliad / Recommendation:							
It is asked that the report is noted.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.							
Sefyllfa / Situation:							
The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board as at April 2021.							
Cefndir / Background:							
<p>In the second year of its response to the COVID-19 pandemic, the Health Board is now also focusing on implementing significant clinical programmes in order to begin to address the recovery of planned care in order to reduce harm to patients alongside the clear priorities around delivering the related COVID-19 programmes in North Wales.</p> <p>The draft financial plan submitted to Welsh Government at the end of March identified the financial risk for 2020/21 as £28.3m. This is based on a savings delivery target of £17.0m, which is 50% of the savings not delivered last year due to COVID-19</p> <p>The Health Board received confirmation of a package of strategic support in November 2020, which provided multi-year funding to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales. For 2021/22 this support totals £82.0m (£40.0m to cover the deficit and £42.0m strategic support) and has recently been notified of a £19.95m allocation as part of the planned care recovery programme across Wales.</p>							

In line with all NHS organisations in Wales, the draft plan is being revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans while maintaining the focus on the six key objectives described in the draft plan.

Asesiad / Assessment:

Goblygiadau Strategol / Strategy Implications

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.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

	Month 1 £m	Forecast £m
Actual Position	2.3	28.3
Planned Position	0.0	0.0
Variance	(2.3)	(28.3)

The in-month and cumulative position is a £2.3m deficit. This reflects the £28.3m risk identified in the draft financial plan.

The total cost of COVID-19 in April is £8.3m. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

As noted in the draft financial plan, the financial risk for 2021/22 is £28.3m. This is therefore the forecast position for the year. In order to achieve a break-even position the Health Board would need to reduce planned expenditure by £28.3m, through a combination of the additional delivery of savings, improved productivity and efficiency or by different choices. An action plan has been developed to address this financial risk.

Dadansoddiad Risk / Risk Analysis

There is one risk to the financial position, but the value of this cannot be currently quantified. Risks are detailed in the report pack.

BCU risks are reported separately via the Risk Register.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.

Finance Report

April 2021: M01-22

Sue Hill

Executive Director of Finance

Executive Summary

Objective

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

Positives & Key Assurances

- ✓ Current month deficit reported, but this is in line with the risk identified in the draft financial plan.
- ✓ Key financial targets for cash, capital and PSPP all being met.
- ✓ Savings delivery forecast at £10.4m for the year, but continued work by divisions and use of stretch targets means this is likely to be higher.

Issues & Actions

- In order to achieve a break-even position the Health Board would need to reduce planned expenditure by £28.3m, through a combination of the additional delivery of savings, improved productivity and efficiency or by different choices.
- Work continues on the Quarter 1 refresh of the financial plan. It is imperative that this includes the latest assumptions around the impact of COVID-19, as well as plans for the strategic support and planned care recovery funding.

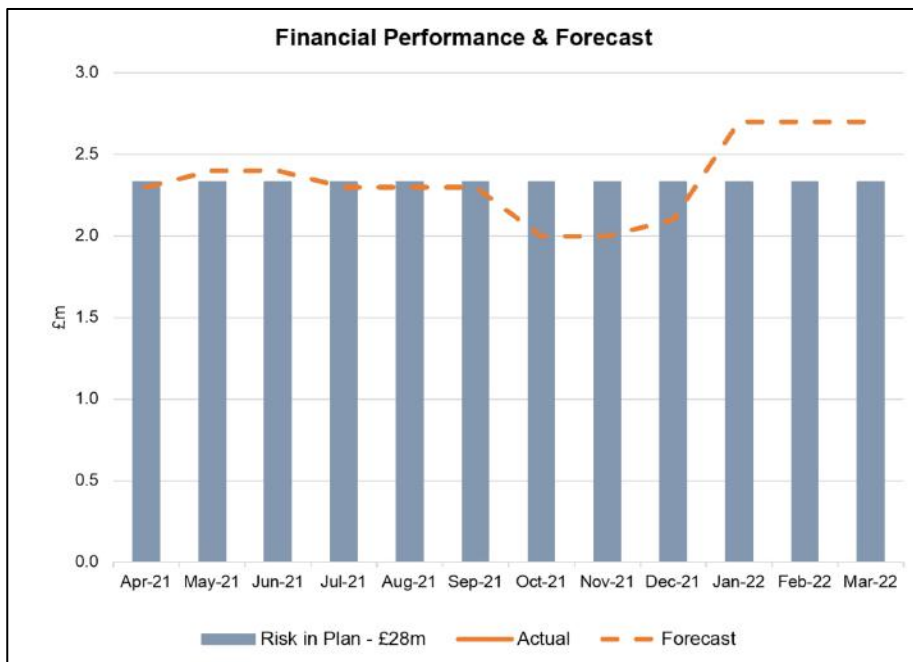
Key Messages

- ❖ The current financial position and forecast position for 2021/22 reflect the £28.3m risk identified in the draft financial plan.
- ❖ There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching its statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.

Summary of Key Numbers

<div>Month 01 Position</div> <div>Overspend reflects the YTD risk identified in the draft financial plan.</div> <div>£2.3m adverse</div>	<div>Forecast</div> <div>Reflects the financial risk for 2021/22</div> <div>£28.3m adverse</div>	<div>Divisional Performance</div> <table><tr><td>Area Teams</td><td>£0.2m adverse</td></tr><tr><td>Secondary Care</td><td>£1.1m adverse</td></tr><tr><td>Mental Health</td><td>£0.1m adverse</td></tr><tr><td>Corporate</td><td>£0.5m adverse</td></tr><tr><td>Other</td><td>£0.4m adverse</td></tr></table>	Area Teams	£0.2m adverse	Secondary Care	£1.1m adverse	Mental Health	£0.1m adverse	Corporate	£0.5m adverse	Other	£0.4m adverse
Area Teams	£0.2m adverse											
Secondary Care	£1.1m adverse											
Mental Health	£0.1m adverse											
Corporate	£0.5m adverse											
Other	£0.4m adverse											
<div>Savings Year to Date</div> <div>£0.6m against plan of £1.4m</div> <div>£0.8m adverse</div>	<div>Savings Forecast</div> <div>£10.5m against plan of £17.0m</div> <div>£6.5m adverse</div>	<div>COVID-19 Impact</div> <div>£8.3m cost YTD £94.9m forecast cost Funded by Welsh Government</div> <div>£nil impact</div>										
<div>Income</div> <div>£12.1m against budget of £12.0m</div> <div>£0.1m favourable (0.8%)</div>	<div>Pay</div> <div>£68.2m against budget of £68.1m</div> <div>£0.1m adverse (0.1%)</div>	<div>Non-Pay</div> <div>£82.9m against budget of £80.6m</div> <div>£2.3m adverse (2.9%)</div>										

Revenue Position



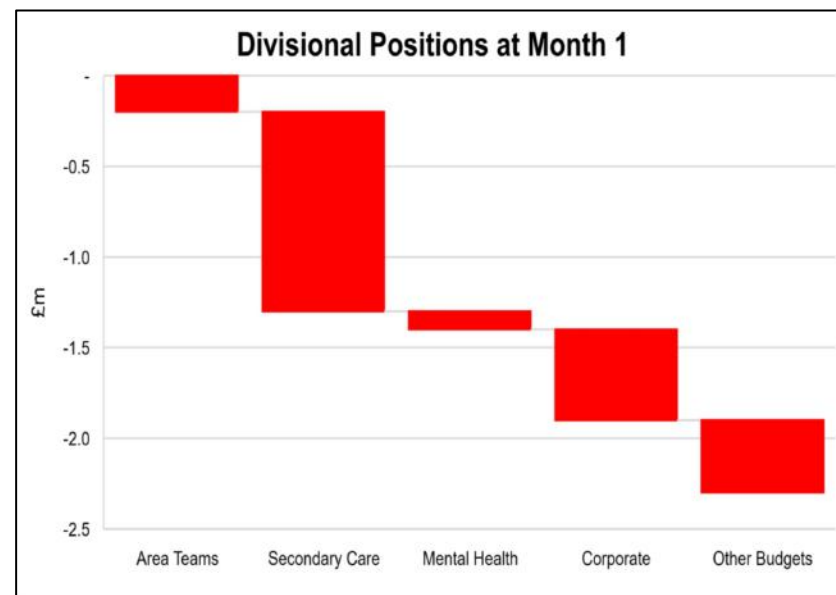
- The in-month and cumulative position is a £2.3m deficit. This reflects the £28.3m risk identified in the draft financial plan.
- The total cost of COVID-19 in April is £8.3m. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.
- The draft financial plan submitted to Welsh Government at the end of March identified the financial risk for 2020/21 as £28.3m. This is based on a savings delivery target of £17.0m, which is 50% of the savings not delivered last year due to COVID-19. This is therefore the forecast position for the year. An action plan has been developed to address this financial risk.

	Actual	Cumulative				Forecast
	M01	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(136.7)	(136.7)	(136.7)	0.0	0.0%	(1,770.3)
Miscellaneous Income	(12.1)	(12.0)	(12.1)	0.1	-0.8%	(134.6)
Health Board Pay Expenditure	68.2	68.1	68.2	(0.1)	-0.1%	902.9
Non-Pay Expenditure	82.9	80.6	82.9	(2.3)	-2.9%	1,030.2
Total	2.3	0.0	2.3	(2.3)		28.2

- The Health Board received confirmation of a package of strategic support in November 2020, which provided multi-year funding to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales. For 2021/22 this support totals £82.0m (£40.0m to cover the deficit and £42.0m strategic support). In addition, BCU has recently been notified of a £19.95m allocation as part of the planned care recovery programme across Wales.
- In line with all NHS organisations in Wales, the draft plan for 2021/22 is being revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, whilst maintaining the focus on the six key objectives described in the draft plan.
- The Health Board will continue the constructive discussion with Welsh Government on the choices available to the Health Board around both the COVID-19 response and additional sources of funding for recovery actions in the second half of the year.

Divisional Positions

	Month 1			
	Budget	Actual	Variance	Variance
	£000	£000	£000	%
WG RESOURCE ALLOCATION	(136,680)	(136,680)	0	0%
AREA TEAMS				
West Area	13,336	13,512	(176)	-1%
Central Area	17,336	17,312	24	0%
East Area	20,257	20,178	79	0%
Other North Wales	3,172	3,161	12	0%
Field Hospitals	322	322	0	0%
Track, Trace and Protect	1,326	1,326	0	0%
Commissioner Contracts	18,010	18,095	(85)	0%
Provider Income	(1,704)	(1,647)	(57)	3%
Total Area Teams	72,054	72,258	(204)	0%
SECONDARY CARE				
Ysbyty Gwynedd	8,681	8,813	(132)	-2%
Ysbyty Glan Clwyd	10,436	10,754	(318)	-3%
Ysbyty Maelor Wrexham	9,005	9,338	(332)	-4%
North Wales Hospital Services	9,087	9,454	(368)	-4%
Womens	3,337	3,301	37	1%
Total Secondary Care	40,546	41,659	(1,113)	-3%
Total Mental Health & LDS	10,813	10,867	(54)	-1%
Total Corporate	11,748	12,296	(548)	-5%
Total Other Budgets incl. Reserves	1,519	1,875	(356)	-23%
TOTAL	0	2,275	(2,275)	

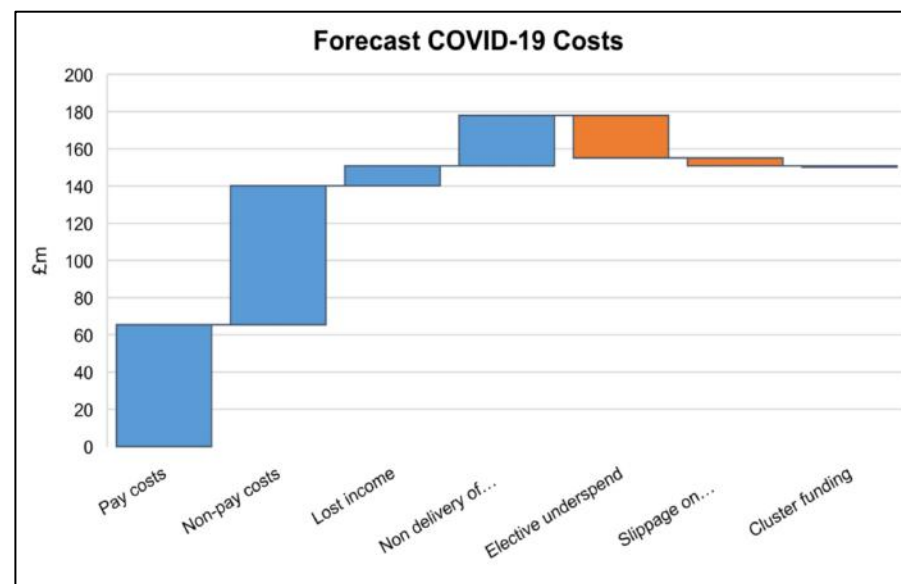
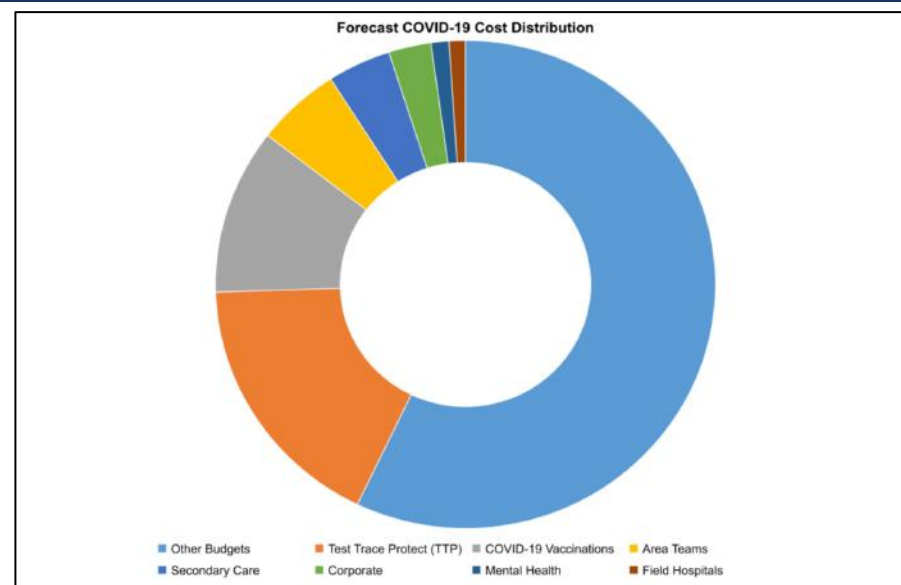


- Divisional forecasts have not been completed for Month 1, as the impacts of the additional funding, COVID-19, the restart of scheduled care and the development of additional savings plans on divisions are worked through. Forecasts by division will be included from Month 2 onwards.

Impact of COVID-19

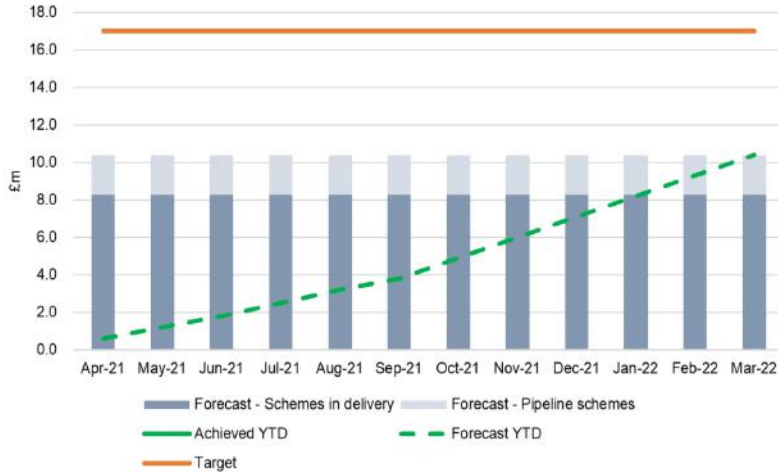
	Actual M01 £m	Forecast 2021/22 £m
Testing	0.1	2.8
Tracing	1.1	13.7
Mass COVID-19 Vaccinations	1.7	12.0
Extended Flu Vaccinations	0.0	1.7
Field Hospital/Surge	0.3	1.0
Cleaning Standards	0.0	2.7
Other Costs	4.5	55.6
Total COVID-19 costs	7.7	89.5
Non Delivery of Savings	0.8	6.6
Expenditure Reductions	(0.2)	(1.2)
Slippage on Planned Investments	0.0	0.0
Total Impact of COVID-19	8.3	94.9
Welsh Government Funding	(8.3)	(94.9)
Impact of COVID-19 on Position	0.0	0.0

- The forecast total impact of COVID-19 is currently £94.9m. This is based on the assumption that COVID-19 will continue to have an impact for the first six months of the year, whilst PPE, Testing, Tracing, Mass COVID-19 Vaccinations and Cleaning Standards will continue for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated.



Savings

**Savings
Achieved and Forecast v. Target**



- The financial plan for 2021/22 contains an expected savings delivery value of £17.0m. Savings of £0.6m have been delivered in Month 1 against amber and green risk rated schemes. This is £0.8m lower than the year to date target.
- Forecast savings for the year against amber and green risk rated schemes is £8.3m. Red risk rated schemes currently in development amount to £2.1m and these are forecast to deliver from Quarter 3. This gives a total forecast delivery of £10.4m for 2021/22. The overall shortfall in savings against the £17.0m target is forecast at £6.6m and this has been included as a cost of COVID-19.
- Focused work is ongoing at both Divisional and Corporate levels to identify additional schemes which will enable delivery of the £17.0m target.

	SCHEMES IN DELIVERY										PIPELINE SCHEMES				TOTAL PROGRAMME	
	Savings Target £000	Year to Date			Forecast					Forecast FYE £000	Recurring Forecast £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Total Forecast £000	Variance £000
		Savings Target £000	Savings Delivered £000	Variance £000	Recurring Forecast £000	Non-Recurring Forecast £000	Total Forecast £000	Variance £000	Forecast FYE £000							
Ysbyty Gwynedd	1,833	153	3	(150)	245	41	286	(1,547)	346	187	0	0	187	187	473	(1,360)
Ysbyty Glan Clwyd	2,155	180	3	(176)	177	48	225	(1,930)	302	452	0	0	452	565	676	(1,479)
Ysbyty Wrexham Maelor	1,922	160	8	(152)	199	65	264	(1,658)	311	113	0	0	113	176	377	(1,545)
North Wales Managed Services	1,399	117	8	(109)	541	42	583	(816)	670	0	0	0	0	0	583	(816)
Womens Services	584	39	21	(19)	361	4	365	(219)	475	0	0	0	0	0	365	(219)
Secondary Care	7,893	648	42	(606)	1,523	201	1,723	(6,170)	2,105	752	0	0	752	928	2,475	(5,418)
Area - West	1,387	116	73	(42)	976	223	1,199	(188)	1,027	0	0	0	0	0	1,199	(188)
Area - Centre	1,900	158	103	(56)	1,718	44	1,762	(138)	2,152	100	0	0	100	100	1,862	(38)
Area - East	1,861	155	303	148	1,265	963	2,228	367	1,317	140	120	260	140	2,488	627	
Area - Other	234	20	0	(20)	0	0	0	(234)	0	0	0	0	0	0	0	(234)
Contracts	980	82	0	(82)	0	0	0	(980)	0	0	0	0	0	0	0	(980)
Area Teams	6,362	530	479	(51)	3,959	1,230	5,189	(1,173)	4,496	240	120	360	240	5,549	(813)	
MHLD	840	70	72	2	1,111	8	1,118	278	1,124	0	0	0	0	0	1,118	278
Corporate	1,910	159	0	(159)	217	23	239	(1,671)	325	354	700	1,054	354	1,293	1,293	(617)
Divisional Total	17,005	1,408	593	(815)	6,808	1,461	8,270	(8,735)	8,050	1,346	820	2,166	1,522	10,435	(6,570)	
Continuing Healthcare										0	0	0	0	0	0	0
Transactional										0	0	0	0	0	0	0
Procurement IG										0	0	0	0	0	0	0
Workforce IG										0	0	0	0	0	0	0
Improvement Group Total										0	0	0	0	0	0	0
Total Programme	17,005	1,408	593	(815)	6,808	1,461	8,270	(8,735)	8,050	1,346	820	2,166	1,522	10,435	(6,570)	

Income

Description	£m
Allocations Received	
Opening allocation	1,637.9
Total Allocations Received	1,637.9

Description	£m
Allocations Anticipated	
COVID-19 funding	94.9
Substance Misuse	5.8
IM&T Refresh Programme	1.9
Prevention and Early Years Funding	1.3
MSK Orthopaedic Services	1.2
Mental Health Service Improvement Fund	3.3
Immediate Planned Care Recovery Schemes	19.9
ICF Allocations - Anticipated Dementia Fund	2.2
Other allocations	1.9
Total Allocations Anticipated	132.4

	£m
Total Allocations Received	1,637.9
Total Allocations Anticipated	132.4
Total Welsh Government Income	1,770.3

- Most of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). Confirmed allocations to date are £1,637.9m, with further anticipated allocations in year of £132.4m, a total forecast RRL of £1,770.3m for the year
- Miscellaneous income totals £12.1m in Month 1, £0.1m above budget.
- The impact of COVID-19 has resulted in lost income of £0.4m in April relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19.

Expenditure

Pay Costs	Actual M01 £m	Forecast											Cumulative			Full Year Forecast £m
		M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	9.5	9.9	10.1	10.1	10.1	10.1	10.5	10.5	10.5	10.6	10.6	12.4	9.8	9.5	0.3	124.9
Medical & Dental	15.9	17.2	17.3	17.5	17.5	17.5	18.1	18.2	18.1	18.4	18.3	21.5	15.2	15.9	(0.7)	215.5
Nursing & Midwifery Registered	21.5	22.5	22.7	22.7	22.8	22.9	23.8	23.7	23.7	24.0	24.0	28.1	22.5	21.5	1.0	282.4
Additional Clinical Services	9.7	3.3	3.3	3.3	3.3	3.3	3.5	3.5	3.4	3.5	3.5	4.1	8.9	9.7	(0.8)	47.7
Add Prof Scientific & Technical	3.1	10.0	10.2	10.2	10.2	10.2	10.6	10.6	10.6	10.7	10.7	12.6	3.2	3.1	0.1	119.7
Allied Health Professionals	4.0	4.1	4.2	4.2	4.2	4.2	4.4	4.4	4.3	4.4	4.4	5.1	3.9	4.0	(0.1)	51.9
Healthcare Scientists	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.6	1.2	1.2	0.0	15.7
Estates & Ancillary	3.3	3.5	3.6	3.6	3.6	3.6	3.7	3.7	3.7	3.7	3.7	4.4	3.4	3.3	0.1	44.1
Students	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	1.0
Health Board Total	68.2	71.7	72.8	73.0	73.1	73.2	76.0	76.0	75.7	76.7	76.6	89.9	68.1	68.2	(0.1)	902.9
Primary care	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.5	1.5	1.5	1.5	1.6	1.4	0.2	17.2
Total Pay	69.6	73.1	74.2	74.4	74.5	74.6	77.4	77.4	77.2	78.2	78.1	91.4	69.7	69.6	0.1	920.1

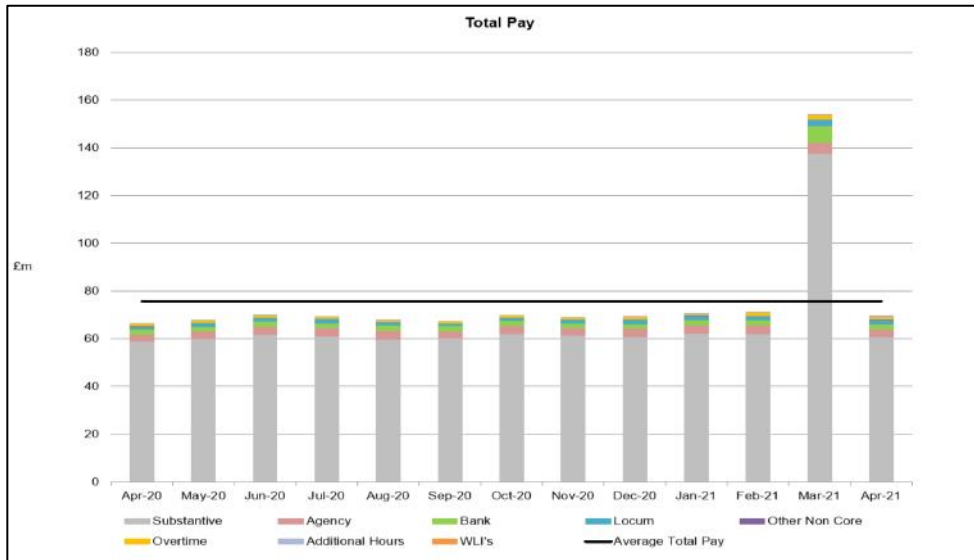
WTE	17,687
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Variable Pay	M01 £m
Agency	3.1
Overtime	1.1
Locum	1.9
WLLs	0.1
Bank	2.0
Other Non Core	0.1
Additional Hours	0.5
Total	8.8

- Health Board pay costs total £68.2m in Month 1. Variable pay is £8.8m of this cost, equivalent to 12.9%.
- Non-pay costs total £82.9m in Month 1.
- Pay costs are further analysed on page 11 and non-pay costs on page 12.

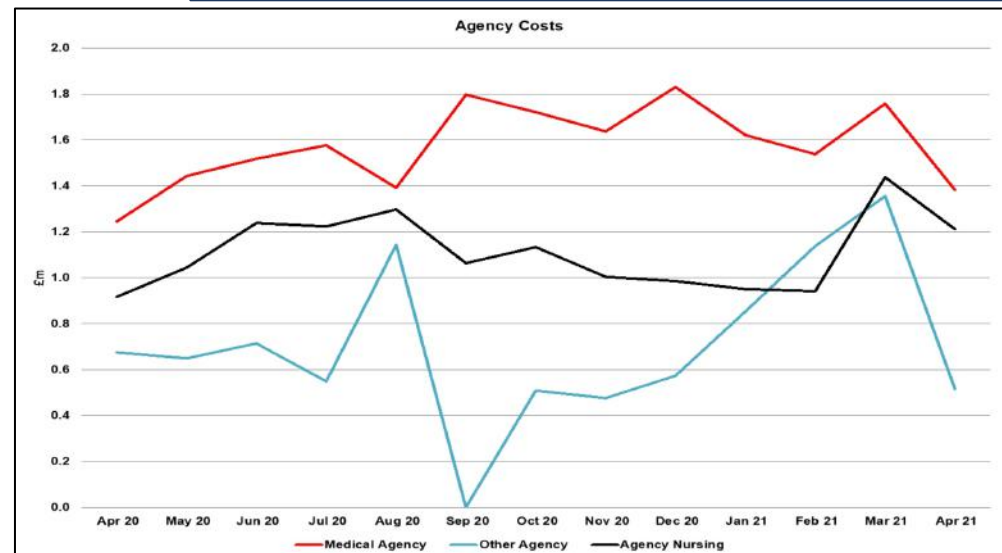
Non-Pay Costs	Actual M01 £m	Forecast											Cumulative			Full Year Forecast £m
		M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
		£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care	18.3	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	19.5	18.5	18.3	0.2	212.8
Primary Care Drugs	9.2	9.2	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.7	9.2	(0.5)	107.4
Secondary Care Drugs	5.6	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.4	5.6	(0.2)	68.3
Healthcare Services Provided by Other NHS Bodies	22.8	22.8	22.8	22.8	22.8	22.8	22.8	22.8	22.8	22.8	22.8	22.8	22.8	22.8	0.0	273.6
Continuing Care and Funded Nursing Care	8.2	8.4	8.3	8.4	8.4	8.3	8.4	8.3	8.4	8.4	8.1	10.2	8.4	8.2	0.2	101.8
Other Non-Pay (incl. General & Clinical Supplies)	16.4	18.9	18.4	18.7	20.4	20.5	17.7	17.7	17.7	17.9	18.1	35.1	14.4	16.4	(2.0)	237.5
Non-pay costs	80.5	82.5	81.6	82.0	83.7	83.7	81.0	80.9	81.0	81.2	81.1	102.2	78.2	80.5	(2.3)	1,001.4
Cost of Capital	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	0.0	28.8
Total non-pay including cost of capital	82.9	84.9	84.0	84.4	86.1	86.1	83.4	83.3	83.4	83.6	83.5	104.6	80.6	82.9	(2.3)	1,030.2

Pay Costs



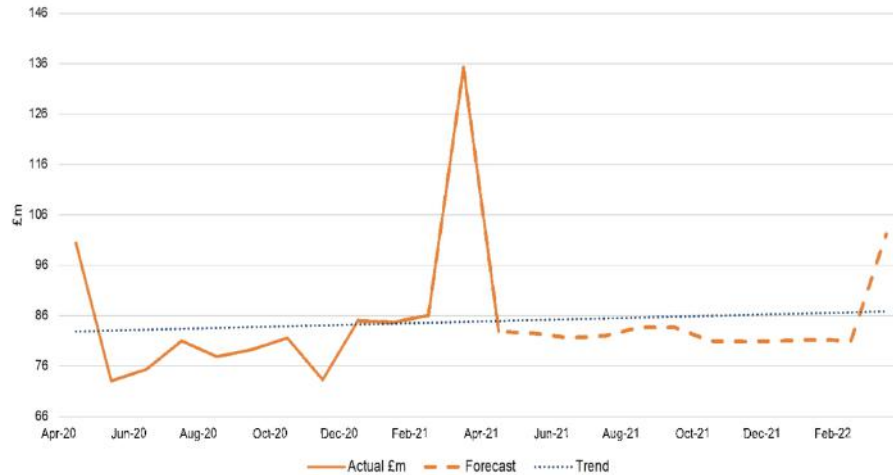
- **Total pay costs** in April are £69.6m. Provided Services pay costs are £68.2m, £1.0m higher than the average for 2020/21, discounting Month 12 due to the exceptional costs included.
- Medical pay was higher than expected in Month 1 and this is being further investigated. Nursing and midwifery costs are higher than the 2020/21 average. The Health Board has recruited a number of overseas nurses, to help fill vacancies, some of who started in April. In addition, agency fill rates for nursing shifts have increased following the 10% increase in agreed rates that came into effect in March.
- A total of £2.3m of pay costs were directly related to COVID-19, which is £0.6m lower than the 2020/21 average of £2.9m (excluding Month 12).

