

- 1.0.2 09:30 - PF22/4 Apologies  
*Nick Lyons - for whom Conrad Wareham will deputise and Jo Whitehead*
- 1.0.3 PF22/5 Declaration of Interest
- 1.0.4 09:31 - PF22/6 Draft Minutes of the previous meeting held on 23.12.21 for approval  
PF22.6 PFIGC 23.12.21 draft minutes v.03 public session.docx
- 1.0.5 09:32 - PF22/7 Matters arising and table of actions  
PF22.7 Table of actions.doc
- 1.0.6 09:42 - PF22/8 Report of the Chair (verbal)  
*John Cunliffe*
- 1.0.7 09:44 - PF22/9 Report of the Lead Executive (verbal)  
*Sue Hill*
- 2.0 STRATEGIC ITEMS FOR DECISION - THE FUTURE
- 2.1 Developing new strategies or plans
- 2.1.1 09:46 - PF22/10 Integrated Medium Term Plan (IMTP) 2022-25  
*Chris Stockport*
- 2.1.2 09:48 - PF22/11 IMTP 2022-25 - financial focus  
*Sue Hill*  
*Rob Nolan in attendance*  
*Recommendation*  
*The Committee is asked to note the report*  
*(V2 Uploaded 18.2.22)*  
PF22.11a IMTP Financial Focus 2022-25.docx  
PF22.11b IMTP Financial Focus 22-23 v2.docx
- 2.2 Monitoring Existing Strategies or plans
- 2.3 09:58 - PF22/12 Transformation update  
*Chris Stockport*  
*Recommendation*  
*The Committee is asked to note the update provided on the actions being taken within the area of Transformation and specific improvement programmes*  
PF22.12a Transformation update.docx  
PF22.12b Transformation update App1 PFIG Slides v3.pdf
- 3 10:08 - PF22/13 Information Governance Strategy  
*Simon Evans Evans to be supported by Carol Johnson in attendance*  
*Recommendation*  
*The Committee is asked to receive and accept the updated changes to the Information Governance Strategy*  
PF22.13 Information Governance Strategy v2.docx
- 4.0 THE PRESENT for assurance
- 4.0.1 10:18 - PF22/14 Information Governance 2021/22 Key Performance Indicators (KPI) Report  
*Simon Evans Evans to be supported by Carol Johnson in attendance*  
*Recommendation*  
*The Performance, Finance and Information Governance Committee is asked to receive and accept the Information Governance KPI reports.*  
PF22.14 Information Governance KPI Report Q2 Q3 2021-22 Final v2.docx
- 4.1 10:33 - PF22/15 Finance report month 10  
*Sue Hill*  
*Recommendation*  
*The Committee is asked to note the report*  
PF22.15a Finance Report -M10-22.docx  
PF22.15b App1 Finance Report M010-22.pdf  
PF22.15c App2 Performance Monies Tracker 2021-22 - Month 10 - PFIG v3.pdf  
PF22.15d App3 BCU M10 2021-22 WG Monitoring report.pdf
- 4.1.1 10:43 - PF22/15.1 Divisional Operational Finance report - Mental Health and Learning Disabilities Division

*Sue Hill*  
*Amanda Lonsdale and Rob Nolan in attendance*  
*Recommendation*  
*The Committee is asked to note the report*

PF22.15.1 Divisional Finance Report M10-22 MHLD Division v2.pptx

4.2 10:58 - PF22/16 Capital report month 10

*Sue Hill*  
*Neil Bradshaw in attendance*  
*Recommendation*  
*The Committee is asked to receive and scrutinise this report*

PF22.16 Capital Report Month 10.docx

4.2.1 11:03 - Comfort break

4.3 11:13 - PF22/17 Operational Plan Monitoring Report 2021-22 position at 31.12.21

*Sue Hill*  
*Gavin Halligan-Davis in attendance*  
*The Committee is asked to scrutinise the report*

PF22.17a OPMR.docx

PF22.17b Operational Plan Monitoring Report - Position 31st December 2021 PFIG FINAL.pdf

4.4 11:28 - PF22/18 Quality and Performance report

*Sue Hill*  
*Gavin Halligan-Davis in attendance*  
*Recommendation*  
*The Performance, Finance & Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.*

PF22.18a QaP report to 31.1.22.docx

PF22.18b QP Report PFIG January 2022 v2\_.pdf

4.5 11:43 - PF22/19 Planned Care Update

*Gill Harris*  
*Keith Dibble in attendance*  
*Recommendation:*  
*The Committee is asked to*  
*• note the contents of this report as a high level reflection of the status of the Planned Care Recovery plan. support the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.*

PF22.19 Planned Care update \_uploaded 21.2.22.docx

4.6 11:53 - PF22/20 Unscheduled Care Update

*Gill Harris*  
*Phil Orwin in attendance*  
*Recommendation*  
*The Committee is asked to note the update provided on the actions being taken within the Unscheduled Care improvement programme to support the delivery of improvements across the unscheduled care system and ensure the provision of safe, effective, high quality care.*

PF22.20 Unscheduled Care Report v1.0.docx

4.7 12:03 - PF22.21 North Wales Cancer Treatment Centre - Radiotherapy Replacement Linear Accelerator, Software and Hardware Replacement

*Chris Stockport*  
*Geraint Roberts in attendance*  
*Recommendation*  
*The Performance, Finance and Information Governance Committee is asked to approve the Business Case for submission to the Health Board, the case will then be submitted to Welsh Government.*

PF22.21a Linac Business Case template.docx

PF22.21b Linac App 1 BJC Software Hardware Linac draft 9.2.2022 V0.17.docx

4.8 12:13 - PF22/22 Strategic Outline Case (SOC) for Bangor Health and Wellbeing Centre

*Sue Hill*  
*Recommendation*  
*The Committee is asked to approve the Strategic Outline Case.*

PF22.22a Bangor H&WB PFIG v1.docx

4.9 12:23 - PF22/23 Emergency Department (ED) Business Case Gateway Review

*Gill Harris*  
*Recommendation*  
*The Committee is asked to note the update provided on the actions being taken to assure the delivery of the ED Business Case*

PF22.23A ED Business Case Gateway Review v01.docx

PF22.23B ED Business Case Gateway Framework v03.pptx

- 5.0 Learning from - the Past
- 5.1.2 12:28 - PF22/24 Sub Regional Neonatal Intensive Care Centre (SuRNICC) post project evaluation  
*Sue Hill*  
*Recommendation*  
*That the Committee note –*
- *the significant delivery of benefits aligned to the original investment objectives for the SuRNICC and the positive feedback received in two external reviews of the project.*
  - *the work ongoing to address outstanding benefit areas and recommendations made by the Gateway Review*
  - *the commissioning of external support to document lessons learned and develop a guide to inform future business cases and project delivery*
- PF22.24a SuRNICC PPE - Benefits realisation - final post CEO review.docx
- PF22.24b SuRNICC Appendix 1 - Design and Construction PPE.docx
- PF22.24c SuRNICC Appendix 2 - Gateway 5 review.docx
- PF22.24d SuRNICC Appendix 3 - self assessment of benefits.pdf
- PF22.24e SuRNICC Appendix 4 - Gate 5 Review recommendations.docx
- 5.2 12:38 - PF22/25 Chair Assurance reports for assurance - for noting
- 5.2.1 PF22/25.1 Information Governance Group February 2022  
PF22.25.1 IGG Chair's Assurance Report February 2022 v2.docx
- 5.2.2 PF22/25.2 Information Governance Group - December 2021  
PF22.25.2 IGG Chair's Assurance Report December 2021 v2.docx
- 6 CLOSING BUSINESS
- 6.0.1 12:38 - PF22/26 Agree Items for referral to Board / Other Committees
- 6.0.2 12:39 - PF22/27 Review of risks highlighted in the meeting for referral to Risk Management Group
- 6.0.3 12:44 - PF22/28 Agree items for Chairs Assurance report
- 6.0.4 12:45 - PF22/29 Review of meeting effectiveness
- 6.0.5 12:50 - PF22/30 Summary of private business to be reported in public  
*Recommendation*  
*The Committee is asked to note the report*  
PF22.30 Previous private session items reported in public report.docx
- 6.0.6 12:50 - PF22/31 Date of next meeting 24.3.22
- 7 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.”*



**DRAFT minutes of the meeting of the  
Performance, Finance and Information Governance Committee  
held in public on 23.12.21 via Teams**

<p><b>Present:</b> John Cunliffe Linda Tomos Richard Micklewright Mark Polin</p>	<p>Independent Member / Committee Chair Independent Member Independent Member Health Board Chairman</p>
<p><b>In Attendance:</b> Clare Darlington Nick Graham Sue Hill Mandy Jones  Rob Nolan Gemma Nosworthy Molly Marcu Jo Whitehead Tim Woodhead</p>	<p>Acting Associate Director Primary Care (<i>part meeting</i>) for Executive Director of Workforce and OD Executive Director of Finance Interim Secondary Care Nurse Director for Executive Director Nursing &amp; Midwifery Finance Director Commissioning and Strategy (<i>part meeting</i>) Academy Manager (<i>part meeting</i>) representing Board Secretary Chief Executive Finance Director – Operational Finance</p>
<p><b>To observe:</b> Dave Harris</p>	<p>Head of Internal Audit</p>

Agenda Item Discussed	Action By
<p><b>PF21/42 Apologies for absence</b> Apologies were received from Chris Stockport (deputies supporting individual papers as required), Sue Green (deputy Nick Graham in attendance), Gill Harris (deputy Mandy Jones in attendance), Louise Brereton (deputy Molly Marcu in attendance) and Nick Lyons.</p>	
<p><b>PF21/43 Declaration of Interests</b> None were received</p>	
<p><b>PF21/44 Draft minutes of the previous PFIG Committee meeting held on 28.10.21, matters arising and table of actions</b> The minutes of the inaugural PFIG Committee meeting were approved. There were no matters arising from the minutes. The table of actions was updated and the following noted: FP21/131 – the Committee Chair sought clarification on behavioural issues with Primary Care which were advised.</p>	

<p>FP21/136 – the Committee Chair clarified the question he had raised related to whether a patient or clinician would be able to ascertain where they were in a pathway which was advised.</p> <p>FP21/12 Board Assurance Framework– the Committee Chair questioned how BAF comments were to be reflected in any BAF updates</p> <p>FP21/20.2 Llandudno / Conwy Strategic Outline Case – the Committee expressed concern that the update on estates was more a situation analysis rather than an update on plans.</p> <p>It was noted that a number of actions had no update or response.</p>	
<p><b>PF21/45 Chair’s report</b></p> <p><b>PF21/45.1</b> The Committee Chair welcomed members to the inaugural Committee meeting and whilst looking forward to the newly introduced governance arrangements, he raised concern regarding the length of the agenda.</p> <p><b>PF21/45.2</b> He advised that joint PFIG and Board Chair’s action had been undertaken on</p> <ul style="list-style-type: none"> <li>• 28.10.21 to extend the licence at Forge Road, Managed practice in Wrexham to occupy until 31<sup>st</sup> January 2022, to allow more time for a long term solution to the practice/premises issues to be reached.</li> <li>• 7.12.21 approved imaging equipment replacement Business Justification Case so that the Health Board could immediately proceed with placing and order and enable delivery and expenditure prior to 31.03.22 for <ul style="list-style-type: none"> <li>○ Fluoroscopy Room, Radiology department, Ysbyty Glan Clwyd.</li> <li>○ MR scanner, Radiology department, Wreccsam Maelor</li> </ul> </li> </ul> <p><b>PF21/45.3</b> The Board Chairman stated he had concerns in regard to a number of issues to bring to the Committee’s attention:</p> <ul style="list-style-type: none"> <li>• Concerns with governance processes of chair’s action which he had raised with the Chief Executive and Executive Director of Finance prior to the meeting, following the submission of a recent request. He stated that if these concerns were not addressed by the second week in January, the process of chair’s action would be suspended pending provision of a robust and appropriate revised process.</li> <li>• Internal Audit and Wales Audit had highlighted that high level strategic workforce planning needed to be an integral part of the Integrated Medium Term Plan in order for approval to be agreed</li> <li>• Whilst Welsh Government (WG) had advised the Health Board’s allocation the previous day, he was disappointed that BCU was not further ahead in its planning process as there could have been potential options provided within papers brought to the Committee that day. He was of the opinion that there few ‘real surprises’ within the WG announcement.</li> <li>• Concerns regarding business cases being presented with lack of transparent prior scrutiny outlined, lack of financial consequences and benefits realisation. He was also concerned with the increasing numbers of cases presented with subsequent recurrent revenue costs, and addressing how these would be met</li> </ul>	<p style="text-align: right;">SH</p>

<p>from BCU funds. He sought the introduction of a revised business case template to ensure these areas were addressed at pace.</p>	
<p><b>PF21/46 Lead Director’s report</b></p> <p>The Executive Director of Finance advised that in regard to monthly income, an Accountable Officer letter was sent to Welsh Government at the end of November, returning £10.2 million of COVID funding which had been included in the Finance report. As the revised and reduced agenda did not contain a Capital programme report, she advised that the Wrexham Maelor continuity business case was progressing and there was an estimate around fees for design and costing of approximately £2m which Welsh Government was aware of. In regard to imaging and radiotherapy, she was delighted to report that WG had confirmed funding of an additional £12.3 million over the next two years, which, in light of the capital situation was very welcome. In regard to ICT funding the Executive Director of Finance reported that there was no risk to the Capital Resource Limit, as there was confidence on delivery of orders placed within the financial year.</p>	
<p><b>PF21/47 Presentation : Integrated Medium Term Plan - financial focus</b></p> <p><b>PF21/47.1</b> The Board Chairman highlighted his dissatisfaction with the content of the plan progressed to date. He acknowledged that WG had not provided confirmation of BCUHB’s allocation however, he stated that option appraisals could have been provided, especially as there was a ‘no surprises’ expectation in regard to funding. He had also expected a higher level of workforce planning included that encompassed an articulation and integration of workforce planning into finance and into the planning priorities. The Board Chairman also voiced his concern that business case plans were not being integrated within the Board’s plans in regard to capital and recurrent funding requirements and therefore questioned financial discipline.</p> <p><b>PF21/47.2</b> The Committee concurred with the Board Chairman’s comments and voiced concern that there was inadequate opportunity to provide meaningful scrutiny and challenge for an extremely complicated budget, covering huge sums of money across very important services within the timetable outlined. In addition, the Committee highlighted the need for improved corporate processes which could set out options to be considered side by side and presented in the context of an ongoing operational plan, ongoing financial plan and ongoing other resourcing plan.</p> <p><b>PF21/47.3</b> The Executive Director of Finance commented on the external review which had been undertaken previously on BCUHB’s budget setting process which had provided assurance to WG that the organisation was proceeding in an appropriate manner. In addition, this year additional meetings had been introduced to the timetable in order to provide opportunities to consider and review feedback both from the Committee and from Board workshops to ensure that the plan was understood and agreed. She accepted comments regarding Chair’s action which required process improvements.</p>	

**PF21/47.4** The Chief Executive commented that there was always room for improvement and she had made a commitment last year to improve the process. She reiterated her instruction to colleagues that the year ahead would be one of consolidation and delivery. A reserve list of schemes that needed to be fully worked up and ready to be implemented for when, and if, WG provided additional resources in year was to be put in place to ensure business case discipline provided clear prioritisation against BCU's objectives. She emphasised her goal of remaining within the timetable outlined by BCU, despite slippage of WG's plans.

**PF21/47.5** The Executive Director of Finance led the Committee through the presentation provided. She highlighted the Welsh Government strategic support of £297million multi year package was investment provided to allow BCU to transform and improve services and part of the plan around reducing the underlying deficit, which was a significant step within the plan. Significant changes to the allocation were highlighted, namely that the allocation of £1.753 billion had increased from £1.697 billion the previous year and it relates to 23% of the funding provided to health boards across Wales, therefore it was slightly higher than BCU's proportion of the Welsh population. Areas of ring fenced budget were also highlighted and it was noted that WG had been made aware of recurrent funding requirements to move forward transformational change into the future. In terms of sustainability (base) funding, compared to 2% the previous year, the staggered allocation over 3 years was highlighted within the report which would enable more effective planning. Pay award funding was understood to be a separate allocation which would meet actual cost of agreed awards and therefore would not be a cost pressure. Covid19 and Recovery funding was also highlighted as well as Savings expectations and progression of value based healthcare.

**PF21/47.6** The Executive Director of Finance drew the Committee's attention to the capital budget, which had potential to be severely restricted and could impact the 22/23 capital schemes, particularly BCU's discretionary income allocation for the next year, she assured this was being worked through. Other areas highlighted were potential increased cost to BCU in relation to energy prices, national insurance contributions, Covid19 cleaning standards and surge costs as well as requirements of the Nurse Staffing Act. The next steps were outlined in the presentation, highlighting particularly that investment choices would be based on clinical priorities and financial risks would be drawn to the attention of the Board.

**PF21/47.7** The Committee questioned whether the timeline outlined was out of kilter with appropriate internal governance arrangements and it was agreed that the Executive Director of Finance would follow this up with the Board Secretary. She clarified that although the allocation in the following 2 years would decrease, BCU had the benefit of being sighted on the reduction in plans going forward. Discussion ensued on Covid19 funding and the expectation that the impact of Covid19 would over time be brought in to business as usual activity.

**PF21/47.8** The Chair of the Partnerships, People and Population Health Committee (PPPHC) drew attention to her concerns on the lack of workforce strategy planning provided to either Committee to date which was impacting on Board members

SH

<p>confidence regarding appropriate planning. The Chief Executive assured plans were in hand to identify numbers and skills for the present, however there was also work being undertaken with Health Education Wales to provide an improved tactical and long term approach, providing examples of encouraging those living and training within north Wales to remain as part of the workforce. She also stated that WG were provided with high level workforce datasets providing assurance that BCU had thought through the people resource implications. The PPPHC Chair requested that this and greater workforce detail was provided within the IMTP draft being provided to the next PPPHC workshop being held in January.</p> <p><b>PF21/47.9</b> In regard to the lack of clarity within the IMTP regarding an Estates Strategy, the Executive Director of Finance advised that there were a number of projects in place whilst more innovative solutions were being developed. She advised that there were also capital constraints, sustainability and WG decarbonisation agenda to take into account and this was being brought together as part of a new Strategic Asset Management Plan. Discussion ensued on the level of savings required which predicated successful delivery of the IMTP outlined. The Committee voiced deep concern, as the organisation had failed to deliver the level of savings required in previous years.</p> <p><b>It was resolved that the Committee</b> noted the financial update on the draft IMTP financial plan.</p>	<p>NG for SG</p>
<p><b>PF21/48 Quality and Performance report</b></p> <p><b>PF21/48.1</b> The Interim Director of Performance joined the meeting. He highlighted the dashboard which had been introduced to the executive summary which provided a longer term comparison and greater context. He drew attention to suspected cancer pathway performance which was currently the best in Wales and to be commended. However, ambulance handover delays were continuing on an increased trajectory and not being impacted by various improvement methodologies. He highlighted this as a priority area which required continued attention. In respect of Emergency Department and Minor Injury Unit performance he remarked that as the trend line remained the same over a period of time it was unlikely that the 95% target could be achievable given current resource and operating conditions. The outpatient backlog was also highlighted as requiring systemic attention given the number of patients currently waiting and effect of the pandemic on appointments. On a positive note stroke services were second best in Wales this month, though there had been a decline in performance of late.</p> <p><b>PF21/48.2</b> The Committee concurred that introduction of the dashboard had been helpful, but were dissatisfied to note that there was an overall decline in performance generally across activities which required attention by the Board. In discussion of the report it was agreed that narrative be provided within the next report to review whether the introduction of BCU's Stroke model had improved current performance. The</p>	

<p>Committee suggested it might be helpful to demonstrate within the ‘arrow’ signs where a service was meeting target despite increasing or decreasing.</p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF21/49 Finance report months 8 and 7</b></p> <p><b>PF21/49.1</b> The Finance Director – Operational Finance presented the month 8 Finance report. He stated that the forecast to deliver a balanced position was expected despite the ramp up in costs which had been anticipated in the latter part of the year and return of £10.2m Covid19 monies to WG. Following discussion, it was agreed that the ‘variances’ reported would be checked for accuracy.</p> <p><b>PF21/49.2</b> In response to the Committee’s question regarding accuracy of Agency data, it was explained that whilst employing more wholetime equivalent staff the general expectation would be a lowering of agency staff use, the current plans reflected a rise as performance monies were being utilised to increase all numbers to improve performance and ensure recovery as quickly as possible. It was agreed that the reason for 76% increase on slide 12 – Balance Sheet £58.8m increase in Trade and other receivables between 1st April 2021 and 1st November 2021 be circulated to members following the meeting.</p> <p><b>It was resolved that the Committee</b> noted the Finance reports for month 8 and month 7</p>	<p>SH/TW</p> <p>SH/TW</p>
<p><b>PF21/50 Primary Care Academy business case</b></p> <p><b>PF21/50.1</b> The Acting Associate Director Primary Care and Academy Manager joined the meeting to present the item on behalf of the Executive Director of Primary Care and Community Services. It was noted that there was a strong link to BCU’s innovation in primary care and community services and the development of the primary care model for Wales in North Wales, in addition to being one of the main solutions going forward to mitigate the risk around primary care sustainability, this formed part of the Board Assurance Framework. Whilst there was ring fenced Primary Care Innovation Fund monies, the business case sought to grow training and education in order to boost workforce potential in North Wales.</p> <p><b>PF21/50.2</b> In response to the Committee’s question regarding strategic linkage with the workforce organisational workforce development plan, the Acting Associate Director Primary Care advised that discussion with the Executive Director of Workforce and OD and other Exececutives had been taking place to incorporate these roles into the wider strategic workforce plan as the Academy developed. Assurance was also provided that the inclusion of bilingual service development would also be reflected within the document at next iteration.</p> <p><b>PF21/50.3</b> The Board Chairman emphasised the importance of the Academy development which was a part of current in year BCU plans however, he sought clarity on funding sources of the £4.5m investment required to develop the business case outlined. In addition, he was disappointed to note that the business case did not</p>	

<p>contain details of benefits realisation. He stated these were themes of concern in regard to this item and other business cases being presented to the Board's Committees. He reminded that the organisations providing sources of funding would also require this information in due course. The Chief Executive accepted this 'long in development' business case was weak in this regard however current business case development had been strengthened to ensure these areas were addressed with Executives. The Executive Director of Finance provided an outline of current processes which incorporated more robust organisational prioritisation, funding and benefits realisation processes including a business case tracker tool.</p>	
<p><b>PF21/50.4</b> The Committee Chair, whilst echoing the concerns raised by the Committee, also highlighted concerns around the risk assessments allocated. The Executive Director of Finance agreed to provide a profiled financial summary of costs and associated funding. She also provided assurance that the business case's source of funding had been identified within the current IMTP as provided by WG's Strategic Funding – and not an additional call. The Committee keenly debated the issue of recurrent funding and the pressures that could be placed on the organisation in later years, not only for this development but also for other business cases.</p>	SH
<p><b>PF21/50.5</b> Following further debate, the Board Chairman requested that an addendum to the paper be circulated to members which addressed the concerns raised by the Committee, in order that members could advise the Board Chairman that sufficient assurance had been provided and the enhanced document could be submitted to the January Board meeting.</p>	CD / CS
<p><b>It was resolved that the Committee agreed that</b></p> <ul style="list-style-type: none"> <li>• the document be enhanced as outlined above <i>and</i></li> <li>• members should advise the Board Chairman whether sufficient assurance had been provided for submission to the January Board meeting (prior to 13.1.22)</li> </ul>	Members
<p><b>PF21/51 WG Monitoring report - for information</b></p> <p><b>It was resolved that the Committee</b> noted the reports made to Welsh Government about the Health Board's financial position for Months 7 &amp; 8 of 2021/22.</p>	
<p><b>PF21/52 Review of risks highlighted in the meeting for referral to Risk Management Group</b></p> <p>None identified.</p>	
<p><b>PF21/53 Summary of private business to be reported in public</b></p> <p><b>It was resolved that the Committee</b> noted the report</p>	
<p><b>PF21/54 Date of next meeting 27.1.22</b></p>	
<p><b>Exclusion of the Press and Public</b></p> <p><b>It was resolved that</b> representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	



			<p>and signposting (including alternative pathways of care i.e., Prehab, Lifestyle Management, Social Prescribing options), advice regarding shared decision making and links to clinically validated resources (including Third Sector).</p> <p>23.12.21 The action was re-opened as the Committee sought further clarity. The CEO referenced the Canterbury pathway and suggested that the Executive Director of Primary Care and Community Services explore the potential of developing this further.</p> <p>Update 26.1.22 - The Canterbury approach has influenced the emerging model developed by the National Pathways Board hosted by WG, of which we are an active member. We are using the learning from Canterbury (and subsequently C&amp;V) to inform our local approach, particularly how we design and deliver each pathway design. However, it is clear from national conversations that our ambitions extend further than the proposed model, in terms of our plans to develop whole-system, end-to-end redesign, (not simply focussing on the primary/secondary care interface), with an output which is public-facing.</p>	Action to be closed
<b>Actions from PFIGC 28.10.21 meeting</b>				
Louise Brereton (Brenda Thomas)	<b>PF21/12 BAF</b> <ul style="list-style-type: none"> <li>Ensure comments discussed re 21.15 and 21.21 reflected in submission to next meeting</li> <li>Confirm 21.17 has undergone deep dive at next RMG meeting</li> </ul>		<p>BAF risks 21 and 17 were due for deep at December RMG however this meeting was stepped down. This will be undertaken at the February 2022 RMG.</p> <p>Risk 15 review will be undertaken through the forthcoming cycle</p> <p>23.12.21 JC and LB to have further discussion</p> <p>16.2.22 JC confirmed discussion has taken place</p>	<p>23.12.21 Action reopened</p> <p>Action to be closed</p>
Sue Hill	<b>PF21/13 Finance report</b>		The Planning Team are attending a prioritisation panel meeting	February 2022