- **Pay costs are forecast** to increase significantly in March. The NHS pay award for 2021/22 has not yet been confirmed. The forecast includes an estimate of the pay award in Month 12. As more detail is received on the amount and timing of any award, the phasing will be adjusted accordingly.
- **Agency costs** for Month 1 are £3.1m, representing 4.5% of total pay. This is £0.3m less than the average cost for 2020/21. Monthly agency spend last year included an average of £0.6m that related to COVID-19. In April, this is just £0.1m and so COVID-19 related agency accounts for the majority of the overall reduction in agency spend.

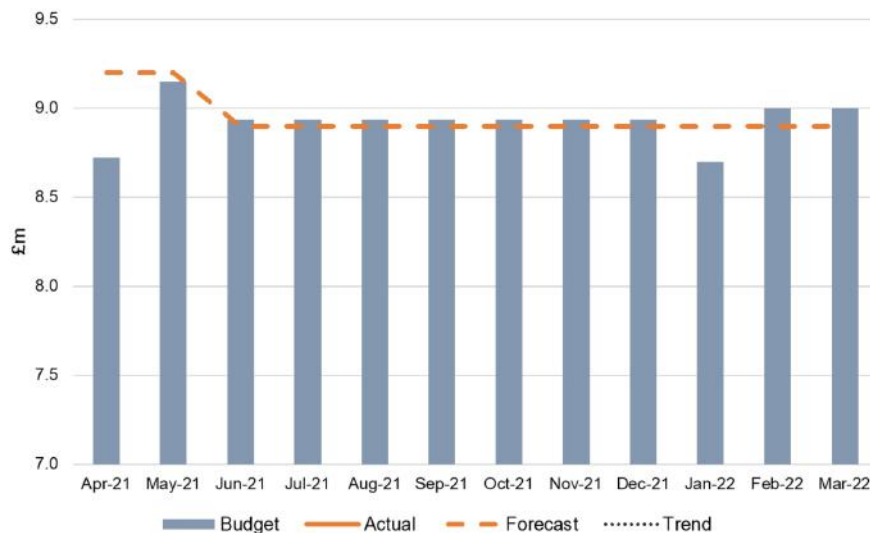


Non-Pay Costs

Non-Pay Expenditure
(Excluding Capital Costs)



Primary Care - Drugs & Appliances



- Primary Care Drugs:** Spend for Month 1 is just below last year's average cost. Following receipt of the February prescribing data, the average cost per Prescribing Day has reduced slightly; February was £469k, compared to December at £470k representing an overall reduction of 0.2%. The rolling cost per Prescribing Day over a three-month period has reduced by 0.3%. The rolling total cost twelve-month trend continues to show an increase and this will be monitored and tracked as we move through the financial year. The forecast adverse variance for the year is £0.5m.
- Healthcare Services Provided by Other NHS Bodies:** Block contracts with English providers remain, however there is a risk around inflation on these contracts, as well as inflation on Welsh contracts and a future pay award. This risk was recognised in the financial plan, with Contracts making up £8.0m of the Health Board's overall £28.3m risk.
- Forecast expenditure** related to the £30.0m funding for the Performance Fund and £12.0m Strategic Support is included in the forecast, based on the phasing of costs in submitted business cases. This cost profile is dependent on submitted schemes being approved by the Health Board and operational teams implementing plans at pace. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts.

Risks and Opportunities (not included in position)

	Issue	Description	£m	Likelihood	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Savings Programme	There is a risk that the amber schemes within the savings programme will not deliver to their forecast values.		Medium	Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target, which should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.	Sue Hill, Executive Director of Finance

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Finance Report Month 2 2021/22						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Tom Stanford, Interim Operational Finance Director						
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance						
Atodiadau Appendices:	<u>Appendix 1:</u> Finance Report Pack <u>Appendix 2:</u> Strategic Support – 2020/21 Actual & 2021/22 Plan <u>Appendix 3:</u> Primary Care Prescribing						
Argymhelliad / Recommendation:							
It is asked that the report is noted.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.							
Sefyllfa / Situation:							
The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board as at May 2021.							
Cefndir / Background:							
<p>The draft financial plan submitted to Welsh Government at the end of March identified the financial risk for 2020/21 as £28.3m. This is based on a savings delivery target of £17.0m, which is 50% of the savings not delivered last year due to COVID-19. The Health Board has undertaken further discussions with Welsh Government during May and has been notified of additional funding totalling £32.663m to cover the impact of the undelivered savings from 2020/21. This additional funding is anticipated to cover the financial risk for the year and ensure the Health Board achieves a balanced position.</p> <p>The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.</p> <p>In line with all NHS organisations in Wales, the draft plan is being revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on</p>							

the six key objectives described in the draft plan. The Month 2 return incorporates the latest thinking, with further work taking place in June.

Asesiad / Assessment:

Goblygiadau Strategol / Strategy Implications

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.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

	Month 2 £m	YTD £m	Forecast £m
Actual Position	(2.3)	0.0	0.0
Planned Position	0.0	0.0	0.0
Variance	2.3	0.0	0.0

The in-month position is a £2.3m surplus, which gives a balanced cumulative position. This reflects the additional funding announced in the recent touchpoint meeting with Welsh Government. This funding, which is to cover the impact of the undelivered savings from 2020/21, means that there is now also a balanced position forecast for the year.

The total cost of COVID-19 in May is £5.5m (£13.8m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

Dadansoddiad Risk / Risk Analysis

There are three risks to the financial position, with a combined total of £6.5m. Risks are detailed in the report pack.

BCU risks are reported separately via the Risk Register.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.

Finance Report

May 2021: M02-22

Sue Hill

Executive Director of Finance

Executive Summary

Objective

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

Positives & Key Assurances

- ✓ Current month surplus reported and cumulative balanced position.
- ✓ Balanced position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.

Issues & Actions

- Work continues on the Quarter 1 refresh of the financial plan. It is imperative that this includes the latest assumptions around the impact of COVID-19, as well as plans for the strategic support and planned care recovery funding. These need to be fully triangulated, so that activity, workforce and financial plans align.

Key Messages

- ❖ The cumulative financial position and forecast position for 2021/22 are balanced.
- ❖ The Health Board has been notified of additional funding totalling £32.7m to cover the impact of the undelivered savings from 2020/21. This additional funding is anticipated to cover the financial risk for the year that was identified in the draft financial plan.
- ❖ Expenditure related to the £42.0m funding for the Performance Fund and Strategic Support, plus the £19.9m COVID-19 Recovery Plan funding is included in forecasts based on submitted plans. The full utilisation of this funding to improve performance, reduce waiting lists and drive a programme of transformation is dependent on operational teams implementing approved plans at pace.

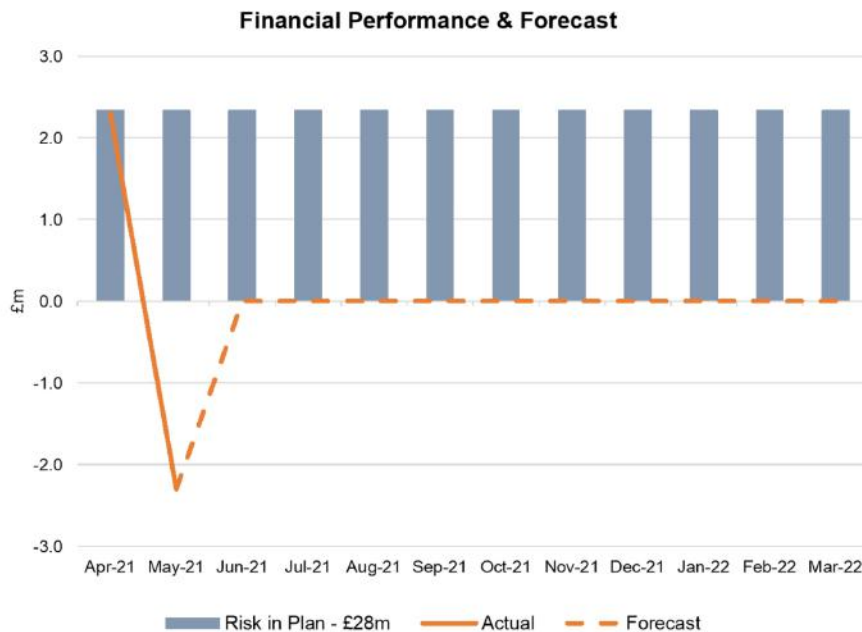
Summary of Key Numbers

<div>Month 02 Position</div> <div>Surplus in month of £2.3m. £2.3m favourable</div> <div>Cumulative position is balanced. Balanced</div>	<div>Forecast</div> <div>Reflects additional funding to cover the impact of the undelivered savings from 2020/21</div> <div>Balanced</div>	<div>Divisional Performance</div> <table><tr><td>Area Teams</td><td>£0.1m adverse</td></tr><tr><td>Secondary Care</td><td>£2.2m adverse</td></tr><tr><td>Mental Health</td><td>£0.1m adverse</td></tr><tr><td>Corporate</td><td>£1.7m adverse</td></tr><tr><td>Other</td><td>£4.1m favourable</td></tr></table>	Area Teams	£0.1m adverse	Secondary Care	£2.2m adverse	Mental Health	£0.1m adverse	Corporate	£1.7m adverse	Other	£4.1m favourable
Area Teams	£0.1m adverse											
Secondary Care	£2.2m adverse											
Mental Health	£0.1m adverse											
Corporate	£1.7m adverse											
Other	£4.1m favourable											
<div>Savings</div> <div>In-month: £0.8m against plan of £1.4m £0.6m adverse</div> <div>YTD: £1.4m against plan of £2.8m £1.4m adverse</div>	<div>Savings Forecast</div> <div>£10.2m against plan of £17.0m</div> <div>£6.8m adverse</div>	<div>COVID-19 Impact</div> <div>£13.8m cost YTD £100.5m forecast cost Funded by Welsh Government</div> <div>£nil impact</div>										
<div>Income</div> <div>£23.7m against budget of £23.2m</div> <div>£0.5m favourable (2.2%)</div>	<div>Pay</div> <div>£138.4m against budget of £138.3m</div> <div>£0.1m adverse (0.1%)</div>	<div>Non-Pay</div> <div>£169.2m against budget of £168.8m</div> <div>£0.4m adverse (0.2%)</div>										

Revenue Position

- The in-month position is a £2.3m surplus, which gives a balanced cumulative position. This reflects the additional £32.7m funding notified to the Health Board in May, to cover the impact of the undelivered savings from 2020/21.
- The total cost of COVID-19 in May is £5.5m (£13.8m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

	Actual		Cumulative				Forecast Actual £m
	M01	M02	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(136.7)	(147.2)	(283.9)	(283.9)	0.0	0.0%	(1,789.4)
Miscellaneous Income	(12.1)	(11.6)	(23.2)	(23.7)	0.5	-2.2%	(136.7)
Health Board Pay Expenditure	68.2	70.2	138.3	138.4	(0.1)	-0.1%	863.9
Non-Pay Expenditure	82.9	86.3	168.8	169.2	(0.4)	-0.2%	1,062.2
Total	2.3	(2.3)	0.0	0.0	0.0		0.0

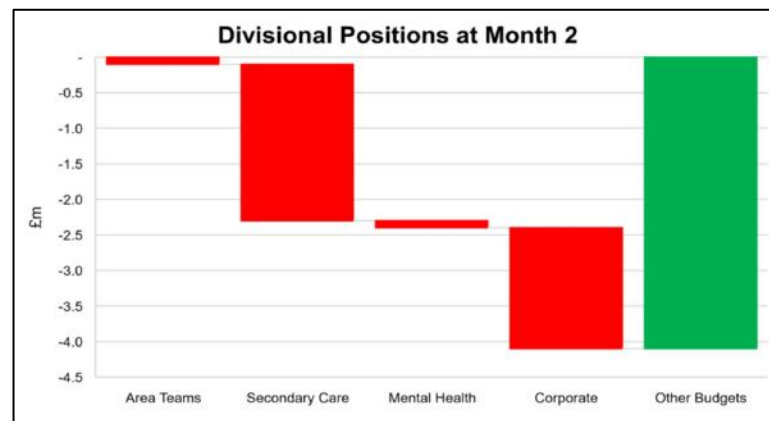


- The forecast position has been updated to recognise the additional funding, meaning that there is now a balanced position forecast for the year.
- The Health Board's plans for 2021/22 include the £82m strategic support funding notified by Welsh Government last year (£40m to cover the deficit and £42m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.
- In line with all NHS organisations in Wales, the draft plan is being revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on the six key objectives described in the draft plan. Month 2 figures incorporate the latest thinking, with further work taking place in June.

Divisional Positions

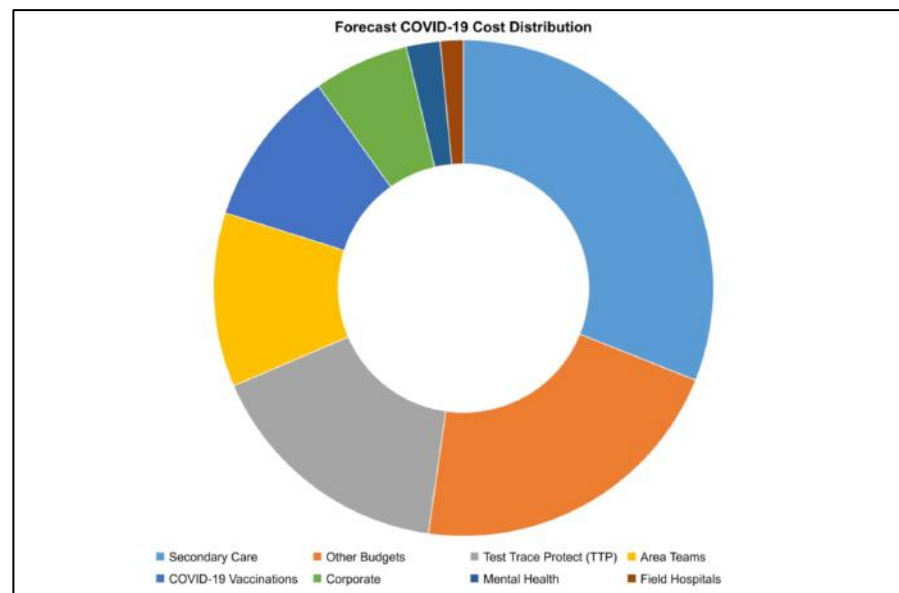
	In Month				Cumulative			
	Budget	Actual	Variance to Plan	Variance to Plan	Budget	Actual	Variance to Plan	Variance to Plan
	£000	£000	£000	%	£000	£000	£000	%
WGRESOURCE ALLOCATION	(147,232)	(147,232)	0	0%	(283,912)	(283,912)	0	0%
AREA TEAMS								
West Area	13,564	13,606	(42)	0%	26,821	27,039	(218)	-1%
Central Area	17,996	17,978	18	0%	35,251	35,222	30	0%
East Area	21,463	21,445	18	0%	41,810	41,659	151	0%
Other North Wales	3,974	3,885	89	2%	7,146	7,046	101	1%
Field Hospitals	697	697	0	0%	1,018	1,018	0	0%
Track, Trace and Protect	1,952	1,952	(0)	0%	3,278	3,278	(0)	0%
Commissioner Contracts	18,035	17,980	54	0%	36,045	36,075	(30)	0%
Provider Income	(1,704)	(1,657)	(48)	3%	(3,409)	(3,304)	(105)	3%
Total Area Teams	75,975	75,886	89	0%	147,960	148,033	(73)	0%
SECONDARY CARE								
Ysbyty Gwynedd	8,847	9,006	(159)	-2%	17,504	17,824	(320)	-2%
Ysbyty Glan Clwyd	10,754	11,043	(288)	-3%	21,165	21,767	(603)	-3%
Ysbyty Maelor Wrexham	9,480	9,954	(474)	-5%	18,413	19,251	(838)	-5%
North Wales Hospital Services	9,100	9,260	(161)	-2%	18,186	18,715	(528)	-3%
Womens	3,387	3,331	57	2%	6,724	6,631	93	1%
Total Secondary Care	41,568	42,594	(1,026)	-2%	81,992	84,188	(2,196)	-3%
Total Mental Health & LDS	11,025	11,063	(39)	0%	21,838	21,930	(93)	0%
Total Corporate	12,281	13,453	(1,172)	-10%	24,220	25,926	(1,705)	-7%
Total Other Budgets incl. Reserves	6,384	1,921	4,463	70%	7,903	3,796	4,107	52%
TOTAL	0	(2,315)	2,315		0	(40)	40	

- Divisional forecasts have not been completed for Month 2, as the impacts of the additional funding, COVID-19, the restart of scheduled care and the development of additional savings plans on divisions are worked through. This will be reviewed at the end of Quarter 1.
- Other Budgets & Reserves includes the year to date share of the additional funding from Welsh Government, to cover the impact of the undelivered savings from 2020/21. This is therefore showing a significant in-month and cumulative underspend.

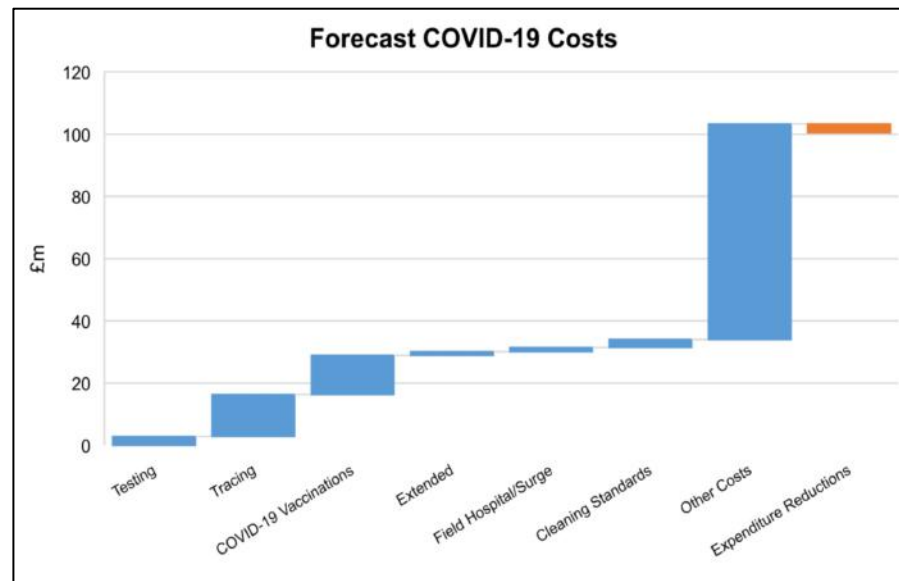


Impact of COVID-19

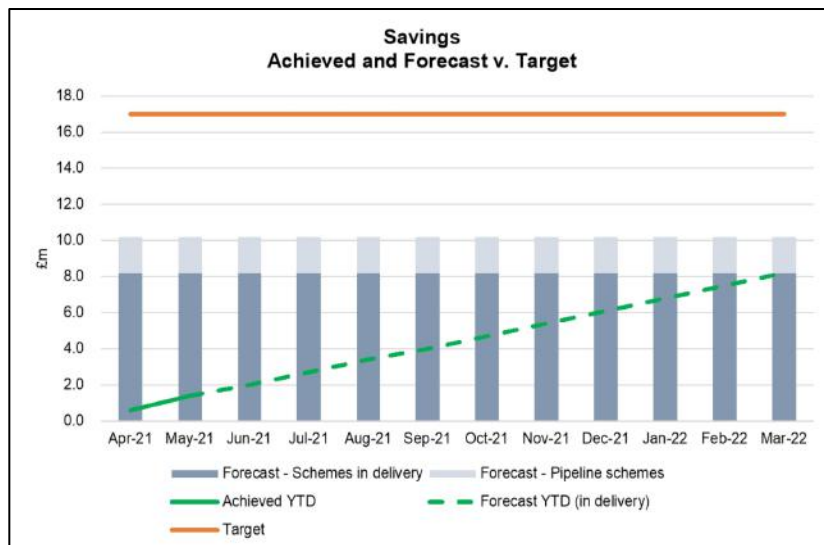
	Actual M01 £m	Actual M02 £m	Actual YTD £m	Forecast 2021/22 £m
Testing	0.1	0.2	0.3	2.8
Tracing	1.1	1.0	2.1	13.5
Mass COVID-19 Vaccinations	1.7	1.5	3.2	12.7
Extended Flu Vaccinations	0.0	0.0	0.0	1.1
Field Hospital/Surge	0.3	0.7	1.0	1.4
Cleaning Standards	0.0	0.0	0.0	2.5
Other Costs	4.5	3.6	8.1	69.3
Total COVID-19 costs	7.7	7.0	14.7	103.3
Non Delivery of Savings	0.8	(0.8)	0.0	0.0
Expenditure Reductions	(0.2)	(0.7)	(0.9)	(2.8)
Slippage on Planned Investments	0.0	0.0	0.0	0.0
Total Impact of COVID-19	8.3	5.5	13.8	100.5
Welsh Government Funding	(8.3)	(5.5)	(13.8)	(100.5)
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0



- The forecast total impact of COVID-19 is currently £100.5m. This is based on existing Welsh Government guidance and the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospital activity.



Savings



- Savings in Month 2 totalled £0.8m, which is £0.2m more than the £0.6m delivered in Month 1. This gives cumulative savings of £1.4m for the year, which is £1.4m below the year to date target of £2.8m.
- Savings of £10.2m are forecast for delivery in 2021/22. This is against a target of £17.0m, giving a £6.8m shortfall.
- Forecast savings in primary care medicines have reduced this month, offsetting growth in other areas. The medicines programme will be reviewed to recover the reduction.
- The savings forecast includes £1.9m of red rated risk schemes. These schemes need to be moved to green and amber rated risks over the next month.
- Further opportunities are being identified both within Divisions and across BCU to ensure delivery of the savings included within the financial plan.

		SCHEMES IN DELIVERY								PIPELINE SCHEMES				TOTAL PROGRAMME	
	Savings Target £000	Year to Date			Forecast					Recurring Plan £000	Non-Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000
		Savings Target	Savings Delivered	Variance	Recurring Forecast	Non-Recurring Forecast	Total Forecast	Variance	Forecast FYE						
		£000	£000	£000	£000	£000	£000	£000	£000						
Ysbyty Gwynedd	1,833	306	75	(230)	345	38	383	(1,450)	450	64	0	64	71	447	(1,386)
Ysbyty Glan Clwyd	2,155	359	29	(330)	195	44	239	(1,916)	325	433	0	433	554	672	(1,483)
Ysbyty Wrexham Maelor	1,922	320	51	(270)	209	68	276	(1,646)	325	85	0	85	148	361	(1,561)
North Wales Managed Services	1,399	233	25	(208)	540	39	578	(821)	670	0	0	0	0	578	(821)
Womens Services	584	79	41	(37)	361	3	364	(220)	475	0	0	0	0	364	(220)
Secondary Care	7,893	1,297	222	(1,075)	1,650	191	1,840	(6,053)	2,246	582	0	582	773	2,423	(5,470)
Area - West	1,387	231	179	(52)	1,022	276	1,298	(89)	1,045	0	0	0	0	1,298	(89)
Area - Centre	1,900	317	235	(82)	1,698	42	1,740	(160)	2,243	100	0	100	100	1,840	(60)
Area - East	1,861	310	586	276	923	1,076	1,999	138	977	140	120	260	140	2,259	398
Area - Other	234	39	0	(39)	0	0	0	(234)	0	0	0	0	0	0	(234)
Contracts	980	163	0	(163)	0	0	0	(980)	0	0	0	0	0	0	(980)
Area Teams	6,362	1,060	1,000	(61)	3,643	1,394	5,037	(1,325)	4,265	240	120	360	240	5,397	(965)
MHLD	840	140	145	5	1,128	7	1,135	295	1,142	0	0	0	0	1,135	295
Corporate	1,910	318	3	(315)	211	23	234	(1,676)	325	354	700	1,054	354	1,288	(622)
Total Programme	17,005	2,815	1,369	(1,446)	6,631	1,615	8,246	(8,759)	7,978	1,176	820	1,996	1,367	10,242	(6,763)

Income

Description	£m
Allocations Received	
Opening allocation	1,637.9
COVID-19 funding	58.7
ED Wellbeing and Home Safe Service	0.5
Total Allocations Received	1,697.1

Description	£m
Allocations Anticipated	
COVID-19 funding	77.3
Substance Misuse	5.8
Mental Health Service Improvement Fund	3.3
ICF Allocations - Anticipated Dementia Fund	2.2
IM&T Refresh Programme	1.9
Prevention and Early Years Funding	1.3
MSK Orthopaedic Services	1.2
Welsh Risk Pool - contribution share	-2.4
Capital	-0.8
Other allocations	2.5
Total Allocations Anticipated	92.3

	£m
Total Allocations Received	1,697.1
Total Allocations Anticipated	92.3
Total Welsh Government Income	1,789.4

COVID-19 Funding

Total COVID-19 costs in 2021/22	103.3
Impact of non delivery of savings in 2020/21	32.7
Total COVID-19 funding	136.0

Received	58.7
Anticipated	77.3

- The majority of the Health Board's funding is from the Welsh Government allocation through the Revenue Resource Limit (RRL). The RRL is currently £1,789.4m for the year. £283.9m of the RRL has been profiled into the position cumulatively, which is £14.3m less than two equal twelfths, primarily due to the profile of COVID-19 and performance funding.
- The RRL includes confirmed allocations to date of £1,697.1m, with further anticipated allocations in year of £92.3m.
- Miscellaneous income totals £11.6m in Month 2, £23.7m cumulatively, which is a favourable variance of £0.5m against the budget.
- The impact of COVID-19 has resulted in lost income of £0.3m in May (£0.7m year to date) relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19.