	<ul style="list-style-type: none"> <li>clarification of the investment strategy and prioritisation approach being undertaken</li> <li>articulate how the investment business cases fit with BCU's overall strategy</li> <li>provide clear statements, against appropriate objectives, that highlight dependency on progression of individual named business cases <i>within the annual plan monitoring report</i></li> </ul>		<p>on 16.12.21 –led by the Executive Director Primary Care and Community Services to discuss new schemes which will be evaluated against strategic fit etc. This will be addressed following the meeting. PFIG will also be aware of business case tracker/ status of cases which is aligned with our operational plan</p> <p>17.2.22 Action is completed – These areas are covered in the IMTP presented</p>	Action to be closed
Gill Harris	<p><b>PF21/16 Q&amp;P report</b> In response to the Board Chairman, the Executive Director of Nursing and Midwifery clarified meetings agreed to circulate to members an updated Unscheduled Care Improvement Plan which would include where improvements were expected and set out how areas of deterioration would be addressed.</p>	31.10.21	<p>23.12.21 The Executive Director of Finance undertook to discuss with the Deputy CEO the circulation of the requested plan.</p> <p>17.2.22 The update in timeline and process will be presented to the Committee in March as we are developing a robust check and challenge process to be able to provide assurance on deliverability and effectiveness of the business case.</p>	March 2022
Gill Harris	<p><b>PF21/19 Planned Care</b></p> <ul style="list-style-type: none"> <li>Share draft planned care action plan with Committee Chair and Board Chairman</li> <li>Ensure inclusion of how Dermatology is being addressed in report</li> </ul>	23.12.21	<p>The draft planned care action plan will be available for distribution to distributed to PFIG and Board chair in March once this has been through the IMTP process</p> <p>Plans have been put in place, and a contract now signed, for the provision of an Insourcing Service to help reduce the waiting list backlog. This will enable 980 patients to be seen in a full year, and it is hoped, subject to mobilisation for this arrangement to commence soon after 1<sup>st</sup> April. There is a meeting scheduled between the Dermatology Team and the Chief Executive on 28<sup>th</sup> February to confirm the strategy for the service and to harness the engagement of the consultant body.</p>	March 2022

Gill Harris	<b>PF21/19 Planned Care</b> The Executive Director of Nursing and Midwifery assured that future reports would provide assurance on the recovery plan and progress in order that the Committee could ascertain whether progress was 'on track'.	23.12.21	Planned Care report on agenda. Future reports will also include this detail.	Action to be closed
Sue Hill	<b>PF21/20.2 Conwy / Llandudno Junction SOC</b> Provide update on current estate plans in this area.	23.12.21	Member briefing circulated 16.12.21  23.12.21 The Committee requested the action be reopened to provide more detail on the actions being taken to address current condition in this locality.  16.2.22 A briefing is being prepared by the Centre Area Team and will be provided to Committee members ahead of the Committee meeting in March.	23.12.21 Action reopened  14.3.22
Gill Harris	<b>PF21/32 Meeting Effectiveness</b> Provide PFIGC feedback to the Interim Director of Governance to ensure <ul style="list-style-type: none"> <li>no duplication of matters to be considered at separate Committees</li> <li>all areas of previous Committee business has been picked up within new Committee cycles of business</li> </ul>	23.12.21	Update 16.2.22 The Interim Director of Governance has confirmed he has been made aware of the feedback and the actions are being taken forward by the Office of the Board Secretary. The Board Secretary confirms that CBMG will provide a shared platform to move this forward across Committees.	
<b>Actions from PFIGC 23.12.21 meeting</b>				
Sue Hill	<b>PF21/45 Chair's report</b> Introduce a revised business case template to ensure areas highlighted were addressed at pace.	February meeting	The revised business case process and templates will be piloted in April 2022 and will go live in June 2022.	

Sue Hill	<p><b>PF21/47 Presentation : Integrated Medium Term Plan - financial focus</b></p> <p><b>PF21/47.7</b> The Committee questioned whether the timeline outlined was out of kilter with appropriate internal governance arrangements and it was agreed that the Executive Director of Finance would follow this up with the Board Secretary.</p>	4.1.22	The timetable has been checked and is compliant with the required Board governance.	Action to be closed
Sue Green (Nick Graham present at meeting)	The PPPHC Chair requested that this and greater workforce detail was provided within the IMTP draft being provided to the next PPPHC workshop being held in January.	13.1.22	7.2.22 - The Workforce element of the draft IMTP presented to the January PPPH Workshop and February Committee meeting provided greater detail.	Action to be closed
Sue Hill / Chris Stockport	<p><b>PF21/48 Quality and Performance report</b></p> <p>In discussion of the report it was agreed that narrative be provided within the next report to indicate whether the introduction of BCU's Stroke Strategy had affected current performance.</p>	31.1.22	<p>Update 24.01.22 - The business case was approved by PFIG in March 2021 and articulated benefits as follows:</p> <ul style="list-style-type: none"> <li>• ensures detection and management of Atrial Fibrillation enabling reduction of 78 strokes</li> <li>• enables 37% earlier discharges of current Strokes (515 in 2019/20)</li> <li>• enables 12% reduced bed days (2,575 in 2019/20)</li> <li>• enables reduced LOS of 5 days per site</li> <li>• ensures that eligible patients offered thrombolysis 24/7 achieved within the first six months of additional Specialist nurses and SSNAP clerks in post, to achieve : <ul style="list-style-type: none"> <li>○ 40% improvement in door to needle times</li> <li>○ 25% improvement in 1 hour CT scanning</li> </ul> </li> <li>• improved compliance with WG targets and SSNAP level improvement to consistent B Level across all sites</li> </ul> <p>These performance improvements are dependent on the full implementation of Phase 1 of the Stroke Service Improvement</p>	Action to be closed

			<p>Programme:</p> <ul style="list-style-type: none"> <li>• ESD service in Quarter 4 of 2021/22</li> <li>• Inpatient Rehabilitation at 3 community sites: <ul style="list-style-type: none"> <li>○ Eryri, West, end March 2022</li> <li>○ East and Central sites by September 2022</li> </ul> </li> <li>• Roll out of improved Atrial Fibrillation (AF) management and detection, speedily initiated anticoagulation and robust monitoring</li> <li>• Improved Acute service response through additional Specialist Stroke Nurse roles</li> </ul> <p>Further improvements in performance will be enabled through the Hyper Acute pathway, currently in development for Phase 2 implementation.</p>	
Sue Hill / Tim Woodhead	<p><b>PF21/49 Finance report months 8 and 7</b>  <b>PF21/49.1</b> The Finance Director – Operational Finance agreed that the ‘variances’ reported would be checked for accuracy.</p>	31.12.21	Tim Woodhead advised that this was completed and amended for the Board Report in terms of favourable/adverse variances.	Action to be closed
Sue Hill / Tim Woodhead	<p><b>PF21/49 Finance report months 8 and 7</b>  It was agreed that the reason for 76% increase on slide 12 – Balance Sheet £58.8m increase in Trade and other receivables between 1st April 2021 and 1st November 2021 be circulated to members following the meeting.</p>	31.12.21	<p>Response circulated to members on 5.1.21</p> <p>The primary reason for the increase is a £47.8m increase in the Welsh Risk Pool Receivable. There was a corresponding increase in the likelihood of a liability from outstanding litigation cases. This is shown in the increase in provisions within Current Liabilities. The increase in receivables is the recovery of this liability from the Welsh Risk Pool.</p>	Action to be closed
Sue Hill	<p><b>PF21/50 Primary Care Academy business case</b>  <b>PF21/50.4</b> The Committee Chair, whilst echoing the concerns raised by the Committee, also highlighted concerns around the risk</p>	13.1.21	<p>This action was addressed as part of the PFIG request for an addendum to be added to the Business Case, which was submitted to the Board and approved.</p> <p>The addendum included sections on:</p>	Action to be closed

	assessments allocated. The Executive Director of Finance agreed to provide a profiled financial summary of costs and associated funding.		<ul style="list-style-type: none"> <li>• Clarity of recurrent funding required</li> <li>• Financial summary of costs and funding sources required</li> </ul>	
Chris Stockport (Clare Darlington in attendance)	<p><b>PF21/50 Primary Care Academy business case</b></p> <p><b>PF21/50.5</b> Following further debate, the Board Chairman requested that an addendum to the paper be circulated to members which addressed the concerns raised by the Committee, in order that members could advise the Board Chairman that sufficient assurance had been provided and the enhanced document could be submitted to the January Board meeting.</p>	13.1.21	Submitted to January Board meeting	Action to be closed
Members	<p><b>PF21/50 Primary Care Academy business case</b></p> <p>Members should advise the Board Chairman whether sufficient assurance had been provided for submission to the January Board meeting (prior to 13.1.22)</p>	13.1.21	All members provided	Action to be closed

16.2.22



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Integrated Medium Term Plan (IMTP) Financial Focus 2022-2025</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning						
<b>Craffu blaenorol: Prior Scrutiny:</b>							
<b>Atodiadau Appendices:</b>	<u>Appendix 1: IMTP Financial Focus 2022-2025</u>						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to approve the report							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable. They have been completed as part of the overall IMTP.							
<b>Sefyllfa / Situation:</b>							
The report attached in Appendix 1 sets out the resources delegated to the Health Board by Welsh Government, and, based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings that will be delivered over the year.							
<b>Cefndir / Background:</b>							
Looking after taxpayers' money properly and within the resources delegated by the Welsh Government means getting two things right at the same time: delivering outcomes sought by Ministers and living up to the values demanded in the public service.							
As part of this, financial discipline is an essential part of the organisation's governance and control framework, and as such setting a budget for the financial year is critical. The Health Board's Standing Orders require that the Health Board approve the budget and the financial framework, together included within the attached report. A budget must be approved in advance of the start of a financial year.							
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>							

### **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.

### **Goblygiadau Ariannol / Financial Implications**

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

1. Annual 12 month plans, and 3 year planning assumptions
2. National Priorities
3. Aligning assumptions across organisations
4. Recovery Plan Allocations

The proposed methodology for the financial plan and apportionment of budget by service area was presented for approval to the Performance, Finance and Information Governance Committee in December 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 £35m savings delivery;
3. Identify the residual financial risk.

The Health Board would be able to deliver financial balance if the Exceptional Items noted in the report are recognised as UK wide and so are funded by Welsh Government.

### **Dadansoddiad Risk / Risk Analysis**

There are several risks to the financial plan and these are detailed in Section 10 of the attached report.

### **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

# 2022-25 Financial Plan

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

## 1 Executive Summary

Looking after taxpayers' money properly and within the resources delegated by the Welsh Government means getting two things right at the same time: delivering outcomes sought by Ministers and living up to the values demanded in the public service<sup>1</sup>.

As part of this, financial discipline is an essential part of the organisation's governance and control framework, and as such setting a budget for the financial year is critical. The Health Board's Standing Orders require that the Health Board approve the budget and the financial framework, together included within this report.

A budget must be approved in advance of the start of a financial year.

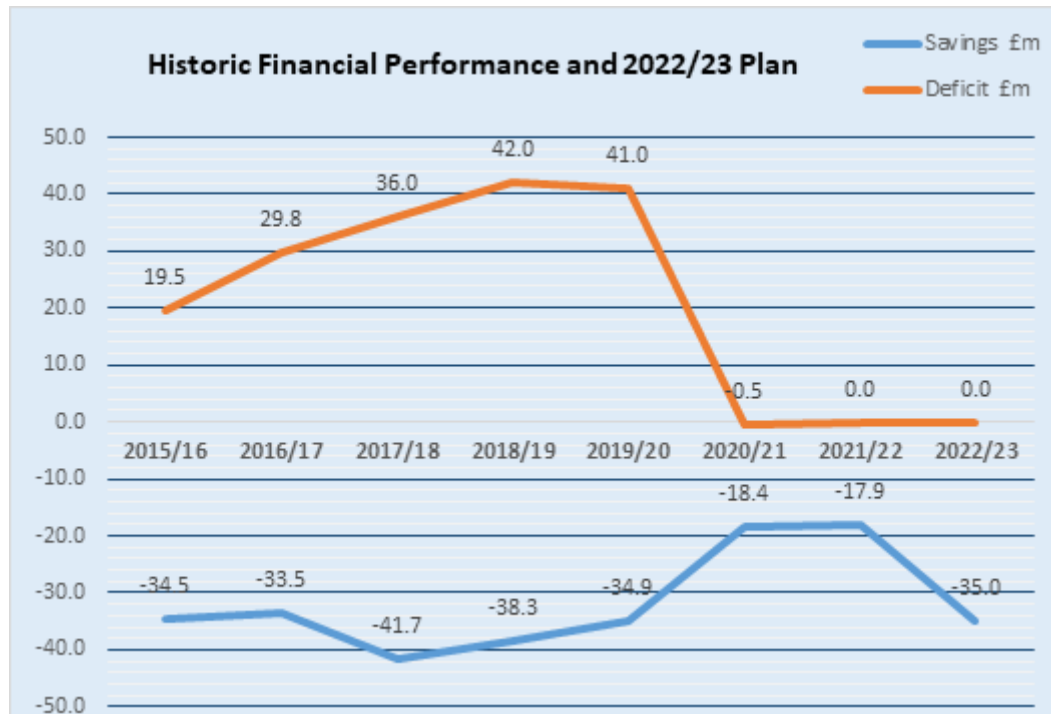
This report sets out the resources delegated to the Health Board by Welsh Government, and, based upon the current service configuration, the anticipated commitments against these resources alongside the expected savings which will be delivered over the year.

## 2 Financial context

The Health Board has historically reported annual deficits ranging between £20m - £40m against the level of resources allocated by Welsh Government, while delivering significant savings in that period.

The deficit cover funding provided by Welsh Government in 2020/21 allowed for a small surplus of £0.6m, and the plan is for a break even position in 2021/22, after additional WG funding to offset the impact of non-delivered savings during the Covid-19 pandemic.

This performance is illustrated in the following table:



<sup>1</sup> Managing Welsh Public Money, Welsh Government, January 2016

The Health Board continues to face a significant underlying deficit position in 2022/23, 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:

	£m
Residual Infrastructure and Delivery Inefficiencies	40.00
Impact of COVID on our Savings Delivery Plan for 2020-21	17.80
FYE 2020-21 Cost Pressures	10.00
<b>Total allocation</b>	<b>67.80</b>

### 3 Financial Planning Principles

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

1. Annual 12 month plans, and 3 year planning assumptions
  - a. The plan includes 12 months cost assessment on a robust basis aligned with national and Health Board priorities (unless explicitly described as less than 12 months), and assumptions on year 2 and year 3 income and expenditure.
2. National Priorities
 

The plan reflects national priorities and includes baseline increases in funding for 3 years, and 12 months non recurrent funding for national priorities and programme including Covid-19 priorities and Planned and Unscheduled Care recovery:

  - **Sustainability funding (base increase) 2022/23** - 2.8% (£38m); 2023/24 – 1.5% (£19m); 2024/25 – 0.75% (£10m)
  - **Pay award funding** to meet anticipated wage awards (estimated at 3%)
  - **Covid-19 funding** for specific priority areas only, based on actual costs (TTP, Vaccination, PPE & Long Covid)
  - **Recovery funding** of £38.4m for planned / unscheduled care (see Annex 1)
  - **Efficiencies (savings)** expected to return to normal levels
  - Funding for other strategic priorities retained by Welsh Government
  - **Value Based Healthcare funding** for Health Boards - c£3.4m for BCU
  - **WG Strategic Support** annual funding (£82m) continues until 2023/24
  - Unconfirmed discretionary capital allocation likely to be in the region of £11m (24% down)
3. Aligning assumptions across organisations
  - a. The plan aligns with assumptions in other NHS Wales organisations' plans
4. Recovery Plan Allocations
  - a. The plan includes both allocation and expenditure in relation to confirmed Recovery Plan allocations

### 3.1 Resource Assumptions for 3 years

	2022/23	2023/24	2024/25
	£m	£m	£m
Opening allocation	1,516.49	1,554.45	1,573.45
Uplift	37.96	19.00	10.00
Specific allocations	198.74	198.74	198.74
<b>Resource allocation</b>	<b>1,753.19</b>	<b>1,772.19</b>	<b>1,782.19</b>
Anticipated Allocations	69.75	30.97	30.97
<b>Total allocation</b>	<b>1,822.94</b>	<b>1,803.16</b>	<b>1,813.16</b>

## 4 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:

	2020/21	2021/22	2022/23	2023/24	Total
	£m	£m	£m	£m	£m
<b>Deficit Cover</b>	40.00	40.00	40.00	40.00	160.00
<b>Performance</b>					
Planned Care & USC	10.30	30.00	30.00	30.00	100.30
<b>Enhanced Leadership</b>					
MHLD & Governance, delivery & OD	0.70	0.00	0.00	0.00	0.70
<b>Transformation</b>					
Implementation of Strategy in partnership	0.00	6.70	6.00	6.00	18.70
Build capacity & capability	0.00	5.30	6.00	6.00	17.30
<b>Total allocation</b>	<b>51.00</b>	<b>82.00</b>	<b>82.00</b>	<b>82.00</b>	<b>297.00</b>

The additional resources allocated by Welsh Government allowed the Health Board to plan for a balanced budget in 2021/22. This Strategic Support, totalling £82m per year continues for 2022/23 and 2023/24 and supports the service improvements and transformation set out in this plan to create sustainable services in North Wales. The Health Board must however make significant transformational changes to ensure that services can continue to be delivered when this support ceases, in order to meet the ongoing requirement for a balanced budget.

Expenditure plans for the Performance and Transformation funds are detailed in Annex 2.

## 5 2022/23 funding

### 5.1 Resource allocation

The Health Board's baseline resource allocation is £1,753.19m, which includes a 2.8% uplift for inflation of £37.96m (hospital and community health services and prescribing of £33.49m and mental health ring fenced uplift of £4.47m).

	£m
Recurrent HCHS and Prescribing Discretionary Allocation	1,168.36
HCHS Ring Fenced Allocation	382.93
Directed Expenditure	3.16
<b>Total HCHS and Prescribing Revenue Allocation</b>	<b>1,554.45</b>
GMS Contract	133.83
Community Pharmacy Contract	35.12
Dental Contract	29.79
<b>Total Revenue Resource Limit 2022/23</b>	<b>1,753.19</b>

### 5.2 Anticipated Resources

These additional items total £69.75m, which gives a total baseline resource allocation of £1,822.94m reflected in the financial plan, which includes funding for Covid-19 expenditure of £38.78m.

	£m
Urgent Primary Care Centres (UPCC) Centre & East	1.01
SDEC	1.64
PACU	0.90
Annual Leave on Overtime (Flowers Case)	1.68
Pay Award funding @ 3%	24.93
COVID-19 Spend funded	38.78
WPAS	0.82
<b>Total Revenue Resource Limit 2022/23</b>	<b>69.75</b>

### 5.3 Expenditure

Expenditure budgets have been reviewed and the key unavoidable cost pressures for 2022/23 are shown in the following table:

	2022/23	2023/24	2024/25
	£m	£m	£m
<b>Pay</b>			
<b>National Insurance increase</b>	<b>7.44</b>		
<b>Service change</b>			
Legal team and IG team developments	0.25		
Digital Health Record business case	0.75		
Heart failure - original business case	0.43		
Drug Library	0.20		
	<b>1.63</b>		
<b>Changes to the workforce (non COVID-19)</b>			
Nurse Staffing Act - Paediatrics	1.00		
Emergency Department Workforce	5.78		
	<b>6.78</b>		
<b>Total Pay</b>	<b>15.85</b>	<b>0.00</b>	<b>0.00</b>
<b>Non Pay</b>			
<b>Inflationary Pressures</b>			
WRP Cost Pressure	1.69		
Hospices Uplift	0.80		
1% uplift - non-pay	6.95	<b>7.02</b>	<b>7.09</b>
Energy Cost Pressure	11.80		
	<b>21.24</b>	<b>7.02</b>	<b>7.09</b>
<b>Strategic priorities e.g. Digital, ICF</b>	<b>1.53</b>		
<b>Total Non Pay</b>	<b>22.76</b>	<b>7.02</b>	<b>7.09</b>
<b>Other</b>			
Primary Care Prescribing - Volume & Growth	1.97	1.97	1.97
Secondary Care Drugs - Volume & NICE	5.05	8.25	8.25
Care Packages - Price including Premium & Real Living Wage	5.70	2.30	2.30
Commissioned Services			
Specialist Services / EASC / England 2022/23	7.95	7.95	7.95
Specialist Services / EASC / England 2021/22 FYE	6.80		
Corporate	1.23	0.00	0.00
<b>Total Other</b>	<b>28.70</b>	<b>20.48</b>	<b>20.48</b>
<b>Total Change in Cost Base</b>	<b>67.32</b>	<b>27.50</b>	<b>27.57</b>

This illustrates that the operational cost base will increase by £67.32m. This excludes pay inflationary pressures, which is fully funded by Welsh Government.

## 5.4 Cost of Covid19

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 Covid-19 costs equate to circa £79.68m of expenditure, which includes £41m of costs not explicitly funded by WG and subject to funding from our core baseline, as identified in the following table:

	£m
<b>COVID-19 Core</b>	
COVID-19: Cleaning Standards	2.80
COVID-19: Extended Flu	2.10
COVID-19: Surge	36.00
<b>COVID-19 Core</b>	<b>40.90</b>
<b>COVID-19 WG Funded</b>	
COVID-19: TTP	21.28
COVID-19: Mass Vaccination	10.90
COVID-19: PPE	5.48
COVID-19: Long Covid	1.12
<b>COVID-19 WG Funded</b>	<b>38.78</b>
<b>Total Change in covid-19 Cost Base</b>	<b>79.68</b>

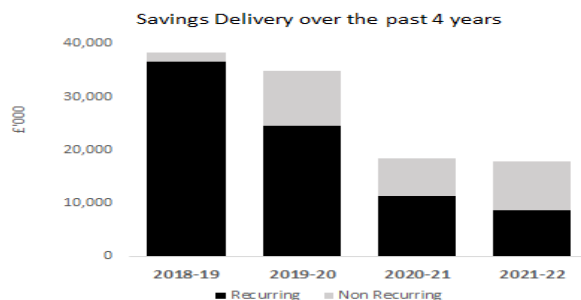
## 6 Savings & Transformation

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 the first time in 2021/22 a more focussed approach was adopted, using updated benchmarking data to identify opportunities for each service area.

Using detailed opportunity analysis, external benchmarking and cost comparison, savings plans for 2021/22 were developed. As a reflection of the anticipated disruption to services across BCU and Welsh Government support to underpin undeliverable savings, a reduced savings target of £17.0m was targeted in 2021/22. It is expected that savings will be delivered of £17.9m, over achievement of £0.9m. The table below shows the Health Boards savings delivery over the past 4 years.

The foundation of the analysis undertaken last year is deemed to still be relevant and provided to divisions and pan BCU functions to assist in identification of recurrent savings, where there is still unmet opportunity to be delivered.

	2018-19	2019-20	2020-21	2021-22
<b>Target (£'000)</b>	45,000	35,000	45,000	17,005
<b>Delivered</b>	38,348	34,932	18,391	17,946
<b>Delivered %</b>	85.2%	99.8%	40.9%	105.5%



## 6.1 Approach

Alongside the more traditional transactional approach to savings delivery, investment in the Transformation and Improvement unit will add greater capacity and capability, and greater opportunity for success in delivery of the efficiency and savings agenda. Through delivery of transformation programmes over the coming years, we not only seek to improve services and patient outcomes across the BCU but in tandem yield tangible and sustainable financial benefits where possible.

The development of the team will enable us to place greater priority upon transformation, whilst also delivering continuous improvement across the whole organisation, and both in a consistent, evidence-based way. Key priorities that the team will lead and support during the coming year include developing the BCUPathway resource, Golden Metrics based upon PROMS and PREMS, the atlas of variation approach, and the embedding of LEAN principles into our delivery of continuous improvement. In addition, the team will bring evidence-based change management expertise to support the systematic delivery of large-scale transformation programmes such as our Regional Treatment Centres.

In addition to development of the Transformation and improvement team, a Finance Improvement team is being established through restructuring and reallocating resource from existing Savings and Cost teams. This will also provide increased capacity and capability within the finance directorate to support the savings programme, with a focus on delivering sustainable, recurring efficiency and cost savings across BCU. Both Transformation and Financial Improvements teams will work alongside each other to provide increased delivery support, directional expertise, improved management information, reporting and insight, bringing action focus and strengthened governance.

As the transformation programme develops, its impacts upon quality, patient and staff experience and finance will be captured in a coherent manner. This work will be driven by the improvement and transformation team working with clinical and operational staff, with value based healthcare principles central to the approach. Finance staff will be embedded in this programme to assist in enabling the Value focus, and support the delivery and reporting of the savings impact.

## 6.2 Target

The savings target for delivery in 2022/23, and subsequent 2 years (2023/24 and 2024/25) is £35m which represents 3% of the Health Boards discretionary expenditure.

Benchmark data reviews completed in November 2020 indicates opportunity to deliver improvements that could secure financial benefits ranging between £70m and £114m, over a 3 year period - see summary table below and Annex 3 for summaries of opportunity by Transformation Priority and Division/Directorate. The value range is based on opportunities having previously been assessed as having a high to medium confidence level in the quality of benchmarking. Further analysis will be incorporated to the existing insights developed, making best use of national and local CHKS benchmark information and Lightfoot analysis to direct focus to areas where service improvements are highlighted through outlier indicators.