Expenditure

Pay Costs	Actual		Forecast										Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clerical	9.5	9.7	9.9	9.9	9.9	10.0	10.0	10.0	10.0	10.1	10.1	10.2	19.8	19.2	0.6	119.3
Medical & Dental	15.9	16.3	17.2	17.2	17.3	17.3	17.3	17.4	17.3	17.5	17.5	17.7	31.2	32.2	(1.0)	205.9
Nursing & Midwifery Registered	21.5	22.2	22.6	22.5	22.5	22.6	22.7	22.6	22.7	22.9	22.9	23.2	45.6	43.7	1.9	270.9
Additional Clinical Services	9.7	10.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.4	18.1	20.0	(1.9)	53.1
Add Prof Scientific & Technical	3.1	3.1	10.1	10.0	10.1	10.1	10.1	10.2	10.1	10.2	10.2	10.3	6.6	6.2	0.4	107.6
Allied Health Professionals	4.0	4.0	4.1	4.1	4.1	4.1	4.2	4.2	4.2	4.2	4.2	4.2	7.7	8.0	(0.3)	49.6
Healthcare Scientists	1.2	1.2	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3	2.4	2.4	0.0	15.1
Estates & Ancillary	3.3	3.4	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.6	3.6	3.6	6.9	6.7	0.2	42.0
Students	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.4
Health Board Total	68.2	70.2	71.9	71.7	71.9	72.2	72.4	72.6	72.4	73.2	73.2	74.0	138.3	138.4	(0.1)	863.9
Primary care	1.4	2.3	1.4	1.4	1.4	1.4	1.4	1.4	1.5	1.5	1.5	1.5	3.3	3.7	(0.4)	18.1
Total Pay	69.6	72.5	73.3	73.1	73.3	73.6	73.8	74.0	73.9	74.7	74.7	75.5	141.6	142.1	(0.5)	882.0

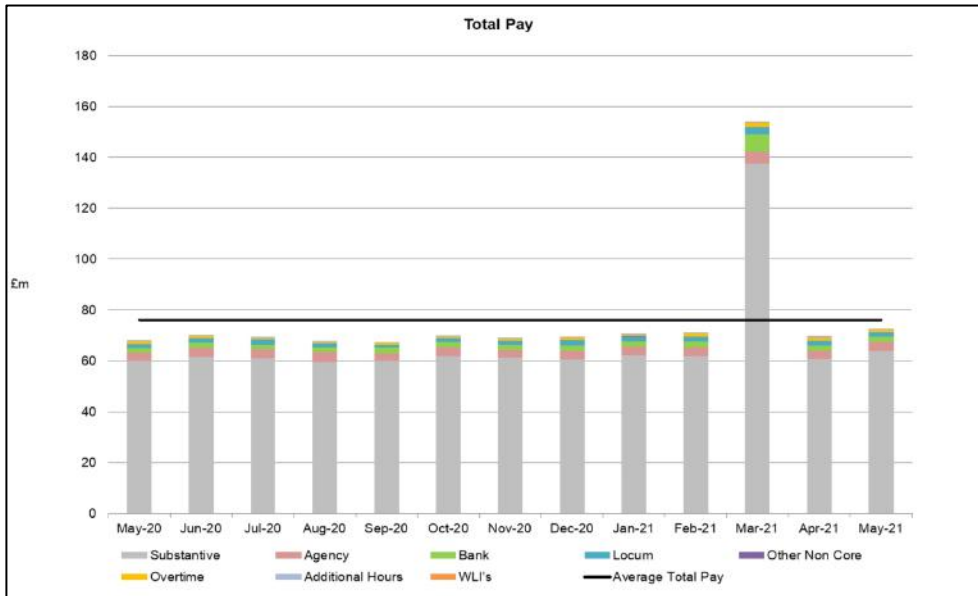
WTE	17,687	17,396
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Variable Pay	M01 £m	M02 £m	Total £m
Agency	3.1	3.5	6.6
Overtime	1.1	0.7	1.8
Locum	1.9	1.8	3.7
WLLs	0.1	0.2	0.3
Bank	2.0	2.0	4.0
Other Non Core	0.1	(0.1)	0.0
Additional Hours	0.5	0.4	0.9
Total	8.8	8.5	17.3

- Health Board pay costs total £70.2m in Month 2. Variable pay is £8.5m of this cost, equivalent to 12.1%. Non-pay costs total £86.3m in Month 2. Pay costs are further analysed on page 10 and non-pay costs on page 11.
- Forecast expenditure** related to the £30m funding for the Performance Fund, £12m Strategic Support and £19.9m COVID-19 Recovery Plan is based on the phasing of costs in submitted business cases. These indicate a stepped increase in spend each month for the first seven months of the year and a continued high level of spend for the remaining five months. This cost profile is dependent on operational teams implementing approved plans at pace. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts

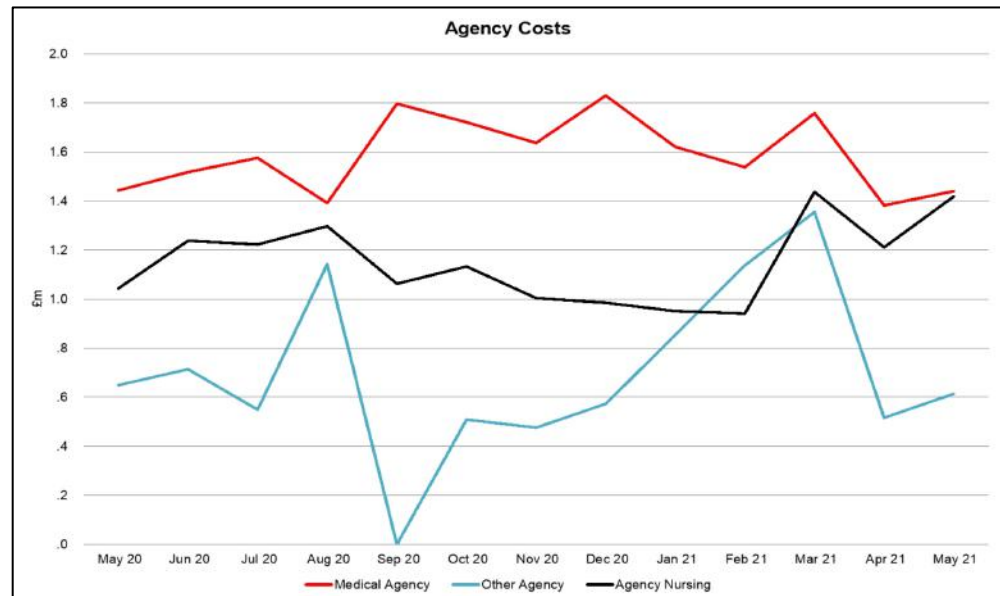
Non-Pay Costs	Actual		Forecast										Cumulative			Full Year
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	Forecast
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care	18.3	18.9	18.3	18.3	18.1	18.2	17.9	18.4	18.0	17.9	18.0	20.3	37.6	37.2	0.4	220.6
Primary Care Drugs	9.2	7.9	10.0	9.0	9.0	9.0	9.1	9.1	9.1	9.1	9.1	9.1	16.8	17.1	(0.3)	108.7
Secondary Care Drugs	5.6	6.0	6.0	6.0	6.0	6.1	6.1	6.1	6.2	6.2	6.2	6.1	11.2	11.6	(0.4)	72.6
Healthcare Services Provided by Other NHS Bodies	22.8	22.8	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	22.1	45.8	45.6	0.2	266.6
Continuing Care and Funded Nursing Care	8.2	9.2	9.2	9.0	9.0	8.9	9.0	8.9	9.0	9.0	9.0	9.2	17.7	17.4	0.3	107.6
Other Non-Pay (incl. General & Clinical Supplies)	16.4	19.1	19.1	20.9	20.9	20.9	23.0	23.3	24.0	23.9	23.9	21.9	34.9	35.5	(0.6)	257.3
Non-pay costs	80.5	83.9	84.7	85.3	85.1	85.2	87.2	87.9	88.4	88.2	88.3	88.7	164.0	164.4	(0.4)	1,033.4
Cost of Capital	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	4.8	4.8	0.0	28.8
Total non-pay including cost of capital	82.9	86.3	87.1	87.7	87.5	87.6	89.6	90.3	90.8	90.6	90.7	91.1	168.8	169.2	(0.4)	1,062.2

Pay Costs



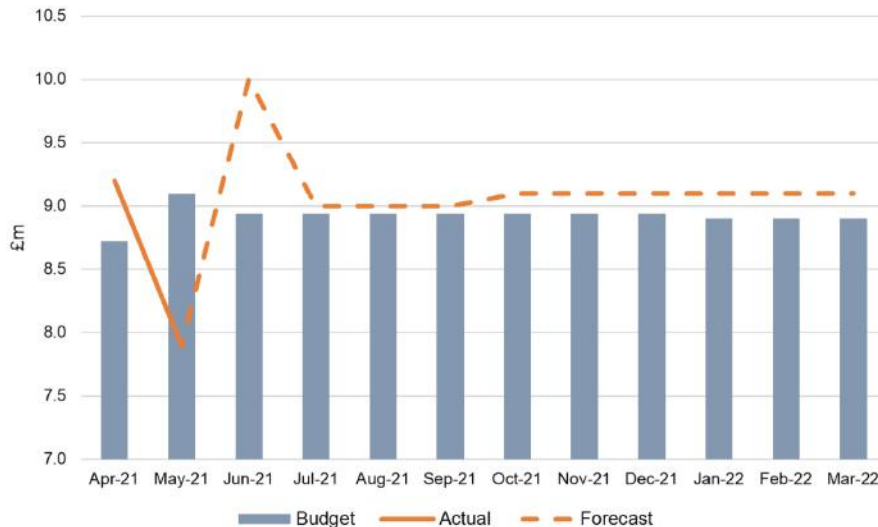
- **Total pay costs** in May are £72.5m. Provided Services pay costs are £70.5m, which is £2.0m (3.0%) higher than in Month 1.
- Pay costs for May included £1.5m of estimated costs for the 2021/22 pay award. Costs and funding have been profiled across the year, with two months' costs included in Month 2, to also account for Month 1.
- Increased activity across acute sites has resulted in additional pay costs. Theatre nursing costs have started to increase significantly in line with Theatre activity
- A total of £2.5m of pay costs were directly related to COVID-19, which is £0.2m higher than in April.

- The staff bonus payment that was predominantly paid in May has not impacted on pay costs this month, as it has been charged to the balance sheet, where the provision created in 2020/21 is held. £17.7m was paid in Month 2 and further costs are expected up to Month 6.
- **Agency costs** for Month 2 are £3.5m, representing 4.8% of total pay. This is £0.4m more than the cost in Month 1. Monthly agency spend for May included £0.5m that related to COVID-19. In April, this was just £0.1m and so COVID-19 related agency accounts for the majority of the overall increase in agency spend.



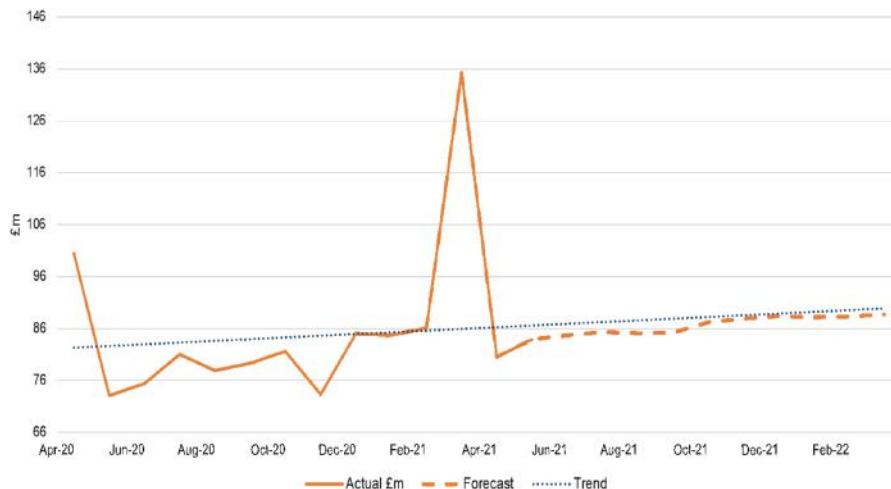
Non-Pay Costs

Primary Care - Drugs & Appliances



- Primary Care Drugs:** Spend for Month 2 is £1.3m (13.8%) less than in Month 1. Following receipt of the March prescribing data, the average cost per Prescribing Day has reduced slightly; March was £462k compared to February at £469k, representing an overall reduction of 1.4%. The rolling cost per Prescribing Day over a three-month period has reduced by 1.1%. The overall cost per item has reduced by 0.5% in March compared to February, and the overall number of items per Prescribing Day has reduced by 0.9% in March. The rolling total cost twelve-month trend continues to show an increase, albeit March showed a marginal levelling-out, which will be reviewed when the April data is available. The forecast adverse variance for the year is £0.5m. Further information on Primary Care Prescribing costs for 2020/21 is shown in Appendix 3.

Non-Pay Expenditure
(Excluding Capital Costs)



- Other Non-Pay:** Spend in May is £2.4m (15.7%) higher than in April. The majority of this increase (£1.9m) relates to anticipated spend of Intermediate Care Fund (ICF) monies. This is fully funded and so has no impact on the financial position. In addition, activity has increased across the three acute sites, leading to an increase in non-pay costs. Activity increases have particularly been seen in Theatres, as elective work restarts, and Emergency Departments, where attendances have started to increase, some of which is explained by the relaxation of COVID-19 restrictions leading to an increase in visitor numbers.

Risks and Opportunities (not included in position)

	Issue	Description	£m	Likelihood	Key Decision Point & Summary Mitigation	Risk Owner
1	Risk: Savings Programme Under Delivery	There is a risk that the savings programme will not deliver the £17.0m target, as per the financial plan. There is currently a gap of £6.8m, of which £3.1m has been offset by underspends, leaving a risk of £3.7m.	3.7	Medium	Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.	Sue Hill, Executive Director of Finance
2	Risk: Savings Programme Red Schemes	Savings of £10.2m are forecast for delivery in 2021/22, which includes £2.0m of red-rated schemes in the pipeline.	2.0	Medium	As per above, the stretch target should ensure required savings delivery is achieved.	Sue Hill, Executive Director of Finance
3	Risk: Welsh Risk Pool (WRP)	A revised WRP risk share contribution assessment was received after the Month 2 position had closed.	0.8	High	The additional cost of the WRP contribution for 2021/22 will be included in the Month 3 position. Offsetting savings will need to be found so that this does not impact on the financial position.	Sue Hill, Executive Director of Finance

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Appendix 2: Strategic Support – 2020/21 Actual & 2021/22 Plan

Actual Expenditure 2020/21

Table 1: Capacity and capability and MH

Description	£m
Assistant Director - MHL D	0.065
Interim Head of Nursing - MHL D	0.166
Nurse Consultant - MHL D	0.030
Chief Operating Officer	0.120
Director of unscheduled care	0.072
Planned care - additional capacity	0.117
Head of Governance	0.116
Head of OD	0.014
Total Capacity & Capability & MHL D	0.700

Table 2: Performance Improvement

Category	Description	£m
Diagnostics	Audiology	0.213
Diagnostics	Cardiology	0.028
Diagnostics	Gastro / Endoscopy	1.282
Diagnostics	Neurophysiology	0.048
Diagnostics	Pathology	0.301
Diagnostics	Radiology	3.018
Diagnostics	Respiratory	0.039
Diagnostics	Urology	0.041
Procedures	Anaesthetics	0.046
Procedures	General Surgery	1.397
Procedures	Anaesthetics	0.046
Procedures	Gynaecology	0.349
Procedures	Ophthalmology	0.518
Procedures	Orthopaedics	0.269
Procedures	Other	0.755
Procedures	Urology	0.061
Procedures	Validation	0.048
Procedures	Business intelligence	0.930
Procedures	CAMHS	0.910
Total Performance Improvement		10.300

Table 3 Deficit Cover

Category	£m
Deficit cover	40.000

Planned Expenditure 2020/21

Table 1: Capacity and capability and MH

Category	Scheme	£m
Capacity & Capability	Improvement	1.878
	Engagement	1.800
	Capacity	1.105
	Public Affairs	0.516
MHL	Older Persons Crisis Care	0.523
	Eating Disorders	0.519
	ICAN Primary Care	1.726
	Medicines Management	0.556
	Occupational Therapy	0.400
	Perinatal	0.196
	Early Intervention in Psychosis	0.253
	Psychiatric liaison	0.254
	PMO Support Function	0.225
	Consultant Therapist	0.070
	CAMHS transition and joint working	0.000
	Integrated autism service	0.652
	Joint commissioning pot with AISBs	0.300
	Wellness, Work and Us	0.206
CAMHS	Integrated workplan with CAMHS	0.820
Total Capacity & Capability & MHL		12.000

Table 2: Performance Improvement

Category	Scheme Title	£m
Performance Improvement	Attend Anywhere	0.379
	Continuation of AccuRx; video consultation	0.300
	Development of a single cancer pathway	0.450
	Eye Care Services: transform eye care pathway	1.563
	Urgent Primary Care Centres (UPCC)	1.600
	Single Cancer Pathway	1.500
	Stroke Services	1.059
	Urology Services	0.929
	Home First Bureau (HFB)	1.770
	ED workforce	1.200
	WOD Resource: Establishment Control Team	0.270
	Neurodevelopmental backlog	1.400
	CAMHS training and recruitment	0.207
	Primary Care Academy	0.940
	Care Home Quality Nurses	0.102
	Continuing Health Care infrastructure	1.138
	Audiology	0.461
Pla	General surgery	1.222

nned care	<i>Urology</i>	<i>0.868</i>
	<i>T&O</i>	<i>9.168</i>
	<i>ENT</i>	<i>1.005</i>
	<i>Ophthalmology</i>	<i>0.904</i>
	<i>Max fax</i>	<i>0.475</i>
	<i>OPD</i>	<i>0.852</i>
	<i>Diagnostics</i>	<i>0.237</i>
Total Performance Improvement		30.000

Table 3 Deficit Cover

Category	£m
Deficit cover	40.000

Appendix 3: Primary Care Prescribing Further Analysis of the 2020/21 Costs and Cost Drivers

1. Background & Overview

Primary Care Prescribing data (activity and costs) is issued 2 months in arrears as a minimum; technically the National timescale sets out 3 months in arrears. This is managed through Shared Services, with our finance & medicines management teams downloading the raw data from Shared Services around the 1st working day of the new calendar month, analysing this at an organisational level and running the data through a number of different national forecasting methodologies.

At a very high level, the total cost of prescribing is directly influenced by:

- changes in the number of items issued
- changes in the product mix if items (for example moving from Warfarin to Oral Anticoagulants [direct-acting oral anticoagulants (DOACs) and novel oral anticoagulants (NOACs)])
- nationally imposed price changes (typically Category M Drug prices and No Cheaper Stock Obtainable [NCSO] price concessions)

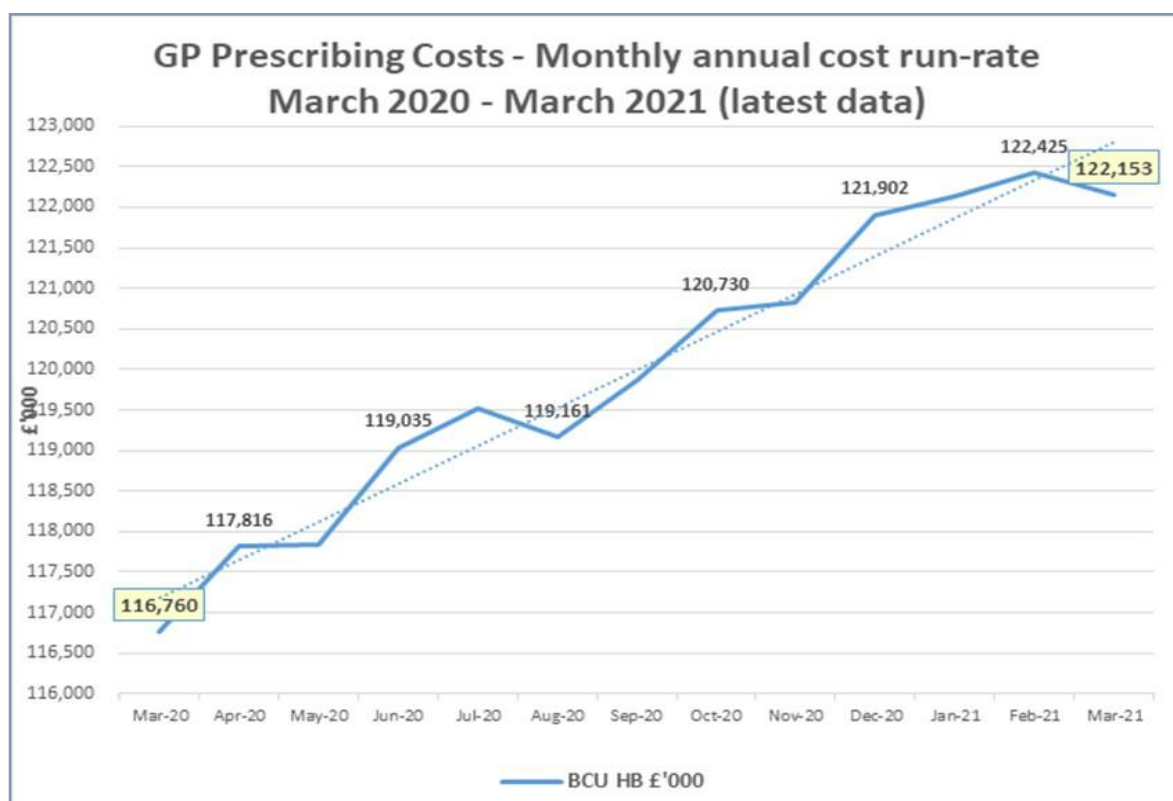
2. BCU Analysis

Following the release of the March 2021 data, the below graph shows the rolling 12-month annualised total cost of primary care prescribing as at each of the last 12 months.

As can be seen, at March 2021 the rolling annualised cost was £122m, which compared to the March 2020 data (£117m) has shown an increase in total costs of more than £5m in the last 12 months.

The rolling annualised costs at March 2019 was £110m, showing that there has been an increase in the total prescribing costs of £12m in the last 2 financial years.

It is important to note that in the same period, the volume of items issued has not materially changed; this will be expanded on further in the next section of the report.



The following table shows the total cost of prescribing and the total number of items prescribed, across the 2019/20 and the 2020/21 financial years in full, and across the Local Authority boundaries within BCU.

Health Board Cumulative	2019/20		2020/21		Movement between 2019/20 & 2020/21		% Movement			
	Amount (£)	Total Items	Amount (£)	Total Items	(£)	Items	Amount (£)		Total Items	
							RANK	%	%	RANK
BETSI CADWALADR TOTAL	116,759,528	17,858,365	122,153,013	17,560,086	5,393,485	-298,279		4.62%	-1.67%	
GWYNEDD - West	18,009,332	2,954,951	18,612,275	2,860,872	602,943	-94,079	2	3.35%	3.18%	1
YNYS MON - West	11,728,027	1,860,066	12,188,995	1,815,402	460,968	-44,664	3	3.93%	2.40%	3
CONWY - Central	20,058,692	3,118,291	21,353,296	3,107,854	1,294,604	-10,437	6	6.45%	0.33%	6
DENBIGHSHIRE - Central	19,251,056	2,895,700	20,230,040	2,873,938	978,984	-21,762	4	5.09%	0.75%	5
FLINTSHIRE - East	24,422,358	3,546,616	25,706,278	3,508,451	1,283,920	-38,165	5	5.26%	1.08%	4
WREXHAM - East	23,290,055	3,482,740	24,062,128	3,393,569	772,073	-89,171	1	3.32%	2.56%	2
TOTAL	116,759,520	17,858,364	122,153,012	17,560,086	5,393,492	-298,278	Ave	4.62%	-1.67%	Ave

Of particular note at the Health Board level is:

- The total cost increase of £5.3m represents 4.6%
- However during the same period, the total number of items prescribed has reduced by almost 300,000 items (1.7%).
- This suggests that the increase in total cost must be predominantly driven by an increase in the cost per item prescribed.
- As previously stated, the cost per item is largely driven by national prices (Category M, NCSO), or through the product-mix where a drug / treatment is replaced with a more expensive drug (for example Warfarin to DOACs).
- The key areas where changing evidence and practice is driving an increase in costs are Diabetes, Respiratory and Cardiology.

Within the overall Health Board position, at the regional level;

- There is significant variance between the largest cost increase of £1.3m (6.5%) in Conwy and the smallest of £0.5m (3.9%) in Ynys Môn.
- There is a significant variance between the largest reduction in the volume of items prescribed of 94,000 (3.2% reduction) in Gwynedd to only 10,000 (0.3% reduction) in Conwy.
- Conwy has shown both the smallest reduction in items prescribed and the highest overall cost increase. Conwy County does however have the highest over-65 population and includes the Town with one of the highest disease prevalence and deprivation levels, and as such there is inherently more reliance on medication for chronic conditions.

The impact of COVID on the direct Prescribing costs cannot be ignored.

The Health Board has actively driven the growth in DOAC's / NOAC's and drugs used in megaloblastic anaemias. DOAC's are used in preference to Warfarin as patients no longer require regular contact for phlebotomy and dosing, however DOACs are significantly more expensive.

Anaemias is similar, where patients typically attended GP Practices for Vitamin B12 injections. In response to COVID the majority of patients were switched to oral treatment thereby reducing the need for GP visits, however these oral treatments are more expensive.

Freestyle Libre (interstitial monitoring) has been initiated remotely rather than face to face.

There has been expanded growth in drugs for conditions such as diabetes as patients' overall health may have suffered or declined during lockdown. There may be a need for rapid re-escalation; more drugs and therefore increased costs in order to regain control of conditions.

The overall system has seen growth, especially in drugs which are used to 'delay' surgery, referral or admission (drugs such as pain relief, opiates, pregabalin etc.).

The following table shows the Top 10 Drug Baskets of cost increase over the last 12 months

Description					% Change			
	Actual Cost Mar 2021	Actual Cost Mar 2020	% Change	Difference - Actual Cost	Items Mar 2021	Items Mar 2020	Change	Change Items
Selective Serotonin Re-Uptake Inhibitors	2,997,213	1,141,498	163%	1,855,715	737,688	711,592	4%	26,096
Oral Anticoagulants	8,534,791	7,018,299	22%	1,516,492	291,871	295,002	-1%	(3,131)
Other Antidiabetics	5,901,644	5,287,601	12%	614,043	161,565	150,379	7%	11,186
Detection Sensor Interstitial Fluid/gluc	1,239,736	606,967	104%	632,769	18,322	8,966	104%	9,356
Non-Opioid Analgesics	2,765,461	2,306,645	20%	458,816	661,298	669,044	-1%	(7,746)
Proton Pump Inhibitors	1,731,803	1,352,096	28%	379,707	1,107,638	1,020,093	9%	87,545
Corticosteroids (respiratory)	3,896,633	3,686,181	6%	210,452	431,198	407,933	6%	23,265
Selective Beta(2)-Adrenoceptor Stimulants	2,702,287	2,403,204	12%	299,084	475,466	482,168	-1%	(6,702)
Drugs Used In Megaloblastic Anaemias	1,310,479	859,961	52%	450,518	230,952	230,066	0%	886
Antipsychotic Drugs	480,512	388,419	24%	92,093	64,554	61,959	4%	2,595
Extract of Top 10 items of Cost Growth	31,560,559	25,050,870	26%	6,509,689	4,180,552	4,037,202	4%	143,350

- Whilst the total number of items issued across these 10 drug baskets has only increased by 4%, the total cost has increased by 26%.
- Oral Anticoagulants (NOAC's and DOAC's previously referred to) has seen a negligible change in the volumes issued (a 1% reduction), however the total cost has increased

by £1.5m (22%). This is an example of a change in evidence-based practice leading to a cost increase.

- Similarly, Serotonin Inhibitors has shown a £1.8m (163%) increase in cost yet only a 4% increase in the volumes prescribed. This is an example of the product unit price changing due to a nationally imposed price change.

Partly offsetting this cost increase, the following table shows the Top 10 areas of cost reduction over the same period, although these have only generated £2.5m of cost reductions compared to the £6.5m increase in the Top 10 growth areas.

Description	Actual Cost Mar 2021	Actual Cost Mar 2020	% Change	Difference - Actual Cost	Items Mar 2021	Items Mar 2020	% Change	Change Items
Urinary Frequency & Nocturnal Enuresis Dgs	1,269,764	1,848,860	-31%	(579,096)	114,293	116,683	-2%	(2,390)
Non-Steroidal Anti-Inflammatory Drugs	1,051,563	1,608,551	-35%	(556,988)	192,139	204,619	-6%	(12,480)
Glucocorticoid Therapy	449,378	766,720	-41%	(317,342)	126,530	156,671	-19%	(30,141)
Antimuscarinic Bronchodilators	1,729,245	2,023,431	-15%	(294,186)	71,394	82,767	-14%	(11,373)
H2-Receptor Antagonists	161,484	343,479	-53%	(181,995)	14,799	128,845	-89%	(114,046)
Treatment Of Glaucoma	1,261,960	1,445,939	-13%	(183,980)	146,923	153,914	-5%	(6,991)
Foods For Special Diets	613,460	705,250	-13%	(91,790)	22,737	22,457	1%	280
Wound Management & Other Dressings	100,049	136,305	-27%	(36,256)	2,737	3,545	-23%	(808)
Central Nervous System Stimulants	553,733	605,757	-9%	(52,024)	14,299	15,366	-7%	(1,067)
Screening And Monitoring Agents	1,441,042	1,617,755	-11%	(176,713)	69,511	71,678	-3%	(2,167)
Extract of Top 10 items of Cost Reduction	8,631,678	11,102,047	-22%	(2,470,369)	775,362	956,545	-19%	(181,183)

Further analysis of Prescribing costs and activity is produced every month at the individual GP Practice level (using a nationally defined measure), for the 3 Area Heads of Primary Care Prescribing.

3. All Wales Analysis

The following table shows the All-Wales Health Board level comparison of total costs and volume for the 2019/20 and the 2020/21 financial years:

Health Board Cumulative	2019/20		2020/21		Movement between 2019/20 & 2020/21		% Movement			
	Amount (£)	Total Items	Amount (£)	Total Items	Amount (£)	Items	Amount (£)		Total Items	
							RANK	%	%	RANK
Aneurin Bevan	103,280,221	16,227,365	108,973,805	16,026,833	5,693,584	-200,532	5	5.51%	-1.24%	3
Cardiff & Vale	76,879,631	10,404,856	80,493,396	10,233,899	3,613,765	-170,957	3	4.70%	-1.64%	2
Hywel Dda	73,438,939	10,521,365	76,673,351	10,390,739	3,234,412	-130,626	1	4.40%	-1.24%	4
BCU	116,759,528	17,858,365	122,153,013	17,560,086	5,393,485	-298,279	2	4.62%	-1.67%	1
Swansea Bay	68,910,974	10,386,426	73,011,926	10,322,404	4,100,952	-64,022	7	5.95%	-0.62%	6
Powys	24,638,420	3,540,893	25,953,378	3,525,318	1,314,958	-15,575	4	5.34%	-0.44%	7
Cwm Taf	88,059,512	13,160,774	93,067,336	13,038,660	5,007,824	-122,114	6	5.69%	-0.93%	5
TOTAL	551,967,225	82,100,044	580,326,205	81,097,939	28,358,980	-1,002,105	Ave	5.42%	-1.25%	Ave

There has been an increase in GP Prescribing costs of £28.3m (5.42%) in the 12 month period across NHS Wales, yet there has also been a reduction of more than 1m (1.25%) items issued. This suggests that nationally, the change in total cost must also be driven by Price changes.

Note that across NHS Wales, BCU has the highest percentage reduction in volume, which has allowed the overall percentage cost increase to remain the second lowest (4.62%).

4. No Cheaper Stock Obtainable (NCSO)

NCSO price concessions are a mechanism to allow pharmacy contractors to be automatically reimbursed for a drug at a set Drug Tariff (DT) price, which is higher than that listed in the Drug Tariff. The Pharmaceutical Services Negotiating Committee (PSNC) may request that the Department of Health and Social Care (DHSC) consider setting a price concession for any drug listed in Part VIIIA, or Part VIIIB (specials and imported unlicensed medicines) which is only available above the set Drug Tariff reimbursement price.

The May 2021 PSNC Price Concessions list (Price Concessions: PSNC Main site) contains the following 11 products which have a Concession Price increase of more than 100%.

Product	Pack Size	DT price (May 21)	Concession price	£ Increase	% Increase
Zonisamide 100mg capsules	56	£7.63	£49.99	£42.36	555%
Etoricoxib 60mg tablets	28	£3.17	£12.00	£8.83	279%
Eplerenone 50mg tablets	28	£7.02	£26.30	£19.28	275%
Olmesartan medoxomil 40mg tablets	28	£4.46	£14.52	£10.06	226%
Eplerenone 25mg tablets	28	£4.56	£14.25	£9.69	213%
Trimethoprim 200mg tablets	14	£1.42	£3.97	£2.55	180%
Trimethoprim 200mg tablets	6	£0.61	£1.70	£1.09	179%
Pregabalin 75mg capsules	56	£2.39	£6.50	£4.11	172%
Olmesartan medoxomil 20mg tablets	28	£3.22	£8.30	£5.08	158%
Olmesartan medoxomil 10mg tablets	28	£3.47	£7.85	£4.38	126%
Pregabalin 50mg capsules	84	£3.24	£6.69	£3.45	106%

Through the Medicines Information Team, the cost impact of these NCSO price concessions is forward-tracked and estimated based on historic usage levels.

5. Chief Pharmacist View

It is the Chief Pharmacist's view that the Health Board's significant investment in medicines requires continuing and heightened expert professional pharmacy input to fully realise the benefits of investment in drugs and medication. Investment to date in the pharmacy workforce has influenced clinicians to effect implementation of evidence-based prescribing guidance but not all patients, wards or GP practices receive this.

Excellence in implementing evidence-based practice by definition improves outcomes for patients, reduces harm and waste. The holistic and system-wide return on investment will only be realised through a longer-term value based approach, which inevitably will see the direct costs against GP Prescribing budgets increasing however this will be more than compensated for, by improvements in patient flows both through the elective and non-elective pathways and across most specialties.

In the shorter-term, the Pharmacy Teams, across Hospital, Community and Primary Care, will continue to drive drug and prescribing transactional and tactical cost reductions and efficiency savings, as seen by specific examples previously discussed in this paper such as:

- a) Anti-psychotics - during the pandemic, antipsychotic use in dementia has not been reviewed or reduced as regularly as it would normally have been. Carers are reluctant to reduce or change medication due to concerns around stress and anxiety where visiting restrictions and lack of activities may impact on patient emotional wellbeing. Led by our consultant pharmacist within Mental Health (the first across Wales), pharmacy teams can improve on this as a priority by working within the Multi-Disciplinary Team (MDT) to ensure people with dementia or frailty have their medicines optimised.
- b) Antimicrobial stewardship now has an established professional lead across primary care as well as acute hospitals, with all the team understanding their roles across each health economy. Led by a consultant pharmacist, the pharmacists and pharmacy technicians are key to the success we have had over the last few years. They must also be part of the MDT, to ensure that the standards do not slip and that the previous benefits seen over time are not lost. A Public Health Wales published report following the 1st wave of COVID shows that the proportion on antibiotics prescribed increased per consultation. Therefore, despite the reduced total number of prescriptions, the proportion per consultation increased by 44%. This is now key focus for our pharmacy teams to optimise care ahead of the third wave and reduce inappropriate antibiotic prescribing.
- c) NICE guidance for chronic pain recommends non-pharmacological alternatives, which are not currently resourced. Inevitably, medication for pain such as opioids and pregabalin have increased during COVID as orthopaedic waiting times increase, and patients require pain relief whilst waiting for hip surgery etc. Changing chronic pain treatment is highly challenging and demanding and requires expert pharmacist support to maintain pain control whilst reducing the “pill burden”.
- d) NICE guidance has recommended that warfarin is now superseded by the more expensive NOACs as first choice for anticoagulation. We have been monitoring their growth for a number of years but there will be a further increase in years to come, with patients on warfarin being switched as this latest guidance becomes embedded. Pharmacy will be central to ensure that patients anti-coagulation is optimised so that stroke and other cardio-vascular events are reduced

6. Conclusion

The Health Board is currently the best performing in Wales, with the largest percentage reduction in the volume of items prescribed and the second lowest percentage increase in cost.

A significant driver of this cost increase in the National Prices and Concessions within which a number of drugs have increased in price by more than 100% in one month. The Health Board has little or no influence over the NCSO price concessions, nor has it any control over the Nationally Set Drug Tariffs, which includes Category M drug baskets.

However, the cost increase does represent an unfunded cost pressure of more than £5m across the Health Board and the table on Page 2 shows that there is significant variation between the West, Centre and the East. As such there must be opportunity for cost

reductions, cost management / mitigation actions through reducing the variation at the GP Practice level within each of the Regions.

Holistically it is essential to look not just at the cost of drugs, but their underlying and longer term Value, particularly across the whole Healthcare System and across traditional Divisional or Budgetary boundaries. Direct cost increases against the GP Prescribing Budgets, will result in quality, performance and outcome improvements such as for example, and reduced stroke admissions, cardiac events, diabetes or respiratory admissions. However, correlation is currently difficult and the return on investment in drugs may not be fully realised until 3 or 5 years in the future.

Adopting a Value-Based approach and model to prescribing and medication must be a key Health Board policy and strategy.

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Workforce Performance Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development (OD)						
Awdur yr Adroddiad Report Author:	Mr Nick Graham, Associate Director Workforce Planning & Performance						
Craffu blaenorol: Prior Scrutiny:	Executive Director of Workforce & Organisational Development (OD)						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report and planned improvements to reporting.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
This Report sets out the overall position in relation to workforce performance up to 31 st May 2021. It brings together the position in terms of:							
1) Organisation Wide Workforce Composition <ul style="list-style-type: none"> a) Budgeted Establishment versus Actuals b) Current Vacancy Rates c) Non-Core/Flexible Workforce d) Attendance & Availability e) Pay Spend across all areas 2) Workforce Systems & Processes Performance <ul style="list-style-type: none"> a) Recruitment b) Resourcing 							
Future reports will set out the current state performance, being clearer in terms of the background and range of acceptable levels using standard variation methodology. In addition, greater links will be made to the impact of additional budget availability as part of the recovery of activity and improvements in-patient care. Finally, future reports will provide more focussed information on the forecast/projected performance for the year and as we progress, for the next 1-2-3 years as improvements in workforce planning are achieved.							
Asesiad / Assessment & Analysis							

1) Organisation Wide Workforce Composition

a) Budgeted Establishment vs Actuals

Table 1 below sets out the total budgeted establishment and actual whole time equivalent (wte) in post for May 2021 with Table 2 providing the position for June 2020.

The budgeted establishment has increased overall by 350 wte with the most material increases in Additional Clinical Services (nursing)(ACS) and Nursing and Midwifery (N&M) with 148 and 136 wte respectively. This reflects the investment being put into the Health Board through the 20/21 winter pressures funding and the performance funding for 21/22. It also reflects the creation of new services as a result of Covid19 such as the Test Trace Protect (TTP) service. The vaccination booster service is being developed as part of the ongoing support required as a result of the pandemic.

Actuals in post has also increased by 504 wte, again with the most material increases in Additional Clinical Services (ACS) and Nursing and Midwifery with 232 and 177 wte respectively. Other significant increases (in proportion terms) are Admin & Clerical with 149 wte and Allied Health Professionals with 30 wte, The ongoing increase in the ACS and nursing workforce reflects the successful programmes such as the overseas nursing campaign which has seen over 60 new nurses recruited to the Health Board; this programme is looking to expand to bring in over an additional 100 nurses over the next 12 months. Other initiatives include the Memorandum of Understanding (MOU) with Doctors Direct, an organisation working with the Health Board to supply junior doctors who have British nationality but qualified as a doctor overseas within the European Union.

Table 1 Budget V Actual WTE as at May 2021

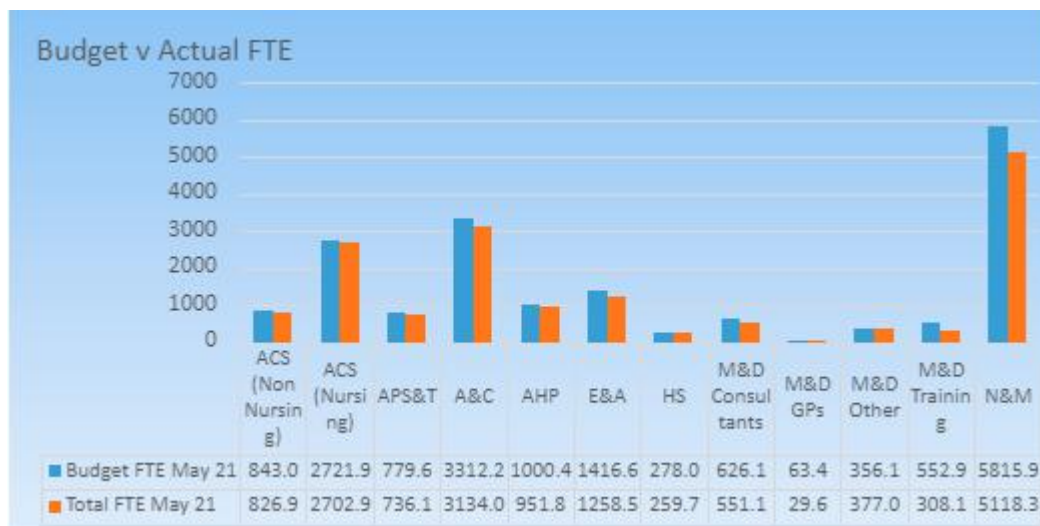
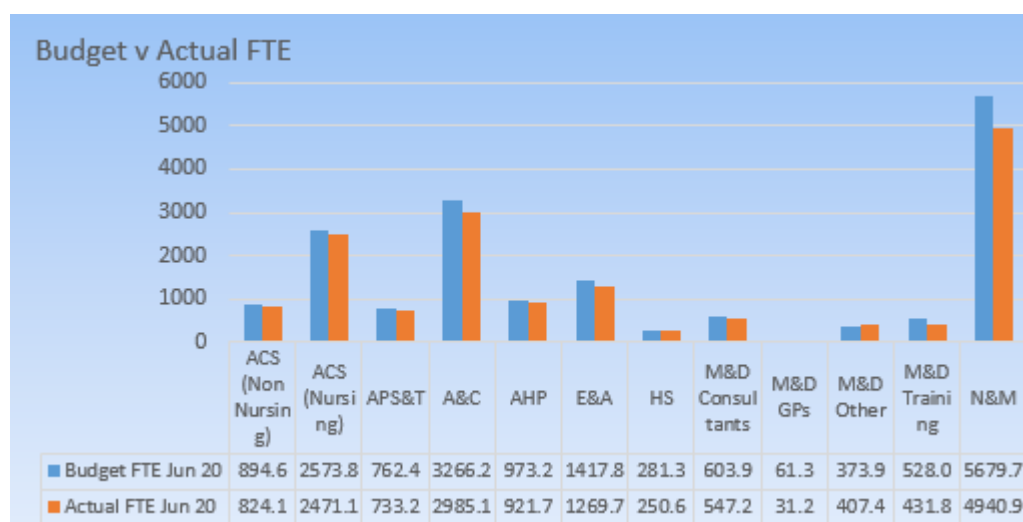


Table 2 Budget V Actual WTE as at June 2020



Work is also ongoing across 6 clinical areas to carry out clinically-led service/workforce reviews supported by Kendall Bluck. We would expect this see this work realise benefits across Q3 and into Q4 of 2021.

The scope of the work is take the learning from the pandemic in terms of workforce and service delivery with a view to ensuring that future services are patient focussed, safe and sustainable, as well as optimising workforce efficiency. They will do this through a combination of data analysis, demand and capacity modelling, clinical workforce modelling and redesign, financial assessment, reworked clinical models and pathways and benefits realisation. The six areas each have a lead executive as Senior Responsible Officer (SRO) and there is a robust programme structure in place around each review work stream as can be seen in Table 3 below:

Table 3 Clinical Workforce Service Review Programme Structure

Service Review	Exec SRO	Project Team
Emergency Care Pathway	Gill Harris	Medical Lead, Nursing Lead, Therapies/Health Sciences Lead, HR Lead, Finance Lead, Programme Lead.
Colorectal Services	Arpan Guha	
Stroke Services	Chris Stockport	
Women's & Children's Services	Teresa Owen	
Mental Health	Teresa Owen	
Urology	Arpan Guha	

The outputs are anticipated to be: improved patient outcomes, improved efficiency, improved employee morale and work/life balance, and increased patient satisfaction. The implementation of the reviews is scheduled to be towards the end of Q2 and into Q3 of 2021. Some of the likely benefits will be more balanced clinical rotas across the identified areas and better training opportunities for our trainees. The monitoring arrangements will be through the monthly overarching programme group for each service review with regular update reports going through to Execs and being reported through this report to the F&P committee.

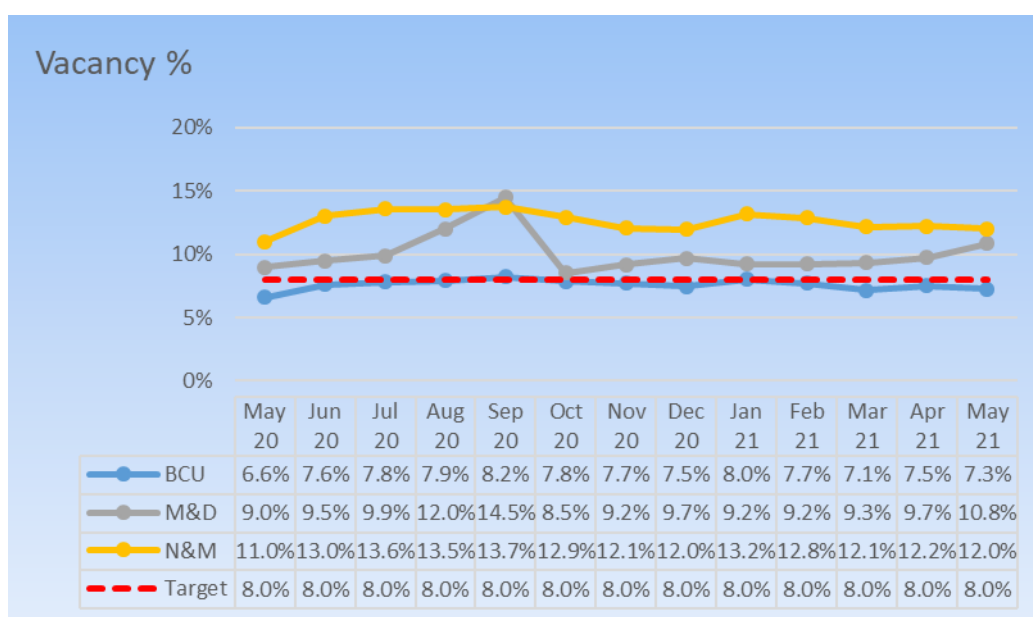
All of this work will be undertaken to the standards laid down by the relevant Royal Colleges, professional organisations, and the relevant education and training requirements linked to the service.

b) Current Vacancy Rates

Table 4 sets out the current overall vacancy rate for the Health Board, alongside this is the Medical and Dental, and Nursing and Midwifery vacancy rates as percentages. Whilst clearly there are other professional groups critical in the delivery of care and services, these two groups are fundamental in delivery of clinical services.

The organisational vacancy rate has been maintained below on or 8% across the last 12 month period, with a blip in September 2020. A comparative measure as to how well we perform across wales is the advertised posts metrics which across Wales is 2.8% whilst in BCU it is 2.5%. This was due to two main factors: an adjustment in the employment model for trainee doctors and a lag in appointment of newly qualified and recruited nurses. The workforce team have now gained additional resource to support strategic recruitment and as such these issues will be addressed ongoing. As a result we would expect to see an improvement across the recruiting manager KPIs shown in table 16 further on in this report. This will be monitored through our regular workforce performance meetings and presented back to the committee in this report going forward.

Table 4. Vacancy Rate at 31 May 2021



The vacancy rate for medical and dental staff shown in Table 4, has been averaging 9.6% across 2021 but currently sits at 10.8% (this includes all grades i.e. training vacancies).

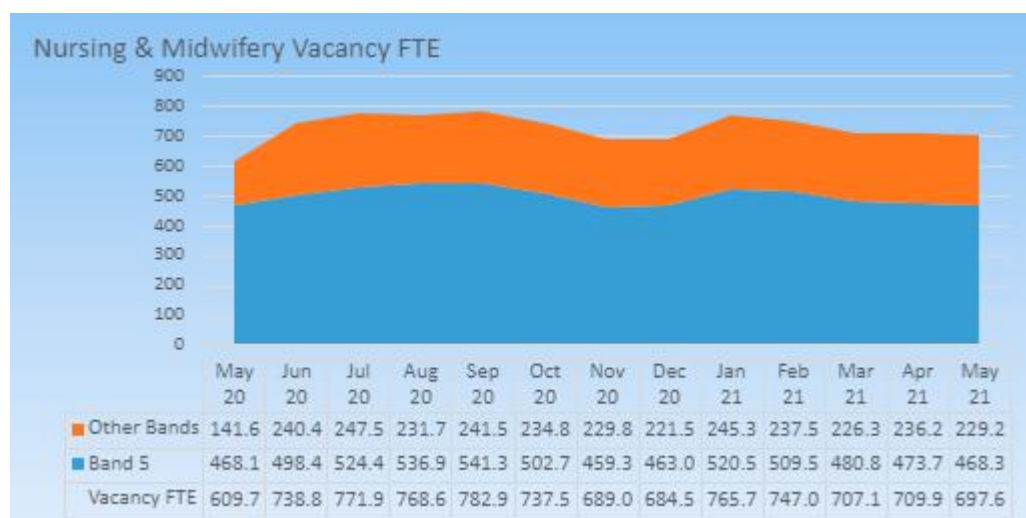
Consultant recruitment still remains positive with appointments made to the majority of roles advertised, the reason for the monthly percentage increase from April to May 2021 in the vacancy rate is due in part to the increase in the number of consultant posts (23 wte year on year).

Work continues with a number of partner organisations as well as with teams across Acute, Community and Mental Health and Learning Disabilities to deliver against recruitment plans in place. Currently the hard to recruit specialities are CAMHS, COTE and Rheumatology. We are working with the 3 areas specifically. With CAMHS we are approaching HEIW with a view to improving trainee take up which is a national issue, and exploring lower grade recruitment through the MCH programme, with a view to developing SAS doctors in the future. With COTE where there have been long term vacancies since 2016 we have redesigned their advertising campaign and have placed a

greater focus on flexible working opportunities to attract a different target audience. In addition targeted recruitment campaigns working with a specialist digital recruitment company are being undertaken to support the new business case for Stroke and the longstanding issues in Rheumatology. Alongside this the work with Doctors Direct as mentioned previously will enable the Health Board to generate a steady flow of Junior Doctors to supplement existing gaps and build a succession pipeline going forward.

There has been a steady improvement in nursing vacancies from January 2021 which stood at 13.2%. Table 4 shows the rate in Nursing and Midwifery down to 12% in May 2021 and Table 5 shows this in wte. In May there were 697.6wte vacancies across the nursing workforce including 468.3 wte at Band 5. This is a decrease on the figures reported for January (765.7 inc 520.5 at band 5) with the difference in the main due to steady recruitment across nursing and the addition of 24 international nurses per month as part of the international nurse recruitment programme commissioned by the Health Board back in 2020. This is positive news but whilst the model of delivery remains predominantly inpatient bed based across multiple locations sustaining this increase in nursing staff is likely to continue to be a challenge. The current service reviews underway across the six specialities will provide opportunities to look at the way we deliver our services and the introduction of Clinical Fellowships will support ongoing recruitment and retention. Alongside this we are currently reviewing training number and types and will be working with HIEW to look at commissioning numbers and roles and the funding associated with them across North Wales. This work is aligned with the work that is ongoing with Bangor University around the North Wales Medical and Health Sciences School.

Table 5. – Nursing and Midwifery Vacancy Rate



Whilst progress has been made in respect of student nurse conversion, recruitment and international recruitment, the levels in some teams remains very high with the highest in Secondary care across Ysbyty Wrexham Maelor (YWM) at 19% and Ysbyty Glan Clwyd (YGC) at 17% respectively. Rates in Area Teams in Centre and East are lower at 10.1% and 9.9%. YGC has seen a reduction (improvement) in the vacancy rate from a position above 20% for the majority of the last 12 months (at its peak the rate was 21.1% October 2020) and given that there has been no reduction in turnover rates this is likely to be as a result of the focussed work undertaken by the nursing team supported by workforce. This is a useful “case study” particularly when set against the context at YGC in terms of flow and bed availability. It will be important that we understand and learn from the key contributors to this position to inform work in the other patches.

The position in West in both Ysbyty Gwynedd (YG) and Area is in stark contrast to East and Centre with vacancy rates of 8.6% and 4.9% with an increase at YG but an improvement across Area on January's figures. This will be multifactorial but is likely to be linked to location, recruitment "competitors" as well as environment and leadership. The work that is ongoing with Just R (specialist recruitment partner) around targeted recruitment of band 5 nurses will allow us to close the gap and manage retention across this cohort. The Clinical Nurse Fellow programme that we are working on in collaboration with Wolverhampton NHS Trust will both attract new nurses to the Health Board and support the retention of existing nurses by providing a clear progression pathway within the Health Board for nursing professionals.

c) Non-Core/Flexible Workforce

Table 6. Register Nursing Hours Filled vs Unfilled

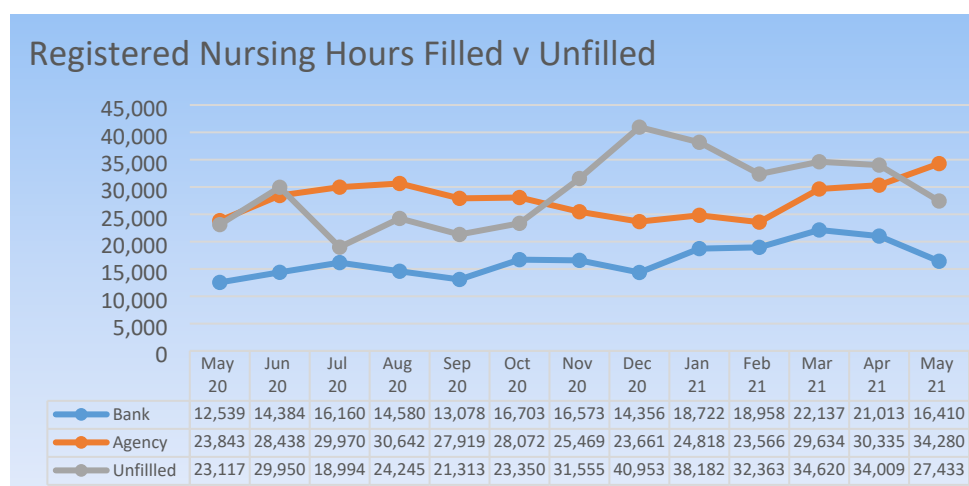


Table 6 shows the number of hours filled by bank and agency nurses and unfilled hours remaining each month across BCU. The figures for May 2021 show a steady increase in the use of agency nurses whilst there is a decrease in the number of hours being filled from the bank. Some of the intelligence behind this indicates a higher reliance on agency workers as fatigue across our bank nurses from supporting Covid 19 starts to take an effect. Workforce are working to drive further recruitment to the bank which has seen an increase in numbers but these were initially absorbed by the vaccination programme. As part of the planning for the vaccination workforce we are moving from a register vaccinator led programme to an unregistered vaccinator led programme which should release some register nurse capacity back into the system.

Table 7. Medical & Dental Hours Filled vs Unfilled

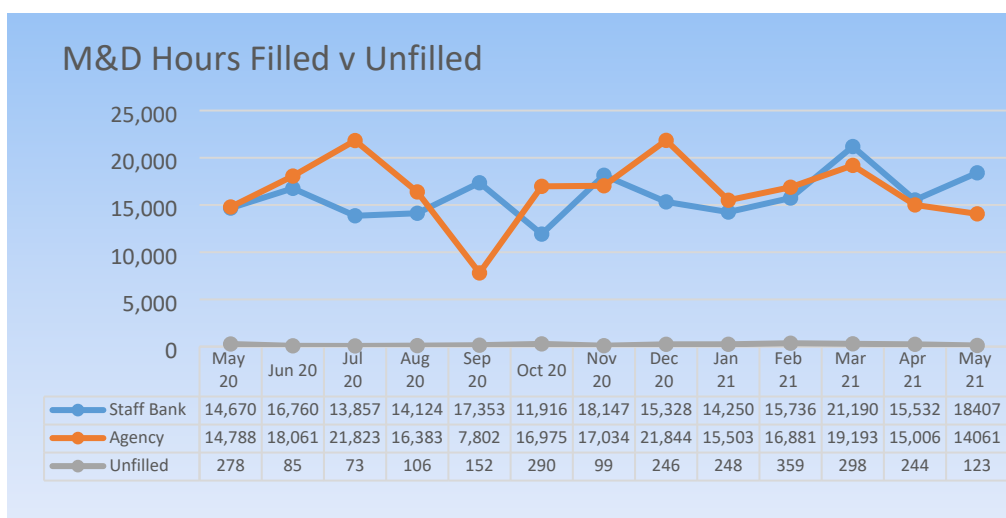


Table 7 shows the number of hours filled by bank and agency doctors and unfilled hours remaining each month across BCU. As can be seen there has been an overall increase in hours requested. The balance in May saw hours filled by bank significantly outstrip hours filled by agency - this is being monitored and with the support of ongoing initiatives such as the work with the Doctors in Training Bank which will supply additional doctors to support our existing bank, we aim to keep increasing the bank fill in comparison to the agency fill going forward.

d) Attendance & Availability

Table 8 shows the sickness absence rate for the Health Board split by Non COVID19 related and COVID19 related as at 31 May 2021.

COVID19 related absence decreased steadily over 2021 from 1% in January to 0.3% in May. In addition, Non COVID19 related absence increased slightly. Whilst the Non Covid rate decreased across the first quarter of 2021 (Average 4.6%) it has started to increase again in May (5.0%) and is now higher than the same period in 2020, it is likely that this will continue to rise as the impact of the sustained pressure over 2020/21 starts to be felt. Work is underway both nationally and locally to put measures and further plans in place to address this and mitigate the risks associated with increased physical and mental ill health as well as the potential increase in turnover and subsequent pressure on remaining staff. Currently there are 41 employees away from work with Long Covid, this is down from 81 earlier in the year. The workforce team closely monitors this and is working with Occupational Health and managers to ensure returners are well supported given the newness of this condition.

The capacity of managers, workforce and occupational health teams to support “regular” sickness management has continued to be impacted by the continued pressure of the pandemic and vaccination programme. Cases are being prioritised to ensure that those long-term cases requiring resolution and the highest risk cases continue to be covered.

The commencement of the Strategic Organisational Development Route map is a key element to maintaining resilience and wellbeing of our staff. The discovery phase of ‘Stronger Together’ started in March and is progressing well.

Table 8. – Sickness absence rate

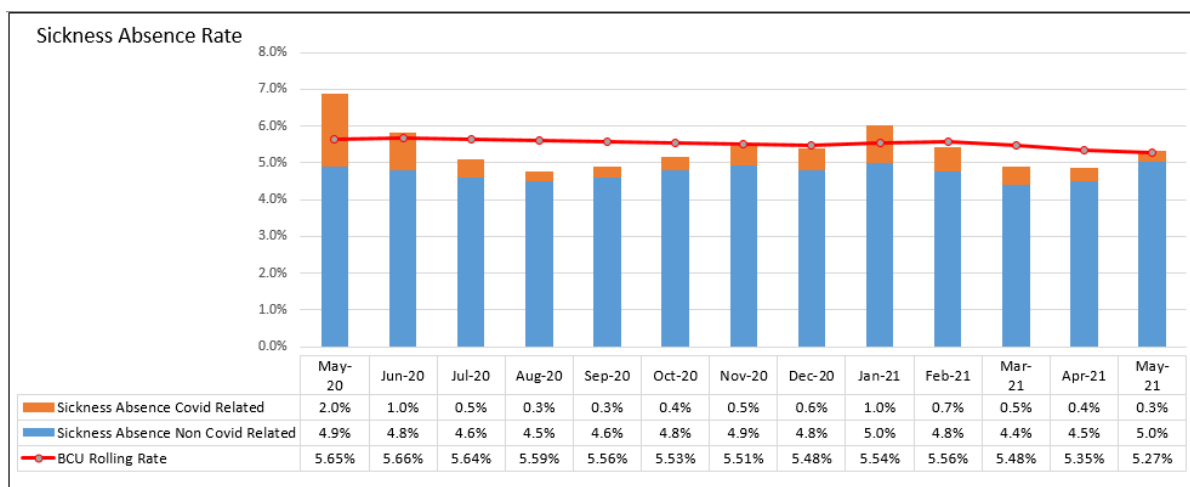
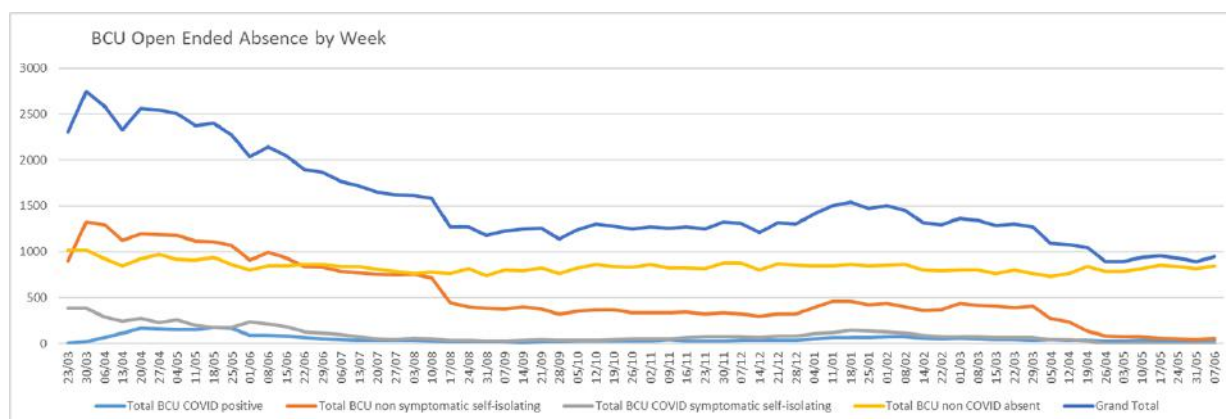


Table 9 below shows both Covid19 and non-COVID19 related absence by week since w/c 23 March 2020. This information, was used as part of the modelling being undertaken to underpin the plan for 2021/22 and ongoing as part of the plan refresh at the end of May 21. It is also used to inform the forward modelling work carried out across the operational teams and is utilised with the Intelligence Cell to support projections around Covid19 and its potential impact on the Health Board.

Table 9. – Total Covid19 and Non COVID19 Open absence by week



Since the last report in January we have seen a significant drop in staff positive cases. As we move into the summer months, the positive impact of the vaccination programme is being seen, but we will be monitoring all areas and sites closely with the advent of the Delta variant across the Northwest of England and the opening up of tourism again in North Wales.

Table 10 shows the profile of testing and all results and Table 11 shows positive cases split by geographical Area in terms of acute and primary and other BCU units. This information allows workforce to better understand the availability of staff and is also being used to inform the modelling for planning purposes.