Transformation Area	Low £m	High £m
Planned Care	19.8	36.7
Unscheduled Care	11.8	18.7
Mental Health	3.8	5.5
Other*	35.3	53.3
Opportunity Range	70.7	114.2

\*Note – Other includes primary care medicines management, continuing healthcare and workforce

From a financial savings perspective, the intention is to prioritise cash releasing benefits, with quality assessment and review required to verify the cash releasing value. Areas for potential pathway, large scale service improvement and value work will be identified via the Transformation Team, 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, building an opportunity pipeline.

It is anticipated that phasing of savings benefits driven through transformation programmes will increase over time as the Transformation and improvement team mobilises. It is expected that transactional opportunities will decline proportionality as transformative led sustainable savings and efficiencies take over. The table below shows the savings target for the next 3 years, including the expected distribution between transaction and transformation led savings:

Financial Year	22/23 £m	23/24 £m	24/25 £m
Transactional Savings	18	12	6
Transformational Savings	17	23	29
Savings Target	35	35	35

To deliver the ambitious savings target, continuous focus on plan execution and the building of robust pipeline opportunities across all areas of the organisation will be required. Service areas have been required to identify 60% of savings by the end of March 2022, with the remaining 40% to be identified by the end of June 2022.

The Health Board's financial plan for 2022/23 includes £35m of savings delivery, recognising that there will be less opportunity to deliver savings in the early part of the year due to COVID-19.

Initial submission of savings plans by the current divisional teams from early February 2022 identified £10.2m of Transactional savings, which equates to identification of 29% of this financial years total target, and over 50% of the milestone to have identified 60% by the end of March 2022 and over 80% of the identified transactional savings have been confirmed as recurrent in nature. In addition to the £10.2m identified cash releasing savings, there are further efficiency and productivity opportunities identified to date, totalling £0.7m.

While the commitment made at the PFIG Committee meeting in December 2021, was to have identified 60% of the target by 31 March 2022 and the full target by 30 June 2022, the Executive team have a strong determination to accelerate this programme in order to have identified £35m schemes before the end of the financial year.

We are therefore allocating specific additional resources to enable and facilitate the drive towards fulfilling this requirement and the new post of Head of Financial Improvement starts on 1<sup>st</sup> March 2022 and this role is integrated with the transformation team and their programme for 2022/23.

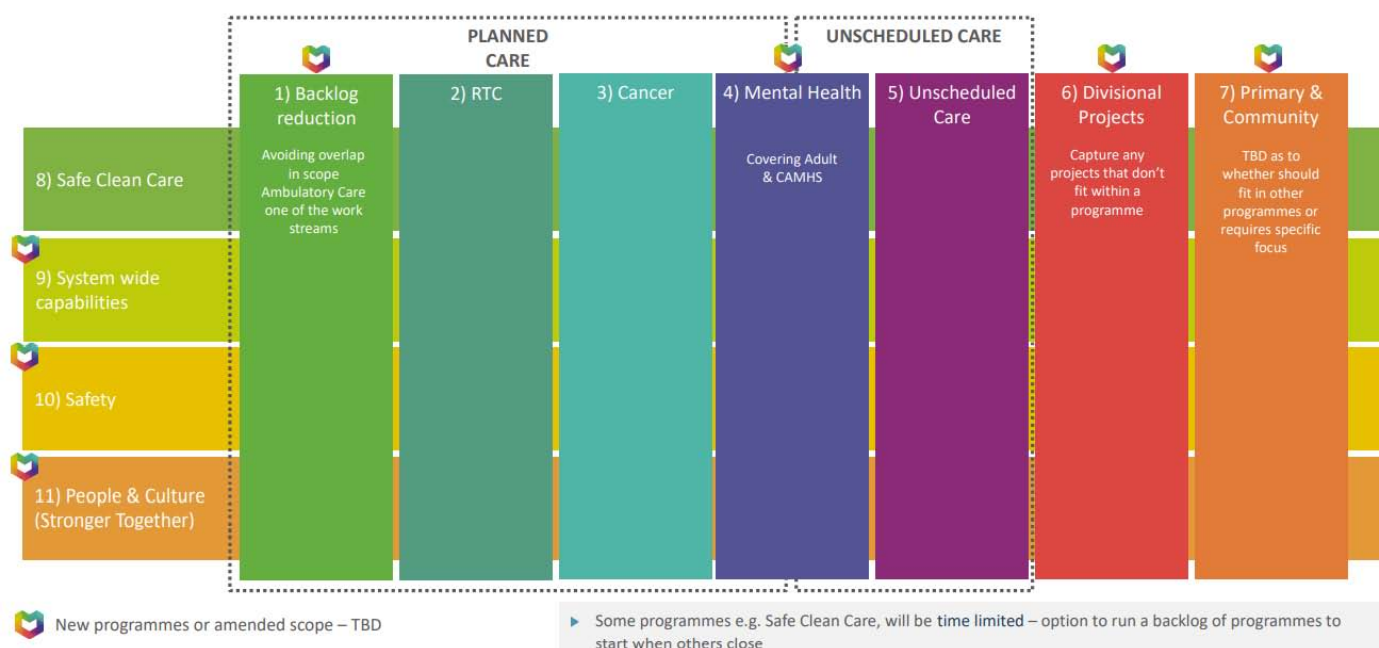
The savings plans have been converted from the current divisional structure into the new operating model structure in the following table:

Revised Model	Operating	Indicative Savings by Division	Target 60% 31st March 2022	Savings Identified Feb 2022	Current Gap: Draft Plans v 60% Target
		£m	£m	£m	£m
	Centre Health Community	9.60	5.76	3.01	-2.75
	East Health Community	8.95	5.37	3.26	-2.11
	West Health Community	6.77	4.06	1.59	-2.47
	pan North Wales Services	5.82	3.49	2.24	-1.24
	Corporate Functions	3.89	2.33	0.09	-2.25
<b>Total Savings Target</b>		<b>35.01</b>	<b>21.00</b>	<b>10.18</b>	<b>-10.81</b>

We are progressing the validation of opportunities which will be enabled through the transformation of services and programmes with multi-disciplinary teams supporting the implementation. This is being cross referenced against existing improvement programmes in conjunction with an assessment of emerging opportunities including those identified in the IMPT, alongside the use of relevant benchmarking data. There is a renewed focus on return on investment reviews and assurance where additional funding is being sought to drive improvements and realise benefit.

Areas of opportunity include improved theatre utilisation, GIRFT and LEAN pathway standardisation, Medically Fit for Discharge benefits, digitalisation e.g. Welsh Nursing Care Record, and supplier contract management including staff efficiency and agency management.

The opportunities will be reviewed by the operational and clinical teams and converted in to deliverable schemes which will be supported by the finance team working in conjunction with the transformation programme team, who have illustrated their key priority areas in the following diagram:



### 6.3 Milestones

Date	Activity
w/c 17 <sup>th</sup> January 2022	<ul style="list-style-type: none"> <li>Communication to service areas of target savings, including accompanying benchmark data to support opportunity identification</li> </ul>
Friday 4 <sup>th</sup> February 2022	<ul style="list-style-type: none"> <li>Return of high level Transactional and local Transformation savings opportunities</li> </ul>
7 <sup>th</sup> to 18 <sup>th</sup> February 2022	<ul style="list-style-type: none"> <li>Review and consolidation of initial savings plan summaries</li> <li>Develop suite of PDSA (Plan, Do, Study, Act) plans for identified savings schemes</li> </ul>
End of February 2022	<ul style="list-style-type: none"> <li>Executive team led 'star chamber' assessment and assurance review of divisional/directorate PDSA plans, aligning to IMTP – part 1</li> <li>Validation and completion of Minimum Data Set (MDS) for first tranche of savings identified</li> </ul>
31 <sup>st</sup> March 2022	<ul style="list-style-type: none"> <li>60% savings targets identified and internally assured</li> <li>Develop finance governance, reporting and monitoring framework</li> </ul>
April – June 2022	<ul style="list-style-type: none"> <li>Further development of PDSA savings plan across transaction and transformation schemes, mapped to IMTP priorities</li> <li>Executive team led 'star chamber' assessment and assurance review of divisional/directorate plans – part 2</li> <li>Develop transformation programmes governance, reporting and monitoring framework</li> </ul>
30 <sup>th</sup> June 2022	<ul style="list-style-type: none"> <li>100% savings targets identified and internally assessed</li> <li>Implementation of Transformation and Finance joint governance arrangements</li> </ul>

## 7 The Financial Plan

The proposed methodology for the financial plan and apportionment of budget by service area was presented for approval to the Performance, Finance and Information Governance Committee in December 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 £35m savings delivery;
3. Identify the residual financial risk.

The table below identifies the Financial Risk after Mitigations, and the impact on our financial plan if those items identified as exceptional are funded. The Health Board would be able to deliver financial balance if the Exceptional Items are recognised as UK wide and not just generated locally.

	Risk	Mitigations	Risk after Mitigations	Exceptional Cost Pressures				Revised Position after	
				National Insurance increase (estimate)	Real Living Wage Care Homes / Dom Care	Energy Cost Pressure	COVID-19: Surge	Total Exceptional Cost Pressures	Exceptional Cost Pressures
				£m	£m	£m	£m	£m	£m
Balance on Cost Pressures & Inflation	8.05	0.00	8.05	0.00	0.00	0.00	0.00	0.00	8.05
Recurrent Savings	-35.00		-35.00					0.00	-35.00
Underlying Deficit risk	27.80		27.80					0.00	27.80
National Insurance increase (estimate)	7.44		7.44	-7.44				-7.44	0.00
Real Living Wage Care Homes / Dom Care	2.50		2.50		-2.50			-2.50	0.00
Energy Cost Pressure	10.80		10.80			-10.80		-10.80	0.00
COVID-19: Cleaning Standards	2.80		2.80					0.00	2.80
COVID-19: Extended Flu	2.10		2.10					0.00	2.10
COVID-19: Surge	36.00	-23.99	12.01				-12.01	-12.01	0.00
Business Cases - P1 & Multi Year	5.66	-0.23	5.43					0.00	5.43
Earmarked Funding		-6.18	-6.18					0.00	-6.18
Slippage		-5.00	-5.00					0.00	-5.00
<b>COVID-19 Core</b>	<b>68.14</b>	<b>-35.40</b>	<b>32.74</b>	<b>-7.44</b>	<b>-2.50</b>	<b>-10.80</b>	<b>-12.01</b>	<b>-32.74</b>	<b>0.00</b>

See Annex 4 for amendments to original Risk Assessment.

Using this approach the summary financial position is set out in the table below for 2022/23 – 2024/25:

	2022/23	2023/24	2024/25
	£m	£m	£m
<b>Total allocation incl Anticipated Funding</b>	<b>1,822.94</b>	<b>1,803.16</b>	<b>1,813.16</b>
<b>Exceptional Cost Pressures</b>	<b>32.74</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Funding</b>	<b>1,855.68</b>	<b>1,803.16</b>	<b>1,813.16</b>
Baseline expenditure	1,762.25	1,810.66	1,820.59
Pay & Non Pay growth and inflation	38.61	7.02	7.09
Other cost pressures	28.70	20.48	20.48
New Developments	5.43		
COVID-19 costs	55.68	0.00	0.00
Recurrent savings	-35.00	-35.00	-35.00
<b>Total expenditure</b>	<b>1,855.68</b>	<b>1,803.16</b>	<b>1,813.16</b>
<b>Planned surplus / (deficit)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

## 8 Financial Strategy

The Health Board is finalising 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 is 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 strategy has been developed in consultation with the senior leaders of the Health Board, including the executive management group who have provided constructive feedback which has been incorporated into the current draft of the strategy.

The financial strategy considers the significant and long-standing issues discussed and reviewed by the Performance, Finance and Information Governance Committee (PFIG), and previously by both the Finance and Performance Committee and the Finance Delivery Unit of Welsh Government. It 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.

The draft document has been presented to the PFIG Committee and discussed with the Finance Delivery Unit of Welsh Government and the financial strategy will be presented to the PFIG Committee for approval in March 2022. The final strategy will describe a set of underpinning principles which the Health Board will use to inform its financial decisions as we drive towards financial sustainability.

## 9 Financial governance

The Health Board reviewed its governance arrangements during 2020/21. In response to the recommendations of this review a transformation and finance delivery group has been established, which will support the execution of the Health Board's key financial priorities with oversight provided through the PFIG 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.

The finance team are currently reviewing the PWC recommendations\* about the Health Board's savings programme and will submit a proposal to the transformation and finance delivery group, for the adoption of an appropriate governance framework. The framework will review and validate savings schemes and their delivery plans and provide the check and challenge which has been applied to the investments included in the IMTP, with the clear intention to support and enable delivery of the savings programme during the three years of the IMTP.

\*from the financial review conducted in 2019/20

## 10 Risks to the financial plan

The main financial risks are:

	2022/23 £m
Impact of a Covid-19 wave on our core planning assumptions	23.99
Anticipated funding for exceptional costs	32.74
New agreements on the licence for Microsoft products	1.88
Full implementation of the Nurse Staffing Act	16.39
Full year impact of new drugs approved by NICE in 2021/22	3.20
<b>Revised Risk</b>	<b>78.21</b>

Other non-quantified risks are:

- Failure to deliver savings plans and manage cost pressures brought forward from 2020/21
- 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.

The mitigations for the identified risks are:

- Review/Reduce current investments
- Reprioritise new investments in the IMTP
- Increase Savings target
- Identify potential non-recurrent savings
- Review recruitment assumptions with workforce
- Digital Health and Care Wales to negotiate Microsoft licence

## 11 Cash

The Health Board received strategic cash support of £149.7m from Welsh Government between 2014/15 and 2019/20. No cash support was requested during 2020/21 or 2021/22 and no further requirement is anticipated for 2022/23.

Following the Minister for Health and Social Services announcement of 6 July 2020, historic strategic cash support will no longer be repayable to Welsh Government although it will continue to be reported in the Health Board's annual accounts.

The cumulative revenue deficit at 31 March 2023 is expected to be £194.0m, with the difference of £44.3m resulting from movements in the balance sheet over the same period, the cash implications of which are funded by Welsh Government.

<b>2022/23 Cash pressures</b>		
	<b>£'m</b>	<b>£'m</b>
Strategic cash support for 2014/15	20.6	
Strategic cash support for 2016/17	20.0	
Strategic cash support for 2017/18	35.1	
Strategic cash support for 2018/19	39.0	
Strategic cash support for 2019/20	35.0	
Strategic cash support for 2020/21	0.0	
Strategic cash support for 2021/22	0.0	
<b>Cumulative strategic cash support 31 March 2022</b>		<b>149.7</b>
Forecast strategic cash support 2022/23		<b>0.0</b>
<b>Cumulative cash deficit at 31 March 2023</b>		<b>149.7</b>

## 12 Capital

The Health Board Capital Allocation for 2022/23 is shown in the table below.

<b>2022/23 Capital Allocation</b>		
	<b>£'m</b>	<b>£'m</b>
<b>All-Wales Capital Allocation</b>		
National Programme - Imaging P2	4.483	
Linear Accelerator Replacement	2.267	
<b>Anticipated All Wales Capital Allocation</b>		<b>6.750</b>
Discretionary Capital Allocation		10.971
<b>Anticipated Total CRL</b>		<b>17.721</b>

## 13 Conclusion

This paper describes the development of the financial plan, which is integrated with and aligned to the IMTP for 2022/25.

The plan is predicated on the additional non-recurrent strategic support provided by Welsh Government to enable the necessary transformation required to improve the quality and effectiveness of the services we provide to the population of North Wales.

As the Health Board starts to deliver against the transformation agenda, the next critical step is to begin to reduce the underlying financial deficit by realising the productivity and efficiency opportunities which the transformation programme will deliver, across the main themes of planned care, unplanned care, primary and community care and pan North Wales projects.

This will require a greater level of integration across the Health Board than we have achieved so far and the revised Operating Model will be a key enabler for the necessary changes to our current ways of working. We will need to continue to work alongside our key stakeholders, particularly Welsh Government as we develop the long term financial sustainability of the Health Board.

## Recovery funding

Sustainability Funding - £38.4m	Scheme Ref	Status	2021/22 Forecast £000	2022/23 Plan £000
<b>Current Schemes Committed</b>				
Outsourced Orthopaedics- Spire Contract		In 2021/22 Plan	1,553	4,800
Radiology sustainable plan - waiting times for Radiology	i.2022.109	In 2021/22 Plan	2,591	2,523
Endoscopy - overall		In 2021/22 Plan	4,707	7,500
Oncology capacity - Ensure sufficient capacity in place to manage late presentation		In 2021/22 Plan	1,241	3,414
<b>Total Current Schemes Committed</b>			<b>10,092</b>	<b>18,237</b>
<b>New Schemes Committed</b>				
RTC - Project Costs	i.2022.12	New in 2022/23		1,500
Mixed speciality insourcing		New in 2022/23		7,500
Funding as a Commissioner - WHSCC		New in 2022/23		2,849
Funding as a Commissioner - England		New in 2022/23		1,600
<b>Total New Schemes Committed</b>				<b>13,449</b>
<b>Total Commitments</b>				<b>31,686</b>
<b>Available Funding</b>				<b>6,708</b>

## Annex 2

## Expenditure plans for the Performance funds

Strategic Support - £30m	Scheme Ref	Status	2021/22 Plan £000	2021/22 Forecast £000	2022/23 Plan £000
<b>Performance</b>					
Attend Anywhere	i.2022.13	In 2021/22 Plan	379	169	379
Continuation of AccuRx; video consultation	i.2022.13	In 2021/22 Plan	300	268	0
Prehabilitation - cancer-specific and non-cancer elective	i.2022.8	In 2021/22 Plan	450	89	350
Eye Care Services: transform eye care pathway	i.2022.27	In 2021/22 Plan	1,563	218	2,590
Urgent Primary Care Centres (UPCC) West only	i.2022.14	In 2021/22 Plan	1,600	0	910
Single Cancer Pathway	i.2022.29	In 2021/22 Plan	1,500	917	2,000
Stroke Services	i.2022.4	In 2021/22 Plan	1,059	542	2,900
Urology Services - Robot	i.2022.26	In 2021/22 Plan	929	0	300
Home First Bureau (HFB)	i.2022.15	In 2021/22 Plan	1,770	509	1,300
ED Workforce (funds first part of £6.9m ED business case)	i.2022.35	In 2021/22 Plan	1,200	563	1,200
WOD Resource: Resourcing Establishment Control Team		In 2021/22 Plan	270	250	0
Neurodevelopmental (waiting times - backlog) Recovery of lost activity	i.2022.28	In 2021/22 Plan	1,400	2,300	1,400
CAMHS training and recruitment (CAMHS Workforce)	i.2022.33	In 2021/22 Plan	207	216	140
Primary Care Academy	i.2022.34	In 2021/22 Plan	940	0	1,168
Care Home Quality Nurses	i.2022.11	In 2021/22 Plan	102	21	102
Continuing Health Care infrastructure	i.2022.75	In 2021/22 Plan	1,138	0	500
Advanced Audiologist / Ear Wax (Primary Care Audiology / pathway redesign)	i.2022.17	In 2021/22 Plan	461	103	640
CAMHS additional £1m allocation		Agreed in 2021/22	0	1,000	0
Planned Care Team		Agreed in 2021/22	0	318	0
Site Medical Director Sessions		Agreed in 2021/22	0	96	0
ED Chasers		Agreed in 2021/22	0	167	433
Cardiac Physiology Training Posts		Agreed in 2021/22	0	22	150
IMT Scheme		Agreed in 2021/22	0	1,209	0
<b>Total Performance</b>			<b>15,268</b>	<b>8,976</b>	<b>16,462</b>

<b>Planned Care</b>					
Wrexham Maelor Schemes		In 2021/22 Plan	4,804	474	0
YGC Schemes		In 2021/22 Plan	3,543	1,331	0
YG Schemes		In 2021/22 Plan	3,951	1,169	0
North Wales Hospital Schemes		In 2021/22 Plan	99	83	0
Womens Schemes		In 2021/22 Plan	148	46	0
Planned Care Slippage		In 2021/22 Plan	2,187	0	0
Pathology sustainable plan - blood sciences (phase 1 only)		Agreed in 2021/22	0	29	513
Ophthalmology Outsourcing		Agreed in 2021/22	0	1,100	2,800
University College London Hospitals (UCLH) Orthopaedics		Agreed in 2021/22	0	320	0
Dermatology Outsourcing		Agreed in 2021/22	0	40	255
Regional Treatment Centres	i.2022.12	Agreed in 2021/22	0	562	5,216
<b>Total Planned Care</b>			<b>14,732</b>	<b>5,154</b>	<b>8,784</b>
<b>Overall Total</b>			<b>30,000</b>	<b>14,130</b>	<b>25,246</b>
<b>Funding</b>					<b>30,000</b>
<b>Balance</b>					<b>4,754</b>

## Expenditure plans for the Transformation funds

Transformation Fund - £12m	Scheme Ref	Status	2021/22 Plan £000	2021/22 Forecast £000	2022/23 Plan £000
<b>Corporate Infrastructure</b>					
Value based Improvement faculty incl Head of Improvement		In 2021/22 Plan	1,000	166	1,000
Analytics PMO - substantive recruitment supporting VBIF		In 2021/22 Plan	650	45	650
Head of Financial improvement		In 2021/22 Plan	95	24	95
Digital Director		In 2021/22 Plan	133	117	133
OD & Engagement programme, incl Head of OD	i.2022.45	In 2021/22 Plan	1,300	985	600
Service Strategy Proposal		In 2021/22 Plan	250	90	0
Engagement capacity		In 2021/22 Plan	250	0	250
Health Community infrastructure		In 2021/22 Plan	425	0	425
Acute Site Directors - unfunded element		In 2021/22 Plan	184	145	184
Head of Cancer & Diagnostics		In 2021/22 Plan	133	11	133
Head of Ambulatory Care		In 2021/22 Plan	133	29	133
Deputy Director of Public Health		In 2021/22 Plan	133	0	133
Deputy Medical Director		In 2021/22 Plan	97	146	97
Head of Governance		In 2021/22 Plan	134	221	133
Strategic Dir of Communications		In 2021/22 Plan	133	110	133
Public Affairs function		In 2021/22 Plan	250	61	250
Associate Director of Unscheduled Care		Agreed in 2021/22	0	182	180
Associate Director of Planned Care		Agreed in 2021/22	0	418	216
Security		Agreed in 2021/22	0	110	0
FIT testing - Lead		Agreed in 2021/22	0	24	53
FIT testing - Coordinators		Agreed in 2021/22	0	33	136
FIT testing - H&S Officers		Agreed in 2021/22	0	17	29
Manual Handling - 6 x Band 6		Agreed in 2021/22	0	72	284
Training		Agreed in 2021/22	0	28	0
Air Quality		Agreed in 2021/22	0	16	0

Information Governance Support		Agreed in 2021/22	0	21	116
SuRNICC - Benefits Realisation		Agreed in 2021/22	0	25	0
<b>Total Corporate Infrastructure</b>			<b>5,300</b>	<b>3,096</b>	<b>5,364</b>
<b>Mental Health</b>					
Older Persons Crisis Care	i.2022.18	In 2021/22 Plan	523	44	400
Eating Disorders	i.2022.24	In 2021/22 Plan	519	43	450
ICAN Primary Care	i.2022.19	In 2021/22 Plan	1,726	202	1,200
Medicines Management	i.2022.70	In 2021/22 Plan	556	53	400
Occupational Therapy	i.2022.76	In 2021/22 Plan	400	33	320
Perinatal	i.2022.6	In 2021/22 Plan	196	35	170
Early Intervention in Psychosis	i.2022.7	In 2021/22 Plan	253	21	290
Psychiatric liaison	i.2022.71	In 2021/22 Plan	254	21	254
PMO Support Function		In 2021/22 Plan	225	19	0
Consultant Therapist		In 2021/22 Plan	70	7	0
Integrated autism service		In 2021/22 Plan	652	0	0
Joint commissioning pot with AISBs	i.2022.81	In 2021/22 Plan	300	50	230
Wellness, Work and Us	i.2022.80	In 2021/22 Plan	206	60	200
CAMHs transition and joint working	i.2022.79	In 2021/22 Plan	800	800	800
Director of Nursing		Agreed in 2021/22	0	0	133
Director of Transformation		Agreed in 2021/22	0	114	110
Ablett Project Director		Agreed in 2021/22	0	63	59
Advanced Nurse Practitioners/ Nurse Consultants		Agreed in 2021/22	0	113	294
CHC RCAP structure		Agreed in 2021/22	0	202	345
Additional Slippage Schemes		Agreed in 2021/22	0	2,716	0
<b>Total Mental Health</b>			<b>6,680</b>	<b>4,596</b>	<b>5,655</b>
<b>Other</b>					
VBHC - Diabetes		Agreed in 2021/22	0	36	135
<b>Total Other</b>			<b>0</b>	<b>36</b>	<b>135</b>
<b>Overall Total</b>			<b>11,980</b>	<b>7,728</b>	<b>11,154</b>
<b>Funding</b>					<b>12,000</b>
<b>Balance</b>					<b>846</b>

### Benchmark Savings Opportunity by Transformation Area

Transformation Priorities	BCUHB Benchmarking - 3 Year Opportunity	
	£m Low	£m High
<b>Improvement Groups, High and Medium Confidence only</b>	<b>70.7</b>	<b>114.1</b>
<b>Planned Care</b>	<b>19.8</b>	<b>36.7</b>
Referral Management	2.1	4.2
Theatres	6.0	12.4
Inpatient LOS	2.0	3.0
Outpatients	5.5	10.8
Pathology	1.5	2.0
Pressure Ulcers/HAI	0.2	0.3
Community Hospitals	1.7	2.5
Contracting	0.9	1.6
<b>Unscheduled Care</b>	<b>11.8</b>	<b>18.7</b>
Ambulatory Care Sensitive Conditions	5.1	7.6
Management of Frequent Fliers	0.5	0.7
Inpatients - LOS	6.2	10.3
<b>Mental Health</b>	<b>3.8</b>	<b>5.5</b>
Mental Health NHS Benchmarking	3.7	5.2
DTOCS	0.1	0.2
<b>Other</b>	<b>35.3</b>	<b>53.3</b>
Estates	1.6	2.4
Workforce	11.8	21.1
HSDU	0.1	0.1
Continuing HealthCare	8.3	12.4
Prescribing	13.6	17.2



**Amendments to original Risk Assessment**

	2022/23	2023/24
	£m	£m
<b>Original Risk</b>		88.62
Amendments:		
Microsoft Licence additional contribution	-1.88	
Nurse Staffing Act (Core, Paeds & MH)	-15.39	
NICE Drugs	<u>-3.20</u>	
<b>Total expenditure</b>		<b>-20.48</b>
<b>Revised Risk</b>		<b>68.14</b>



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance &amp; Information Governance Committee 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Transformation update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr Chris Stockport, Executive Director of Primary Care and Community Services						
<b>Awdur yr Adroddiad Report Author:</b>	Paolo Tardivel, Director of Transformation and Improvement Claire Brennan, Head of Office, Executive Director of Nursing Keith Dibble, Planned Care Programme Lead Llinos Edwards, Service Improvement Programme Manager Caroline Williams, Cancer Performance Lead Brian Laing, Programme Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Reviewed by Executive Director of Primary Care and Community Services						
<b>Atodiadau Appendices:</b>	Appendix 1 Monthly Programmes highlight report						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the update provided on the actions being taken within the area of Transformation and specific improvement programmes							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
The new Transformation and Improvement unit has started collating a view of the transformation and improvement work on-going across the Health Board. It has started by working with the five main programmes set out to feed in to the Executive Delivery Group for Transformation and Finance, as part of it's central programme orchestration responsibility. These are Planned Care, Unscheduled Care, Adult Mental Health, Child and Adolescent Mental Health Services (CAMHS) and Cancer services. The initial information gathering exercise is now complete and we are working with the programmes on their benefits methodology, measurement and forecast profile, as well as their project and programme planning.							
<b>Cefndir / Background:</b>							
The slide in the appendix seeks to provide an executive summary update against the five programmes, covering their benefits, costs, status updates, decisions required and critical milestones. The reporting governance process being implemented is for a more detailed version of this to be reviewed monthly at the new Transformation Group, feeding in to the Executive Delivery Group for Transformation and Finance and for a higher level summarised version to be brought to							

PFIG for assurance. Work continues to refine the content, for example to include more defined and quantifiable benefits and outcomes. We are hopeful the format and approach is agreeable.

**Asesu a Dadansoddi / Assessment & Analysis**

See appendix

**Opsiynau a ystyriwyd / Options considered**

N/A

**Goblygiadau Ariannol / Financial Implications**

N/A

**Dadansoddiad Risk / Risk Analysis**

N/A

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

N/A

**Asesiad Effaith / Impact Assessment**

N/A

# Performance, Finance and Information Governance (PFIG) Committee Transformation Group Programme

Monthly Programmes Highlight Report

24<sup>th</sup> February 2022



# Transformation Group Programme (PFIG)

Monthly Programme Highlight Report – 24th February 2022



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

RAG		Amber	Milestone Key: <span style="color: purple;">●</span> Complete <span style="color: red;">●</span> Delayed <span style="color: yellow;">●</span> On Track with minor issues <span style="color: green;">●</span> On Track <span style="color: grey;">●</span> Not Due to Start									
Programme detail	Benefits:	<ul style="list-style-type: none"> <li><b>Unscheduled care:</b> Increase patients seen in Minor Injury Units (MIU) by end of Q1; reduce patients seen in Emergency Departments (EDs); increase number of same day discharges for emergency patients and 30% increase in numbers seen in Same Day Emergency Care (SDEC), 10% increase in discharges per ward per week, 10% reduction in number of Medically Fit for Discharge (MfD) patients per ward per week, reduced Length of Stay (LoS) in community hospitals by 2 days per week.</li> <li><b>Planned care:</b> Improved patient experience, reduced waiting times, Patient experience.</li> </ul>	Critical milestones	ID	Key Milestones	Completion Date (PRAGG)	Owner	Update				
	Cost (Capital, Revenue)	<ul style="list-style-type: none"> <li><b>Unscheduled care:</b> SDEC £1.6m revenue allocated (3 year recurring from 2022-23) and £199k capital (2021-22), 111 First funding approved for costs incurred for 2021-22 / Urgent Primary Care Centres £1.012m (2021-22 – East &amp; Centre)</li> <li><b>Planned care:</b> £53m revenue funding available in 2022/23 (excluding Regional Treatment Centre [RTC] costs)</li> </ul>		Un-scheduled Care	Emergency Nurse Practitioner educational programme	Dec-22	Gilly Scott MIU Clinical Lead (Central)	Education programme commenced in January with 2 courses delivered				
Exec summary headlines – latest status & key achievements since last update		Exec summary		Critical milestones	Un-scheduled Care	Expansion of SDEC across 3 sites. Monitoring activity & impact.	Mar-22	Oliver Blocker, SDEC Clinical Lead	YG - revised process with acute medical team holding bleep for SDEC referrals including GP calls. YGC – use of AMB score to select SDEC patients			
<b>Unscheduled Care</b> <ul style="list-style-type: none"> <li>Emergency Practitioner MIU education programme commenced January 2022 to upskill staff.</li> <li>SDEC Clinical Lead appointed</li> <li>New SDEC processes started in Ysbyty Gwynedd (YG) and Ysbyty Glan Clwyd (YGC). SDEC activity captured across the 3 sites.</li> <li>Flow improvement work ongoing including roll out of Criteria Led Discharge process on wards.</li> <li>Recruitment process commenced for Trusted Assessor posts across all areas by end of Feb</li> </ul>						Roll out of Criteria Led Discharge (CLD) & process for MfD	Mar-22	Acute Site Directors / Jane Trowman Care Home prog. Lead	BCU wide Discharge Policy which will include management of MfD and CLD			
<b>Planned Care</b> <ul style="list-style-type: none"> <li>Recovery Programme under revision; Health Board took decision to pause all non-urgent planned care focus on Omicron and vaccination programme.</li> <li>Elective activity will recommence in phases from Feb, but the loss of at least 6 weeks' capacity will add 6 months on to the recovery process.</li> <li>Cohort One will not be cleared by 31/3/22 and the ability to clear Cohort Two by 31/3/23 must also be in doubt.</li> <li>A review of the year-end position is now underway and this will inform the plans for 2022/23.</li> <li>Core assumptions for next year remain unchanged but the starting point is clearly very different</li> </ul>						Electronic referral Transfer of Care – pathway 2 & 3, and IT solutions	Feb-22	David Allison, AAD Intermediate Care	IT solution being developed for go live mid/end February for roll out with newly developed process for Discharge to Rapid Assess (D2RA) pathways 2&3			
Decisions / Escalations required						Exec summary	Critical milestones	Planned Care	Delivery of Q3/4 trajectory	Mar-22	Keith Dibble - Planned Care Programme Lead	Now needs to be revised based on Omicron effect
<ul style="list-style-type: none"> <li>None</li> </ul>									Agreement to 2022/23 plan including business case etc.	Dec-21	Executive Team	Plans submitted 16/12/21, but decisions awaited.
									Completion of tendering process for RTC	Mar-22	Gill Harris - Exec Lead for Planned Care	On target
									Award of Insourcing and Outsourcing Contracts	Jan-22	Keith Dibble - Planned Care Programme Lead	Awaiting Exec Team decision on Insourcing
									Completion of recovery plan	Jan-22	Keith Dibble - Planned Care Programme Lead	To be completed early February to reflect Omicron change

# Transformation Group Programme (PFIG)

Monthly Programme Highlight Report – 24th February 2022



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

RAG		Amber	Milestone Key: <span style="color: purple;">●</span> Complete <span style="color: red;">●</span> Delayed <span style="color: yellow;">●</span> On Track with minor issues <span style="color: green;">●</span> On Track <span style="color: grey;">●</span> Not Due to Start					
Programme detail	Benefits:	<ul style="list-style-type: none"> <li><b>Cancer Services:</b> 75% patients treated within 62 days of suspicion of cancer</li> <li><b>Mental Health (Adult Services)</b> Improved access to early intervention and prevention, improved patient experience and co-produced management plans, Greater quality of care</li> <li><b>Child and Adolescent Mental Health Services (CAMHS):</b> Improvement measures and evidence criteria as per Targeted Intervention (TI) Maturity Matrix</li> </ul>	Critical milestones	ID	Key Milestones	Completion Date (PRAGG)	Owner	Update
	Cost (Capital, Revenue)	<ul style="list-style-type: none"> <li><b>Cancer Services:</b> £1.5 million from Performance Fund in 2021/22 (forecast spend £1.1M); £2 million from 2022/23</li> <li><b>Mental Health (Adult Services)</b> £5.8m 'The Ask' / £1.7m Transformation funding</li> <li><b>CAMHS:</b> Revenue funded by Welsh Government</li> </ul>		Cancer Services	Recruit staff – tracking & lung pathway	Jan-22	Caroline Williams, Performance Lead	
Exec summary	Exec summary headlines – latest status & key achievements since last update				Recruit staff – breast radiologist	Apr-22	David Fletcher	Consultant recruited, due to start April 2022
	<b>Cancer Services</b>				Rapid diagnosis clinics	Mar-22	Ann Jones, Project Manager	Ysbyty Glan Clwyd to commence March; start dates awaited for YG and Wrexham
	<ul style="list-style-type: none"> <li>Programme comprises 7 individual schemes; separate business cases produced for each with 6 approved by Execs.</li> <li>2 schemes fully implemented – cancer pathway tracking staff and lung pathway co-ordinators.</li> <li>1 scheme partially implemented – additional rapid access breast clinics; full implementation will be April 2022.</li> <li>1 scheme due to go live in March 2022 – rapid diagnosis clinics for patients with vague symptoms.</li> <li>2 schemes currently out to recruitment – additional clinical nurse specialists and pathway implementation team.</li> </ul>				One stop neck lump clinics	Apr-22	Caroline Williams, Performance Lead	Awaiting Exec approval of business case
	<b>Mental Health (Adult)</b>				Early Intervention in Psychosis, Perinatal and Eating Disorders	Dec-21	Amanda Lonsdale - Deputy Director Mental Health & Learning Disabilities	Recruitment progressing, but not at planned pace. Estates is a risk to services development.
	<ul style="list-style-type: none"> <li>Some delays due to increased Covid restrictions over Christmas and New Year along with Covid impact on available staffing.</li> </ul>				All age 24/7 Crisis	Dec-21	Amanda Lonsdale – Deputy Director Mental Health & Learning Disabilities	St John’s Pilot commenced in the East Area. Mental Health Specific Point of Contact Weekend trial delayed
	<b>CAMHS</b>				ICAN Primary Care	Dec-21	Alberto Salmoiraghi, Medical Dir.	Recruitment paused for further clarity around pathways.
	<ul style="list-style-type: none"> <li>Meetings ongoing with Good Governance Institute to develop and agree outcome measures for monitoring and reporting to Welsh Government.</li> <li>Programme governance structures and project plans under review since new Programme Manager in post Nov 2021.</li> <li>Work ongoing &amp; underway in several of the programme workstreams.</li> </ul>				Outpatient Mental Health	Dec-21	Sharmi Bhattacharria	Development and implementation of crisis care models delayed due to recruitment
	<b>Decisions / Escalations required</b>				Psychiatric Liaison	Dec-21	Amanda Lonsdale - Deputy Director Mental Health & Learning Disabilities	Further scoping of future model commenced. Recruitment of fixed term posts is progressing
	<ul style="list-style-type: none"> <li>None</li> </ul>				'No Wrong Door' Community-based Regional Strategy	No Date	Louise Bell – Assistant Director CAMHS	Draft for consultation - presented to Regional Partnership Board 21.01.22
					National Recruitment –78 remaining posts	Jan-Jul22	Brian Laing -Programme Manager	CAMHS Workforce Manager will lead on this wider workstream once in post
			'Innovation Fund' launched Dec 2021	Dec21– Mar22	Brian Laing - Programme Manager	15 successful bids from reg. partners: £1,041,000 from CAMHS TI slippage utilised for various pilot schemes across region		
			Crisis Care 'safe space' - pilot launch Wrexham 31.01.22	Jan-Dec22	Marilyn Wells - Clinical Lead CAMHS	Welsh Government supported pilot scheme to triage and support out of hours crisis for young people		

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Information Governance Strategy</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Simon Evans-Evans, Interim Director of Governance						
<b>Awdur yr Adroddiad Report Author:</b>	Carol Johnson, Head of Information Governance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Reviewed and approved by the Interim Director of Risk The Information Governance Group (IGG) Data Protection Officer (DPO)						
<b>Atodiadau Appendices:</b>	Appendix 1 – Information Governance Strategy						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to receive and accept the updated changes to the Information Governance Strategy below and highlighted throughout.							
Front page - Additional references added.							
Contents - Removal of links to the Terms of References of reporting groups and the Information Governance framework flow chart.							
1.4 Caldicott Principles in Practice replaced by the Information Governance Toolkit.							
3.1 Removal of Caldicott Principles in Practice/addition of UK GDPR reference.							
3.2 Removal Caldicott Principles into Practice (C-PiP) Toolkit statement/replaced with updated All Wales Information Toolkit statement.							
3.5 NHS Wales Guidance for the Categorisation and Notification of Personal Data Breaches added.							
4.1 Reworded to include organisational objectives.							
4.4 Inclusion of updated and new objectives. Removal of lower level objectives which remain in the work plan i.e. Streamline service referral process in line with the local authorities to implement solutions to enable the removal of faxes.							
6 Updates to highlighted roles, some of which are subject to change. Inclusion of the Cyber Security and Compliance manager.							
7 Performance, Finance and Information Governance Committee updated throughout.							
10.4 Update to new confidential waste arrangements in place.							
11 Slight amends and removal of ICO recommendation wording as now met.							
13 Inclusion of UK General Data Protection Regulation 2020.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
An equality impact assessment has been undertaken.							

<p><b>Sefyllfa / Situation:</b></p> <p>This strategy outlines the continuing development, implementation and embedding of a robust information governance framework. The information governance arrangements will underpin the requirements set out by the Wellbeing and Future Generations Act and the Health Board's strategic objectives by ensuring the integrity, availability and confidentiality of the information needed to support and deliver its services.</p>
<p><b>Cefndir / Background:</b></p> <p>The strategic aims and purpose of this strategy is to describe the governance arrangements that will deliver Information Governance and assurance within BCUHB and will set out the overall principles that will promote a culture of best practice around the processing of information and the use of information and systems.</p>
<p><b>Asesu a Dadansoddi / Assessment &amp; Analysis</b></p> <p><b>Goblygiadau Strategol / Strategy Implications</b></p> <p>The arrangements set out in this document will underpin the Health Board's strategic objectives and ensure that the information needed to support and deliver their implementation is available, accurate and easy to understand.</p> <ul style="list-style-type: none"> <li>• Improve health and wellbeing for all and reduce health inequalities</li> <li>• Work in partnership to design and deliver more care closer to home</li> <li>• Improve the safety and outcomes of care to match the NHS's best</li> <li>• Respect individuals and maintain dignity and care</li> <li>• Listen to and learn from the experiences of individuals</li> <li>• Support, train and develop our staff to excel</li> <li>• Use resources wisely, transforming services through innovation and research</li> </ul>
<p><b>Opsiynau a ystyriwyd / Options considered</b></p> <p>No other options have been considered as compliance is a legal requirement.</p>
<p><b>Goblygiadau Ariannol / Financial Implications</b></p> <p>Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.</p>
<p><b>Dadansoddiad Risk / Risk Analysis</b></p> <p>Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.</p>
<p><b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b></p> <p>It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.</p>
<p><b>Asesiad Effaith / Impact Assessment</b></p> <p>Due regard of any potential equality/quality and data governance issues have been addressed during the production of this report.</p>

Y:\Board & Committees\Governance\Forms and Templates\Board and Committee Report Template V5.0\_May 2021.docx

Appendix 1.



# INFORMATION GOVERNANCE STRATEGY

<b>Author &amp; Title</b>	Carol Johnson, Head of Information Governance
<b>Responsible Dept / director:</b>	Interim Director of Governance
<b>Approved by:</b>	Performance, Finance and Information Governance Committee
<b>Date approved:</b>	18/12/2020
<b>Date activated (live):</b>	17/11/2014
<b>Documents to be read alongside this document:</b>	Risk Management Strategy, Policy and Procedures Information Governance Policies and Procedures Informatics Strategy Estates Strategy Workforce Strategy Digital Strategy
<b>Date of next review:</b>	December 2022

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

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

## Contents

1. INTRODUCTION.....	6
2. STRATEGY STATEMENT.....	7
3. STRATEGIC AIM.....	7
4. OBJECTIVES.....	9
5. SCOPE.....	10
6. ROLES AND RESPONSIBILITIES.....	11
7. IMPLEMENTATION AND MONITORING.....	13
8. RESOURCES.....	14
9. TRAINING.....	14
10. IMPACT ANALYSES.....	15
11. AUDIT.....	16
12. REVIEW.....	16
13. LEGISLATION AND COMPLIANCE WITH STANDARDS.....	16

## 1. INTRODUCTION

- 1.1 This Strategy sets out the Strategic approach that Betsi Cadwaladr Health Board (BCUHB) will adopt to provide a robust Information Governance framework for the management of information.
- 1.2 Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. This Strategy links into all these aspects and sets out the approach to be taken across BCUHB to provide a robust information governance framework. It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures are in place to provide a robust governance framework for information management, both now and in the future.
- 1.3 Information Governance (IG) is about setting high standards for the handling of information and giving organisations the tools to achieve those standards. The ultimate aim is to demonstrate that an organisation can be trusted to maintain and demonstrate that personal information is being handled legally, securely, efficiently and effectively, in order to deliver the best possible care. It additionally enables organisations to put in place procedures and processes for their corporate information that support the efficient location and retrieval of corporate records where and when needed, in particular to meet requests for information and assist compliance with contractual and regulatory requirements.
- 1.4 The Welsh Information Governance Toolkit is a self-assessment tool which enables organisations to measure their level of compliance against national Information Governance standards and legislation. It aims to deliver a greater level of transparency and provide the public with confidence in how their information is being used, shared and protected. The annual self-assessment and reporting tool allows the Health Board to identify where improvements are required and to put the appropriate measures in place to meet the standards. This will lead to 'year on year' improvements.
- 1.5 This strategy includes the continuing development, implementation and embedding of a robust information governance framework. The information governance arrangements will underpin the requirements set out by the Wellbeing and Future Generations Act and the Health Board's strategic objectives by ensuring the integrity, availability and confidentiality of the information needed to support and deliver its services.
- 1.6 BCUHB is committed to securing the best quality health care for the population of North Wales. In doing so, it acknowledges that this can only be achieved through the skills and continuing commitment of its staff and those of its partner organisations.

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

## 2. STRATEGY STATEMENT

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

The Health Board will therefore ensure that:

- Information is valued as an asset of the Board which plays a critical part in corporate and clinical governance, and in strategic risk, service planning and performance management.
  - Accurate timely and relevant information is available at the time and place where it is needed.
  - All staff understand their respective responsibility to ensure that information is complete and up to date and that it is used proactively to support the business of the organisation.
- 2.2 The Board has put in place an Information Governance Framework and a series of best practice guidelines and principles in relation to the handling of information. This shall apply to all personal information, including sensitive information, of both employees and patients and to the management of the Board's corporate information.
- 2.3 The Information Governance Framework sets out the Board's approach within which accountability, standards, policies and procedures are developed and implemented.

## 3. STRATEGIC AIM

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

The strategy has been developed from:

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

## 3.2 All Wales Information Governance Toolkit

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

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

An overview of each of the areas included within the IG Toolkit can be found at [Information Governance Fundamentals - Digital Health and Care Wales](#)

### 3.3 **Data Protection legislation**

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

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

### 3.4 **Risk Management**

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

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

### 3.5 **Incident Management**

Information Governance related incidents must be reported via the Incident Management Procedures. These incidents will have active involvement from the IG Team who will risk assess the incident to establish whether it reaches the severity rating as reportable to the ICO and Welsh Government using the adopted Health & Social Care Information Centre (HSCIC) risk scoring matrix and the [NHS Wales Guidance for the Categorisation and Notification of](#)

**Personal Data Breaches.** Any such reporting must be done within 72 hours of knowledge of the incident in line with legislative requirements. Significant incidents will be subject to a full Root Cause Analysis (RCA) investigation and reporting actions.

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

### 3.6 **Accountability Framework Structure**

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

## 4. **OBJECTIVES**

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

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS's best
- Respect individuals and maintain dignity and care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

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

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

4.4 **The Information Governance Strategy is aligned to the Health Boards strategic goals.** The supporting information governance objectives will be achieved by ensuring there is an effective Information Governance framework in place by:

- Ensuring that BCUHB meets its legal and statutory obligations as defined in the Data Protection Act 2018, **UK GDPR** and European GDPR 2016;

- Ensure IG Strategies, policies, procedures and training plans are all updated to reflect best practice and changes in legislation;
- Improve overall compliance with Freedom of Information and Subject Access request response times in line with legislative requirements by supporting governance leads, and raising awareness and improving overall availability and publication of information to enable improved transparency to the public;
- Ensuring that privacy by design and default is considered at all stages of service design, system procurement and partnership working;
- Improve IG Training Compliance from 82% to the national target of 85% to raise staff understanding and awareness;
- Work with ICT and responsible owners across the Health Board to support the delivery of an improved Information Asset Register;
- Support the Health Boards move towards a 'Digital Future' by working with the Digital Health Records Program Board and ICT Department;
- Work across the Health Board to deliver new ways of working and new pathways following Covid and beyond;
- Learn from outcomes and put improvement plans in place to ensure lessons can be learnt and acted upon to avoid reoccurrence;
- Increase service user and Regulator confidence in the Health Board and its staff;
- Implementation of Welsh Government advice and associated Programmes of work to be rolled out across Wales.

## 5. SCOPE

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

## 6. ROLES AND RESPONSIBILITIES

- 6.1 **Chief Executive** - The Chief Executive takes overall responsibility for the Health Boards information governance performance and in particular is required to ensure that:
- the Health Board can demonstrate accountability against the requirements within the Data Protection Act;
  - decision-making is in line with the Boards policy and procedure for information governance and any statutory provisions set out in legislation;
  - the information risks are assessed and mitigated to an acceptable level and information governance performance is continually reviewed;

- suitable action plans for improving information governance are developed and implemented;
- ensure IG training is mandated for all staff and is provided at a level relevant to their role.

To satisfy the above, the Chief Executive has delegated this responsibility to the Deputy CEO who will be accountable for the Boards overall information governance arrangements.

- 6.2 **The Deputy Chief Executive Officer (CEO)** has responsibility for ensuring that the Board corporately meets its legal responsibilities, and for the adoption of internal and external information governance requirements. They will act as the conscience for information governance on the Board and advises on the effectiveness of information governance management across the organisation.
- 6.3 **Caldicott Guardian** - The **Executive Medical Director** has been nominated as the Board's Caldicott Guardian and is responsible for protecting the confidentiality and reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate, ethical and secure manner. The Caldicott Guardian is the Chair of the Information Governance Group.
- 6.4 **Executive Medical Director** - The Executive Medical Director has been nominated by the Board and has overall responsibility for the management of all patient record types.
- 6.5 **Executive Lead for Corporate Records** - This role is responsible for the overall management and performance of the Corporate Records Management function within BCUHB. This role currently sits with the Executive Director of Primary & Community Care.
- 6.6 **Senior Information Risk Owner (SIRO)** - The current SIRO is the Director of Finance and has been in the role since November 2019. This is noted in the revised Scheme of Reservation and Delegation ratified by the Board in January 2020. The SIRO has overall ownership of the information risks and plays a key role in successfully raising the profile of information risks and embedding information risk management into the Health Board's culture. The SIRO has undertaken additional training specific to the role
- 6.7 **Data Protection Officer (DPO)** - The Assistant Director of Information Governance and Risk undertakes the designated role of the Health Board's Data Protection Officer. They are responsible for providing the Health Board with independent risk-based advice to support its decision-making in the appropriateness of processing 'personal and Special Categories of Data' as laid down in the General Data Protection Regulation (GDPR) and the UK Data

Protection Act. The DPO is required to provide advice and guidance on all data protection legislation queries to staff, patients and the board. The Health Board recognises its obligations and accountability responsibilities with the GDPR and Data Protection Laws.

The Information Governance structure sits within this area.