Table 10. – COVID19 Testing and case profile for BCU Staff

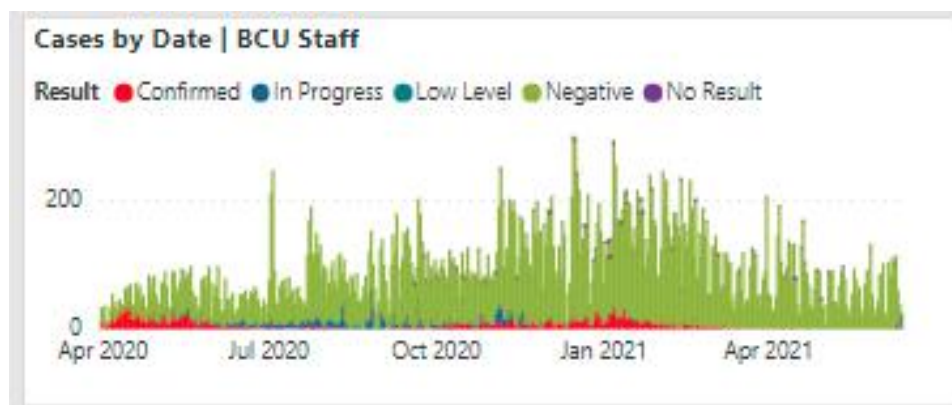
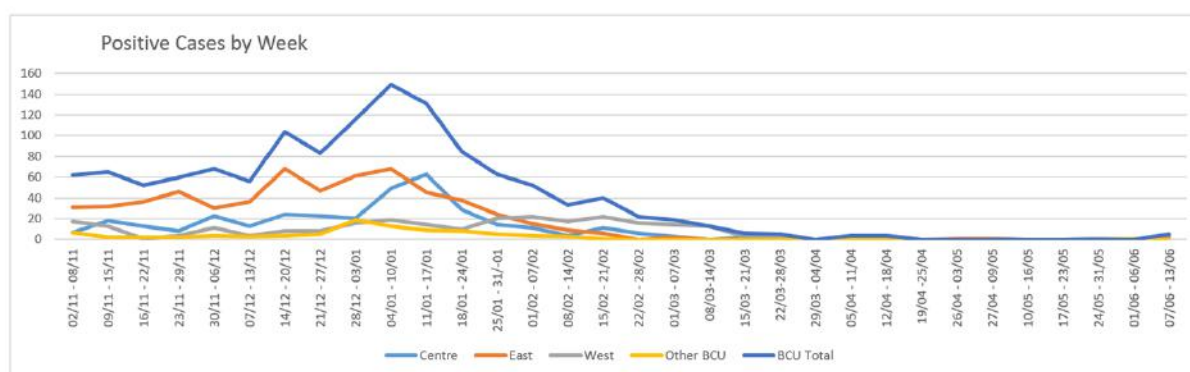


Table 11. – COVID19 Positive Cases by week for BCU Staff



A key element to ensure attendance of staff and provide protection for themselves and their patients is the staff Covid19 vaccination programme. For the Health Board, we have applied the Clinical Guidelines based on the Green Book and in line with national policy.

The Health Board has:

Offered vaccinations to 100%:

- Group 2 BCU frontline workers
- Group 3 BCU non DPC staff 75 years and over
- Group 4 BCU non DPC staff 70 years and over and clinically extremely vulnerable

As of end of May 2021 the following position in terms of first and second dose vaccinations for staff can be seen in table 12 below. In total 18200 staff have received first and second dose vaccinations of which 2374 are bank or locum workers.

Table 12: Staff Vaccination Position in numbers and as a % total of staff and bank workers

Assignment Category	Vaccinated 1 Dose		Vaccinated 2 Doses	
Permanent/Fixed Term/Non Execs	1795	9.46%	15826	83.36%
Bank/Locum/Honorary	596	15.6%	2374	62.15%

e) Pay Spend across all areas

Table 13. Pay Spend across BCU – Core & Non-Core

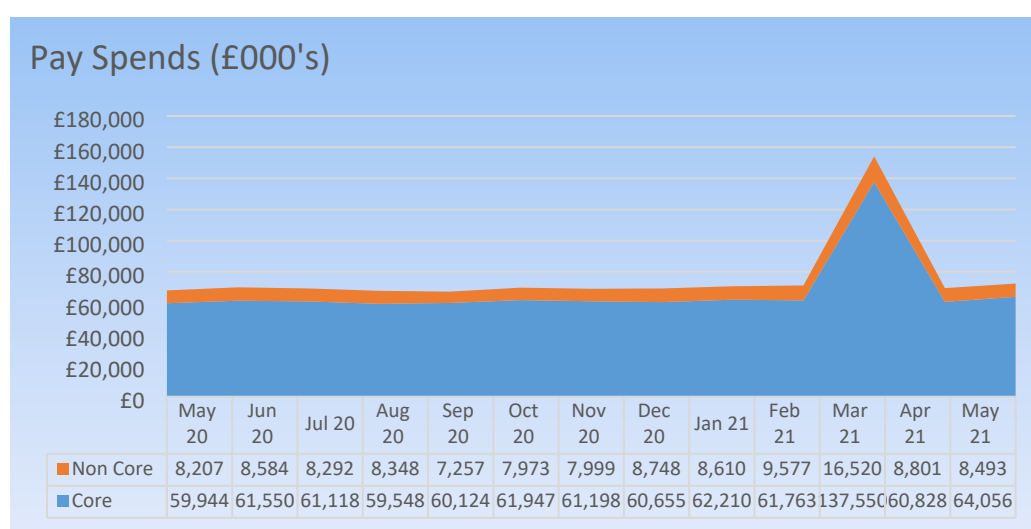


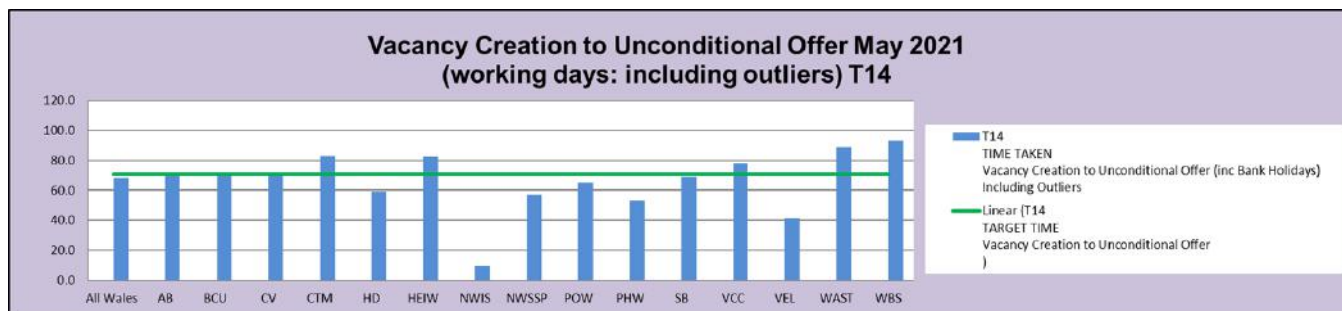
Table 13 shows the total pay spend across BCU and the proportion of core spend against non-core spend. This has remained reasonably static across the last 12 months with the sharp rise in March attributed to pay increases and bonuses which were funded directly by Welsh Government. The position in May 2021 was that non-core pay spend accounted for 11.7% of the overall pay spend across BCU. The current high level of additional hours worked by existing staff as a result of Covid19 can account for a large part of this high proportion, and ongoing the planned care recovery programme will see additional hours worked by planned care teams to reduce the backlog. This is something that Workforce is aware of and is working with teams to look at ways to ensure the impact on staff working non-core hours can be balanced where possible.

2) Workforce Systems & Processes Performance

a) Recruitment

This recruitment data included within the report is presented for the Committee to initially understand where BCU sits in comparison to other Health Boards. This information is provided by the NHS Wales Shared Service Partnership.

Table 14. - Vacancy Creation to Unconditional Offer



As can be seen in Table 14 BCU is on the target time in terms of vacancy being created to an unconditional offer being made to a candidate. We also outperform or are on par with a number of Health Boards across Wales. The intention is to strive to work both internally and with some of the better performing Health Boards to improve our performance as outlined below in Table 16. We will be reviewing our end to end recruitment processes and review the models in place across Wales and look to adopt any best practice to build into our review and practice going forward.

Table 15. Vacancy Creation to Conditional Offer



As can be seen in Table 15 BCU is below the target time in terms of vacancy being created to a conditional offer being made to a candidate. We also outperform or are on par with a number of Health Boards of comparative size across Wales.

Whilst overall performance against key performance indicators (KPIs) is positive compared to other Health Boards, We are clear that there are still critical improvements required. Table 15 below shows the internal performance indicators split by steps in the process. This provides external validation of the need for the Health Board to secure significant improvement in the first step Time from Notice to authorisation start date as well as identifying further improvements across the end-to-end process.

Table 16. Recruiting Managers Key performance Indicators

Recruiting Managers Key Performance Indicators			
Trac Report Code	Trac Recruitment Health Check	Average Time in Working Days	
		Target	May-21
T0a	Time from Notice to Authorisation Start Date	5	52.7
T1a	Time to Approve Vacancies	10	3.8
T4	Time to Shortlist	3	5.6
T5b	Time to notify Recruitment of Interview Outcome	3	2.5
T7	Conditional offer to ID appointment Booked	3	3.7
T7c	ID appointment attended to DBS form submitted	1	6.7
T9b	Time to approve references	2	2.7
T9c	Time to obtain all References	4	5.6
T13	Time from Vacancy Requested to Conditional Offer Letter Issued	44	41.3

Work is underway to scope a review using value based improvement methodology. This will run from July to end September with a number of Rapid Improvement sessions held with teams and key stakeholders. Applying the principle of testing small changes across the steps of the end-to-end process to ensure that clear evaluation and either scaling or revising is locked down. One of the first steps of this review will be to establish the intended future state/target KPIs both qualitative and quantitative. Progress against this review will be reported to future committee meetings.

b) Resourcing

Workforce teams have carried out a review of all current senior interim agency contracts and as a result have developed and implemented an Enhanced Contract Management process to ensure the Health Board only uses interim appointments for the minimum amount of time required. The system has robust justification and compliance measures built in and also ensures that the link between interims and vacancies is monitored and going forward that this gap will be minimised to ensure interims are only used when absolutely required across the Health Board for the least amount of time.

The resourcing team has also continued to work closely together with Area Vaccination Leads and Occupational Health to deliver a workforce that has enabled the delivery of the vaccination programme across North Wales to date.

The team has ensured that all establishments across the sites are in line with the revised clinical structure.

In conjunction with the Associate Director for Nursing they have worked with sites to ensure consistency in clinical assurance and delivery across the vaccinator cohort of both registrant and non-registrant roles.

The Workforce Programme group monitors and reviews the ongoing workforce requirements to ensure consistency and delivery and to deal with any mobilisation issues as they arise.

Members of the Workforce resourcing team work closely with the sites daily, liaising with operational leads to ensure new starters are “on boarded” in a streamlined way, rosters are current and maintained and role competency assessments are carried out.

Site rosters are monitored for performance through the Triple A report in regular meetings led by the Associate Director for Nursing Workforce in conjunction with the Workforce Programme Lead. Weekly Sitreps are in place and reported through the Vaccination Governance Structure

Next steps see the resourcing and recruitment teams working with Area Leads and the Vaccination Programme Manager to enable workforce plans to support the Booster Programme which is currently scheduled to commence across the autumn of 2021. The plan will be prominently rely on non-registered vaccinators and to date 186 have been trained across the Health Board, the plan will be a blended mixed workforce with less reliance on registered staff to administer the vaccine.

Strategy Implications

The effective management and deployment of our workforce is a critical enabler (as well as a driver) in the delivery of our strategic priorities. The alignment of our workforce with the core purpose of the Health Board is a foundation of the Workforce Strategy 2019-2022 and the Strategic Organisational Development Route Map referenced in the body of this report.

Financial Implications

The financial implications associated with the content of this report are reported within the Finance Report.

Risk Analysis

Workforce risks are set out within the Board Assurance Framework and Corporate Risk Register. There are no additional risks arising from the content of this report.

Legal and Compliance

The processes in place supporting the elements described in the body of this report are compliant with both legal and regulatory requirements.

Impact Assessment

Each element described in the body of this report is subject to review to identify and address the implications and opportunities to promote equality across staff with protected characteristics.

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Care Packages - Approach to the 2021/22 Fees
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning
Craffu blaenorol: Prior Scrutiny:	None
Atodiadau Appendices:	Appendix 1 - Care Packages - Approach to the 2021/22 Fees

Argymhelliaid / Recommendation:

The Committee is asked to approve inflationary uplifts for 2021/22 in relation to Continuing Health Care (CHC) and Funded Nursing Care (FNC) and a further additional premium to the CHC rate to support market stability. The range of CHC provision is complex and there are 12 components that the Committee is being requested to support as follows:

	Recommendation Summary	Summary Details	Recommendation
1	Premium payment to the CHC rate for 2021/22	Circa £40 per week increase	Appendix 1. See table in section 2.1.2
2	Care Homes with Nursing	Match LA weekly rate increase + FNC estimate	
3	Domiciliary Care Fees	Match LA individual provider uplifts	See Section 2.1.3
4	Residential Placements	Match the LA percentage increase	See Section 2.1.4
5	Joint Funded	Match the LA percentage increase	See Section 2.1.5
6	Out of Area Placements	Average % of the two border Local Authorities	See Section 2.1.6
7	Individually negotiated Local Authority Rates	CHC rate & pay for any additional 'nursing' need	See Section 2.1.7
8	Bespoke Packages of Care	In line with CHC uplift	See Section 2.1.8
9	All Wales Commissioning Care Assurance & Performance system	In line with NCC Unit recommendations	See Section 2.1.9
10	Children's Packages of Care	Up to the ceiling of 2%.	See Section 2.1.10
11	Sleep Ins	No proposed inflationary uplift	See Section 2.1.11
12	Funded Nursing Care (FNC)	All Wales FNC rate for 2021/22 once agreed	See Section 3

See **Appendix 1** for full report

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	✓	Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
<p>To seek Committee approval for:</p> <ul style="list-style-type: none"> The inflationary uplift on CHC, Residential, Joint funded and Domiciliary Care fee rates for 2021/2022; An additional premium payment to the CHC rate for 2021/22. Note national progress on the Funded Nursing Care Fee Rate 2021/22. <p>The proposed rates in this paper have been fully costed and included in the 2021/22 Financial plan. These costings have since been rechecked with current 2021/22 patient numbers (& package types) and the cost envelope provided in the Financial plan is slightly higher than the likely current actual impact. As a result, the proposal will be fully funded and not cause the Health Board an additional cost pressure, as any growth in numbers can be managed within the existing planned sum.</p> <p>Please also note:</p> <ul style="list-style-type: none"> The additional Covid 'top-up' payments paid to care home and Domicillary care providers in 2020/21 will continued to be paid for part of 2021/22, but are not subject to an inflationary uplift and will be paid in accordance with 2021/22 Welsh Government guidance and regulations at nationally agreed rates. Hospices and other Voluntary Sector providers are not included in this paper and are dealt with separately under different contractual arrangements. 							
Cefndir / Background:							
<p>The purpose of this paper is to seek:</p> <ol style="list-style-type: none"> endorsement regarding the inflationary uplift of CHC, Joint funded and Domiciliary Care fee rates for 2021/2022; support for the additional premium payment to the CHC rate as the Health Board continues to develop its new CHC pricing methodology. <p>When considered with the additional premium payment agreed last year, these proposals will move towards setting a unified pan-BCU CHC fee rate for 2022/23; as at present, each county has an individual fee linked to the Local Authority rate.</p> <p>However, as in previous years, the uplift has been informed and linked to Local Authority rates to ensure that disputes with Providers over fee rates are minimised. Disputes also become less likely for CHC placements, as the application of the premium means that the overall uplift for CHC placements and packages are favourable compared to the Local Authority (LA) uplifts for 2021/22</p>							
Asesu a Dadansoddi / Assessment & Analysis							

Goblygiadau Strategol / Strategy Implications

The core CHC rate inflationary increase specifically relates to patients in a care home with nursing care. There are a number of variations to this and the full basket of 2021/22 CHC fees subject to an inflationary uplift for are as follows:

- o Additional premium payment to the CHC rate for 2021/22
- o Care homes with Nursing Care
- o Domiciliary Care (Framework/Non Framework/Enhanced)
- o Residential Placements
- o Joint Funded packages of Care
- o Out of Area Placements
- o Individually negotiated Local Authority rates
- o Bespoke Packages of Care
- o All Wales Commissioning Care Assurance and Performance system
- o Children's packages of Care
- o Sleep-ins
- o Funded Nursing Care (FNC) 2021/22

In addition to the inflationary uplift, the Health Board is working to establish a new pricing methodology, in collaboration with Care Forum Wales and other providers to ensure fair representation in the process. The finance plan for 2020/21 included a financial commitment to increase its fees over and above the inflationary uplift for a period of 3 years. The related funding identified in the 2021/22 draft financial plan is £1.766m, which represents an average increase in our weekly CHC rate per patient of circa £40 per week, similar to last year's £40 per week increase.

Whilst the work on the pricing methodology will give the Health Board a framework for price setting going forward, the proposal for 2021/22 is that we will apply a premium uplift which will be consistent with the approach adopted by some of the other Health Boards in Wales.

As a result of the application of second phase of the premium payment, which takes the total premium contribution to circa £80 per week, the proposed rates for 2021/22 move the Health Board CHC rates closer to the objective of including midrange of care acuity needs and have allowed some equalisation of fee rates across the six counties in North Wales.

As a footnote, an all Wales review of the draft finance plan by the Finance Delivery Unit has not highlighted an inconsistency in our approach, so we believe this proposal is reasonably consistent with the approach other Health Board across Wales have adopted.

Opsiynau a ystyriwyd / Options considered

None.

Goblygiadau Ariannol / Financial Implications

The draft finance plan included £4.691m for both inflation and the additional premium payment to the CHC rate for 2021/22.

Having modelled the above proposed uplifts on the existing patient database portfolio (May 2021), the expected financial impact is likely to be between £4.0m (based on 1% FNC uplift) to £4.3m if FNC is inflated to a high-end 3.3%.

Since the calculations were undertaken for the 2021/22 Financial plan, they have been validated with current 2021/22 patient numbers (& package types) and the cost envelope provided in the finance plan is slightly higher than the likely current forecast expenditure.

While it should be noted that CHC and FNC numbers are expected to increase during 2021/22 (as care homes open to more 'business as usual' arrangements and admission restrictions eased), the proposal is fully funded and the inflationary cost risk of additional patient numbers can be managed within the existing allocation and not cause a cost pressure.

Dadansoddiad Risk / Risk Analysis

The current market stability of the care home sector is under significant pressure for a number of reasons; the loss of patient numbers during the pandemic due to admission restrictions, reduced patient placements from the NHS and Local Authorities, plus the higher than usual deaths and discharge rates have reduced income levels; whilst responding to the Pandemic to reduce infection risks have increased costs. This risk was recognised by Welsh Government and they provided additional financial support via a Covid 'top-up' scheme, but this is likely to end during 2021/22.

As a result, if rates are not uplifted for inflation and the Health Board does continue with the planned premium uplift (to maintain a fee gap between NHS & LA rates to reflect of the higher needs of NHS placements), this would add a further financial impact on the Sector. Further reduced capacity in the care home sector would likely reduce the Boards ability to support the discharge of patients with complex needs from secondary care back into the community and slow Hospital recovery activity.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

None.

Asesiad Effaith / Impact Assessment

The application of the premium payment for the second year means that the Health Board will have provided uplifts above Local Authority levels for the last 2 years and addressed some of the funding issue concerns raised by Care Forum Wales. This should reduce some of the local pressure raised by Care Forum Wales' belief that BCU has historically under-funded care homes locally compared to National and UK rates.

Appendix 1

Care Packages - Approach to the 2021/22 Fees

1. Purpose

To seek Committee approval for:

- The inflationary uplift on CHC, Residential, Joint funded and Domiciliary Care fee rates for 2021/2022;
- An additional premium payment to the CHC rate for 2021/22.
- Note national progress on the Funded Nursing Care Fee Rate 2021/2022

2. Background

The purpose of this paper is to seek:

1. endorsement of the Board regarding the inflationary uplift of CHC, Joint funded and Domiciliary Care fee rates for 2021/2022;
2. support for the additional premium payment to the CHC rate as the Health Board continues to develop its new CHC pricing methodology.

When considered with the additional premium payment agreed last year, these proposals will move towards setting a unified pan-BCU CHC fee rate for 2022/23; as at present, each county has an individual fee linked to the Local Authority rate.

2.1 Inflationary Uplift

The core CHC fee rate specifically relates to patients in a care home with nursing care. However, there are also a number of variations to this and the full basket of 2021/22 CHC fees subject to an inflationary uplift for are as follows:

- Additional premium payment to the CHC rate for 2021/22
- Care homes with Nursing Care
- Domiciliary Care (Framework/Non Framework/Enhanced)
- Residential Placements
- Joint Funded packages of Care
- Out of Area Placements
- Individually negotiated Local Authority rates
- Bespoke Packages of Care
- All Wales Commissioning Care Assurance and Performance system
- Children's packages of Care
- Sleep-ins
- Funded Nursing Care (FNC) 2021/22

Within the draft financial planning assumptions there is £2.925 million for CHC and FNC 2021/22 Inflationary uplifts, as follows:

Division		<u>2020/21 Inflation</u>
Area Teams	CHC	£979,000
MH&LD Division	CHC	£1,650,000
Area Teams	FNC	£201,000
MH&LD Division	FNC	£95,000
Total		<u>£2,925,000</u>

With a further £1.766m identified for the additional premium payment for 2021/22, giving a total planning assumption of **£4.691m** for 2021/22.

2.1.1 Additional premium payment to the CHC rate for 2021/22

As detailed in last year's "2020/21 Care Packages" report, the Health Board is working to establish a new pricing methodology and is working in collaboration with Care Forum Wales and other Providers to establish their representation in the process. The financial plan for 2020/21 included a financial commitment to increase its fees over and above the inflationary uplift for a period of 3 years. The sum of funding identified in the 2021/22 draft financial plan is £1.766m, which represents an average increase in our weekly CHC rate per patient of circa £40 per week, similar to last year's £40 per week increase.

Whilst the work on the pricing methodology will give the Health Board a framework for price setting going forward, the proposal for 2021/22 is that we will apply a premium uplift which will be consistent with the approach adopted by some of the other Health Boards in Wales.

The previous 2019/20 base fee rate only covered the lower end of the care spectrum, whilst individually evidenced bespoke care packages cover the very highest care packages. It is clear that CHC physical and EMI health care package fees should cover a range of acuity levels, and as a result the fee structure did not recognise the midrange of care acuity level costs that would fully enable providers to undertake the appropriate level of care.

The Health Board therefore seeks to recognise the midrange of care acuity needs for care packages by a second year of investment with an additional premium payment, which is consistent with the approach taken in most other Health Boards in Wales.

With any increase in the fee rates for CHC, the Health Board will be looking to agree with Care Forum Wales colleagues what benefits this investment will have for the patients, in terms of the quality of care both prior to and during their stay with the care home provider and overall market stability.

The Health Board remains actively engaged with Care Forum Wales and it is not the intention to create any additional workload for care home providers, and the Health Board is keen to discuss with individual care home providers what changes in existing working practices would benefit both the patients and the wider health system.

The application of the premium fee allocation proposal is detailed in the following report section 2.1.2.

Recommendation: Support the allocation of a budget of £1.766m for the increase in the CHC rate based on an agreed premium uplift.

2.1.2 Care Homes with Nursing

This is the core CHC rate, which recognises the patient's need for CHC nursing care and ensures that the fee payment relating to a highly complex patient qualifying for CHC would not be less than a standard residential nursing placement with FNC.

In recent years, to achieve this, the CHC rate has been set relative to the residential nursing fees (General or EMI) which are set by Local Authorities (LAs). Whilst historically the 6 LA's in North Wales have agreed a fee methodology that would ensure consistency in setting the residential nursing fees, local variations in costs mean that they have set different fee rates across our 6 LA's footprint. As result, this means that the Health Board pays differential rates for placements, depending on the county location of the Provider.

When the £40 per week top-up premium to last year's rates is added to the further top-up premium this year (average circa £40 per week), this will mean that the Health Board is paying a clear premium for CHC patients in all six counties and we have the opportunity to look to set a standard rate across all six counties. This will be achieved over a 2 year time-scale in order to more smoothly manage the process, while in the current year we will set 2 rates for both General and EMI CHC rates.

The proposed rates for 2021/22 are set out in the tables below (General and EMI): -

Betsi Cadwaladr University Health Board - Continuing Healthcare General Rates 2021/22							
Locality	BCU HB General Nursing Rate 2020/21	FNC Inflation Estimate 2021/22 (£179.04 x 1%)	Local Authority General uplift 2021/22	BCU HB General Premium Payment 2021/22	BCU HB General Nursing Rate 2021/22	Increase in General Rate Per Week	% Increase
General Nursing Rate							
Anglesey	860.51	1.79	23.09	42.11	927.50	66.99	7.78%
Gwynedd	879.93	1.79	23.11	33.17	938.00	58.07	6.60%
Conwy	887.41	1.79	24.73	24.07	938.00	50.59	5.70%
Denbighshire	860.41	1.79	23.04	42.26	927.50	67.09	7.80%
Flintshire	850.78	1.79	26.91	48.02	927.50	76.72	9.02%
Wrexham	860.51	1.79	26.78	38.42	927.50	66.99	7.78%

Betsi Cadwaladr University Health Board - Continuing Healthcare EMI Rates 2021/22							
Locality	BCU HB EMI Nursing Rate 2020/21	FNC Inflation Estimate 2021/22 (£179.04 x 1%)	Local Authority General uplift 2021/22	BCU HB General Premium Payment 2021/22	BCU HB EMI Nursing Rate 2021/22	Increase in General Rate Per Week	% Increase
EMI Nursing Rate							
Anglesey	916.22	1.79	25.26	33.23	976.50	60.28	6.58%
Gwynedd	916.21	1.79	25.26	33.24	976.50	60.29	6.58%
Conwy	924.41	1.79	27.73	22.57	976.50	52.09	5.63%
Denbighshire	896.79	1.79	25.11	42.31	966.00	69.21	7.72%
Flintshire	886.94	1.79	29.39	47.88	966.00	79.06	8.91%
Wrexham	896.79	1.79	29.59	37.83	966.00	69.21	7.72%

The proposal means that there will only be two CHC rates for general CHC and two rates for EMI CHC across North Wales, rather than 12 rates across the 6 counties.

The addition of the 2nd year premium payment (average impact c£40 / week) and the 1st stage in equalising fee rates across all the 6 counties means that the Health Board fee uplift will range between 5.6% and 9.0%. These rates are quite favourable compared to the Local Authority (LA) uplifts for 2021/22, which average at 3.8% for general nursing (uplifts range between £23.09 to £26.91 per week) and 3.9% for EMI placements (uplifts between £25.11 to £29.59 per week).

As a result of the application of second phase of the premium payment, which takes the total premium contribution to circa £80 per week, the proposed rates for 2021/22 move the Health Board CHC rates closer to the objective of including the midrange of care acuity needs and have allowed some equalisation of fee rates across the six counties in North Wales.

It should be noted that for care packages that have enhanced care (i.e. 1:1 care), an uplift can be applied up to a maximum of the appropriate public sector Pay Award increase.

Recommendation: Approve CHC rates for 2021/22 for care homes with nursing.

2.1.3 Domiciliary Care Fees

The 2021/22 draft financial plan includes a provision of circa £0.376 million for the uplift to the 2020/21 Domiciliary Care fees across all Local Authorities.

The Health Board operates differential Domiciliary Care fees for patients depending on which Local Authority the patient is resident in. However, Local Authority (LA) 2021/22 uplifts for Framework Providers have not been finalised. It is therefore proposed that Health Board adopts the same approach as in 2020/21 and uses the individual LA percentage uplift applied, which gave an average uplift across the North Wales LAs of 3.3% in 2020/21.

Recommendation: It is proposed that the Health Board uplifts its Domiciliary Care rates for 2021/22 as follows:

- **Framework Providers**– match Local Authority individual provider uplifts up to the rate of the individual LA uplift.
- **Non Framework Providers** – match Local Authority individual provider uplifts, up to a maximum of 3.3%.
- **Enhanced Care Packages** – apply the average increase of 3.3% within the draft financial plan, as above.

However, it is recognised that within Local Authority areas it will be necessary to provide the flexibility to vary the actual rate paid in recognition of the local market forces. Any proposed variation from the core price for patients within these areas will need to be authorised by the Area Director's.

2.1.4 Residential Placements

In some circumstances, a patient's needs will be assessed as eligible for CHC but their needs can be appropriately met by a package of care within a domiciliary or residential care setting.

It is proposed that where a patient does not require 24 hr nursing provision and the provider's statement of purpose excludes nursing provision i.e. residential care homes, the Health Board will match the Local Authority percentage increase to the current Health Board Fees based on the county the home is located in. This approach is consistent with that adopted in previous years.

Betsi Cadwaladr University Health Board - Residential Rates 2021/22				
Locality	Local Authority General Residential Rate 2020/21	Local Authority General Residential Rate 2021/22	Increase in Basic Rate per Week	% Increase
General Residential Rate				
Anglesey	576.00	596.01	20.01	3.47%
Gwynedd	566.30	586.32	20.02	3.54%
Conwy	586.00	611.00	25.00	4.27%
Denbighshire	566.31	586.32	20.01	3.53%
Flintshire	583.44	607.00	23.56	4.04%
Wrexham	585.72	608.72	23.00	3.93%

Betsi Cadwaladr University Health Board - Residential Rates 2020/21				
Locality	Local Authority EMI Residential Rate 2020/21	Local Authority EMI Residential Rate 2021/22	Increase in Basic Rate per Week	% Increase
EMI Residential Rate				
Anglesey	609.91	631.40	21.49	3.52%
Gwynedd	629.33	650.79	21.46	3.41%
Conwy	636.00	665.00	29.00	4.56%
Denbighshire	609.91	631.40	21.49	3.52%
Flintshire	607.53	632.79	25.26	4.16%
Wrexham	609.91	634.81	24.90	4.08%

Recommendation: Match the Local Authority percentage increase to the current Health Board Fees based on the county the home is located

2.1.5 Joint Funded – Nursing/Residential Homes & Domiciliary Care Packages

When it has been determined that an individual is eligible for CHC, there are cases where there is a requirement to establish joint funding responsibilities under formal partnership arrangements with Local Authorities. Purchasing an appropriate package of care, accommodation and support for an individual, will be managed under lead commissioning arrangements.