- 6.8 **Information Governance Team** - The Head of Information Governance will be responsible for the development, communication and monitoring of policies, procedures and action plans ensuring the Board adopts information governance best practice and standards. This role will report to the Assistant Director of Information Governance and Risk and will be supported by the Information Governance Team who will also work in collaboration with the Information Governance Leads and Information Asset Owners.
- 6.9 **Chief Information Officer** - The Chief Information Officer has overall responsibility for the technical infrastructure to ensure the security and data quality of the information assets and systems held within the Board.
- 6.10 **Head of ICT Services** – Leads on all matters relating to the Health Boards ICT infrastructure security and regulatory compliance. Furthermore, provides strategic direction and expert advice on all technical matters relating to sustained compliance and conformance against the NHS Wales Code of Connection and NIS Directive.
- 6.11 **Cyber Security and Compliance Manager** - acts as the Health Board's expert on cyber security protection, detection, response, and recovery. The Cyber Security and Compliance Manager is responsible for the strategic approach to cyber threat management and leads the strategic planning of current and future IT security solutions. The Cyber Security and Compliance Manager leads and advises on compliance with the NIS Directive and Cyber Essentials certification.
- 6.12 **Head of Patient Records & Digital Integration** – This role is responsible for the overall management and performance of the Health Records Service within BCUHB including the provision of organisation-wide access to health records and providing assurance against record management standards across all patient record types both paper and digital.
- 6.13 **Executive Director/Secondary Care Director/Area Director** - Each Director is responsible for the information within their Division and therefore must take responsibility for information governance matters. In particular they must appoint an Information Governance Lead. This role may be subject to change in 2022 as a result of the new operating model and will be updated to reflect any changes to responsibility.
- 6.14 **Information Governance Leads** – The IG Leads work with the IG Team to ensure compliance with corporate IG policies, procedures, standards,

legislation and to promote best practice within their divisions. Work is currently underway to make improvements and to formalise some of these roles.

- 6.15 **Information Asset Owners (IAO)** - their role is to understand what information is processed by their department i.e. what information is held, added, removed, how it is moved, who has access to it and why. As a result, they are able to understand and address risks to the information, to ensure that information is processed within legislative requirements.
- 6.16 **Information Asset Administrator (IAA)** - will recognise actual or potential security incidents, consult with their IAO on appropriate incident management and ensure that information asset registers are accurate and up to date.
- 6.17 **System Owners** – will be responsible for identifying and managing system risks; understand procurement requirements around contracts and licencing; put in place and test business continuity and disaster recovery plans, control access permissions and ensure the system asset record is regularly reviewed and updated on the asset register.
- 6.18 **All Staff** - All employees, contractors, volunteers and students working for or supplying services for the Health Board are responsible for any records or data they create and what they do with information they use.

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

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

## 7. IMPLEMENTATION AND MONITORING

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

The key policies relate to:

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

All Information Governance policies can be accessed on the Information Governance pages of the intranet.

- 7.2 All staff will have access to a programme of training and awareness to enable them to comply with these policies.
- 7.3 Robust controls and auditing processes have been put in place to monitor compliance and manage any incidents with regard to data security breaches.
- 7.4 Quarterly KPI reports are presented to the IG Group with issues of significance reported to the **Performance, Finance and Information Governance Committee**.
- 7.5 The IG operational plan will be managed by the IG Team, monitored via the IG Group and issues of significant escalated to the **Performance, Finance and Information Governance Committee**.
- 7.6 Annual self-assessment against the Welsh IG Toolkit will be carried out and presented to the **Performance, Finance and Information Governance Committee**.
- 7.7 An IG Annual report will be presented to the **Performance, Finance and Information Governance Committee** to demonstrate assurance against the IG Framework and its associated policies.

## **8. RESOURCES**

- 8.1 The Information Governance Team should have sufficient resource in order to ensure the Health Board remains compliant against its legislative requirements and timescales.
- 8.2 Departments should ensure that their appointed Information Governance Leads, Information Asset Owners and System Owners have sufficient time and resource in order to execute the requirements within these job roles.

## **9. TRAINING**

- 9.1 All staff within BCUHB are mandated to undertake Information Governance training. This training must be renewed every two years.
- 9.2 In addition to induction and mandatory training requirements, there are certain posts/job roles which require specialised IG training in order to fulfill their duties, for example: Caldicott Guardian, DPO, SIRO, IG Team, IAO, IAA, System Owners and staff who handle subject access requests.
- 9.3 The Information Governance Team are responsible for developing and delivering the IG training programme which is supported by a 3 year IG Training Strategy and action plan.
- 9.4 In 2018 NHS Wales has put in place a national compliance target of 85% for Information Governance training. The 3 year IG Training Strategy will be reviewed and updated in order to achieve and maintain compliance of this target.

## **10. IMPACT ANALYSES**

### **10.1 Equality**

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

## 10.2 Welsh Language

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

- All correspondence received from the public will be responded to in the language in which it was received;
- All telephone calls will be answered bilingually. If an individual wishes to continue in Welsh the call can either be put through to the IG Manager in the West or the Welsh Translation Team;
- Out of hours, all phones will be transferred to an answering machine with a bilingual message;
- All information developed specifically for the public is available bilingually;
- All offices will have bilingual door signs on entry;
- All staff members have bilingual ID badges;
- All staff members have fully bilingual email signatures for internal and external emails;
- Any new policies and procedures developed will use the new BCUHB template which ensures that Welsh language is considered;
- All staff can request access to Cysgair and Cysillt software which can assist with informal translation;
- The IG training handout for staff is available in Welsh.

## 10.3 Well-being of future generations

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

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

## 10.4 Environmental

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

## 11. AUDIT

- 11.1 Internal Audit will provide an independent and objective opinion on Information Governance risk management, control and governance arrangements by measuring and evaluating their effectiveness.
- 11.2 The Health Board will continue to work with the ICO to progress any recommendations and to appropriately plan and engage with any future audits that may be required.
- 11.3 The IG Team will carry out audits to:
- a) review IG compliance across departments and teams within BCUHB;
  - b) review and risk assess the IG elements of the Information asset register submissions;
  - c) assess the data protection impact of all new or revised system, service or pathway developments;
- 11.4 The System Owners Group, led by Informatics, will take over the responsibility of auditing and monitoring the system asset element of the Asset Register and will put in place a programme of training for System Owners. IG are represented as part of the membership of this Group.

## 12. REVIEW

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

## 13. LEGISLATION AND COMPLIANCE WITH STANDARDS

- 13.1 The legislation and guidance supporting this strategy includes:
- Freedom of Information Act 2000
  - Environmental Information Regulation 2004
  - Data Protection Act 2018
  - General Data Protection Regulation 2016
  - UK General Data Protection Regulation 2020
  - Human Rights Act 1998
  - Access to Health Records Act 1990
  - Common Law – duty of confidence
  - Computer Misuse Act 2000
  - Copyright, designs and Patents Act 1988 (as amended by the Copyright Computer programs regulations 1992)
  - Network and Information Systems (NIS) Directive
  - Crime and Disorder Act 1998
  - Electronic Communications Act 2000
  - Regulation and Investigatory Powers Act 2000
- 13.2 **References**
- Lord Chancellor's Code of Practice on the Management of Records Under Section 46 of the FOI Act 2000

- Records Management: NHS Code of Practice
- Caldicott Report
- Caldicott: Principles into Practice (C-PIP) Foundation Manual for Caldicott Guardians
- National Data Guardian Standards
- Information Security ISO/IEC 27001:2005; ISO/IEC 27001:2013
- Confidentiality: Code of Practice for Health & Social Care in Wales
- Wales Accord for Sharing Personal Information (WASPI)

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee</b> <b>24.2.22</b>
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	<b>Information Governance 2021/22 Key Performance Indicators (KPI) Report</b>
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Simon Evans-Evans, Interim Director of Governance
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Carol Johnson, Head of Information Governance
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Reviewed and approved by: <ul style="list-style-type: none"> <li>• Interim Director of Governance</li> <li>• Data Protection Officer</li> </ul>
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1 - Key Performance Indicators: Quarter 2 - July 2021 to September 2021. Appendix 2 – Key Performance Indicators: Quarter 3 – October to December 2021.

**Argymhelliad / Recommendation:**

The Performance, Finance and Information Governance Committee is asked to receive and accept the Information Governance KPI reports.

Please tick as appropriate

<b>Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	
			✓		✓		
<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>						<b>Y/N to indicate whether the Equality/SED duty is applicable</b>	<b>N</b>

**Sefyllfa / Situation:**

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation. Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information.

The continuous negative impact on the Health Board's resources, strategy, tactics and operations following the Covid-19 situation underlines the need for maintaining and improving its information governance practice. This does not only put effective information governance compliance at the heart

of the Health Board`s approach to managing Covid-19, but also moves to more dynamic and different ways of working that ensures the safe delivery of its operations, business sustainability and financial viability.

### **Cefndir / Background:**

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

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

During quarter 1 the Executive Team approved funding for 2 temporary 18 month posts with an option to review at 14 months (1 x Band 4 & 1 x Band 6). This resource will enable internal processes to be reviewed, streamlined and improvements to be made. As a result there will be improved/increased compliance rates and the ability to meet the increased demand for work. These posts will enable the department to work closely with other services to support new ways of working as a result of Covid-19 and to provide support to the ongoing transformation programme of work being undertaken at pace by the Health Board.

### **Asesiad / Assessment & Analysis**

Y:\Board & Committees\Governance\Forms and Templates\Board and Committee Report Template V3.0\_March 2021.docx

### **Strategy Implications**

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

- Freedom of Information Request Profile
- Data Protection Act – Subject Access Request Profile
- Information Governance Incidents and Complaints
- Requests for access to information systems (IG10)
- Information Governance Training
- Information Governance Service Desk (IG Portal)
- National Intelligent Integrated Auditing Solution (NIIAS) notifications
- Information Governance Compliance Audits
- Sharing of information
- Data Protection Impact Assessments (DPIAs)

This report provides a high-level analysis, highlighting any trends or issues of significance. Action taken to address the issues of significance and drive continuous improvement is also summarised.

**Options Considered**

No other options have been considered as compliance is a legal requirement.

**Financial Implications**

Non-compliance with the legislation can lead to significant fines imposed by the Information Commissioners office.

**Risk Analysis**

Non-compliance with the legislation can lead to penalties imposed by the Information Commissioner and loss of confidence by the public in the Health Board's ability to protect the privacy of their information. There are currently six Information Governance risks being managed and monitored by the Information Governance Group. The below four Tier 2 risks also have oversight by the Deputy Chief Executive / Executive Director of Nursing and Midwifery:

Risk Title	Inherent risk rating	Current risk rating	Target risk rating	Movement
Failure to comply with the Data Protection Legislation / Freedom of Information Act 2000	9	9	6	Unchanged
Failure to develop and make improvements to the Information Asset Register	9	9	4	Unchanged
Management of Corporate Records	9	9	6	Unchanged

**Legal and Compliance**

It is a statutory requirement to comply with Data Protection and the Freedom of Information Legislation.

**Impact Assessment**

Due regard of any potential equality/quality and data governance issues have been addressed during the production of this report.

## Appendix 1 - Key Performance Indicators: Quarter 2 - July to September 2021

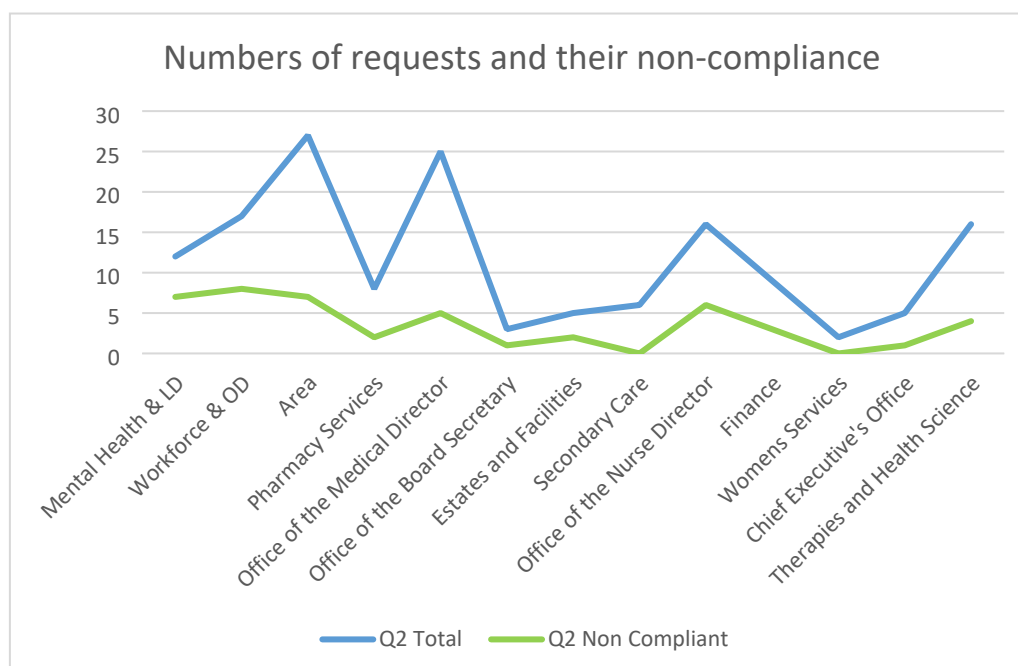
Please note all KPI reports include the full quarter data.

### 1) Freedom of Information Requests (FOIs)

The compliance level for responding to a request within the standard of 20 days has decreased to **70%** from 77% in quarter 1. This is due to a number of complex requests received in this time period and it taking longer than expected to formulate responses and to achieve executive approval during the legislative timescale. During quarter 3 we aim to make contact with our leads from the areas with the highest delays to improve relationships and look at ways to improve compliance. We are also looking at ways to improve the time to achieve executive approval on some of our requests and our escalation process.

Total number of requests received in Q2: **151** Total number of requests delayed in Q1: **46**

The below graph shows the total number of requests and their non-compliance by division:



Below is the list of reasons for the delays:

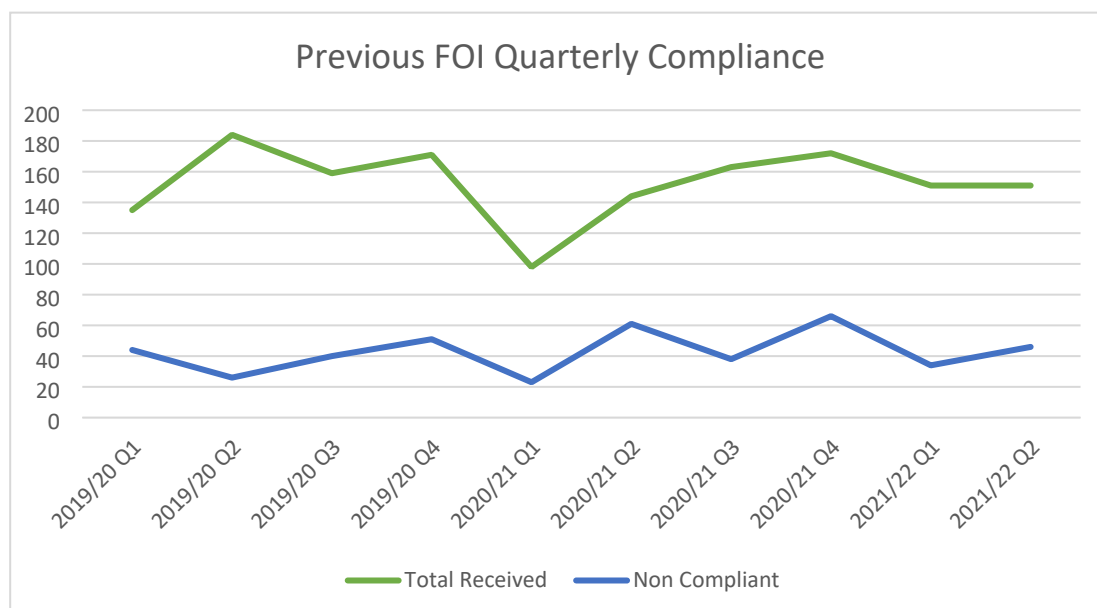
- 26 Delays in obtaining/receiving information from FOI Leads.
- 3 Delays due to formulation of the response by Information Governance due to complexity.
- 2 Late receipts of the request by Information Governance.
- 15 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.

The divisions with the highest amount of delays were:

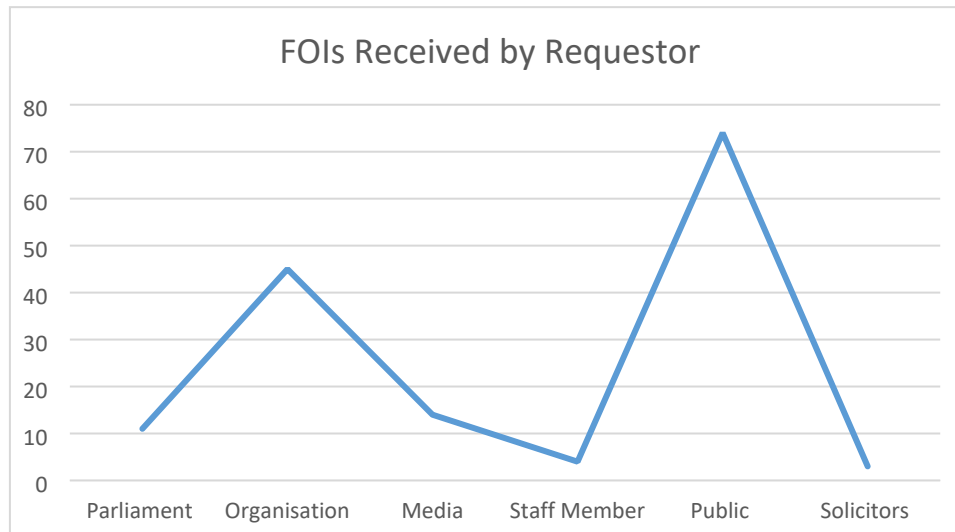
- 7 for Mental Health & Learning Disabilities
- 8 for Workforce and Organisational Development

- 7 for Primary and Community Services (Area)

The below chart shows requests received by the Health Board on a quarterly basis, mapped against non-compliance:



The below chart shows requests received during quarter 2 broken down by the type of requestor:



### **FOI Exemption and internal reviews**

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

For quarter 2, please see table below for this detailed breakdown:

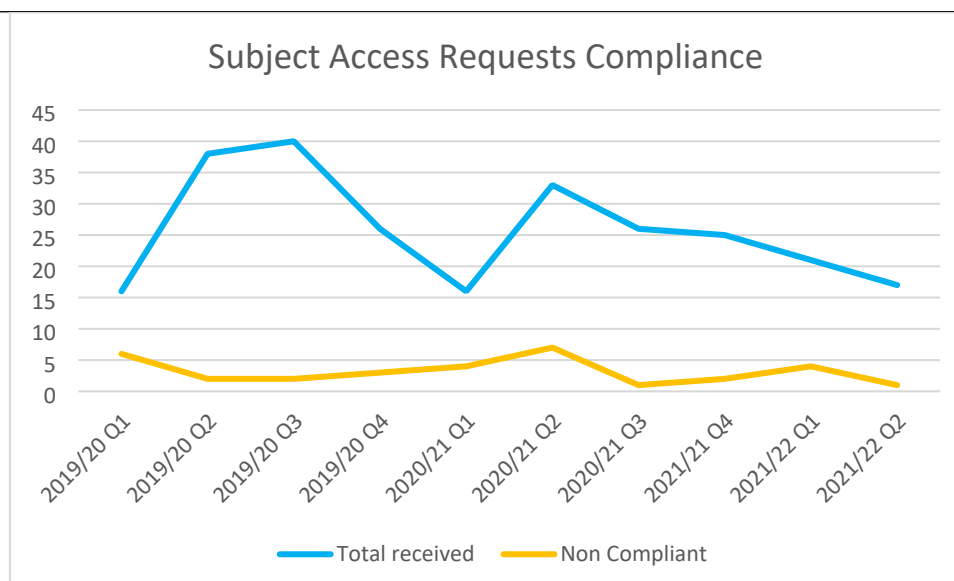
Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 10 and 11 of Data Protection Act – Prevent Processing and Marketing	Absolute – No Public Interest Test Required	1	0	N/A
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	24	0	N/A
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	2	0	N/A
Section 40 - Personal Information	Absolute – No Public Interest Test Required	7	0	N/A
Section 41 – Information provided in confidence	Absolute – No Public Interest Test Required	1	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	2	0	N/A
No Exemptions used	N/A	0	2	2 x Upheld
<b>Total</b>		<b>37</b>	<b>2</b>	

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

The compliance level for responding to a request within the standard of 28 days has increased this quarter to **94%** from 81% in quarter 1.

Requests	Total
Subject Access Request	8
Verbal Request	0
<b>Total</b>	<b>8</b>
<b>Requests from 3<sup>rd</sup> Parties</b>	
Solicitors / Local Authority	1
Police	7
Other	1
<b>Total</b>	<b>9</b>
<b>Total Requests Received</b>	<b>17</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>1</b>
<b>Compliance</b>	<b>94%</b>

The below chart shows the total number of subject access request and their compliance during quarter 1:

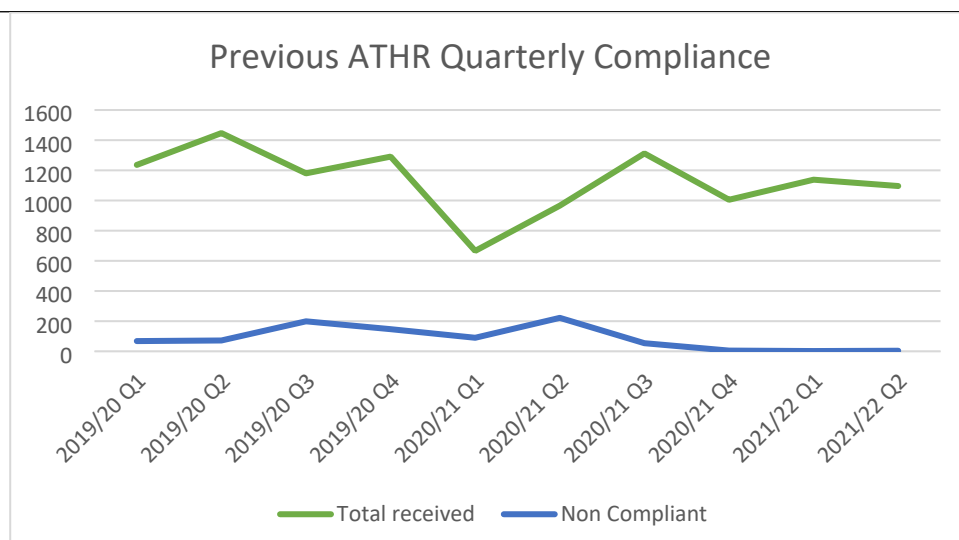


### Subject Access Requests for clinical information and requests from third parties

During Quarter 2 we have continued to see a steady compliance rate for SAR's completed within the Data Protection Act timescales, with slight decrease of 0.4% to 99.4% from the previous quarter and we have remained at 100% compliance with Access to Deceased Records requests. It should be noted that there has been a decrease in SAR requests from 2021/22 Quarter 1 of 15.6%, however there has been a continued increase of 3rd party requests processed by the Access to Health Record team of 23.7%. Due to the increase of types of third party requests processed within the service, a further detailed breakdown of requests has been provided in this report and will remain going forward. This therefore shows an overall decrease in requests by 3.8% on previous quarter.

Access to Health Records (ATHR) Requests	Total
<b>Type of SAR</b>	
Data Protection Act (Live Patients)	661
Verbal Request	0
* Access to Health Records Act (Deceased Patients)	39
<b>Total</b>	<b>700</b>
<b>Requests from 3<sup>rd</sup> Parties</b>	
Court	136
Police	247
MOD	3
GMC	6
Chargeable Requests (insurance Companies)	4
<b>Total</b>	<b>396</b>
<b>Total Requests Received</b>	<b>1096</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>4</b>
<b>Compliance %</b>	<b>99.4%</b>

The below chart shows the total number of ATHR requests received along with their compliance against previous quarters:



### Co-mingled Information:

During quarter 2 there was a total of 81 documents located in the incorrect patient records during quarter 2, which were located during the quality assurance process. Once co-mingling is identified and extracted, this is logged on Datix and the record custodian responsible for that patient information is requested to investigate this by removing it from the original casenote, ensuring it is filed within the correct casenote.

A Standard Operating Procedure is currently being written to manage this process and will be shared with all patient record custodians to cascade throughout their teams to raise awareness and ensure that a datix is completed for visibility and investigation when a staff member locates co-mingling.

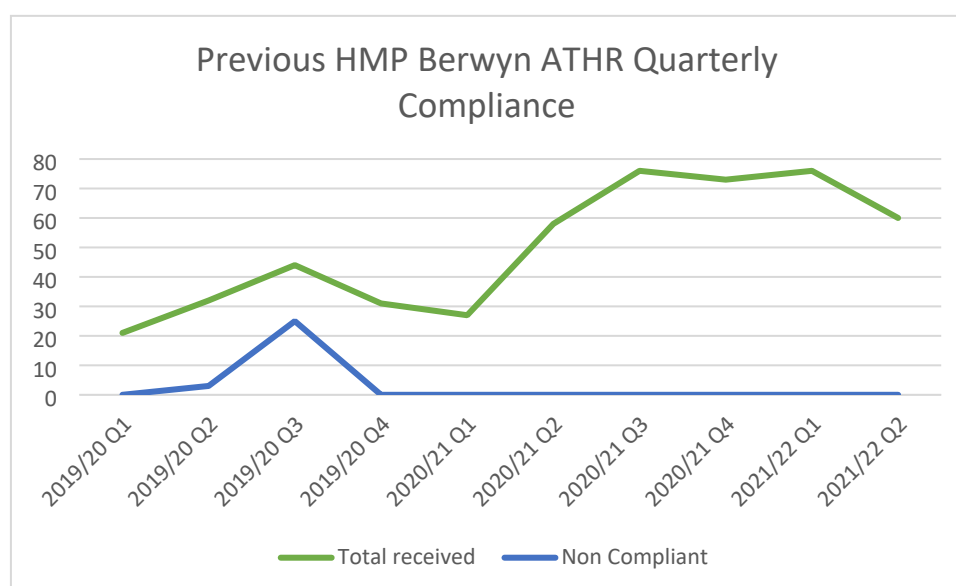
### Complaints and lessons learnt ATHR

During quarter 2 there has been 4 concerns received into the ATHR Service. All of which were related to rectification requests of patients' personal data. In all cases where an individual would like their personal information rectified, a thorough investigation is completed by the ATHR Service and relevant healthcare professionals contacted to undertake a review of the patients request.

Figures provided in the table below are for requests received by HMP Berwyn. These figures are recorded separately as HMP Berwyn manage their own ATHR requests.

HMP Berwyn	Total
Solicitors Requests	21
Patient Requests	39
<b>Total Requests received</b>	<b>60</b>
<b>Total number of breaches (dealt with outside 28 day timeframe)</b>	<b>0</b>
<b>Compliance</b>	<b>100%</b>
<b>Requests from third parties</b>	
Police	2
Court ( <i>Date Required Set by Court</i> )	0
<b>Incidents</b>	
Confidentiality Breach (External)	0

The below chart shows the total number of ATHR received in quarter 2 by HMP Berwyn along with previous quarters compliance:

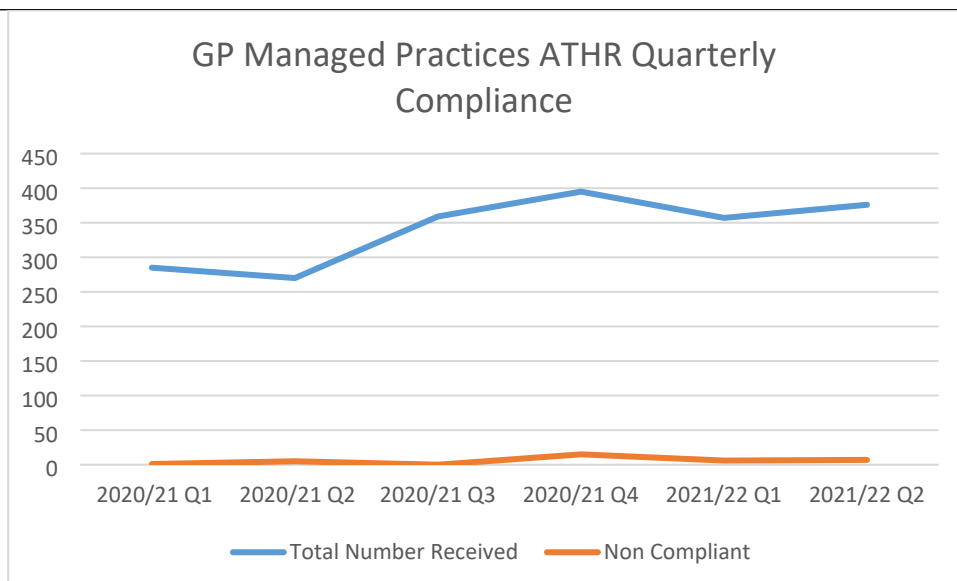


### GP Managed Practices

7 of the 12 GP Managed Practices returned data to be included for this quarter. We will work with the Heads of Service during quarter 3 to ensure that we get a timely response from all GP practices for the next report and improve our communication channels.

GP Managed Practices Requests	Total
<b>Type of SAR</b>	
Data Protection Act	238
<b>Requests from 3<sup>rd</sup> Parties</b>	
Solicitors	80
Police	9
GMC	18
Other (Armed forces, DVLA, medical reports, insurance, DWP/Capita)	31
<b>Total Requests Received</b>	<b>376</b>
<b>Total number of breaches (dealt with outside 28 day timeframe)</b>	<b>7</b>
<b>Compliance %</b>	<b>98%</b>

The below chart shows the total number of ATHR received in quarter 2 by Managed GP practices within BCUHB, along with previous quarters compliance:



### 3) Incidents and Complaints

Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Non-compliance with policy/ procedure (8)	IG02 Records Management	1	0	0
	IG08 Email Procedure	3	0	0
	IG13 Confidentiality Code of Conduct	2	0	0
	IG14 Information Management & Technical Security	1	0	0
	IG15 Safe storage & transport of Personally identifiable information	1	0	0
	IG07 Access to Information Policy	0	0	3
Confidentiality	Data Loss	1	0	1

Breach (External)  (47)	Email	5	0	0
	External Mail	24	0	2
	Inappropriate access	3	0	3
	Personally identifiable information in public space	3	0	0
	Other	7	1	1
	Records	4	1	0
Information Management & Technical Security  (15)	Confidentiality Breach (Internal)	1	0	0
	Data Loss	2	0	0
	Email	3	0	0
	Internal mail	1	0	0
	Other	3	0	0
	Records	5	0	0
<b>Total</b>		<b>70</b>	<b>2</b>	<b>10</b>

### Near Misses

There has been 1 near miss reported this quarter, 3 volumes of notes for 1 patient appeared missing from the department, however, following an email to staff requesting a further search the 3 volumes of notes were found.

### Self-reported incidents to the ICO

During quarter 2 we have self-reported 2 incidents to the ICO:

- 3 Patient files cannot be located and are considered missing: **Closed** – ICO satisfied with measures taken and no further action is required
- Confidential address information has been accessed by unauthorised persons, potential for press/media interest, potential for personal injury (PI) claims – **Ongoing**

### Complaints

10 data protection complaints were received during quarter 2 which is a significant increase from 3 in quarter 1. All Complaints have been investigated 4 of which are closed and 6 ongoing that were received in September.

### Closed Complaints:

- Complaint following notification that the patients SMS file is missing- linked to ICO incident – A letter of apology was issued and a new care plan will be implemented for the patient, the service will be working with the patient to ensure that accurate information is placed into a new file, to ensure the service can meet his needs.
- Concerns over content of letter in relation to a child as some information was deemed incorrect- Health Records rectified the letter and a new letter was issued.
- Patient was sent an appointment addressed to them with a previous surname, and addressed to a property that they temporarily lived at for a few months over 30 years ago. Patient has recently moved back into the area and is now registered with a different GP - This incident was down to human error as the information on PiMS (Patient Information Management System) and the GP referral was not cross referenced correctly in accordance with the 'Procedure for the Management of Referrals, Appointment, Waiting Lists and Validation'. This is a training aid that is used in West for booking clerks, receptionists, secretaries etc. and comprises of 12 separate standards covering referrals, attendance in clinic outcomes, waiting lists etc. There is a checklist and agreement which accompanies the procedure and this is used to demonstrate that a staff member has read and understood the procedure.
- Delay in SAR Response and late receipt of response - The Information Governance team is looking at ways to improve our services, in particular our response times.

#### **On-Going complaints:**

- 2 x Letters sent to incorrect address.
- 1 x sharing information without consent.
- 2 x Allegations of inappropriate access.
- 1 x Alleged confidentiality breach on a ward.

#### **Lessons Learnt/Actions Taken**

- If in receipt of a subject access request which is complex or requires the processing of a large amount of information, the timescale for responding can be extended for up to two months. The applicant must be notified within one month of receiving the request to explain why the extension is necessary. This step will be expanded upon and built into the Information Governance Teams standard operating procedures, should this situation arise in the future.
- The Information Governance team is looking at ways to improve our services, in particular our response times.
- Staff reminded of the importance of following BCU processes and procedures to reduce the likelihood of breaches of confidentiality occurring through the IG Bulletin.
- Seek advice from Digital Health Care Wales Head of Information Governance with regards to current position in relation to retention of electronic data.
- Staff reminded to keep up to date with their Information Governance Mandatory training.

#### **Complaints received from the Information Commissioner's Office (ICO)**

During quarter 2 we have received **8** complaints direct from the ICO all of which have been investigated and responded to and we are waiting an outcome from the ICO:

- 3 dissatisfied with how their Subject Access Request was handled.
- 2 dissatisfied with how their Freedom of Information Request was handled.
- 1 dissatisfied with how their personal data has been handled. Vaccination status not updated on GP record.
- 1 concern about inappropriate access of their personal staff file.

- 1 Information notice received in regards to delay in responding to an above complaint due to the complexity of the request and confirmation from the affected service for the required information.

**Information Commissioner’s Office Outcomes**

During quarter 2 we have received 2 outcomes from previous ICO complaints, both were closed from the ICO with no further action required and were satisfied with the investigations undertaken by the Health Board.

**Personal Injury Claims**

We have received 1 personal injury claim in quarter 2, which is linked to the loss of patient records within the Substance Misuse service which was reported to the Information Commissioner’s Office in quarter 1.

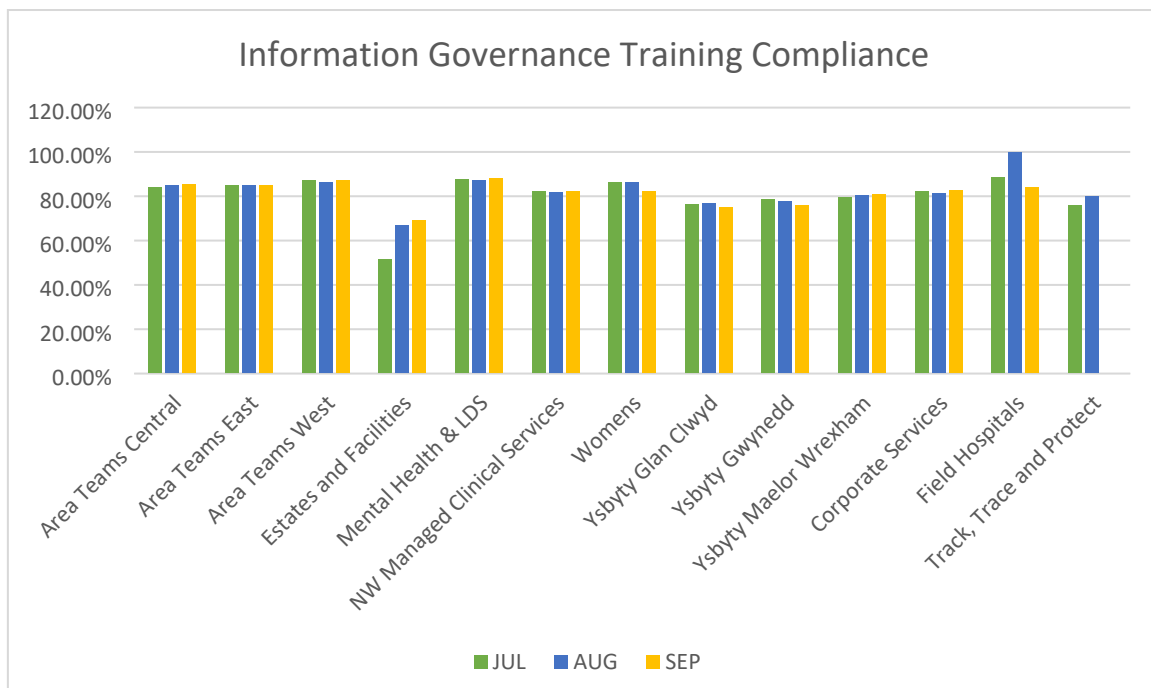
**4) IG10 – Process for requesting, approval and review of information systems accessed by an employee**

During quarter 2, the IG team have received 11 IG10 requests, these consisted of the following audits / access:

- 3 access to email and hard drive storage;
- 8 access to CCTV.

**5) Training**

The below chart shows the IG Mandatory training compliance by area in quarter 2:



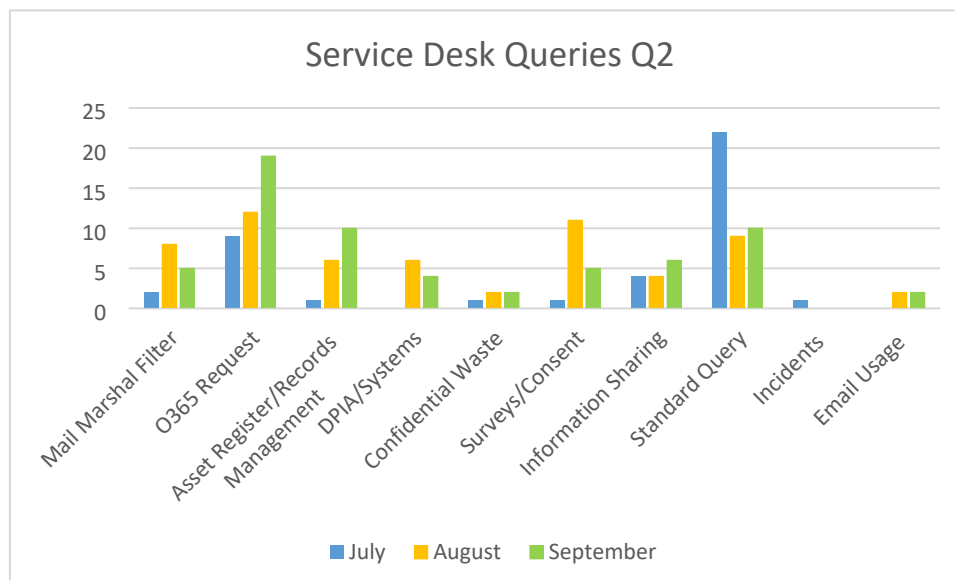
We have continued with our virtual mandatory training sessions with 9 sessions taking place in quarter 2 with 123 staff attending. These will continue 3 times a month for the foreseeable future. 2,464 staff have completed their training via E-Learning.

The current compliance of mandatory Information Governance training across BCUHB has increased slightly to 82% for this quarter. We have commenced targeting individual staff members and their managers who have never completed Information Governance mandatory training or if their compliance status has been expired for a significant period of time and so far we have seen a positive outcome in many staff booking on to future training sessions. This will continue into quarter 3 which we hope will reflect in the compliance rate for next quarter.

### 6) Service Desk – Information Governance Portal

During Quarter 2 2021/22 the number of calls received into the Information Governance Service Desk has continued to steadily increase from 150 to **164**. During quarter 2 we have tried to improve our classification of requests to be more clearer and granular in the reports on the types of requests received into the department so we can start looking at trends and reflect this in guidance issued and information included in the Information Governance bulletin.

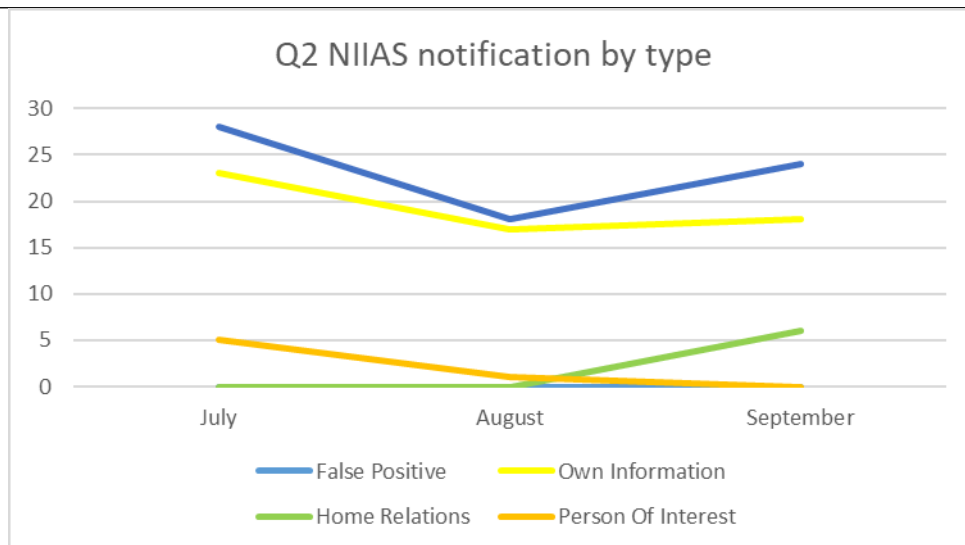
The below chart shows the types of requests received during quarter 2:



### 7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 2 of 2021/22 the number of NIIAS notifications received decreased to 70 from 82 quarter 1. A reminder continues to be issued to all staff the importance of appropriate access in our Information Governance Bulletin which is issued bi-monthly.

The below chart shows the total number of NIIAS notifications received broken down by type during quarter 2:



### 8) Information Governance Compliance Audit Findings

During quarter 2 there has been 2 compliance checks undertaken.

The first in Nant Y Glyn, Colwyn Bay due an incident that had occurred; the Mental health team had misplaced 3 sets of patient notes but were later found. Staff within the Service do not use iFit (Patient Record Tracking solution) correctly and will not always track the patient records out to where they are going and storage throughout the building requires improvement as does the security arrangements of the information retained. Whilst we appreciate the building is old and not fit for purpose, we have advised that as many risks as possible should be mitigated and Information Governance will support if required.

The second compliance audit undertaken was in the Stanley Eye Unit in Abergele due to a report of staff having access to Confidential waste console keys, upon visit staff were reminded that this is against policy and the Information Governance manager who conducted the audit is bringing this to the attention of our supplier to ensure that the keys are returned. There were a couple of issues in regards to management of patient records and the potential to be seen by the public due to the storage arrangements in place and the Information Governance Manager who facilitated the audit has advised the service to look at storing the notes in a more secure location when left unattended.

### 9) Caldicott Guardian Decisions/Authorisations on behalf of the Board

During this quarter there have been **5** authorisations signed by the Caldicott Guardian which comprised of the following:

5 x Data Processing Contracts

### 10) Data Protection Impact Assessments (DPIAs)

During Quarter 2 –6 DPIAs have been approved, with a further 3, currently ongoing through assurance processes.

There has also been been **16** Project Initiation Documents (PIDs) approved during quarter 2 and 0 pathway reviews.

### 11) Budget

Please find below quarter 2 spend and budget position:

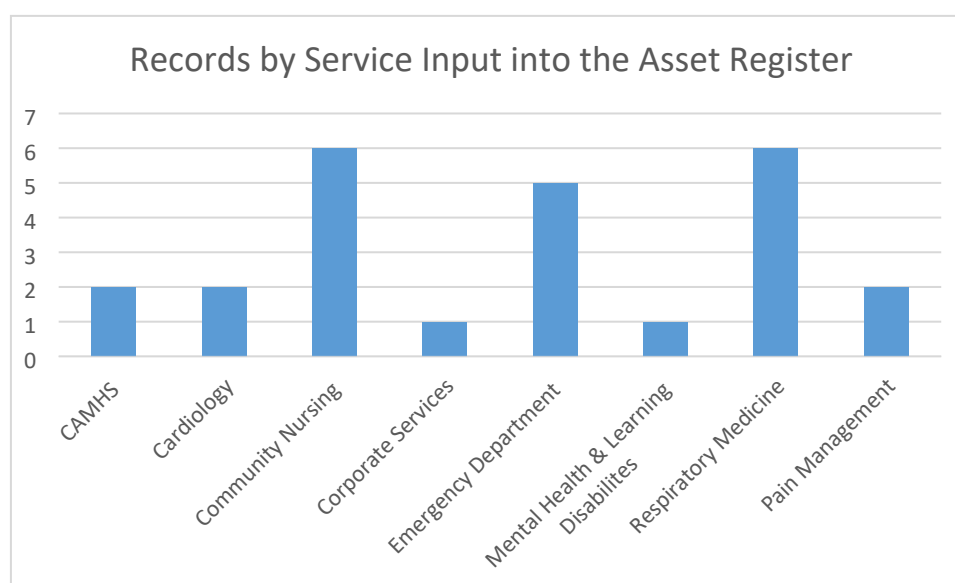
Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Cumulative Actual spend (pay and non-pay) as at end of <u>September</u> 2021	Cumulative Variance	Variance %	2021-22 Forecast Expenditure
T410	516,902 ↑  (increase of 11,933 since last quarter)	218,504	(39,934)	-15% ↓  (decrease from -21% since last quarter)	437,008 ↑  (increase of 36,884 due to additional secure funding for temporary posts)

## 12) Asset Register

During Quarter 2, 3 Systems have been inputted into the asset register:

- TOSOH - Analyser Middleware in Pathology - No significant risks identified.
- Helena Biosciences – Platinum in Pathology – No significant risks identified.
- Spacelabs Healthcare - Spacelabs analyser in Cardiology – No significant risks identified.

25 Record types were also inputted during quarter 2, please find a breakdown by service below:



A separate report of assurance and a position update of the asset register work will be submitted to the Information Governance Group on the 18th November 2021 for discussion.

## Appendix 2 - Key Performance Indicators: Quarter 3 - October to December 2021

Please note all KPI reports include the full quarter data.

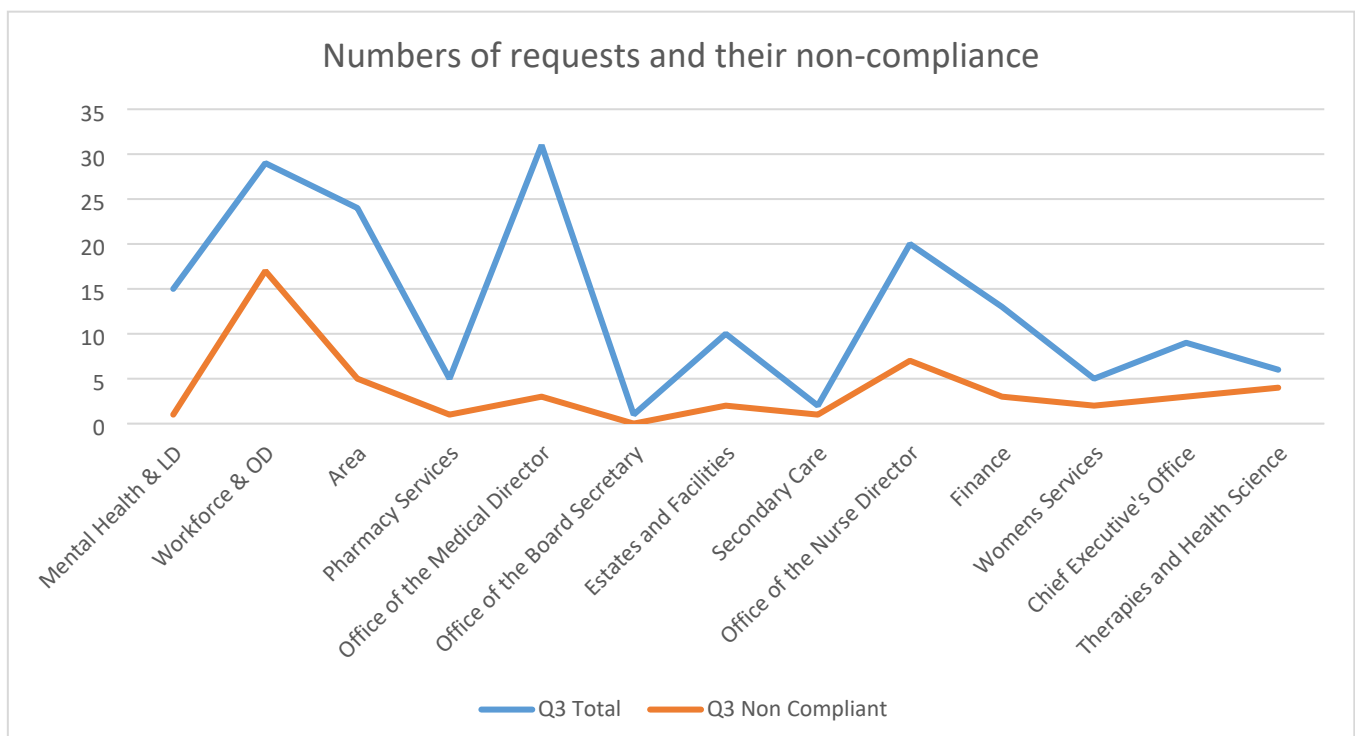
### 2) Freedom of Information Requests (FOIs)

The compliance level for responding to a request within the standard of 20 days has increased slightly to **71%** from 70% in quarter 2. There has been an increase in the requests received from 151 in quarter 2 to **170 (13%)** this quarter. There has been a number of in-depth complex requests received in this period plus **892** questions in comparison to 798 in quarter 2, this has resulted in some requests taking longer than expected to receive the information back from the FOI leads within the Health Board. This has been attributed to re-deployment of staff to deal with the Omicron outbreak; for the Information Governance Team to collate sufficient responses and then to complete executive approval during the legislative timescale. During quarter 4 we will continue to make contact with the FOI leads and look at ways to streamline the processes we have and improve relationships to improve compliance. We also hope to have 2 new starters within the Information Governance team in quarter 4, part of their remit over the next 18 months will be to look at the overall FOI process and to see where improvements can be made.

Total number of requests received in Q3: **170** Total number of requests delayed in Q3: **49**

Please note there are still 2 FOIs received in quarter 3 which are still open and have breached legislation, both of these requests are with the Workforce Department for amendments to the information provided as directed by their Executive, we will continue to chase and issue a response to the requestor as soon as possible.