The Lead Commissioner in a Joint Funded package is responsible for negotiating and agreeing the % inflationary uplift for the package annually. In cases where the Local Authority is the Lead Commissioner, the Health Board would apply the Local Authority determined increase.

Where the Health Board are the lead commissioner we will apply the same relevant rate increase applied to Health Board Nursing and Residential fees based on the county the home is located.

Recommendation: In cases where the Local Authority is the Lead Commissioner, the Health Board would apply the Local Authority determined increase.

2.1.6 Out of Area placements

For Out of Area Nursing Home and Residential placements, the average % of the two border Local Authorities (Flintshire/Wrexham) will be applied. However where the CCG % uplift given to the Out of Area Provider is substantially higher these will be individually reviewed and negotiated at Area/ Divisional level on a case by case basis. In addition to the general care homes there are a range of providers whose fees are significantly higher than the standard CHC fee, as they provide specialist care to the most complex patients. Historically, these providers have been given an uplift that has

been equivalent to the average value increase that has been applied to the two border Local Authorities (eg. Flintshire/Wrexham).

Recommendation: For Out of Area placements in 2021/22:

- For Out of Area Nursing Home and Residential placements, the average % of the two border Local Authorities (Flintshire/Wrexham) will be applied.
- With placements where the CCG % uplift given to the Out of Area Provider is substantially higher these will be individually negotiated and agreed at an Divisional/Area level
- For Out of Area High cost placements, the average value increase of the two border Local Authorities (Flintshire/Wrexham) will be applied.

2.1.7 Individually negotiated Local Authority Rates

Where a Local Authority has agreed to fund a provider above standard residential nursing fees / higher basic nursing placement fees due to recognising special circumstances (i.e. different social needs of residents, premise costs or agreeing a higher level of care hours under an open book accounting methodology), the situation will be treated on an individual case by case by the Area divisional Team.

The Health Board would maintain the existing core CHC rate, but recognises that additional 'nursing' needs on an individual patient basis following a nursing assessment will be funded rather than accepting a blanket increase. There is no specific additional financial impact from adopting this approach.

Recommendation: Continue with current practice, in that the Health Board will maintain the existing base CHC rate but pay for additional 'nursing' need on an individual patient basis following a nursing assessment, rather than accepting a blanket increase.

2.1.8 Bespoke Packages of Care

In addition to the general care homes there are a range of providers whose fees are significantly higher than the standard LA residential nursing rates as they provide specialist care for the most complex patients.

Historically, these providers have been given an uplift that has been equivalent to the value increase that has been applied to the Health Board Nursing Home fee based on the county the home is located.

Recommendation: Continue with current practice and apply the value of the uplift to the Health Board care home with Nursing Fee.

2.1.9 All Wales Commissioning Care Assurance and Performance system

The All Wales CCAP is a national commissioning and contracting framework for:

- All Adult Mental Health and Learning Disabilities secure hospital placements commissioned within the private and independent sector. The Framework placements include High and Medium secure placements funded via WHSSC, and low secure, locked and open egress services traditionally commissioned via the HB's Continuing Health Care services.
- National Framework for Adults' Mental Health & Learning Disabilities care homes.

The 2020/21 Adult Mental Health and Learning Disabilities framework is due for a price refresh effective from the 1st April 2021 and was last uplifted in October 2019 (on an 18 month price refresh). As a result, £0.442 million has been built into the draft financial plan.

The lead for the National Collaborative Commissioning Unit has confirmed the rates for providers on the Care Home framework and the Independent Hospital Framework and that these rates will be applicable for the whole of 2021/22. Unfortunately, some providers have received significant price increases during this round of price refresh for the frameworks. This is largely due to the fact that NHS England are paying significantly higher daily rates and the last price increases were 18 months ago.

- **Recommendation:** Approve the application of the All Wales Price Refresh increase with effect from the 1st April 2021 in line with National Collaborative Commissioning Unit recommendations on the Adult Mental Health and Learning Disabilities Frameworks.

2.1.10 Children's packages of care

Historically children's' packages of care are excluded from inflationary uplifts, due to the complex nature of these cases they are 'right sized' frequently. On the rare occasion that a provider requests an uplift and the package is not appropriate to right size, the Health Board would apply the Local Authority determined increase as these are in the main joint/tripartite funded packages, up to a CAP of 2%.

Recommendation: Continue with current practice, up to the ceiling of 2%. Any requests by Providers for fully funded Health packages or Local Authority agreements above 2% will be treated on an individual case by case basis by the divisional teams.

2.1.11 Sleep Ins

As the findings of the Supreme Court in the case of Tomlinson-Blake V the Royal Mencap Society heard in February 2020 in relation to the care worker sleep in pay ruling was published in March 2021 found in favour of the Mencap Society. As a result of the recent judgement, no inflationary uplift is proposed at this stage to allow the implications of the findings to be understood and agreed with Providers.

Recommendation: Note the Supreme Court case in relation to the care worker sleep in pay ruling and no proposed inflationary uplift.

3. Funded Nursing Care (FNC) 2021/22

Funded Nursing Care (FNC) refers to the NHS funding of Registered Nursing (RN) care within care homes, where the need for nursing input has been assessed as necessary. It is a statutory requirement set out in s49 of the Health and Social Care Act and the FNC rate covers both the costs of the services provided by the RN along with funding for continence products that may be necessary.

Legal proceedings instigated initially by Providers in 2014 challenged the way the FNC rate was calculated. These culminated in Supreme Court proceedings in 2017 when the Court rejected the arguments of both the HBs and LAs and determined that s49 had been misinterpreted. Instead, the Court provided its own view of what services should be included in the FNC rate¹. The rate was subsequently adjusted to include paid breaks and clinical supervision time, with some of the RN time where care had been provided incidentally now being funded via the appropriate local authority².

Comprehensive information regarding the 2017 Supreme Court Judgement has been shared in previous papers and briefings. A summary of the rate and how it is now broken down is attached as **Annex 1** of this paper.

a) Setting the FNC rate

Since 2014 HBs have used the Inflationary Uplift Mechanism (IUM) to set the FNC rate. This is made up of two components:

- The 'labour' component – i.e. time spent by the care home RN in providing direct and indirect care and supervision. This is funded at the mid-point of Band 5 on the Agenda for Change pay scale;
- The continence supplies component. This is uplifted annually in line with the Consumer Price Index (CPI).

The IUM was initially approved by Health Boards to operate for a period of five years then review. In 2019 Boards approved a proposal to extend the IUM for a further two years in order to allow for WG to revise and reissue the FNC Policy Guidance (which has not been updated since 2004). This also allowed the IUM to continue to operate for the full three year period covered by the NHS pay award.

¹ The Court concluded that "“nursing care by a registered nurse” covers (a) time spent on nursing care, in the sense of care which can only be provided by a registered nurse, including both direct and indirect nursing time as defined by the Laing and Buisson study; (b) paid breaks; (c) time receiving supervision; (d) stand-by time; and (e) time spent on providing, planning, supervising or delegating the provision of other types of care which in all the circumstances ought to be provided by a registered nurse because they are ancillary to or closely connected with or part and parcel of the nursing care which she has to provide".

² The additional cost pressures of the paid breaks and clinical supervision time were absorbed by HBs with no ongoing funding provided by WG. WG has provided ongoing funding to LAs to meet the costs of the personal care provided by the RN that each LA now funds.

It is of note that the IUM as a mechanism has not been subject to challenge during the legal proceedings. Instead, the legal proceedings focused on the services that should be included within the FNC rate.

The current extension to the IUM ends on 31 March 2021 and HB professional and finance leads for longer term care have worked to identify options that may be appropriate to apply from April 2021 onwards. It had been expected that a revised policy approach would have been in place to support this work - WG did commit to a FNC policy review following on from the legal action but this has yet to proceed. The impacts of COVID-19 upon policy makers is recognised but the work has been delayed for several years prior to this.

b) The 2021 Methodology

The professional and finance leads for long term care in all seven health boards have undertaken work to consider options for the methodology. In considering options the leads were mindful of the Supreme Court definition of the factors to be included. A significant limiting factor in exploring wide options has been the lack of contemporary national policy guidance – the extant FNC Guidance was issued in 2004 and reflects neither the current policy landscape nor the outcomes of the legal challenges. HBs are therefore currently operating in a policy vacuum with associated inherent risks.

The lack of a contemporary policy position; the long standing nature of the IUM as an appropriate mechanism; along with the significant challenges relating to the COVID-19 pandemic have all informed the consideration of options and led to the recommendation that the most appropriate approach for 2021/22 is to retain the IUM, with an explicit commitment to review when the policy position is revised.

This recommendation has been considered and ratified by both the lead Executive Director in each HB and also by HB CEOs.

WG colleagues have indicated that they intend to commence the policy review in the spring of this year so the recommended extension of the current methodology should only need to apply for the 2021/22 year.

In reaching this recommendation HBs have been keen to seek the views of other key stakeholders, including:

- The National Commissioning Board (NCB)³ were provided with a Note to inform and assist them in considering views, supported by a presentation at the October NCB meeting. No feedback or response was received;
- The lead LA director was contacted separately to seek views on behalf of LA Directors. No response was received;

³ A WG funded body that is accountable to the Minister and is comprised of a range of WG policy officials, HB representatives, local authority representatives, and the WLGA

- The views of providers have been sought via the Chief Executive of Care Forum Wales, their main representative body. Views were sought informally earlier in 2020 on two occasions, and again in December 2020 when the recommended option was shared for a view and comment. No response to the recommended option has been received, recognising though that COVID-19 related demands are impacting on the ability to respond rapidly, undertake wider work, and canvass views from members. The general views identified through dialogue though have been identified earlier in this paper.

c) Conclusion

HBs need to consider the methodology used to calculate the FNC rate for 2021/22. The current methodology is the Inflationary Uplift Mechanism (IUM) which calculates both the Registered Nurse time and the costs of continence products.

The options to undertake a different approach are currently limited considerably by the lack of contemporary policy guidance to guide HBs in operating within policy expectations and requirements. A WG policy review has been delayed due to COVID-19 demands but WG has now committed to a review of FNC policy commencing in the spring of 2021. HBs will need to review the approach adopted to set the FNC rate following this to ensure compliance with policy

The views of other interested parties have been sought in reaching the recommendation. Care Forum Wales, on behalf of Providers, recognise the limits due to the policy position but have identified the need to consider other factors as set out in this paper. A commitment to undertake further work once the policy position is confirmed will therefore be necessary.

An extension to the IUM for 2021/22 is recommended, with a commitment to review the methodology as soon as an updated policy position is available. Lead executive directors can provide Board members with further background information as necessary to support consideration.

Recommendation: Approve the application of the All Wales FNC rate for 2021/22 once agreed and in line with national guidance and policy.

4. Risk

The draft Financial Plan includes £4.691m for inflation and the additional premium payment to the CHC rate for 2021/22.

Having modelled the above proposed uplifts on the existing patient database portfolio (May 2021), the expected financial impact is likely to be between £4.0m (based on 1% FNC uplift) to £4.3m if FNC is inflated to a high-end 3.3%. The financial plan had a higher forecast value of £4.691m, as at that time, the patient numbers were higher than current levels.

It should be noted that CHC and FNC numbers are expected to increase during 2021/21 as care homes open to more 'Business as Usual' arrangements and admission restrictions eased. As a result, the inflationary cost risk of additional patient numbers can be managed within the existing plan.

5. Decisions Required

The Committee is asked to approve:

I. The additional premium payment to the CHC rate for 2020/21

Recommendation: Support the allocation of a budget of £1.766m for the increase in the CHC rate based on an agreed premium uplift.

II. care homes with Nursing

Recommendation: Approve the core CHC rates for 2021/22 for care homes with Nursing.

III. Domiciliary Care Fees

Recommendation: It is proposed that the Health Board uplifts its 2021/22 Domiciliary Care fees as follows:

- **Framework Providers**– match Local Authority individual provider uplifts up to the rate of the individual LA uplift.
- **Non Framework Providers** – match Local Authority individual provider uplifts, up to a maximum of 3.3%.
- **Enhanced Care Packages** – apply the average increase of 3.3% within the draft financial plan, as above.

IV. Residential Placements

Recommendation: Match the Local Authority percentage increase to the current Health Board Fees based on the county the home is located

V. Joint Funded – Nursing/Residential Homes & Domiciliary Care Packages

Recommendation: In cases where the Local Authority is the Lead Commissioner, the Health Board would apply the Local Authority determined increase.

VI. Out of Area Placements

Recommendation: For Out of Area Placements in 2021/22:

- For Out of Area Nursing Home and Residential placements, the average % of the two border Local Authorities (Flintshire/Wrexham) will be applied.
- With placements where the CCG % uplift given to the Out of Area Provider is substantially higher these will be individually negotiated and agreed at an Divisional/Area level
- For Out of Area High cost placements, the average value increase of the two border Local Authorities (Flintshire/Wrexham) will be applied.

VII. Individually negotiated Local Authority Rates

Recommendation: Continue with current practice, in that the Health Board will maintain the existing base CHC rate but pay for additional 'nursing' need on an individual patient basis following a nursing assessment, rather than accepting a blanket increase.

VIII. Bespoke Packages of Care

Recommendation: Continue with current practice and apply the value of the uplift to the Health Board care home with Nursing Fee.

IX. All Wales Commissioning Care Assurance and Performance system

Recommendation: Approve the application of the All Wales Price Refresh increase with effect from the 1st April 2021 in line with National Collaborative Commissioning Unit recommendations on the Adult Mental Health & Learning Disabilities Frameworks.

X. Children's Packages of Care

Continue with current practice, up to the ceiling of 2%. Any requests by Providers for fully funded Health packages or Local Authority agreements above 2% will be treated on an individual case by case basis by the Area Divisional Team.

XI. Sleep Ins

Recommendation: Note the Supreme Court case in relation to the care worker sleep in pay ruling and no proposed inflationary uplift.

XII. Funded Nursing Care (FNC)

Recommendation: Approve the application of the All Wales FNC rate for 2021/22 once agreed and in line with national guidance and policy.

5. Conclusion and Recommendation

As outlined in Section 2 and 3 of this report there are a number of recommendations that require approval.

The financial implications of the proposals included within this paper and agreements already reached in respect of Continuing Healthcare and Funded Nursing Care are estimated to be £4.691 million and are included within the 2021/22 Draft Annual Plan.

Annex 1**The Implications of the 2015 – 2017 Legal Proceedings**

The implications of the Judgment were significant and, post Supreme Court, WG commissioned work to address these:

- The Judgment set out the Supreme Court's view on the services that should be included as part of the FNC rate. In doing this the Court determined that some services the RN provides are incidental so should not be for HBs to fund – i.e. they are provided by the RN as a matter of convenience rather than a requirement. The funding for this component of the rate has been calculated at 0.385 hours per week and is funded either by the LA or is self-funded, whichever is appropriate.
- HBs have revised their approach to include the additional factors the Court determined should be provided for under the FNC rate. Including the paid breaks and clinical supervision time⁴ led to an increase in the time funded by HBs (up to 8.855 hours per week) forming the basis of the calculation of the rate.
- The total RN time funded per resident per week is now 9.24 hours. This is made up of the 8.855 hours funded by the NHS and 0.385 hours funded by the LA/self-funder. The total FNC rate therefore is now made up of:
 - 8.855 hours of RN time funded by the NHS
 - 0.385 hours of RN time funded by the appropriate LA/self-funder
 - Funding to support any continence supplies that are necessary.

⁴ This was calculated by WG following work they commissioned.



Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Approval to lease surplus land at Cefni Hospital to Llangefni Town Council						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson – Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Rod Taylor – Director of Estates and Facilities						
Craffu blaenorol: Prior Scrutiny:	Discussions and agreement with the Mental Health and Learning Disabilities (MHLDD Division)						
Atodiadau Appendices:	Appendix 1 – Site Plan						
Argymhelliad / Recommendation:							
Finance & Performance Committee are asked to approve the granting of a ten year lease with break clause at year five, on a peppercorn rent to Llangefni Town Council.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Y/N to indicate whether the Equality/SED duty is applicable							N
Sefyllfa / Situation:							
This paper seeks approval from the Finance and Performance Committee to grant a ten-year lease for the use of surplus open space grassed land adjacent to Cefni Hospital to Llangefni Town Council.							
Cefndir / Background:							
Llangefni Town Council have approached the Health Board to establish the possibility of taking over the responsibility of a surplus parcel of open space grassed land adjacent to Cefni Hospital, noting that the land requires investment and ongoing management and maintenance.							
The Town Council has developed local plans within the community to undertake environmental and biodiversity improvements which when managed and maintained will benefit service users and residents from within the local community.							

Asesiad / Assessment & Analysis

There are currently no redevelopment proposals for the Cefni Hospital site in relation to expansion space or rationalisation, however it is recognised within the Mental Health and Learning Disability Division that the location of Older Persons Mental Health patients currently on located on Cemlyn ward at Cefni is not ideal in the longer term.

In regards to the land for which the Board has been approached, it is suggested that the location relative to the Hospital is such that its use as amenity land would not be considered detrimental to the Hospital's function or patients.

The proposed terms provide protection for the Board's longer-term interests at Cefni by limiting the term to ten years with a break option at the end of the fifth year.

The proposed terms require the Town Council to undertake a series of improvements and places overall responsibility for the Insurance, management and maintenance of the field and payment of any outgoings with the Council. Charges for the use of the land will be through a peppercorn rent as all liabilities reside with the Town Council through a formal lease.

Strategy Implications

There are no strategy implications for the Board. Should the Board seek to make any changes on the Cefni site in the future then a break Clause can be invoked at year five.

Options considered

Recommendations contained within this report are based on legal advice and instructions received from NHS Wales Shared Services - Legal solicitors.

Financial Implications

Approval to execute the lease will see any operational and maintenance costs/liabilities transfer to the Town Council. The rent will be notional through a peppercorn sum.

Risk Analysis

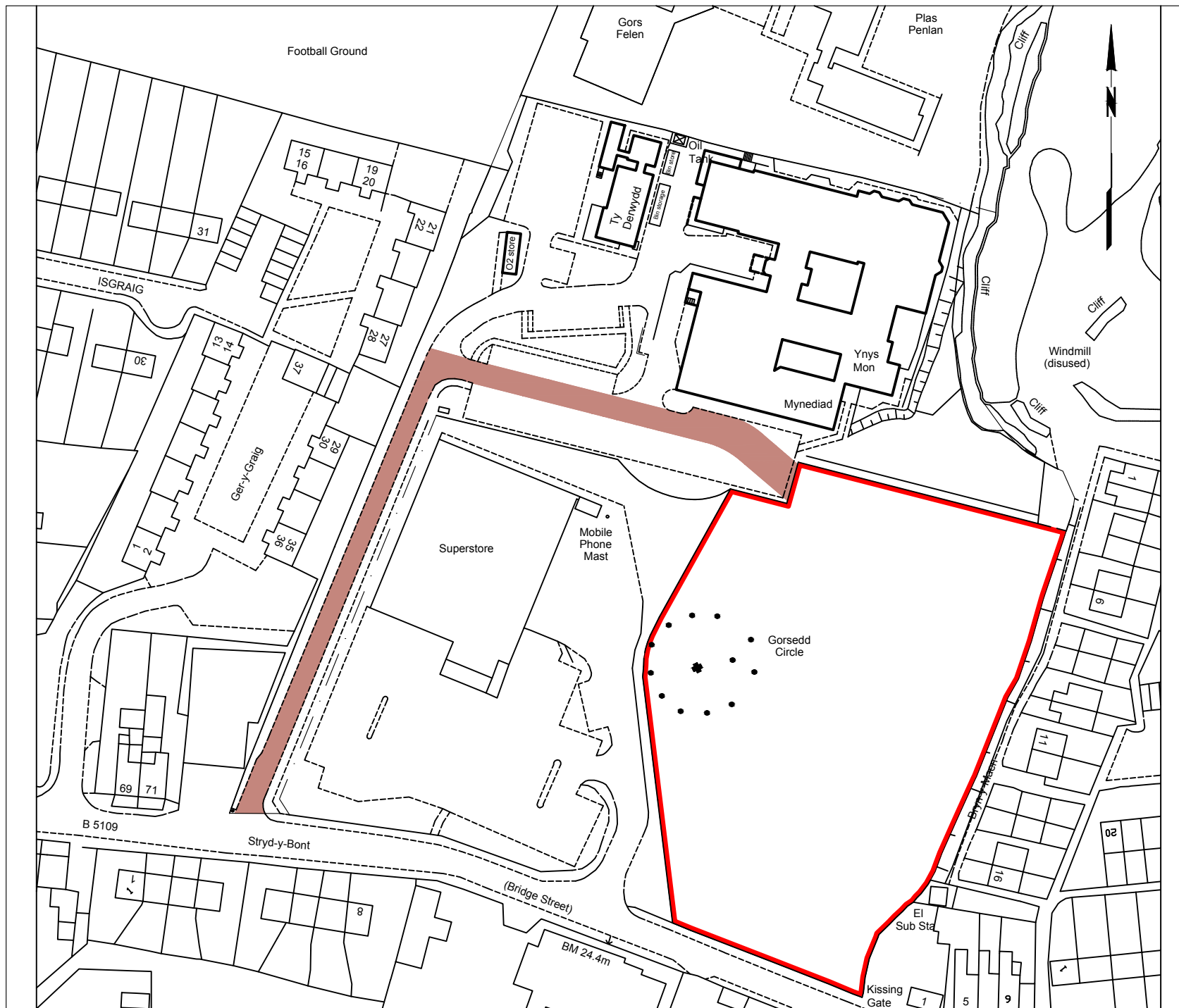
Recommendations contained within this report are based on advice from NWSSP-Specialist Estate Services. All risks associated with owning this piece of land transfer to the Town Council for the period of the Lease.

Legal and Compliance

Recommendations contained within this report are based on advice from NWSSP-Specialist Estate Services.

Impact Assessment

Based on the recommendations contained within this report an impact assessment is not required.



File Ref: G:\AutoCAD LAPP\Red Line Plans\Betsi Cadwaladr UHB\West\Cefni Hospital, Llangefni_01S

Appendix 1



GIG CYMRU NHS WALES
Partneriaeth Cydwasaethau
 Gwasanaethau Ystadau Arbenigol
Shared Services Partnership
 Specialist Estates Services

N.H.Davies
 BSc (Hons), Dip Proj Man (RICS),
 MBA, MCIOB, FIH EEM
 Director
 Specialist Estates Services

Crown copyright and database rights 2011
 Ordnance Survey [100025847]
 Hawlfraint y Goron a hawliau cronfa ddata 2011
 Arolwg Ordnans [100025847]

ORDNANCE SURVEY TILE SH 4675
 NATIONAL GRID REFERENCE SH 463757

Clive Ball BSc (Hons) MRICS
 Head of Property
 Specialist Estates Services

Title
**Land at Cefni Hospital,
 Llangefni.**

Area = 0.825 ha
 2.039 acres

Scale
1:1250 @ A4

Produced by
 CW/TJE

Date Issued
 TJE 17/05/19

Date Created
 May 2019

Drawing Number

L51_01S/1

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Monthly Monitoring Report – Month 1				
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance				
Awdur yr Adroddiad Report Author:	Tom Stanford, Interim Operational Finance Director				
Craffu blaenorol: Prior Scrutiny:	The submission made to Welsh Government required Chief Executive and Director of Finance sign off.				
Atodiadau Appendices:	<u>Appendix 1</u> : Month 1 Monitoring Return Narrative Report				
Argymhelliad / Recommendation:					
Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 1 of 2021/22.					
Ticiwch fel bo'n briodol / Please tick as appropriate					
Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
					✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable					N
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.					
Sefyllfa / Situation:					
To report to the Committee the completion of monthly reporting to Welsh Government for Month 1 of 2021/22.					
Cefndir / Background:					
<p>For the second year in which the NHS is having to manage the impact of the pandemic and the Health Board is delivering the related COVID-19 programmes in North Wales, the draft financial plan submitted to Welsh Government at the end of March identified the financial risk for 2020/21 as £28.3m. This is based on a savings delivery target of £17.0m, which is 50% of the savings not delivered last year due to COVID-19. In line with all NHS organisations in Wales, the draft plan will be revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans while maintaining the focus on the six key objectives described in the draft plan.</p> <p>The Health Board received confirmation of a package of strategic support in November 2020, which provided multi-year funding to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales. For 2021/22 this support totals £82.0m (£40.0m to cover the deficit and £42.0m strategic support) and has recently been notified of a £19.95m allocation as part of the planned care recovery programme across Wales.</p>					
Asesiad / Assessment:					
Goblygiadau Strategol / Strategy Implications					
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.					
Opsiynau a ystyriwyd / Options considered					

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

Financial position

- The in-month and cumulative position is a £2.3m deficit. This reflects the £28.3m risk identified in the draft financial plan.
- The total cost of COVID-19 in April is £8.3m. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

	Actual M01 £m	Forecast 2021/22 £m
Testing	0.1	2.8
Tracing	1.1	13.7
Mass COVID-19 Vaccinations	1.7	12.0
Extended Flu Vaccinations	0.0	1.7
Field Hospital/Surge	0.3	1.0
Cleaning Standards	0.0	2.7
Other Costs	4.5	55.6
Total COVID-19 costs	7.7	89.5
Non Delivery of Savings	0.8	6.6
Expenditure Reductions	(0.2)	(1.2)
Slippage on Planned Investments	0.0	0.0
Total Impact of COVID-19	8.3	94.9
Welsh Government Funding	(8.3)	(94.9)
Impact of COVID-19 on Position	0.0	0.0

Forecast

- There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching its statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.
- As noted in the draft financial plan, the financial risk for 2021/22 is £28.3m. This is therefore the forecast position for the year. An action plan has been developed to address this financial risk.
- The Health Board will continue the constructive discussion with Welsh Government on the choices available to the Health Board around both the COVID-19 response and additional sources of funding for recovery actions in the second half of the year. In order to achieve a break-even position the Health Board would need to reduce planned expenditure by £28.3m, through a combination of the additional delivery of savings, improved productivity and efficiency or by different choices.

Dadansoddiad Risk / Risk Analysis

Not applicable. The draft position for 2020/21 is finalised.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 1 2021/22

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Plan

- For the second year in which the NHS is having to manage the impact of the pandemic and the Health Board is delivering the related COVID-19 programmes in North Wales, the draft financial plan submitted to Welsh Government at the end of March identified the financial risk for 2020/21 as £28.3m. This is based on a savings delivery target of £17.0m, which is 50% of the savings not delivered last year due to COVID-19.
- The Health Board will continue the constructive discussion with Welsh Government on the choices available to the Health Board around both the COVID-19 response and additional sources of funding for recovery actions in the second half of the year. In order to achieve a break-even position the Health Board would need to reduce planned expenditure by £28.3m, through a combination of the additional delivery of savings, improved productivity and efficiency or by different choices.
- The Health Board received confirmation of a package of strategic support in November 2020, which provided multi-year funding to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales. For 2021/22 this support totals £82.0m (£40.0m to cover the deficit and £42.0m strategic support) and has recently been notified of a £19.95m allocation as part of the planned care recovery programme across Wales.
- In line with all NHS organisations in Wales, the draft plan will be revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans while maintaining the focus on the six key objectives described in the draft plan.

1.2 Actual Year to Date Position

- The in-month and cumulative position is a £2.3m deficit. This reflects the £28.3m risk identified in the draft financial plan.
- The total cost of COVID-19 in April is £8.3m. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

1.3 Forecast Position

- There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching its statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.

1. FINANCIAL POSITION & FORECAST

- As noted in the draft financial plan, the financial risk for 2021/22 is £28.3m. This is therefore the forecast position for the year. An action plan has been developed to address this financial risk.

1.4 Income (Table B)

- Income totals £148.7m for April. Further details are included in Section 7.
- The impact of COVID-19 has resulted in lost income of £0.4m in April relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19.

1.5 Actual Expenditure (Table B)

- Expenditure totals £151.0m for Month 1. This compares to a monthly average of £161.9m in 2020/21, or £151.4m if Month 12 is excluded due to the number of exceptional costs. Therefore, April spend is in line with an average month from last year.
- Costs of £7.7m are directly related to COVID-19 this month. Of this £2.3m is pay and £5.4m is non-pay.

Primary Care	<ul style="list-style-type: none">• Expenditure in April is consistent with the monthly average from 2020/21.• Pressures in General Medical Services (GMS) remain from increased costs of drugs reported through GMS Dispensing and GP Prescribing. There are also continued pressures in Managed Practices.
Primary Care Drugs	<ul style="list-style-type: none">• Spend for Month 1 is just below last year's average cost.• Following receipt of the February prescribing data, the average cost per Prescribing Day has reduced slightly; February was £469k, compared to December at £470k representing an overall reduction of 0.2%.• The rolling cost per Prescribing Day over a three-month period has reduced by 0.3%. The overall cost per item has reduced by 0.3% in February compared to January, but the overall number of items per Prescribing Day has increased by 0.2% in February. The rolling total cost twelve-month trend continues to show an increase and this will be monitored and tracked as we move through the financial year.• The overspend for April is £0.5m, with a forecast adverse variance of £0.5m for the year.