The below graph shows the total number of requests and their non-compliance by division:



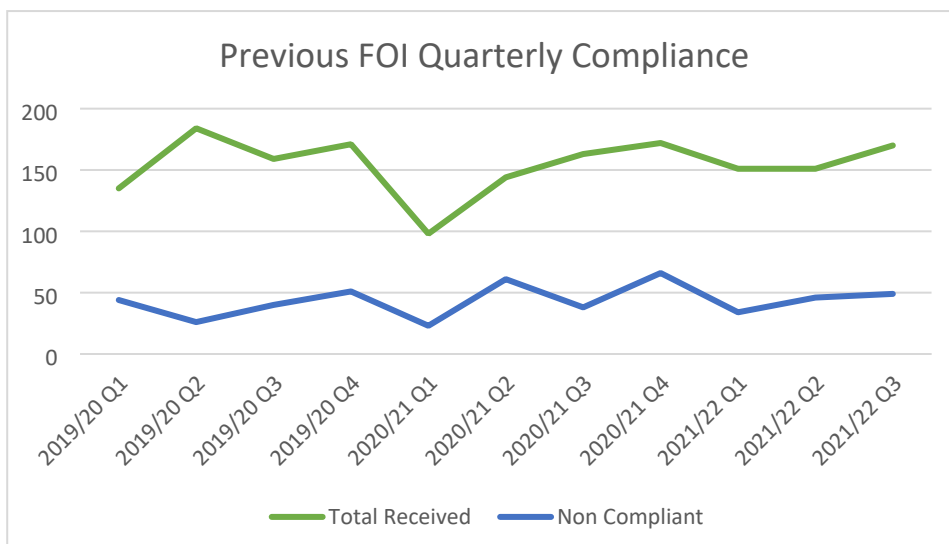
Below is the list of reasons for the delays:

- 20 Delays in obtaining/receiving information from Freedom of Information Leads.
- 5 Delays due to formulation of the response by Information Governance due to complexity.
- 4 Late receipts of the request to Information Governance.
- 14 Delays due to the late approval by Executive Lead due to the number of complex requests and the validity of the data.
- 5 Non-approval for Final response by Executive and further clarification sought from leads.
- 1 Consideration for exemption and legal advice sought.

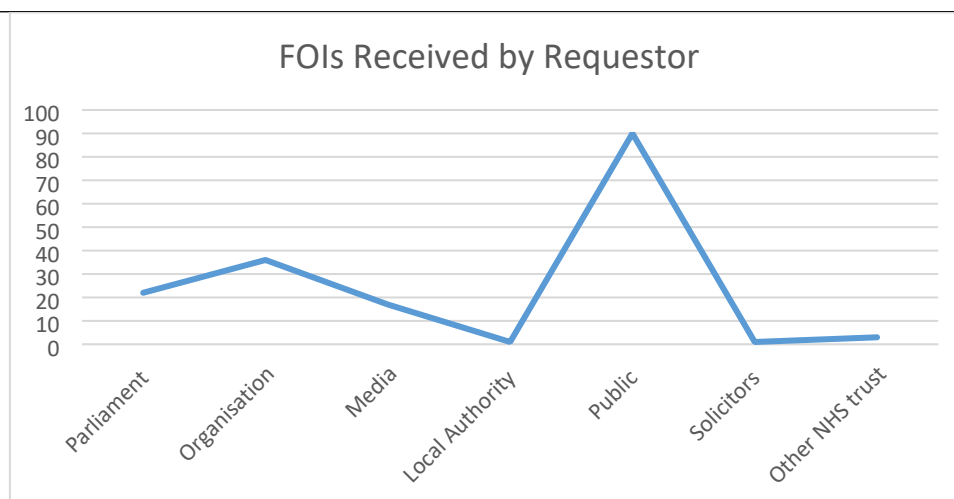
The divisions with the highest amount of delays were:

- 17 for Workforce and Organisational Development.
- 7 for Office of the Executive Nurse Director.
- 5 for Primary Care and Community Services.

The below chart shows requests received by the Health Board on a quarterly basis, mapped against non-compliance:



The below chart shows requests received during quarter 3 broken down by the type of requestor:



### FOI Exemption and internal reviews

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

For quarter 3, please see table below for this detailed breakdown:

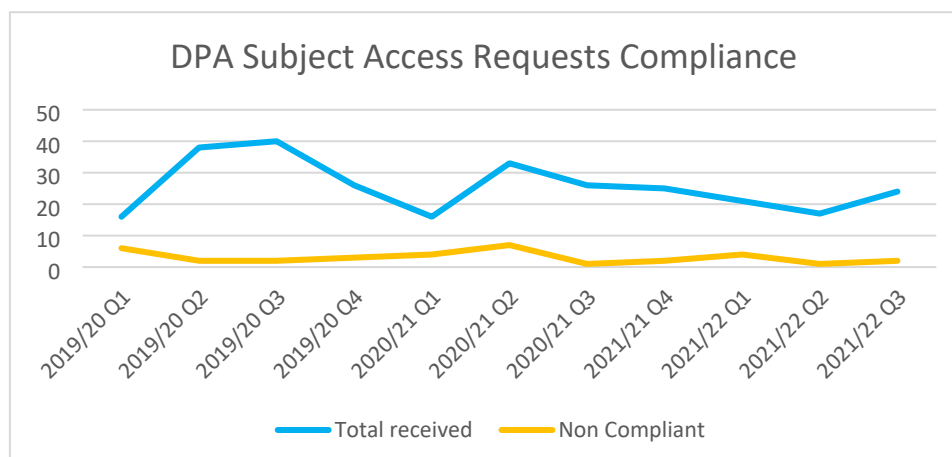
Exemption	Exemption Category	Total	Internal Review	Upheld/ Overturned
Section 12 – Cost Limit Exceeded	Absolute – No Public Interest Test Required	16	0	N/A
Section 21 - reasonably accessible to an applicant by other means.	Absolute – No Public Interest Test Required	3	0	N/A
Section 40 - Personal Information	Absolute – No Public Interest Test Required	6	0	N/A
Section 43 – Commercially Sensitive	Public Interest Test applied	3	0	N/A
Section 31 – Law Enforcement	Public Interest Test applied	1	0	N/A
<b>Total</b>		<b>29</b>	<b>0</b>	

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

The compliance level for responding to a request within the standard of 28 days has decreased slightly this quarter to **92%** from 94% in quarter 2. The 2 breaches occurred due to the size of the requests in question and it taking longer than we anticipated to review and redact the information.

Requests	Total
Subject Access Request	16
Verbal Request	0
<b>Total</b>	<b>16</b>
<b>Requests from 3<sup>rd</sup> Parties</b>	
Solicitors / Local Authority	0
Police	8
Other	0
<b>Total</b>	<b>8</b>
<b>Total Requests Received</b>	<b>24</b>
<b>Total number of breaches (dealt with outside 28 day timeframe)</b>	<b>2</b>
<b>Compliance</b>	<b>92%</b>

The below chart shows the total number of subject access request and their compliance during quarter 3:



### Subject Access Requests for clinical information and requests from third parties

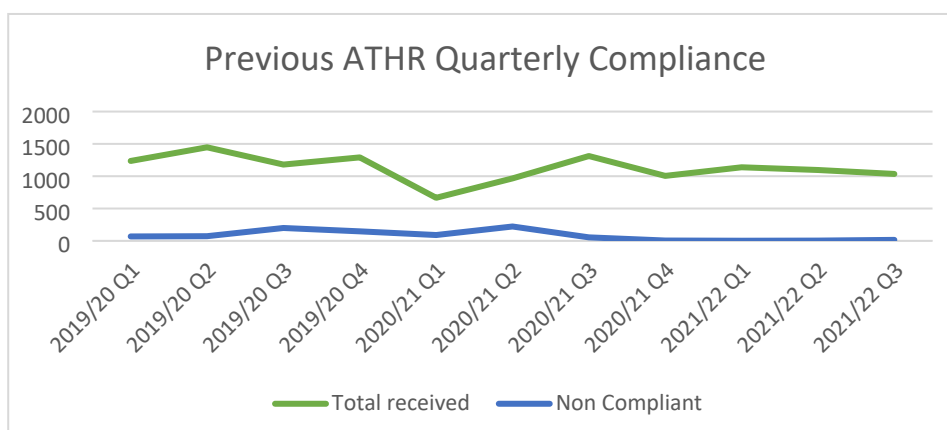
During Quarter 3, we have remained at 100% compliance with Access to Deceased Records requests. However, unfortunately we have seen a decrease of 1.7% in our compliance rate for subject access requests completed within the legislative timescales to 97.7%, from the previous quarter. This has been as a result of staff shortages due to long term staff sickness and Covid-19 related absences, in addition to 3 vacancies within the service. Also due to the loss of two working days to bank holidays and staff leave due to the festive period this has also limited the available working days to process requests within timeframe, as unfortunately weekends and bank holidays are not taken into consideration with regards to the timescales.

It should be noted that there has been a decrease in requests received from 2021/22 Quarter 2 of 1.4%, and 3rd party requests processed by the Access to Health Record (ATHR) team of 10%. This therefore shows an overall decrease in requests processed by ATHR Service of 3% on previous quarter. During Quarter 3 there was a total of 15 breaches (Data Protection Legislation). The reasons for the delay in providing a response to these requests in line with the appropriate timescales include; (i) 5 x due to late receipt of notes; One request was delayed in receiving X-ray and one was due to delay in receiving new consignment list from TATA steel where Emergency Department Cards are stored. The remainder were delays in receipt of paper records. (ii) 10 x due to delays in ATHR Service processing request; One of which was due to an error in the Management system which did

not show up and one request on our daily work list until it had past the due date.

Access to Health Records (ATHR) Requests	Total
<b>Type of SAR</b>	
Data Protection Act (Live Patients)	652
Verbal Request	0
* Access to Health Records Act (Deceased Patients)	27
<b>Total</b>	<b>679</b>
<b>Requests from 3<sup>rd</sup> Parties</b>	
Court	95
Police	251
Ministry Of Defence	6
General Medical Council	0
Chargeable Requests (insurance Companies)	4
<b>Total</b>	<b>356</b>
<b>Total Requests Received</b>	<b>1035</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>15</b>
<b>Compliance %</b>	<b>97.7%</b>

The below chart shows the total number of ATHR requests received along with their compliance against previous quarters:



### Co-mingled Information:

There was a total of 25 documents located in the incorrect patient records during quarter 3, which were located during the scanning and quality assurance processes. All these incidents are recorded on datix and investigated accordingly.

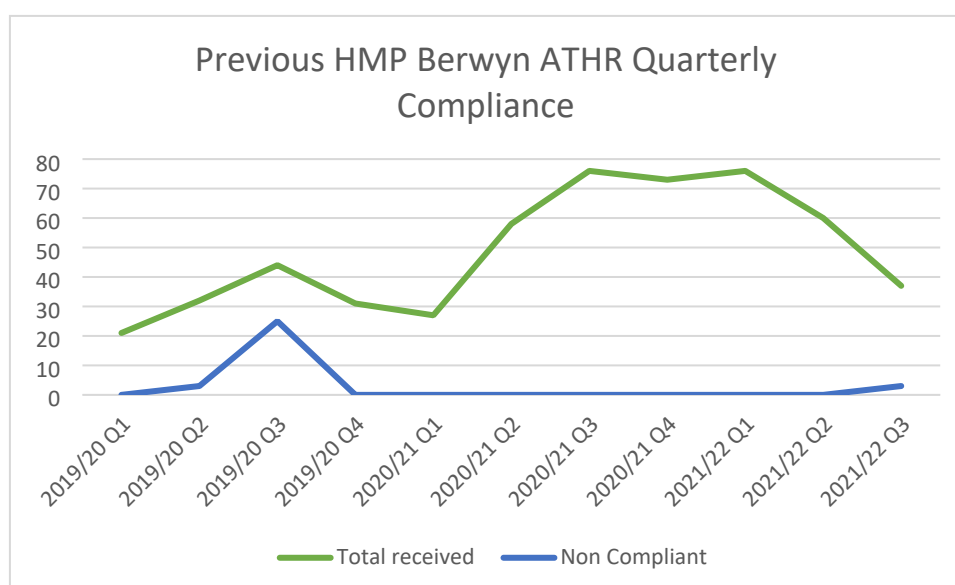
### Complaints and lessons learnt ATHR

During quarter 3 there has been 4 concerns received into the ATHR Service, all of which were related to rectification requests of patient's personal data. In all cases where an individual would like their personal information rectified, a thorough investigation is completed by the ATHR Service and relevant healthcare professionals contacted to undertake a review of the patients request.

Figures provided in the table below are for requests received by HMP Berwyn. These figures are recorded separately as HMP Berwyn manage their own ATHR requests. There has been a decrease in the total number received in quarter 2 (60) and a slight decrease in compliance.

HMP Berwyn	Total
<b>Total Requests received</b>	<b>37</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>3</b>
<b>Compliance</b>	<b>92%</b>
<b>Requests from third parties</b>	
Police	<b>0</b>
Court ( <i>Date Req. Set by Court</i> )	<b>0</b>
<b>Incidents</b>	
Confidentiality Breach (External)	<b>0</b>

The below chart shows the total number of ATHR received in quarter 3 by HMP Berwyn along with previous quarters compliance:

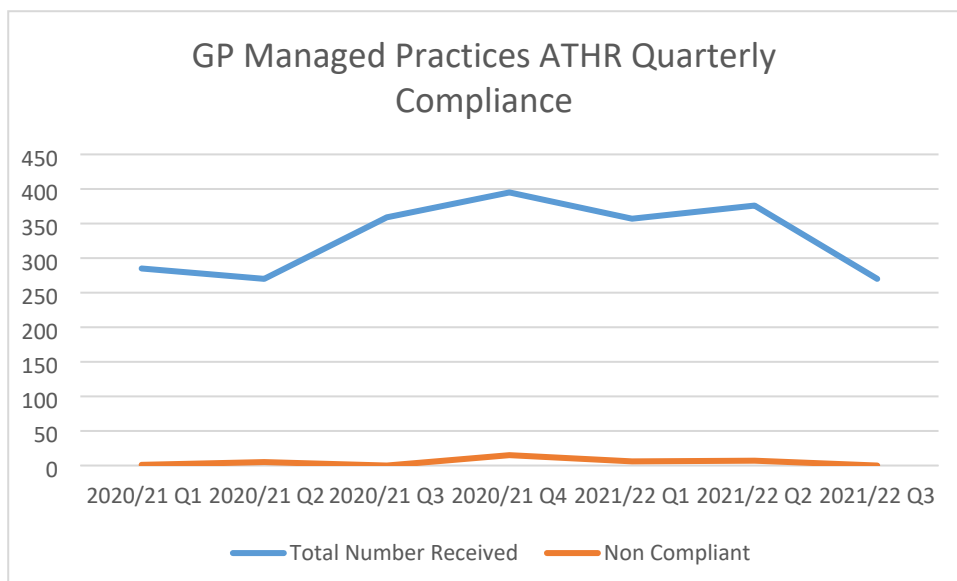


### GP Managed Practices

5 of the 12 GP Managed Practices returned data to be included for this quarter, which is a decrease in comparison to quarter 2 due to leave arrangements within the services. During quarter 4 we will escalate this to the Heads of Service in the area to remind them of the importance of collating this information and look at ways to improve reporting arrangements going forward.

GP Managed Practices Requests	Total
<b>Type of SAR</b>	
Data Protection Act	190
<b>Requests from 3<sup>rd</sup> Parties</b>	
Solicitors	43
Police	8
GMC	0
Other (Armed forces, DVLA, medical reports, insurance, DWP/Capita)	29
<b>Total Requests Received</b>	<b>270</b>
<b>Total number of breaches</b> (dealt with outside 28 day timeframe)	<b>0</b>
<b>Compliance %</b>	<b>100%</b>

The below chart shows the total number of ATHR received in quarter 3 by Managed GP practices' within BCUHB, along with previous quarters compliance:



### 3) Incidents and Complaints

During quarter 3 there has been 91 incidents received into the Information Governance Service which is an increase in comparison to 70 received in quarter 2. Our Information Governance Officers are continuing to look at trends and any themes are communicated in our IG bulletin and any areas which have an increase in incidents occurring will be escalated to the Information Governance Managers to discuss with the service and a possible compliance audit being conducted.

Category	Sub Category	Number of incidents	Self-Reported to Information Commissioners Office (ICO) / Welsh Government (WG)	Number of complaints
Confidentiality Breach (External)	Data Loss	6	0	0
	Email	11	0	2
	External Mail	19	0	3
	Inappropriate Access	1	0	1
	Other	8	0	3
	Personal Information found in public place	2	0	1
	Records	11	0	0
Confidentiality Breach	Data Loss	2	0	0
	Email	6	0	0

(Internal)	Fax	1	0	0
	Other	2	0	0
	Personal Information found in public place	0	0	0
	Records	6	0	0
Information Management & Technical Security	Inappropriate Access	1	0	0
	Other	4	0	0
Non Compliance	IG15 Safe storage & transport of Personal Data	9	0	0
	IG16 Disclosing Information	2	0	0
<b>Total</b>		<b>91</b>	<b>0</b>	<b>10</b>

### Near Misses

There has been **3** near misses reported this quarter, all relating to misfiled patient information.

### Self-reported incidents to the Information Commissioner's Office

During quarter 3 we have not reported any incidents to the Information Commissioners Office.

### Complaints

**10** data protection complaints were received during quarter 3 which has remained the same as quarter 2. 6 complaints have been investigated and are now closed with the remaining 4 ongoing.

### Closed Complaints:

- A staff member informed a patient's ex-partner and their family that the patient was in hospital.
- Concerns over content of report and sharing with school – No input from Information Governance required as upon investigation this was a rectification request that needed to be dealt with by Health Records so was transferred to them with the service to assist.
- Patient received a Mental Health appointment with incorrect address opened, taped back closed with a try this address handwritten on envelope. Patient and family are concerned that this had breached patient's confidentiality and that whoever opened letter now knows that they were open to the Service.
- Personal Information about a patient shared with their employer without knowledge.
- Incorrect address on booster vaccination letters. Received at neighbours address.
- Concerns in regards to staff speaking loudly in Vaccination Centre and was concerned others could conversations about complainant's relative.

### Lessons Learnt/Actions Taken

- Issued a reminder to all members of the administration team, including medical secretaries at the Unit the incident took place to ensure in every instance that the Welsh Patient Administration System (WPAS) is used to generate letters to patients. This will ensure that the address held on the system is used to send correspondence to, and will avoid any misspellings. Standard Operating Practice to be disseminated to all of the Administration Team to ensure correct processes are followed.
- Ensure any members of Administration Team who are not compliant with their Information Governance Training, complete this training as a matter of urgency.
- Information Governance Team will monitor the Information Governance Training compliance of the Administration Team to ensure the above action is completed.
- Issued a Health Board wide reminder to all staff on the importance of checking addresses are correct on any letters that are to be sent out to patients. This will include a reminder to use Health Board Patient Administration Systems wherever possible to generate these letters.
- The Vaccination Contact Centre have put in place a Standard Operating Procedure (SOP) for all staff to use, to ensure that the correct processes are followed when a request to change an appointment is made.
- All staff within the service were reminded of their responsibilities in relation to confidentiality via the daily handover in Vaccination Centre.
- The reception staff at a GP practice have all been reminded of their responsibilities in relation to confidentiality and to be diligent and pay particular attention to detail when processing information. The reception staff will liaise / gain approval from the practice manager before releasing information.
- All staff within the portering service have been reminded by way of email / printed notice of their responsibilities in relation to confidentiality and staff who are not currently compliant with Information Governance have been instructed to complete the training immediately.

#### **On-Going complaints:**

- 3 x Letters sent to incorrect address.
- 1 x alleged confidentiality breach in Accident and Emergency department.

#### **Complaints received from the Information Commissioner's Office (ICO)**

During quarter 3 we have received 1 complaint direct from the ICO which has been investigated and responded to and we are waiting the outcome from the ICO:

- The complainant was concerned how their personal data has been handled as their vaccination status was not updated on the GP record. Investigations found that the vaccination status uploaded automatically but the system did not, therefore we contacted the relevant GP practice who manually updated the complainant's status.

#### **Information Commissioner's Office Outcomes**

During quarter 3 we have received 1 outcome from a previous ICO complaint, the complaint has been closed from the ICO with no further action required and were satisfied with the investigation undertaken by the Health Board.

We also received the decision notice following the receipt of an information notice served in quarter 2. The Information Commissioner's Office decided that BCUHB had conducted appropriate searches to identify information falling within the scope of the request and that they had received assurances

that all the relevant information held either had been disclosed or was exempt from disclosure. Following their investigation, the Commissioner decided that BCUHB had correctly engaged the section 40(2) and 41(1) Freedom of Information Act (FOIA) exemptions to refuse the FOIA request and had complied with its obligations under section 1(1) FOIA and no further action is required.

### Personal Injury Claims

During quarter 3 we have not received any new claims into the Health Board, however there have been 2 previous claims settled in quarter 3:

Unlawful processing of a child's data: Awarded £10,705.50

Data breach relating to loss of medical records: Awarded £3,000

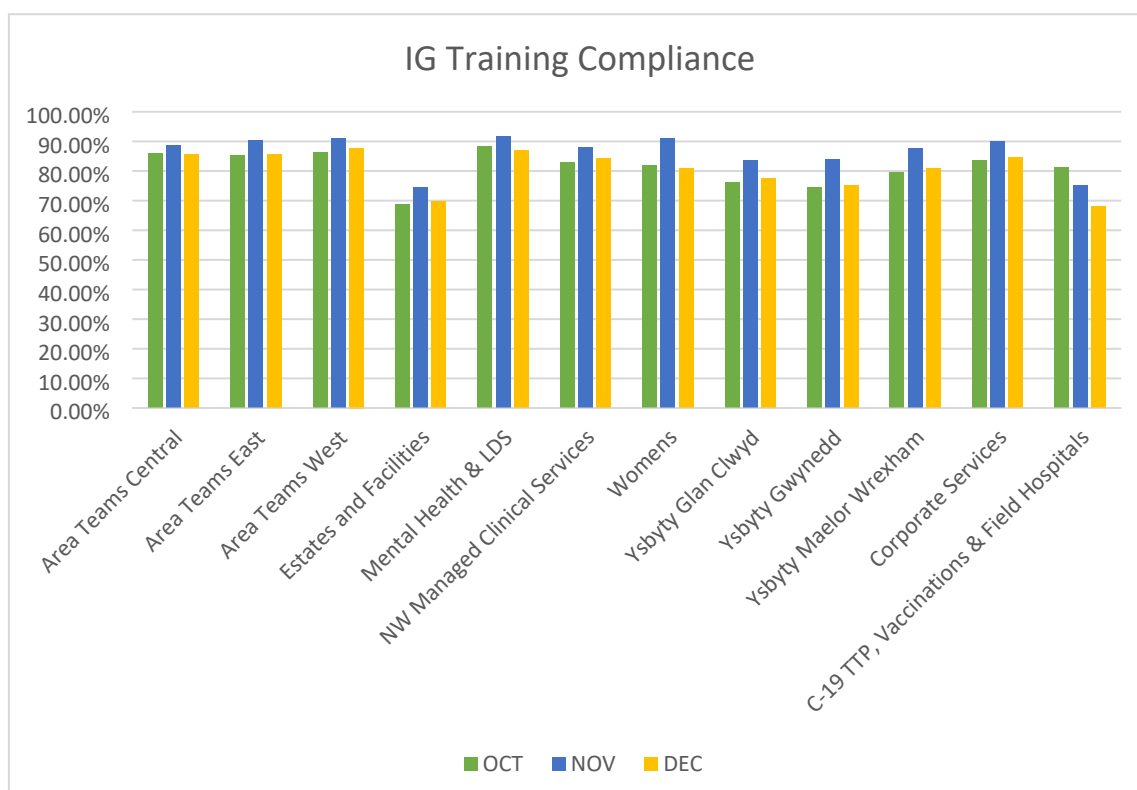
### 4) IG10 – Process for requesting, approval and review of information systems accessed by an employee

During quarter 3, the IG team have received **16** IG10 requests, these consisted of the following audits / access:

- 6 access to email and hard drive storage and login activity;
- 9 access to CCTV;
- 1 phone usage on a ward.

### 5) Training

The below chart shows the IG Mandatory training compliance by area in quarter 3:



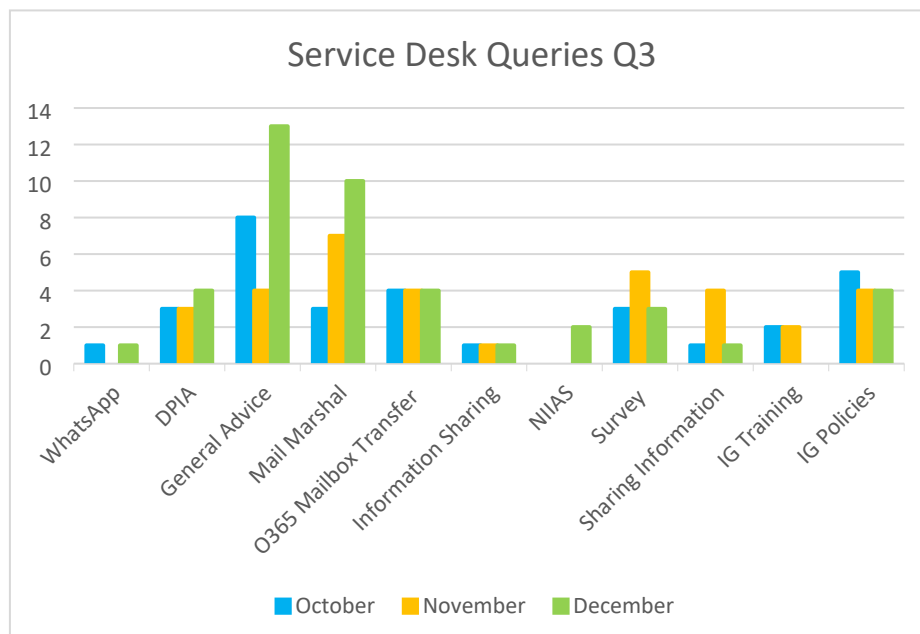
We have continued with our virtual mandatory training sessions with 8 sessions taking place in quarter 3 with 199 staff attending. From March 2022 the training sessions will be increased to 1 session per week. 2,544 staff have completed their training via E-Learning.