1. FINANCIAL POSITION & FORECAST

Provided Services - Pay	<ul style="list-style-type: none"> • Provided Services pay costs are £68.2m, which is £1.0m higher than the average for 2020/21, discounting Month 12 due to the exceptional costs included. • Medical pay was higher than expected in Month 1 and this is being further investigated. • A total of £2.3m of pay costs were directly related to COVID-19, which is £0.6m lower than the 2020/21 average of £2.9m (excluding Month 12). • Pay by staff type is broadly similar to the average split last year. Student costs have returned to pre-COVID-19 levels, following an usually high spend last year as students were used to help support the pandemic response. • Nursing and midwifery costs are higher than the 2020/21 average. The Health Board has recruited a number of overseas nurses, to help fill vacancies, and some of these have started in April, with their recruitment costs also being incurred this month. In addition, agency fill rates for nursing shifts have increased following the 10% increase in agreed rates that came into effect in March.
Provider Services Non-Pay	<ul style="list-style-type: none"> • Spend in April is, on average, £0.5m less than 2020/21. • This reduction all relates to COVID-19, with 2020/21 spend including, in particular, the set up and decommissioning costs of the three Field Hospitals.
Secondary Care Drugs	<ul style="list-style-type: none"> • Costs are £0.5m lower than last year's monthly average. • This relates to small reductions across numerous specialities, tied into the two bank holidays in April.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> • Spend is in line with last year. • Block contracts with English providers remain, however there is a risk around inflation on these contracts, as well as inflation on Welsh contracts and a future pay award. This risk was recognised in the financial plan, with Contracts making up £8.0m of the Health Board's overall £28.3m risk.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> • Expenditure in April is £1.2m lower than the average last year. • CHC costs related to COVID-19 averaged £1.0m a month in 2020/21, whilst only April, accounting for much of the drop in overall spend. • It is forecast that CHC COVID-19 spend will increase significantly in for the next five months.
Other Private and	<ul style="list-style-type: none"> • Expenditure relates to a variety of providers, including hospices and

1. FINANCIAL POSITION & FORECAST

Voluntary Sector	<p>Mental Health organisations.</p> <ul style="list-style-type: none">• Spend in April is consistent with 2020/21.
Joint Financing	<ul style="list-style-type: none">• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget.• Spend in April is consistent with 2020/21.
Losses, Special Payments and Irrecoverable Debts	<ul style="list-style-type: none">• Includes Redress, Clinical Negligence, Personal Injury and loss of property.• There has been a fall of £0.2m compared to the average spend last year. However, these costs are volatile and heavily influenced by Welsh Risk Pool (WRP) quantum. In addition, costs of £2.3m were included here in 2020/21 for the consequential losses arising from the Field Hospitals.
Capital	<ul style="list-style-type: none">• Includes depreciation and impairment costs, which are fully funded.

1.6 Forecast Expenditure (Table B)

- The NHS pay award for 2021/22 has not yet been confirmed. The forecast includes an estimate of the pay award in Month 12. As more detail is received on the amount and timing of any award, the phasing will be adjusted accordingly.
- Forecast expenditure related to the £30.0m funding for the Performance Fund and £12.0m Strategic Support is included in the forecast, based on the phasing of costs in submitted business cases. These indicate a stepped increase in spend each month for the first seven months of the year and a continued high level of spend for the remaining five months. This cost profile is dependent on submitted schemes being approved by the Health Board and operational teams implementing plans at pace. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts.

1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any accountancy gains this month.

1.8 COVID-19 (Table B3)

- The total impact of COVID-19 in April, including all costs offset by expenditure reductions, is £8.3m. Welsh Government funding has fully offset the impact of COVID-19.

1. FINANCIAL POSITION & FORECAST

	Actual M01 £m	Forecast 2021/22 £m
Testing	0.1	2.8
Tracing	1.1	13.7
Mass COVID-19 Vaccinations	1.7	12.0
Extended Flu Vaccinations	0.0	1.7
Field Hospital/Surge	0.3	1.0
Cleaning Standards	0.0	2.7
Other Costs	4.5	55.6
Total COVID-19 costs	7.7	89.5
Non Delivery of Savings	0.8	6.6
Expenditure Reductions	(0.2)	(1.2)
Slippage on Planned Investments	0.0	0.0
Total Impact of COVID-19	8.3	94.9
Welsh Government Funding	(8.3)	(94.9)
Impact of COVID-19 on Position	0.0	0.0

- The forecast total impact of COVID-19 is currently is £94.9m. This is based on the assumption that COVID-19 will continue to have an impact for the first six months of the year, whilst PPE, Testing, Tracing, Mass COVID-19 Vaccinations and Cleaning Standards will continue for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- There is a difference between the draft financial plan and current forecast cost for Mass COVID-19 Vaccinations. The planned cost was £5.9m, however since that was submitted, further work has identified that Primary Care are supporting at a much greater extent than originally anticipated. These costs have been amended in the current forecast and the total anticipated cost is now £11.2m.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated.

2. UNDERLYING POSITION

2.1 Movement from Financial Plan (Table A)

- The underlying position brought forward from 2020/21 is £75.2m. There is a £1.2m adjustment, shown on line 12 of Table A, to the brought forward position to make it £74.0m, which agrees to the draft financial plan.
- Following adjustments as per the draft financial plan, the opening position is a deficit of £28.3m for the year. This is a deficit of £36.3m on a Full Year Effect recurring basis.
- It is currently forecast that an additional £0.1m (line 21) of Full Year Effect of recurring savings will be achieved, to bring the total to £8.0m. Detail by scheme is shown in Table C3.
- In addition to these green and amber savings schemes, red pipeline schemes are forecast to have a Full Year Effect of £2.2m (line 32), increasing the total Full Year Effect of recurring savings to £10.2m.

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2021/22.

	£m	Level	Explanation
Risks			
Savings Programme			There is a risk that the amber schemes within the savings programme will not deliver to their forecast values. Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target, which should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.

4. RING FENCED ALLOCATIONS

4.1 GMS (Table N)

- Table not required this month.

4.2 GDS (Table O)

- Table not required this month.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 1 are £3.1m, representing 4.5% of total pay. This is £0.3m less than the average cost for 2020/21. Monthly agency spend last year included an average of £0.6m that related to COVID-19. In April, this is just £0.1m and so COVID-19 related agency accounts for the majority of the overall reduction in agency spend.
- Medical agency costs have decreased by £0.2m compared to the average from last year; to an in-month spend of £1.4m. COVID-19 costs were £0.3m per month last year and nil in April.
- Nurse agency costs totalled £1.2m for the month, £0.1m more than last year's average. This is due to an increase in the fill rates for nursing shifts. COVID-19 costs were £0.2m per month last year and nil in April.
- Other agency costs total £0.5m this month, £0.2m lower than 2021/22 average. Last year, £0.2m a month related to COVID-19, primarily Admin and Clerical. In April, these costs were £0.1m, again due to Admin and Clerical.

6. SAVINGS

6.1 Savings (Tables C – C3)

- Risks remain around our efficiency savings. In Month 1, they are £0.1m adverse to the Month 1 plan. The expectation is that we will deliver the £17.0m savings target by the end of the year.
- Savings of £8.3m are forecast for delivery in 2021/22 against identified amber and green schemes. In month delivery amounts to £0.6m. Target dates for conversion of amber schemes to green have been set and work is ongoing to ensure that the level of savings with green risk rating is optimised for Month 2.
- Red schemes in development are expected to deliver £2.2m by year end. An adjustment of £2.2m has therefore been included in Table A to reflect this, with a delivery profile in Quarters 3 and 4. Focussed work is ongoing at divisional and corporate levels to ensure that schemes are identified and developed at the earliest opportunity, in order to meet this requirement.
- The residual shortfall in anticipated savings delivery of £6.6m has been included as a cost of COVID-19 in Table B3.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

- Most of the figures in Table D are included based on 2020/21 outturn.

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) is £1,770.3m for the year. £136.7m of the RRL has been profiled into April, which is £10.8m less than an equal twelfth, primarily due to the profile of COVID-19 funding.
- A reconciliation between the RRL phased into the position and an equal phasing is shown in the table below.

	M01 £m
RRL (Table E)	1,770.3
Less COVID-19 funding (Table E, line 90)	(94.9)
Less funding for specific purposes, e.g. pay award	(134.5)
Adjusted RRL	1,540.9
Equal 12ths phasing	128.4
Add YTD COVID-19 costs	8.3
Phased YTD RRL	136.7
Actual YTD RRL (Table B)	136.7
Variance	0.0

- Confirmed allocations to date are £1,637.9m, with further anticipated allocations in year of £132.4m. This includes £94.9m for COVID-19, which is included in anticipated income. £8.3m of this income has been profiled into April.

8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS

8.1 Welsh NHS Contracts

- Work is progressing with signing off all Welsh agreements and it is not anticipated that there will be any issue with meeting the deadline for completion of 11th June 2021.
- As per the Monitoring Return guidance, further detail will be provided in the Month 2 return.

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table F)

- Table not required this month

9.2 Welsh NHS Debtors (Table M)

- The Health Board had two outstanding NHS Wales invoices over eleven weeks old at the end of Month 12, one of which was paid before the Monitoring Return submission date.
- These invoices have all been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales and included on the Month 11 Agreement of Balances exercise.

10. CASH

10.1 Cash Flow Forecast (Table G)

- Table not required this month.

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 PSPP (Table H)

- Table not required this month.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table I)

- Table not required this month. The Capital Resource Limit (CRL) for 2021/22 is £27.4m.

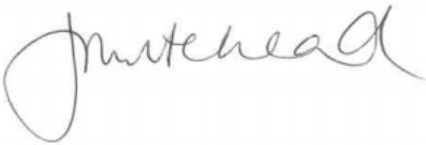
12.2 Capital Programme (Table J)

- Table not required this month.

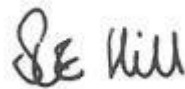
13. OTHER ISSUES

13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 1 Monitoring Return will be received by the Health Board's Finance and Performance Committee members at the June meeting.
- The nominated deputies who have authority to approve the monthly Monitoring Return submission, in the absence of the Chief Executive and/or Executive Director of Finance are:
 - For the CEO: Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery
 - For the Executive Director of Finance: Tom Stanford, Interim Operational Finance Director



Jo Whitehead
Chief Executive



Sue Hill
Executive Director of Finance

Month 12 Monitoring Return Responses

Other – Action Point 12.1

The full year NHS PSPP of 88.3% is below the best practice of 95% and reflects a material deterioration from your 2019/20 performance of 92.6%. I trust that you will be implementing actions to materially improve performance, with the intention of achieving 95% in 2021/22.

Response

The Health Board recognises the need to further improve NHS PSPP performance and will continue working with Accounts Payable NWSSP with the intention of achieving 95% in 2021/22.

Covid-19 (Table B3) - Action Point 12.2

I note the increase in annual Covid-19 costs from the Month 12 forecast last month (£150.123m), to the actual value of £171.684m. Whilst I can ascertain that the majority of the movement is explained by the reflection of the bonus payment, there were also material reductions in accruals for annual leave and study leave, and also in 'releases' and 'delayed investments' as the year end position was finalised. I refer to my previous letters where I have highlighted movements in forecast, such as this, throughout the year. I trust significant actions are being taken to ensure that there will be greater stability in your financial reporting in 2021/22, in order to build our confidence in the financial reporting provided by your organisation.

Response

A briefing was taken to the February Finance and Performance Committee, setting out the current forecasting methodology employed in the Health Board and a proposal for improvement. The Finance department are now progressing with implementing the Finance Academy Forecasting Principles.

Savings (Table C) – Action Point 12.3

The annual savings achievement of £17.259m includes £0.383m delivered from 'Amber' classified saving schemes. As per your Month 11 submission, all Amber savings schemes were due to 'go green' in March; however, disappointingly, within Table C3, these schemes are now due to 'go green' in April. I wish to re-affirm that the dates schemes are due to 'go green' should not be amended following their inclusion in Table C3, explanations should then be provided for those schemes that did not meet the set target dates. You are also reminded that if the recurring FYE of these schemes has been accounted for in your underlying position c/f into 2021/22 in Table A and A1, then these schemes must not form part of your savings plans in 2021/22, even though they are planned to move to a Green status in April.

Response

We can confirm that anything that reports in 2020/21 is reflected in the underlying position and does not appear as a saving in 2021/22. We will review the go green dates for 2021/22 to

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

ensure we follow the guidance set out above.

Aged Debtors (Table M) – Action Point 12.4

I note that there a number of unpaid invoices listed which are confirmed as being agreed as part of the year end Agreement of Balances Exercise. Please be reminded that payment for fully agreed invoices should be received within 4 weeks following the AOB exercise or sooner, if they exceed 17 weeks before the 4 week deadline.

Response

These have now been cleared.

Aged Debtors (Table M) – Action Point 12.5

I also note the total of Aged Debtors does not match the analysis on Table F (SoFP). Please ensure these agree in future submissions.

Response

Apologies, there was a transposition error on the SoFP.

2021/22 Issues – Action Point 12.6

I am requesting that all organisations provide an update in the Month 1 narrative on the progress being made to agree and sign-off the NHS Wales 21/22 LTA/SLA's by the 11st June 2021.

Response

Update is included in the report.

Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Monthly Monitoring Report – Month 2					
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance					
Awdur yr Adroddiad Report Author:	Tom Stanford, Interim Operational Finance Director					
Craffu blaenorol: Prior Scrutiny:	The submission made to Welsh Government required Chief Executive and Director of Finance sign off.					
Atodiadau Appendices:	<u>Appendix 1</u> : Month 2 Monitoring Return Narrative Report					
Argymhelliad / Recommendation:						
Note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 2 of 2021/22.						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
						✓
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.						
Sefyllfa / Situation:						
To report to the Committee the completion of monthly reporting to Welsh Government for Month 2 of 2021/22.						
Cefndir / Background:						
<p>The draft financial plan submitted to Welsh Government at the end of March identified the financial risk for 2020/21 as £28.3m. This is based on a savings delivery target of £17.0m. In line with all NHS organisations in Wales, the draft plan is being revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on the six key objectives described in the draft plan. The Month 2 return incorporates the latest thinking, with further work taking place in June.</p> <p>The Health Board has undertaken further discussions with Welsh Government during May and has been notified of additional funding totalling £32.663m to cover the impact of the undelivered savings from 2020/21. This additional funding is anticipated to cover the financial risk for the year and ensure the Health Board achieves a balanced position. The Health Board's plans for 2021/22 also include the £82.0m strategic support funding notified by Welsh Government last year and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.</p>						
Asesiad / Assessment:						
Goblygiadau Strategol / Strategy Implications						
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.						
Opsiynau a ystyriwyd / Options considered						

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

Financial position

- The in-month position is a £2.3m surplus, which gives a balanced cumulative position. This reflects the additional funding notified to the Health Board in May.
- The total cost of COVID-19 in May is £5.5m (£13.8m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

	Actual M01 £m	Actual M02 £m	Actual YTD £m	Forecast 2021/22 £m
Testing	0.1	0.2	0.3	2.8
Tracing	1.1	1.0	2.1	13.5
Mass COVID-19 Vaccinations	1.7	1.5	3.2	12.7
Extended Flu Vaccinations	0.0	0.0	0.0	1.1
Field Hospital/Surge	0.3	0.7	1.0	1.4
Cleaning Standards	0.0	0.0	0.0	2.5
Other Costs	4.5	3.6	8.1	69.3
Total COVID-19 costs	7.7	7.0	14.7	103.3
Non Delivery of Savings	0.8	(0.8)	0.0	0.0
Expenditure Reductions	(0.2)	(0.7)	(0.9)	(2.8)
Slippage on Planned Investments	0.0	0.0	0.0	0.0
Total Impact of COVID-19	8.3	5.5	13.8	100.5
Welsh Government Funding	(8.3)	(5.5)	(13.8)	(100.5)
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0

Forecast

- The forecast position has been updated to recognise the additional funding announced in the recent touchpoint meeting with Welsh Government. This funding, which is to cover the impact of the undelivered savings from 2020/21, means that there is now a balanced position forecast for the year.
- The forecast total impact of COVID-19 is currently is £100.5m. This is based on the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospitalisations.

Dadansoddiad Risk / Risk Analysis

Not applicable.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

Asesiad Effaith / Impact Assessment

Not applicable.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

MONITORING RETURN

MONTH 2 2021/22

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

1. FINANCIAL POSITION & FORECAST

1.1 Financial Plan

- The draft financial plan submitted to Welsh Government at the end of March identified the financial risk for 2020/21 as £28.3m. This is based on a savings delivery target of £17.0m, which is 50% of the savings not delivered last year due to COVID-19.
- The Health Board has undertaken further discussions with Welsh Government during May and has been notified of additional funding totalling £32.663m to cover the impact of the undelivered savings from 2020/21. This additional funding is anticipated to cover the financial risk for the year and ensure the Health Board achieves a balanced position.
- The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.
- In line with all NHS organisations in Wales, the draft plan is being revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on the six key objectives described in the draft plan. The Month 2 return incorporates the latest thinking, with further work taking place in June.

1.2 Actual Year to Date Position

- The in-month position is a £2.3m surplus, which gives a balanced cumulative position. This reflects the additional funding notified to the Health Board in May.
- The total cost of COVID-19 in May is £5.5m (£13.8m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

1.3 Forecast Position

- The forecast position has been updated to recognise the additional funding announced in the recent touchpoint meeting with Welsh Government. This funding, which is to cover the impact of the undelivered savings from 2020/21, means that there is now a balanced position forecast for the year.

1.4 Income (Table B)

- Income totals £159.0m for May. Further details are included in Section 7.

1. FINANCIAL POSITION & FORECAST

- The impact of COVID-19 has resulted in lost income of £0.3m in May (£0.7m year to date) relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19.

1.5 Actual Expenditure (Table B)

- Expenditure totals £156.7m for Month 2. This is £5.7m more than in Month 1, with the increase being primarily attributable to increases in costs for pay, non-pay and CHC.
- Costs of £7.0m are directly related to COVID-19 this month (£14.7m year to date). Of this £2.5m is pay and £4.5m is non-pay.

Primary Care	<ul style="list-style-type: none"> • Spend of £19.1m is £0.9m (5.2%) higher than in April. This relates to Primary Care pay, arising from Managed Practices. There are continued pressures in this area and the use of agency and locums to provide clinical cover are leading to increased costs. • Pressures in General Medical Services (GMS) also remain from increased costs of drugs reported through GMS Dispensing and GP Prescribing.
Primary Care Drugs	<ul style="list-style-type: none"> • Spend for Month 2 is £1.3m (13.8%) less than in Month 1. • Following receipt of the March prescribing data, the average cost per Prescribing Day has reduced slightly; March was £462k compared to February at £469k, representing an overall reduction of 1.4%. • The rolling cost per Prescribing Day over a three-month period has reduced by 1.1%. The overall cost per item has reduced by 0.5% in March compared to February, and the overall number of items per Prescribing Day has reduced by 0.9% in March. The rolling total cost twelve-month trend continues to show an increase, albeit March showed a marginal levelling-out, which will be reviewed when the April data is available. • The cumulative overspend is £0.3m, with a forecast adverse variance of £1.8m for the year.
Provided Services - Pay	<ul style="list-style-type: none"> • Provided Services pay costs are £70.2m, which is £2.0m (3.0%) higher than in Month 1. • Pay costs included £1.5m of estimated costs for the 2021/22 pay award. Costs and funding have been profiled across the year, with two months' costs included in Month 2, to also account for Month 1. Pay has increased across all staff types compared to April, reflecting the estimated pay award being applied to all staff categories.

1. FINANCIAL POSITION & FORECAST

	<ul style="list-style-type: none"> • In addition, agency costs have increased by £0.4m. Further details on agency spend are included in section 5.1. • Increased activity across acute sites has resulted in additional pay costs. Theatre nursing costs have started to increase significantly in line with Theatre activity (for example up 32% at Ysbyty Gwynedd). • A total of £2.5m of pay costs were directly related to COVID-19, which is £0.2m higher than in April. • The staff bonus payment that was predominantly paid in May has not impacted on pay costs this month, as it has been charged to the Statement of Financial Position, where the provision created in 2020/21 is held. £17.7m has been paid in Month 2 and further costs are expected up to Month 6.
Provider Services Non-Pay	<ul style="list-style-type: none"> • Spend in May is £2.4m (15.7%) higher than in April. The majority of this increase (£1.9m) relates to anticipated spend of Intermediate Care Fund (ICF) monies. • In addition, activity has increased across the three acute sites, leading to an increase in non-pay costs. Activity increases have particularly been seen in Theatres, as elective work restarts, and Emergency Departments, where attendances have started to increase, some of which is explained by the relaxation of COVID-19 restrictions leading to an increase in visitor numbers.
Secondary Care Drugs	<ul style="list-style-type: none"> • Costs are £0.4m (7.4%) higher than in Month 1, but in line with last year's monthly average. • There are small movements across specialities, but nothing of significance to note.
Healthcare Services provided by other NHS Bodies	<ul style="list-style-type: none"> • Spend is in line with Month 1 and last year. • Block contracts with English providers remain, however there is a risk around inflation on these contracts, as well as inflation on Welsh contracts and a future pay award.
Continuing Health Care (CHC) and Funded Nursing Care (FNC)	<ul style="list-style-type: none"> • Expenditure in May is £1.0m (12.3%) higher than in April, but still slightly below the monthly average last year and therefore consistent with previous trends. Costs have increased in both Mental Health and Area teams. • CHC costs related to COVID-19 totalled £0.5m in May.
Other Private and Voluntary Sector	<ul style="list-style-type: none"> • Expenditure relates to a variety of providers, including hospices and Mental Health organisations. • Spend in May is consistent with last month and 2020/21.

1. FINANCIAL POSITION & FORECAST

Joint Financing	<ul style="list-style-type: none"> Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget.
Losses, Special Payments and Irrecoverable Debts	<ul style="list-style-type: none"> Includes Redress, Clinical Negligence, Personal Injury and loss of property.
Capital	<ul style="list-style-type: none"> Includes depreciation and impairment costs, which are fully funded.

1.6 Forecast Expenditure (Table B)

- The NHS pay award for 2021/22 has not yet been confirmed. The forecast includes an estimate of the pay award, however the treatment has been amended from Month 1. The estimated pay award costs and funding have been profiled across Months 2 to 12, with two months' worth in Month 2 to account for Month 1 also. The total expenditure for the year is forecast at £8.8m. £1.46m has been included in Month 2 and £0.73m included in the forecast each month from Month 3 onwards. As more detail is received on the amount and timing of any award, the phasing will be adjusted accordingly.
- Expenditure related to the £30.0m funding for the Performance Fund and £12.0m Strategic Support included in the forecast, based on the phasing of costs in submitted business cases. These indicate a stepped increase in spend each month for the first seven months of the year and a continued high level of spend for the remaining five months. This cost profile is dependent on operational teams implementing approved plans at pace. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts. The table below gives the phasing for these schemes, as included in the forecast in Table B.

	Actual		Forecast										Total
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	
Pay	0.5	1.0	1.4	1.8	1.8	1.9	2.5	2.5	2.4	2.9	2.9	2.9	24.5
Non-Pay	0.0	0.0	1.1	1.3	1.2	1.3	1.9	1.9	1.8	2.4	2.3	2.3	17.5
Total	0.5	1.0	2.5	3.1	3.0	3.2	4.4	4.4	4.2	5.3	5.2	5.2	42.0

- Expenditure against the £19.9m COVID-19 Recovery Plan funding has also been phased in line with submitted plans. Actual and forecast costs are included with Table B3 as follows:

	Actual		Forecast										Total
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	
Total Spend	0.0	0.6	1.0	1.4	1.5	1.9	2.3	2.2	2.2	2.3	2.2	2.3	19.9

1. FINANCIAL POSITION & FORECAST

1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any accountancy gains this month.

1.8 COVID-19 (Table B3)

- The total impact of COVID-19 in May, including all costs offset by expenditure reductions, is £5.5m. Welsh Government funding has fully offset the impact of COVID-19.

	Actual M01 £m	Actual M02 £m	Actual YTD £m	Forecast 2021/22 £m
Testing	0.1	0.2	0.3	2.8
Tracing	1.1	1.0	2.1	13.5
Mass COVID-19 Vaccinations	1.7	1.5	3.2	12.7
Extended Flu Vaccinations	0.0	0.0	0.0	1.1
Field Hospital/Surge	0.3	0.7	1.0	1.4
Cleaning Standards	0.0	0.0	0.0	2.5
Other Costs	4.5	3.6	8.1	69.3
Total COVID-19 costs	7.7	7.0	14.7	103.3
Non Delivery of Savings	0.8	(0.8)	0.0	0.0
Expenditure Reductions	(0.2)	(0.7)	(0.9)	(2.8)
Slippage on Planned Investments	0.0	0.0	0.0	0.0
Total Impact of COVID-19	8.3	5.5	13.8	100.5
Welsh Government Funding	(8.3)	(5.5)	(13.8)	(100.5)
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0

- The forecast total impact of COVID-19 is currently is £100.5m. This is based on the assumption that COVID-19 will continue to have an impact for the whole year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospitalisations.

2. UNDERLYING POSITION

2.1 Movement from Financial Plan (Table A)

- The underlying position brought forward from 2020/21 is £75.2m. Following discussions with Welsh Government, the £1.2m adjustment included in Month 1 to amend the brought forward position to that in the draft financial plan has been removed.
- It is currently forecast that red pipeline schemes will have an in-year impact of £2.0m and a Full Year Effect of £3.2m (line 32). In addition, £3.7m of savings (line 33) have not been identified due to the impact of COVID-19 on the Health Board's ability to identify and deliver savings this year.
- The carried forward underlying deficit is £75.1m. This is primarily as a result of:
 - £32.6m undelivered savings in 2020/21, due to COVID-19. It is anticipated that these will be funded non-recurrently in 2021/22, but they will remain a pressure in future years.
 - £40.0m strategic support funding that is non-recurrent.
- The organisation is working, through its transformation programme, to develop future schemes that will deliver savings to bring the underlying position back into balance.
- The operational forecast outturn for the year is a £35.4m deficit, offset by a £35.4m surplus on COVID-19. This reflects the additional £32.663m funding to cover the impact of the undelivered savings from 2020/21, which has been classified as COVID-19 funding.

3. RISK MANAGEMENT

3.1 Risk Management (Table A2)

- The below are risks to the Health Board's financial position for 2021/22.

	£m	Level	Explanation
Risks			
Savings Programme	2.0		There is a risk that the savings programme will not deliver the £17.0m target, as per the financial plan. Savings of £10.2m are forecast for delivery in 2021/22, which includes £2.0m of red-rated schemes in the pipeline. Divisions have been set a stretch savings target of £25.0m, which is £8.0m above the agreed target and should ensure that there are enough schemes within the pipeline to allow for any slippage or under delivery that may occur.
Savings Programme	3.7		Risk of reduced delivery of the savings aspirations.
Welsh Risk Pool	0.8		Revised WRP contribution received 11/06/21.

4. RING FENCED ALLOCATIONS

4.1 GMS (Table N)

- Table not required this month.

4.2 GDS (Table O)

- Table not required this month.

5. AGENCY/LOCUM EXPENDITURE

5.1 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 2 are £3.5m, representing 4.8% of total pay. This is £0.4m more than the cost in Month 1. Monthly agency spend for May included £0.5m that related to COVID-19. In April, this was just £0.1m and so COVID-19 related agency accounts for the majority of the overall increase in agency spend.
- Medical agency costs have increased by £0.1m compared to last month; to an in-month spend of £1.4m. COVID-19 costs were £0.2m in May and nil in April.
- Nurse agency costs totalled £1.4m for the month, £0.2m more than last month. This is due to an increase in the number of nursing shifts requested and fill rates remain high. Acute sites continue to carry a high level of nursing vacancies and the overseas nurses that have started are still not fully registered and so are above the establishment. COVID-19 costs were £0.1m in May, compared to nil in April.
- Other agency costs total £0.6m this month, £0.1m lower than in Month 1. In May, £0.2m to COVID-19, primarily Admin and Clerical, compared to £0.1m in April.

6. SAVINGS

6.1 Savings (Tables C – C3)

- Savings in Month 2 totalled £0.8m, which is £0.2m more than the £0.6m delivered in Month 1. This gives cumulative savings of £1.4m for the year.
- Savings of £8.3m are forecast for delivery in 2021/22 against identified amber and green schemes. Forecast savings in primary care medicines have reduced this month, offsetting growth in other areas. The medicines programme will be reviewed to recover the reduction.
- Red schemes in development are expected to deliver a further £2.0m by year end, a reduction of £0.2m on Month 1. Further opportunities are being identified both within Divisions and across BCU to ensure delivery of the savings included within the financial plan.
- The residual shortfall in anticipated savings delivery of £3.7m has been included on line 33 of Table A.

7. INCOME ASSUMPTIONS

7.1 Income/Expenditure Assumptions (Table D)

- Most of the figures in Table D are included based on 2020/21 outturn.

7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) is £1,789.4m for the year. £283.9m of the RRL has been profiled into the position cumulatively, which is £14.3m less than two equal twelfths, primarily due to the profile of COVID-19 and performance funding.
- A reconciliation between the RRL phased into the position and an equal phasing is shown in the table below.

	M02 £m
RRL (Table E)	1,789.4
Less COVID-19 funding (Table E, line 90)	(135.9)
Less funding for specific purposes, e.g. performance funding	(32.9)
Adjusted RRL	1,620.6
Equal 12ths phasing	270.1
Add YTD COVID-19 costs	13.8
Phased YTD RRL	283.9
Actual YTD RRL (Table B)	283.9
Variance	0.0

- Confirmed allocations to date are £1,697.1m, with further anticipated allocations in year of £92.3m. This includes £135.9m for COVID-19, which is included in anticipated income. £5.5m of this income has been profiled into May, £13.8m for the year to date.

8. HEALTH CARE AGREEMENTS & MAJOR CONTRACTS

8.1 Welsh NHS Contracts

- All Welsh healthcare agreements were agreed and signed by the deadline of the end of 11th June 2021.
- The Welsh Ambulance Service NHS Trust (WAST) has not issued a separate contract for the Non-Emergency Patient Transport Service (NEPTS) and so it has been assumed that the service is commissioned on a national basis through the Emergency Ambulance Service Committee (EASC).

9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

9.1 Statement of Financial Position (Table F)

- Table not required this month

9.2 Welsh NHS Debtors (Table M)

- The Health Board did not have any outstanding NHS Wales invoices over eleven weeks old at the end of Month 2.

10. CASH

10.1 Cash Flow Forecast (Table G)

- The closing cash balance at the end of May was £10.2m, which included £6.4m cash held for revenue expenditure and £3.8m for capital projects. This balance was higher normal due to uncertainty around the level of cash that would be required to fund the NHS bonus payment during the month.
- The majority of payments in respect of the NHS bonus were made during May, with payments to HMRC due to be made during Month 3. Further payments will be made to eligible current and former employees over the next few months. The Health Board's latest forecast of total cash required to fulfil these obligation is £17.9m and this additional cash drawing requirement has been included on Table G of the Month 2 return.
- No other adjustments in respect of working balances have been made on Table G at this stage and these will be reflected alongside the first submission of Table F Statement of Financial Position in Month 3.
- Table G currently forecasts a 2021/22 closing revenue cash balance of £0.7m with a nil value for capital cash.

11. PUBLIC SECTOR PAYMENT COMPLIANCE

11.1 PSPP (Table H)

- Table not required this month.

12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

12.1 Capital Resource Limit (Table I)

- The Capital Resource Limit (CRL) for 2021/22 is £27.4m. There is slippage of £0.1m against the planned spend of £1.0m at Month 2. It is anticipated that this will be recovered during the rest of the year and that the CRL will be achieved.

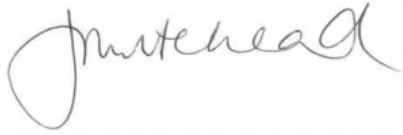
12.2 Capital Programme (Table J)

- Details of spend and forecast on a monthly basis and by scheme are included in the table. There is nothing of significance to note.

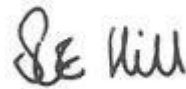
13. OTHER ISSUES

13.1 Summary

- The figures contained within this report are consistent with the financial ledgers and internal reports of the Health Board.
- The Month 2 Monitoring Return will be received by the Health Board's Finance and Performance Committee members at the July meeting.



Jo Whitehead
Chief Executive



Sue Hill
Executive Director of Finance

Month 1 Monitoring Return Responses

Other – Action Point 1.1

I refer you to the 'Annual Plan Financial Principles and Expectations' presentation, produced by the FDU, at the recent DoFs sessions on the 21st May. Organisations are required to provide a final 2021/22 Plan at the end of June and therefore the expectation is that the planning figures reported in the Month 2 MMRs, within Lines 1-13 of Table A, will reflect the latest robust position rather than the now outdated draft version. If not already reflected, this should incorporate a 12 month forecast assessment of the response to Covid. To be clear, your Health Board is expected to achieve financial balance in 2021/22. The planning figures will be fixed from the end of June; therefore any further updates between the Month 2 MMR and the final 2021/22 Plan version being submitted to WG, will again be reflected as an update to Lines 1-13 of Table A within the Month 3 MMR. I.E. continue to update the 'Plan' values up to, and including, Month 3 (e.g. Finalised Savings Plans, Planned Covid spend etc), this will eliminate any in-year movements currently being reported. Thereafter (i.e. from Month 4), no changes should be made to the Plan values and instead all movements will be reflected as an 'in-year' issue.

Response

This has been noted and Table A reflects the latest plan.

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 1.2

The Health Board's forecast outturn position is currently based on the finalisation and delivery of 'Planning Assumptions still to be finalised – Red Risk' amounting to £2.166m. I trust you will be in a position to report an updated position at Month 2, on the progress made to finalise these assumptions as the requirement is for all 'Plans' assumed in the forecast outturn to be finalised by Month 3.

Response

Although reduced from Month 1, the Health Board does still have £2.0m of red risk savings schemes and is working to move these into green and amber as soon as possible.

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 1.3

I also note that the Health Board is currently forecasting that the impact of Covid will prevent £6.5m of 'Planning Assumptions still to be finalised', to be delivered and have therefore negated this impact via the Stability Funding. As part of the progression towards providing final Plans in June, all organisations are expected to review this current assumption, with any additional progression to be reflected at Month 2, and the final position to be reported at Month 3.

Response

The position has been updated in Month 2, with £6.8m now forecast for non-delivery of savings due to COVID-19. This will be reviewed again for Month 3.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 1.4

Please provide a breakdown of the items totalling £1.153m (reported on Line 12) which you confirm are in support of the reduced underlying deficit reported in the draft plan compared to the Month 12 20/21 MMR. In addition, we would expect such an adjustment to be reported as 'recurring' within Table A. Once this information is received, and if agreed, we may ask you to reflect this change in Line 1.

Response

Following conversations with Welsh Government, the £1.153m has been removed in the Month 2 return.

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 1.5

I note that within Line 4 of Table A, the Strategic Support allocation of £40.000m is being treated as a recurring item. This funding has been agreed for a three year period only; therefore, please continue to treat this funding as non recurring in Table A, as you did last year.

Response

This has been amended in the Month 2 submission.

Movement of Opening Financial Plan to Forecast Outturn (Table A) - Action Point 1.6

It would appear that you have excluded the 'Performance Infrastructure' funding (also agreed on a three year basis) of £42.0m from Lines 2 & 5 of Table A. To provide greater transparency, please include a 12 month actual/forecast spend profile for this issue (Pay and Non Pay) in your monthly narrative including supporting progression update on your plans.

Response

This has been included in the Month 2 submission.

Risks and Opportunities (Table A2) – Action Point 1.7

Your Narrative and Table A2 submission references the non delivery of Amber savings (not quantified) as the only risk to your current forecast. Please report any risk to non delivery of Amber saving schemes via Table C3 to ensure they are automatically reported on Line 4 of Table A2. Also, given that your forecast is supported by 'Planning Assumptions Still to be Finalised – Red Risk' of c. £2.200m, I would have expected that this item would have been included. Please ensure that all key risks and opportunities are reported within Table A2, with your narrative providing the supporting explanations and the quantification methodology for each reported item.

Response

Forecasts for Amber schemes are reviewed and revised on a monthly basis so would not carry a risk to the risk table. The Month 2 return has been amended to recognise the red risk

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

pipeline savings schemes in the risk table.

Monthly Positions (Table B) – Action Point 1.8a

As evidenced by the data in the below Table, you are projecting that net Operational expenditure will be c. £89.000m higher in the second half of the year compared to Months 1 - 6. Your narrative does reference a step up in expenditure linked to Performance Recovery and also the Pay Award; however, it would be useful to have these separately quantified and profiled as part of that supporting narrative (linked also to AP 1.6 re Recovery Infrastructure & 1.17 Covid Recovery) given the need to monitor progression or indeed, any risk of slippage in spend plans. Therefore, please pull these various profiles together, and quantify the Pay Award value currently reflected in March, to adequately support the data in your tables.

Response

This has been included in the Month 2 submission.

Monthly Positions (Table B) – Action Point 1.8b

As referenced above there are material movements in future month pay and non pay expenditure profile; however, the other remaining expenditure areas are relatively straight lined within future months. This suggests that you are still to refine the future month data and therefore I trust that you will be in a position to confirm that these reflect robust profiles before the plans are finalised in June.

Response

Forecasts are reviewed and refined on a monthly basis. The forecasts included in the Month 2 submission reflect the latest assumptions.

Monthly Positions (Table B) – Action Point 1.9

As the 'Provider' bonus payment to applicable staff has been made by the NHS in May; all organisations are required to confirm the financial impact (actual payment versus accrual) within your Month 2 narrative and if applicable, confirm how any variance has been reflected within your financial tables.

Response

The majority of provider bonus payments were made to eligible current and former Health Board employees during May. NWSSP Payroll Services has confirmed that there will be a further small number of payments during June and this will be in addition to the Apprenticeship levy and adjustments to SLE payments with Velindre NHS Trust.

Employees were also able to elect to receive their bonus payments in five equal instalments and a small number of staff have chosen this option, with payments to be made between May and September 2021.

The final total cost of these bonus payments is therefore still being calculated. Any remaining balance on the accrual is being held on the Statement of Financial Position. Further updates

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

will be provided in future returns, as the total costs is finalised.

The Health Board is currently anticipating a cash drawing requirement of £17.9m and this has been included in both Table E Resource Limits and Table G Monthly Cashflow Forecast of the Month 2 submission. This request will be subject to adjustment over the next few months as final payments are made.

Covid-19 Analysis (Table B3) – Action Point 1.10

I wish to clarify that both confirmed and anticipated Stability Funding should be used to manage any forecast Field Hospital / Surge, Extended Flu and 'Other' costs that are not funded separately through specific WG funding initiatives. There should be no variance at this stage, as the combined confirmed and anticipated (at risk) Stability Funding, should match forecast costs The Health Board is currently reporting significant costs within the 'other' section, which we suggest are reviewed as part of exercised referenced in AP1.1. Further supporting details will be required, if you confirm that these costs are deemed robust.

Response

This has been noted and the Month 2 submission reflects the latest plans.

Covid-19 Analysis (Table B3) – Action Point 1.11

Please provide supporting explanations, or confirm assumptions, for the following Covid-19 expenditure items: Line 3 - Medical & Dental Testing pay has a negative spend amount in April with no forecast spend in future months.

Response

We are investigating this query and will feedback in Month 3.

Covid-19 Analysis (Table B3) – Action Point 1.12

Please provide supporting explanations, or confirm assumptions, for the following Covid-19 expenditure items: Section A5 - clarify assumptions that support the FH/Surge pay and non pay expenditure profiles

Response

The Field hospitals are in the process of being decommissioned with a target date of July. As a result there will be on-going running costs such as security and utilities. The actual hand over dates are still subject to final agreement and we will confirm those dates when agreed with the landlords

Covid-19 Analysis (Table B3) – Action Point 1.13

Please provide supporting explanations, or confirm assumptions, for the following Covid-19 expenditure items: Line 170 – Cleaning standards expenditure not being reported until Month 2.

Response

Cleaning standards staff will be appointed shortly.

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Covid-19 Analysis (Table B3) – Action Point 1.14

Having compared your forecast PPE costs of £22.084m, to the values reported by other organisations, these appear significantly higher. Please therefore review this for Month 2 and confirm if these costs reflect a robust assessment

Response

The forecasts costs in Month 1 were based on unconfirmed data from NWSSP. We have received late information providing a revised forecast that has been reviewed and included in the Month 2 return, to reflect a more robust assessment of costs.

Covid-19 Analysis (Table B3) – Action Point 1.15

Please provide details of the item(s) reported within the Protect Tab of the TTP submission totalling £0.092m, which I assume are currently being reported with Section A7 'Other' of Table B3.

Response

This relates to a new role to support the delivery of the protect agenda.

Savings (Table C) – Action Point 1.16

Of the savings forecast to be achieved, c76% are reported within Table C3 as Amber. As per the WHC guidance, it is expected that Amber schemes 'go Green' within three months of the scheme appearing on the Tracker. As the Plans are to be finalised by June this year, instead of April, the expectation is that all Amber schemes will be Green by no later than Month 6.

Response

Good progress has been achieved in month in converting the majority of the savings plans on the tracker to Green.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 1.17

Please report the recently issued Covid-19 Recovery Plan funding on Line 5 of Table A (via Lines 241 of Table B3) with the corresponding planned spend reported within Section A7 'Other' in Table B3, from Month 2. A separate supplementary template for the funding is currently being considered by the FDU in conjunction with the Policy lead.

Response

This has been included in the Month 2 submission as requested.

Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 1.18

In relation to the opening plan profile reported on Line 14 of Table A, please undertake a review to ensure that all contributing items are appropriately phased (e.g. Line 3 Covid-19 spend correlation to Line 5 Covid-19 funding) making use of the RRL phasing line if appropriate, with the expectation being that the monthly profile reflects a straight line position. If an equally phased monthly planned

APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

position approach is not adopted, please provide an explanation to support your methodology.

Response

The IMTP phasing is impacted by the Month 1 and 2 ledger and by the projected delivery of the savings.

Underlying Position (Table A1) – Action Point 1.19

Once you have reviewed the underlying position (Re: Action Point 1.4), please ensure that this is reported within the applicable column of Table A1.

Response

This has been amended in the Month 2 submission as requested.

Resource Limits (Table E) – Action Point 1.20

Your narrative indicates that the latest WRP risk sharing contribution is currently being reported as a charge within the SoCNE. As per the below extract from the Monitoring Return Guidance, please treat this item as a Revenue Resource Limit reduction via Table E within future returns, rather than as expenditure.

The WRP risk sharing values, as reported by NWSSP, must be included consistently by both parties on Table E/E1. The only exception being when the forecast has altered during the year but is minor and the organisation has chosen instead to temporarily report the change as a risk (table A2) – this must be explained in the narrative. Consistent with last year's adjustment, the HBs are to record an RRL adjustment (Table E) representing the funding transfer back to the WG, and NWSSP will anticipate the funding from WG to offset the expenditure (Table E1).

Response

The WRP has been accounted for as advised above.



Cyfarfod a dyddiad: Meeting and date:	Finance & Performance Committee 24.06.21						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Shared Services Partnership Committee Quarter 4 2020/21 Assurance report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Alison Ramsey – Director of Planning, Performance & Informatics						
Craffu blaenorol: Prior Scrutiny:	N/A						
Atodiadau Appendices:	Appendix 1: Organisation specific KPIs April 2020 – March 2021 Appendix 2: All Wales KPIs April 2020 – March 2021 Appendix 3: All Health Organisation March 2021						
Argymhelliad / Recommendation:							
The Committee is asked to note the report.							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
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 ending 31st March 2021.							
The report provides end of quarter detail for the Health Board for the rolling twelve-month period to 31st March 2021 (Appendices 1&2) and further detail of the March 2021 position for all health organisations (Appendix 3).							
Cefndir / Background:							
In common with other health bodies the past year have proved to be particularly challenging and have required many staff to work long hours to maintain business continuity and to meet the additional demands placed on NWSSP by the Service. Notwithstanding this, all core services have been delivered and quality has been maintained throughout. Staff have adapted well to the new ways of working which in, a number of cases, have led to improvements in productivity.							

Reported performance for March 2021 was good. However, NWSSP will continue to work with BCU to continue to improve performance against recruitment targets, procurement savings target, invoice turnaround within 4 days and audit targets.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

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.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only.

Goblygiadau Ariannol / Financial Implications

Performance Summary

Within NWSSP work has been undertaken to align the Key Performance Indicators to Key Focus Areas (KFA) to enable us to have a balanced view of the performance information we report.

Financial Information

NWSSP returned £2m direct savings to NHS Wales compared to an original plan of £750k. For BCU a distribution of £90k was planned for 20/21 and after reinvestment, an additional cash distribution of £150k was returned.

Health Board /Trust	%	PLANNED DISTRIBUTION £	ADDITIONAL DISTRIBUTION £	TOTAL DISTRIBUTION £	Agreed Recurrent Reinvestment £	TOTAL 2020/21 DISTRIBUTION £
BCU	11.98	89,815	149,750	239,565	-89,815	149,750

In addition, professional influence benefits generated for Wales totals £164m for the year to March. This was made up of:

- £19m Procurement Savings,
- £25m of savings relating to Specialist Estates Services and
- £120m of Legal and Risk savings.

Of the £164m, £18.9m can be attributed to BCU.

Employment Services – Payroll

The performance accuracy data produced for payroll services provides detail regarding the performance after accounting for the supplementary payroll. This reflects amendments and payments made in the period which would otherwise have been missed and represents benefits for organisations and employees. For BCU the reported payroll accuracy prior to the supplementary payroll was reported as 99.38%, this increased to 99.69% following the supplementary payroll. This was in line with the position reported in the previous quarter and represents continuing strong performance against the target of 99.6%.

Employment Services – Recruitment

For March, KPI performance driven by BCU showed the organisation missed the time to shortlist with 6.5 days reported against the target of 3 days. Time to approve vacancies achieved the target with 10 days reported against the 10-day target. Notification of outcome KPI achieved the target with 2.1 days reported against a target of 3 days.

The Recruitment team continue to support Recruiting managers with training and advice through Trac drop-in sessions to improve time to shortlist and reduce the time to hire.

For KPI performance driven by NWSSP recruitment team all the 3 performance targets were met. For time to place adverts 1.8 days was reported and achieved the target of 2 days. For time to send applications to manager achieved the target with 1 day was reported against a target of 2 days and for time to send conditional offer letter achieved the target with 3.9 days was reported against a target of 4 days.

The Calls Answered percentage KPI was 86.60%, which failed to achieve the 95% target for the quarter. The helpdesk returned to full operating hours from 5th February 2021 which will give increased capacity to answer calls. This will allow customer a wider time span during the day to raise queries.

In the current year we are also reporting the recruitment KPIs as a percentage of the records that achieved the target timescales which are highlighted in the table below;

<u>Organisation KPIs Recruitment</u>		Target	Jun-20	Sept-20	Dec-20	Mar-21
Time to Approve Vacancies	10 days	70%	94%	93%	88%	88%
Time to Shortlist by Managers	3 days	70%	47%	46%	58%	53.9%
Time to notify Recruitment of Interview Outcome	3 days	90%	69%	72%	85%	80.8%
<u>NWSSP KPIs Recruitment</u>						
Time to Place Adverts	2 days	98%	95%	100%	99%	99.6%
Time to Send Applications to Manager	2 days	99%	99%	100%	100%	99.4%
Time to send Conditional Offer Letter	4 days	98%	97%	97%	98%	99.7%

Procurement Services

For the year to March 2021 procurement savings for Wales were reported as £19m, against a target of £15m. This included savings of £3.027m for BCU, compared to a revised target of £5m.

Accounts payable

The volume of invoice lines on hold greater than 30 days decreased from 2,582 in December 2020 to 2,324 in March 2021. Within this, the invoice lines on hold greater than 30 days marked as disputed was reported as 45%.

The level of automated invoicing represents a key area for the efficiency of the Accounts Payable system, here performance for September for all Wales was reported as 97.4%.

The Public Sector payment target of 95% was achieved for the health org with reported compliance of 96% for the year.

An issue with reporting in March prevented Invoice turnaround within 4 days to be split by control. The overall combined figure reported for March shows the 90% target was missed with 79% of invoices turned around in 4 days.

Internal Audit

To the end of March 73% of audits were reported against the target of 92%, with 27% of further audits in progress. The Health Board indicator of 80% for management responses to draft report to be received within 15 days met the target with 90% reported. Report turnaround to draft response within 10 days is 100%.

Primary Care Services

The published KPIs for contractor services relate to services provided to contractors. For the quarter ending March 2021 the indicators provided for BCU demonstrated full achievement against all indicators. Primary Care have implemented a revised process which will increase the number of records being returned over 6 weeks as practices are pro-actively reminded about records outstanding over 6 weeks.

The All Wales key performance indicator for Prescribing Services for keying accuracy rates has been consistently met with 99.64% reported for March, against the target of 99%. For the year to March 2021 a total of 62.19m prescriptions were processed. This represents an increase on the prescriptions processed in the same period in the previous year.

Legal and Risk Services/Welsh Risk Pool

The KPIs previously reported for Welsh Risk Pool relate to the management of claims processed through bimonthly committee meetings. These KPIs have been reviewed and a new suite of KPIs are to be reported in the new year.

The new KPIs are:

- Time from submission to consideration by the Learning Advisory Panel – Target 95% cases submitted by the end of the month will be included in the papers for the LAP 2 months later e.g. cases submitted by 12:00 on 28th August 2020 will be presented to the October 2020 Learning Advisory Panel
- Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee (WRPC) – Target 100% of cases will be presented at the next available WRPC meeting.
- Holding sufficient Learning Advisory Panel meetings (at least 10 per financial year) – Target 90% (9 meetings)

The Legal & Risk KPIs for acknowledgement within 1 day and response to advice within 3 days are consistently reported as achieving the 90% target. Achievement of the KPI related to time to raise invoices for the 3rd quarter was reported at 69% failing to achieve the 90% target. Additional resource has been put in place to improve performance in this area.

Dadansoddiad Risk / Risk Analysis

N/A

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A

Asesiad Effaith / Impact Assessment

N/A

Organisation specific KPIs April 2020 – March 2021

BCU High Level - KPIs Dec 2020	KFA	Target	Health Org Position 30/06/2020	Health Org Position 30/09/2020	Health Org Position 31/12/2020	Health Org Position 31/03/2021
Financial Information						
Direct Savings Notified - YTD	Value for Money	£90k	£90k	£90k	£240k	£240k
Professional Influence Savings - YTD	Value for Money		£8.04m	£11.70m	£16.20m	£18.90m
Employment Services						
Payroll services						
Payroll accuracy rate prior to Supp	Excellence	99.6%	99.34%	99.27%	99.57%	99.38%
Payroll accuracy rate post Supp	Excellence	99.6%	99.67%	99.64%	99.79%	99.69%
Organisation KPIs Recruitment						
Resignation to Vacancy Approval date	Excellence	5 days	54.5 days	70.4 days	55.3 days	55.5 days
Time to Approve Vacancies	Excellence	10 days	3.1 days	4.8 days	5.8 days	10.0 days
Time to Shortlist by Managers	Excellence	3 days	8.5 days	8.6 days	6.2 days	6.5 days
Time to notify Recruitment of Interview Outcome	Excellence	3 days	3.6 days	3.0 days	1.7 days	2.1 days
NWSSP KPIs Recruitment						
Time to Place Adverts	Excellence	2 days	2.2 days	1.8 days	1.8 days	1.8 days
Time to Send Applications to Manager	Excellence	2 days	1.0 days	1.0 days	1.0 days	1.0 days
Time to send Conditional Offer Letter	Excellence	4 days	3.9 days	3.8 days	3.3 days	3.9 days
Calls Answered % Quarterly Average	Customers	95%	89.90%	88.10%	89.96%	86.60%
Procurement Services						
Procurement savings - YTD	Value for Money	£5m	£0.205m	£1.195m	£1.640m	£3.027m
Accounts Payable						
Invoices on Hold > 30 days	Customers		2,242	2,073	2,582	2,324
% Invoices as being in dispute >30 days	Customers		54%	48%	42%	45%
E Enablement invoices	Excellence	83%	96.9%	97.7%	97.3%	97.4%
Invoice Turnaround within 4 Days (NWSSP Control) Basware, GHX, Manual & OCR	Excellence	90%	98.1%	92.9%	61%	Reporting Issue (Unable to Split out)
Invoice Turnaround within 4 Days (Health Org Control) Generic Feeds & Pharmacy	Excellence	90%	68.4%	68.7%	73%	Reporting Issue (Unable to Split out)
Invoice Turnaround within 4 Days	Excellence	90%				79%
PSPP Compliance non NHS – YTD	Excellence	95%	95.3%	96.2%	96.2%	96.0%
Primary Care Services						
Primary Care payments made accurately and to timescale	Excellence	100%	100%	100%	100%	100%
Patient assignments actioned within 24 hours	Customers	100%	100%	100%	100%	100%
Medical record transfers to/from GPs and other primary care agencies within 6 weeks	Customers	95%	91%	99%	96%	97%
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	Customers	100%	100%	100%	100%	100%
Cascade Alerts issued within timescale	Customers	100%	100%	100%	100%	100%
Internal audit						
Audits reported % of planned audits - YTD	Excellence	92%	6%	19%	40%	73%
Report turnaround management response to Draft report - YTD	Excellence	80%	n/a	60%	86%	90%
Report turnaround draft response-final- YTD	Excellence	80%	n/a	100%	100%	100%

All Wales KPIs April 2020 – March 2021

ALL WALES KPIs	KFA		30/06/2020	30/09/2020	31/12/2020	31/03/2021
Primary Care Services						
Prescription – Payment Month keying Accuracy rates	Excellence	99%	99.85%	99.61%	99.60%	99.64%
Prescriptions processed (Apr-Jan)	Excellence	46.79m	81.63m	27.31m	48.12m	62.19m
Welsh Risk Pool						
Acknowledgement of receipt of claim	Excellence	100%	100%	100%	KPI due to be replaced with new measure	KPI due to be replaced with new measure
Valid claims processed in time for next WRP committee	Excellence	100%	100%	100%	KPI due to be replaced with new measure	KPI due to be replaced with new measure
Claims agreed paid within 10 day	Excellence	100%	100%	100%	KPI due to be replaced with new measure	KPI due to be replaced with new measure
Legal and risk						
Advice acknowledgement- 24 hrs - YTD	Excellence	90%	99%	100%	100%	99%
Advice response – within 3 days - YTD	Excellence	90%	99%	100%	100%	100%
Invoices requested within 21 day - YTD	Excellence	90%	74%	80%	79%	69%

All Health Organisation KPIs March 2021

KPIs March 2021	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW
HEALTH ORG KPIs													
Financial Information													
Direct Savings Notified - YTD	Value for Money		Target £66k Actual £176k	Target £74k Actual £197k	Target £90k Actual £240k	Target £79k Actual £210k	Target £80k Actual £212k	Target £58k Actual £155k	Target £6k Actual £17k	Target £14k Actual £39k	Target £9k Actual £23k	Target £9k Actual £26k	n/a
Professional Influence Savings- YTD	Value for Money	£110m	£21.46m	£22.24m	£18.90m	£25.90m	£15.26m	£28.75m	£1.08m	£0.52m	£3.79m	£1.41m	£0.027m
Employment Services													
Payroll services													
Payroll accuracy rate prior to Supp	Excellence	99.6%	99.43%	98.93%	99.38%	99.50%	99.11%	99.48%	99.05%	99.41%	98.78%	99.13%	99.79%
Payroll accuracy rate post Supp	Excellence	99.6%	99.71%	99.46%	99.69%	99.75%	99.56%	99.74%	99.53%	99.70%	99.39%	99.57%	99.90%
<u>Organisation KPIs Recruitment</u>	-												
Resignation to Vacancy Approval date	Excellence	5 days	58.8	42.0	55.5	44.3	37.1	36.6	52.6	68.7	N/a	53.9	30.5
Time to Approve Vacancies	Excellence	10 days	8.5	6.8	10.0	9.2	8.1	12.4	8.7	8.7	10.5	7.8	13.5
Time to Shortlist by Managers	Excellence	3 days	8.7	8.6	6.5	7.2	6.0	4.4	6.7	3.3	7	5.1	7.9
Time to notify Recruitment of Interview Outcome	Excellence	3 days	3.9	3.1	2.1	2.2	1.6	1.6	1.8	1.2	4.7	6.1	1.6
<u>NWSSP KPIs Recruitment</u>	-												
Time to Place Adverts	Excellence	2 days	1.6	1.9	1.8	1.6	1.7	1.9	1.5	1.9	1.0	1.5	1.9
Time to Send Applications to Manager	Excellence	2 days	1.1	1.1	1.0	1.0	1.0	1.0	1.0	1.1	1.0	1.1	1.0
Time to send Conditional Offer Letter	Excellence	4 days	3.6	3.8	3.9	3.8	3.8	3.8	3.9	3.7	4.0	3.4	3.9
Calls Answered % Quarterly Average	Customers	95%	86.60%										
Procurement Services													
Procurement savings- YTD	Value for Money		Target £1.433m Actual £1.655m	Target £2.388m Actual £5.854m	Target £5m Actual £3.027m	Target £2.679m Actual £3.208m	Target £2.094m Actual £1.715m	Target £1.084m Actual £2.723m	Target £0.143m Actual £0.020m	Target £0.064m Actual £0.201m	Target £0.185m Actual £0.412m	Target £0.060 Actual £0.102	Target £0.003m Actual £0.027m

KPIs March 2021	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW
Accounts Payable													
Invoices on Hold > 30 days	Customers		2,919	2,742	2,324	5,681	3,287	1,050	667	534	940	203	10
% Invoices as being in dispute >30 days	Customers		45%	54%	45%	47%	35%	47%	22%	22%	62%	22%	60%
E Enablement invoices - in Month	Excellence	83%	97.40%										
Invoice Turnaround within 4 Days (NWSSP Control) Basware, GHX, Manual & OCR	Excellence	90%	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)
Invoice Turnaround within 4 Days (Health Org Control) Generic Feeds & Pharmacy	Excellence	90%	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)	Reporting Issue (Unable to Split out)
Invoice Turnaround within 4 Days	0	90%	70%	54%	79%	80%	62%	61%	66%	75%	58%	90%	98%
Accounts Payable Call Handling %	Customers	95%	99.20%										
PSPP Compliance non NHS- YTD	Excellence	95%	93.9%	96.3%	96.00%	96.2%	93.7%	95.3%	96.2%	93.00%	96.70%	97.20%	95.90%
Internal audit													
Audits reported % of planned audits - YTD	Excellence		Target 80% Actual 64%	Target 53% Actual 53%	Target 92% Actual 73%	Target 81% Actual 62%	Target 85% Actual 73%	Target 93% Actual 83%	Target 79% Actual 64%	Target 69% Actual 69%	Target 79% Actual 79%	Target 64% Actual 64%	Target 83% Actual 75%
Report turnaround (15 days) management response to Draft report - YTD	Excellence	80%	75%	100%	90%	100%	89%	88%	100%	100%	100%	89%	100%
Report turnaround (10 days) draft response-final- YTD	Excellence	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Primary Care Services													
Primary Care payments made accurately and to timescale	Excellence	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a
Patient assignments actioned within 24 hours	Customers	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a
Medical record transfers to/from GPs and other primary care agencies within 6 weeks	Customers	95%	91%	42%	97%	77%	77%	85%	n/a	85%	n/a	n/a	n/a
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	Customers	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a
Cascade Alerts issued within timescale	Customers	100%	100%	100%	100%	100%	100%	100%	n/a	100%	n/a	n/a	n/a



Cyfarfod a dyddiad: Meeting and date:	Finance and Performance Committee 24 th June 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance						
Awdur yr Adroddiad Report Author:	Kate Dunn, Head of Corporate Affairs						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
The Committee is asked to note the report							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	Y
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session							
Cefndir / Background:							
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.							
Asesiad / Assessment & Analysis							
The Finance and Performance Committee considered the following matters in private session on 29.4.21							
<ul style="list-style-type: none"> • Medical and Dental Agency Locum monthly report • Performance and accountability progress report • Contract Award Testing, Maintenance & Repair of Community Equipment • Deed of Release and Grant of Easement, Bron Yr Ardd, Bryn Y Neuadd 							