The current compliance of mandatory Information Governance training across BCUHB has remained at 82% for this quarter. We have commenced targeting individual staff members and their managers who have never completed Information Governance mandatory training or if their compliance status has been expired for a significant period of time and so far we have seen a positive outcome in many staff booking on to future training sessions. This will continue into quarter 4 which we hope will reflect in the compliance rate for next quarter.

#### 6) Service Desk – Information Governance Portal

During Quarter 3 2021/22 the number of calls received into the Information Governance Service Desk has decreased significantly to 108 from 164 in quarter 2. During quarter 4 we will be moving our intranet page over to the new Betsi Net with the inclusion of frequently asked questions and more guidance which will be easy for staff to follow.

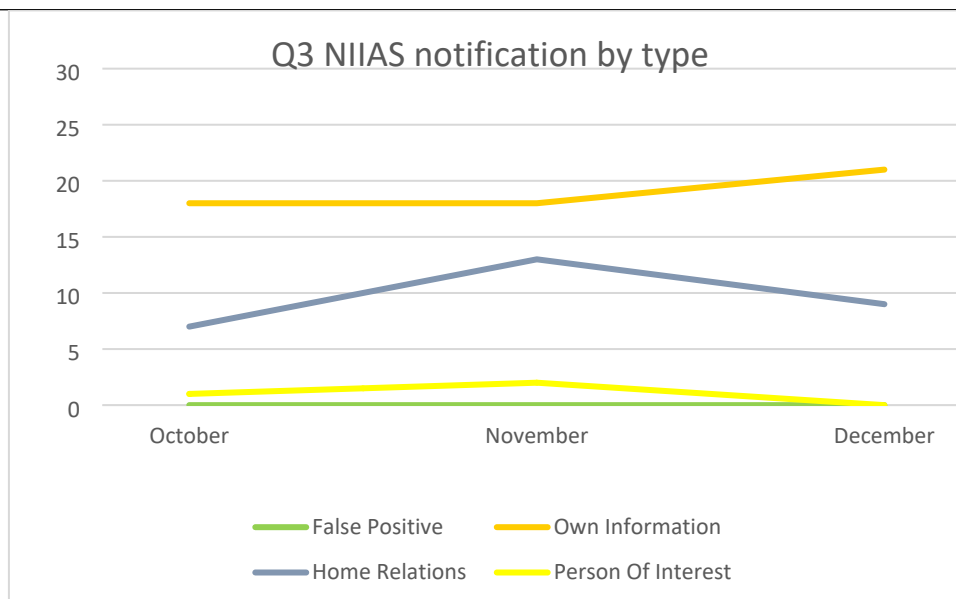
The below chart shows the types of requests received during quarter 3:



#### 7) NIIAS (National Intelligent Integrated Auditing Solution)

During Quarter 3 of 2021/22 the number of NIIAS notifications received increased to 97 from 70 in quarter 2. A reminder continues to be issued to all staff the importance of appropriate access in our Information Governance Bulletin which is issued bi-monthly. During 2021/22 we plan on carrying out a trend analysis of repeat offenders and areas of concern so we can target these areas and provide further guidance and liaise their line managers and with Workforce colleagues when required.

The below chart shows the total number of NIIAS notifications received broken down by type during quarter 3:



### 8) Information Governance Compliance Audit Findings

During quarter 3 there has not been any compliance checks undertaken, we are still unable to conduct audits on site due to the ongoing pandemic but we are continuing to explore self-assessments and different ways of working which will be implemented into the 2022/23 financial year.

### 9) Caldicott Guardian Decisions/Authorisations on behalf of the Board

During this quarter there have been **7** authorisations signed by the Caldicott Guardian which comprised of the following:

- 5 x Data Processing Contracts
- 1 x Information Sharing Agreement
- 1 x Joint Data Controller Agreement

### 10) Data Protection Impact Assessments (DPIAs)

During Quarter 3 – 10 DPIAs have been approved, with a further 9 received which are currently ongoing through assurance processes.

There has also been been **16** Project Initiation Documents (PIDs) approved during quarter 2 and 0 pathway reviews.

### 11) Budget

Please find below quarter 3 spend and budget position:

Information Governance Budget (including Cost Improvements)	Annual Budget (pay and non-pay)	Year To Date actual spend (pay and non-pay) as at end of November 2021	Year To Date Variance

T410	516,902 ↔	338,239	- 49,412
------	-----------	---------	----------

## 12) Asset Register

During Quarter 3, 5 Systems have been inputted into the asset register:

- Imagicle UC Suite for Cisco – Call recording system.
- Galen Platform (IBEX) - 10 week Proof of Concept solution that is aimed to improve clinical insights, efficiency, accuracy and quality by using Artificial Intelligence (AI) on digital pathology Whole Slide Images (WSI).
- EPRO – Digital Dictation system.
- Symphony - Electronic patient record for emergency departments and minor injury units.
- Jira – Software development tool.

There are no significant risks to be reported as all have been through the Data Protection Impact Assessment process.

1 Record type for Area West was also inputted during quarter 3.

An assurance paper will also be presented to the Information Governance Group (IGG) in February and these will continue each quarter to inform the group of any position updates and the development progress of the Asset Register.



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee</b> <b>24.2.22</b>					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	<b>Finance Report Month 10 2021/22</b>					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill, Executive Director of Finance					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Tim Woodhead, Operational Finance Director					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Director of Finance					
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1: Finance Report Pack Appendix 2: Performance Tracker Appendix 3: Welsh Government monitoring report – Month 10					
<b>Argymhelliad / Recommendation:</b>						
It is asked that the report is noted.						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad/cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	✓	<b>Er gwybodaeth</b> <b>For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.						
<b>Sefyllfa / Situation:</b>						
The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board as at 31 <sup>st</sup> January 2022.						
<b>Cefndir / Background:</b>						
In line with all NHS organisations in Wales, the draft plan was revised in Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans and forecast the Health Board achieving a balanced position at the year end.						
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.						
Due to the continued COVID-19 pandemic and particular the new Omicron variant, the original schemes have not been delivered as originally anticipated and new schemes, which can be delivered within this financial year have been identified and will need to be delivered to ensure that resources are fully utilised.						
<b>Asesiad / Assessment:</b>						

### **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**

The Health Board's financial report to Welsh Government provides detail on the variance to the submitted plan, rather than the total value of income and expenditure, as illustrated in the following table:

	<b>Month 10 £m</b>	<b>YTD £m</b>	<b>Forecast £m</b>
Actual Position	0	0	0
Planned Position	0	0	0
Variance	0	0	0

The in-month position is break even, which also brings the cumulative position to break even and we continue to forecast delivery of a break-even position for the full year.

The total impact of COVID-19 in January is £10.3m (£76.6m for the year to date) with an increase seen in vaccination costs over the last 2 months. 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, for all of which the values are yet to be determined. These risks are in relation to the recruitment of staff; pay awards not being fully funded and increased energy prices.

BCU risks are reported separately via the Risk Register.

### **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

# **Finance Report**

## **January 2022: M10-22**

---

**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 break even and cumulative break even position reported.
- ✓ Balanced position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.

## Issues & Actions

- Quarter 1 refresh of the financial plan was finalised and submitted. This included the latest assumptions around the impact of COVID-19, as well as plans for the strategic support and planned care recovery funding.
- Some schemes that were originally planned have not gone ahead as planned due to the continued COVID-19 pandemic and these have been replaced with alternative schemes.

## Key Messages

- ❖ The cumulative financial position and forecast outturn position for 2021/22 remain balanced.
- ❖ The Health Board has received 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, and drive a programme of transformation has not occurred as originally anticipated with schemes being replaced to ensure the funding is fully utilised.

# Summary of Key Numbers

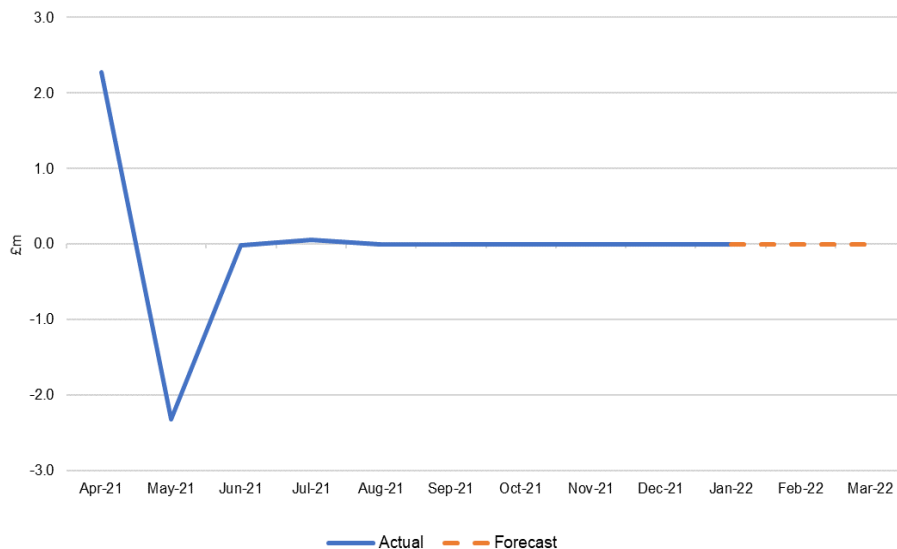
<p><b>Month 10 Position</b></p> <p>Break even position in month. <b>Balanced</b></p> <p>Cumulative position is break even. <b>Balanced</b></p>	<p><b>Forecast</b></p> <p>Reflects additional funding to cover the impact of the undelivered savings from 2020/21 <b>Balanced</b></p>	<p><b>Divisional Performance Mth 10</b></p> <table border="1" data-bbox="1309 244 1831 504"> <tr> <td>Area Teams</td> <td>£1.6m adverse</td> </tr> <tr> <td>Secondary Care</td> <td>£4.1m favourable</td> </tr> <tr> <td>Mental Health</td> <td>£0.5m adverse</td> </tr> <tr> <td>Corporate and Other</td> <td>£2.1m adverse</td> </tr> </table>	Area Teams	£1.6m adverse	Secondary Care	£4.1m favourable	Mental Health	£0.5m adverse	Corporate and Other	£2.1m adverse
Area Teams	£1.6m adverse									
Secondary Care	£4.1m favourable									
Mental Health	£0.5m adverse									
Corporate and Other	£2.1m adverse									
<p><b>Savings</b></p> <p>In-month: £2.0m against plan of £1.4m <b>£0.6m favourable</b></p> <p>YTD: £15.1m against plan of £14.1m <b>£1.0m favourable</b></p>	<p><b>Savings Forecast</b></p> <p>£18.6m against plan of £17.0m</p> <p>This is an increase of £0.7m compared to month 9 <b>£1.6m favourable</b></p>	<p><b>COVID-19 Impact</b></p> <p>£103.8m cost YTD</p> <p>£134.2m forecast cost. Funded by Welsh Government <b>£30.4 impact</b></p>								
<p><b>Income</b></p> <p>£124.2m against budget of £120.1m <b>£4.1m favourable</b></p>	<p><b>Pay</b></p> <p>£719.8m against budget of £729.1m <b>£9.2m favourable</b></p>	<p><b>Non-Pay</b></p> <p>£873.3m against budget of £860.0m <b>£13.3m adverse</b></p>								

# Revenue Position

- The in-month and cumulative position is breakeven. This includes the additional £32.7m funding received by the Health Board to cover the impact of the undelivered savings from 2020/21.
- The total cost of COVID-19 in December is £10.3m (£76.6m for the year to date). Resources have been anticipated to fully cover these costs, giving a nil impact on the financial position.

	Actual					Cumulative				Forecast
	M01-06	M07	M08	M09	M10	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(878.7)	(145.8)	(151.1)	(159.2)	(165.5)	(1,500.3)	(1,500.3)	0.0	0.0%	(1,836.0)
Miscellaneous Income	(70.6)	(15.4)	(12.7)	(12.5)	(12.7)	(120.1)	(123.9)	3.8	(3.2)%	(147.6)
Health Board Pay Expenditure	425.1	68.6	74.0	75.4	76.7	729.1	719.8	9.2	1.3%	876.0
Non-Pay Expenditure	524.2	92.6	89.8	96.2	101.5	891.3	904.3	(13.0)	(1.5)%	1,107.6
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.0)</b>	<b>0.0</b>		<b>(0.0)</b>

Financial Performance & Forecast

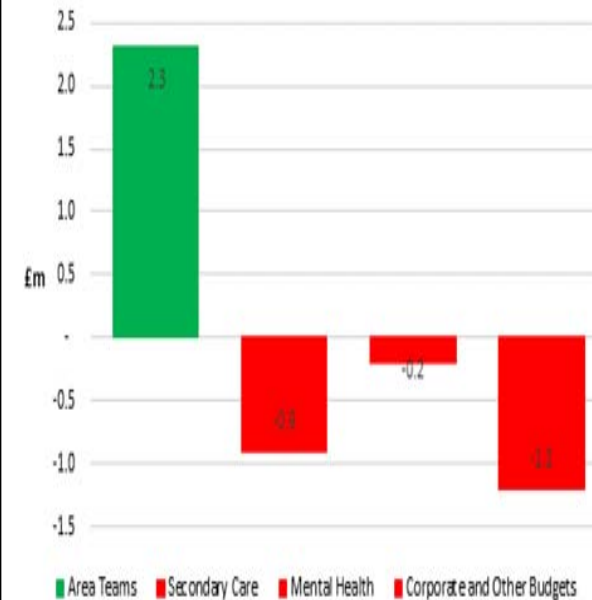


- The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m plus £1.3m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting 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 plan was 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. We have tested our assumptions in the original plans and continue to refreshed our forecasts accordingly as the operational position develops.

# Divisional Positions

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
<b>WG RESOURCE ALLOCATION</b>	(165,539)	(165,539)	0	(1,500,303)	(1,500,303)	0
<b>AREA TEAMS</b>						
West Area	14,946	14,985	(39)	143,005	143,198	(193)
Central Area	20,145	20,463	(318)	190,216	189,067	1,149
East Area	22,756	22,909	(153)	217,622	215,221	2,401
Other North Wales	5,359	5,425	(66)	38,904	38,827	76
Field Hospitals	61	61	(0)	(85)	(85)	(0)
Track, Trace, Protect & Vaccination	3,203	3,203	(0)	22,451	22,451	0
Commissioner Contracts	21,655	22,715	(1,060)	190,409	191,845	(1,437)
Provider Income	(1,422)	(1,487)	65	(17,608)	(17,946)	338
<b>Total Area Teams</b>	<b>86,702</b>	<b>88,273</b>	<b>(1,571)</b>	<b>784,913</b>	<b>782,578</b>	<b>2,335</b>
<b>SECONDARY CARE</b>	0	0	0	0	0	0
Ysbyty Gwynedd	10,872	9,834	1,038	92,439	93,369	(930)
Ysbyty Glan Clwyd	14,918	13,058	1,860	116,943	115,537	1,407
Ysbyty Maelor Wrexham	11,731	10,562	1,169	98,182	99,632	(1,450)
North Wales Hospital Services	10,055	10,110	(55)	98,112	99,043	(931)
Womens	3,677	3,570	107	35,566	34,594	972
<b>Total Secondary Care</b>	<b>51,252</b>	<b>47,134</b>	<b>4,119</b>	<b>441,242</b>	<b>442,174</b>	<b>(932)</b>
<b>Total Mental Health &amp; LDS</b>	<b>14,149</b>	<b>14,654</b>	<b>(504)</b>	<b>118,081</b>	<b>118,325</b>	<b>(244)</b>
<b>Total Corporate and Other</b>	<b>13,435</b>	<b>15,478</b>	<b>(2,043)</b>	<b>156,067</b>	<b>157,226</b>	<b>(1,159)</b>
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Divisional Positions at Month 10

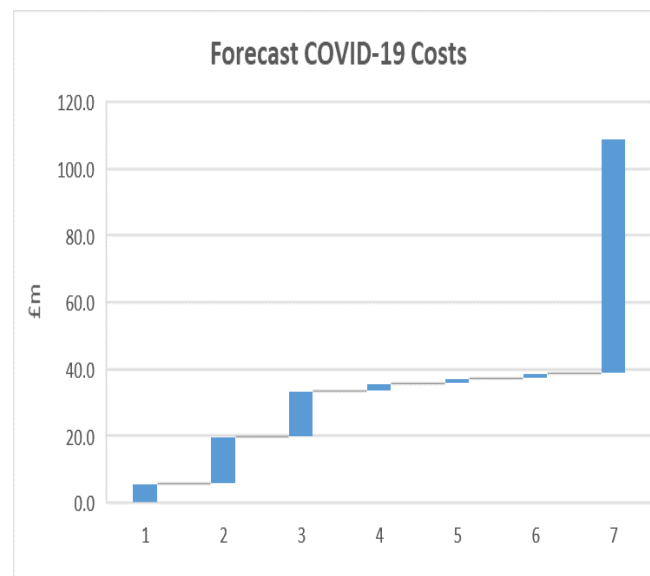
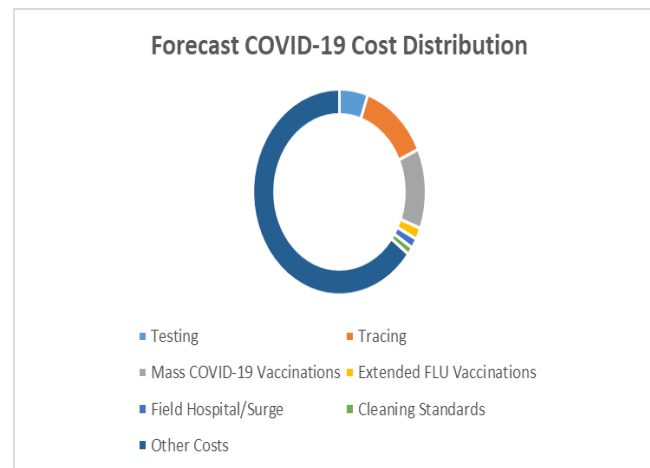


- Key impacts affecting divisional positions are undelivered savings, Prescribing costs and additional Energy Costs

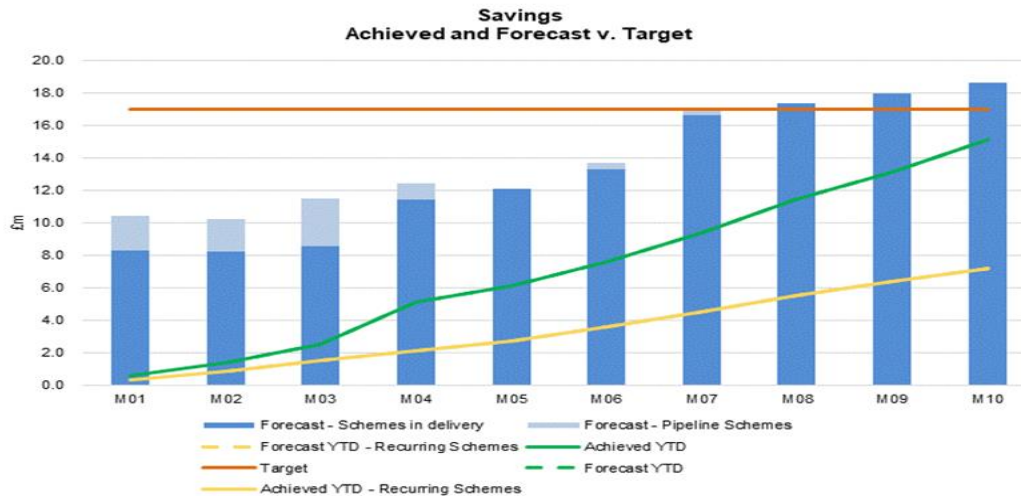
# Impact of COVID-19

	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Actual M07	Actual M08	Actual M09	Actual M10	Actual YTD	Forecast 2021/22
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.1	0.2	0.2	0.3	0.4	0.4	0.4	0.3	0.2	0.3	2.8	3.3
Tracing	1.1	1.0	1.0	0.9	1.1	1.1	1.0	1.0	0.5	1.1	9.8	12.5
Mass COVID-19 Vaccinations	1.7	1.5	2.0	0.8	1.0	0.9	1.0	1.7	1.9	2.6	15.1	18.3
Extended Flu Vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.4	0.7	1.1
Field Hospital/Surge	0.3	0.7	0.2	0.5	(0.3)	0.0	0.3	(2.2)	0.4	0.2	0.1	0.2
Cleaning Standards	0.0	0.0	0.0	0.0	0.5	0.1	0.1	0.1	0.1	0.1	1.0	1.2
Other Costs	4.5	3.6	4.5	6.3	4.0	4.6	1.4	5.4	7.2	5.6	47.1	64.8
<b>Total COVID-19 expenditure</b>	<b>7.7</b>	<b>7.0</b>	<b>7.9</b>	<b>8.8</b>	<b>6.7</b>	<b>7.1</b>	<b>4.2</b>	<b>6.5</b>	<b>10.4</b>	<b>10.3</b>	<b>76.6</b>	<b>101.4</b>
Welsh Government COVID-19 income	(7.7)	(7.0)	(7.9)	(8.8)	(6.7)	(7.1)	(4.2)	(6.5)	(10.4)	(10.3)	(76.6)	(101.4)
<b>Other COVID-19 Support:</b>												
Operational expenditure reductions	(0.2)	(0.7)	(0.8)	0.1	(0.6)	(0.1)	(0.7)	(0.2)	0.1	(0.0)	(3.1)	(3.3)
20/21	(0.6)	(4.9)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.9)	(2.7)	(27.3)	(32.7)
<b>Impact of COVID-19 on Position</b>	<b>(0.8)</b>	<b>(5.6)</b>	<b>(3.5)</b>	<b>(2.6)</b>	<b>(3.3)</b>	<b>(2.8)</b>	<b>(3.4)</b>	<b>(2.9)</b>	<b>(2.8)</b>	<b>(2.7)</b>	<b>(30.4)</b>	<b>(36.0)</b>

- The forecast total cost of COVID-19 is currently £101.4m. 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, this forecast is regularly reviewed, 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



- The savings target for Month 10 was £1.4m, and delivery in January was £2.0m.
- The year to date savings delivered up to Month 10 was £15.1m, of which £7.2m recurring, and £7.9m non-recurring, against the target of £17m leaving £1.9m to be delivered over the remainder of the year.

	Savings Target £000	Year to Date					SCHEMES IN DELIVERY					TOTAL PROGRAMME	
		Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Forecast Recurring Forecast £000	Variance £000	Forecast Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Total Forecast £000	Variance £000	
Ysbytu Gwynedd	1,833	1,528	310	(1,217)	65	352	(1,481)	75	427	474	427	(1,406)	
Ysbytu Glan Clwyd	2,155	1,796	87	(1,709)	234	106	(2,049)	248	354	237	354	(1,801)	
Ysbytu Wrexham Maelor	1,922	1,602	203	(1,399)	685	244	(1,678)	901	1,145	369	1,145	(777)	
<b>Total of hospitals</b>	<b>5,910</b>	<b>4,925</b>	<b>600</b>	<b>(4,325)</b>	<b>985</b>	<b>702</b>	<b>(5,208)</b>	<b>1,224</b>	<b>1,926</b>	<b>1,080</b>	<b>1,926</b>	<b>(3,984)</b>	
North Wales Managed Services	1,399	1,166	699	(467)	412	905	(494)	422	1,327	1,077	1,327	(72)	
Womens Services	584	468	237	(231)	307	294	(290)	318	612	495	612	28	
<b>Secondary Care</b>	<b>7,893</b>	<b>6,559</b>	<b>1,536</b>	<b>(5,022)</b>	<b>1,703</b>	<b>1,900</b>	<b>(5,993)</b>	<b>1,965</b>	<b>3,866</b>	<b>2,653</b>	<b>3,866</b>	<b>(4,027)</b>	
Area - West	1,387	1,156	959	(197)	894	1,215	(172)	1,312	2,527	1,280	2,527	1,140	
Area - Centre	1,900	1,583	1,678	94	1,230	2,144	244	1,910	4,054	2,457	4,054	2,154	
Area - East	1,861	1,551	1,251	(300)	2,379	1,494	(367)	2,714	4,208	1,558	4,208	2,347	
Area - Other	234	195	103	(92)	188	138	(96)	235	373	138	373	139	
Contracts	980	817	0	(817)	0	0	(980)	0	0	0	0	(980)	
<b>Area Teams</b>	<b>6,362</b>	<b>5,302</b>	<b>3,991</b>	<b>(1,310)</b>	<b>4,691</b>	<b>4,990</b>	<b>(1,372)</b>	<b>6,171</b>	<b>11,162</b>	<b>5,433</b>	<b>11,162</b>	<b>4,800</b>	
MHLD	840	700	1,411	711	94	1,641	801	112	1,752	1,667	1,752	912	
Corporate	1,910	1,592	253	(1,338)	1,446	364	(1,546)	1,451	1,815	414	1,815	(95)	
<b>Divisional Total</b>	<b>17,005</b>	<b>14,152</b>	<b>7,192</b>	<b>(6,960)</b>	<b>7,934</b>	<b>8,896</b>	<b>(8,109)</b>	<b>9,699</b>	<b>18,595</b>	<b>10,166</b>	<b>18,595</b>	<b>1,590</b>	
<b>Improvement Group Total</b>											0	0	
<b>Total Programme</b>	<b>17,005</b>	<b>14,152</b>	<b>7,192</b>	<b>(6,960)</b>	<b>7,934</b>	<b>8,896</b>	<b>(8,109)</b>	<b>9,699</b>	<b>18,595</b>	<b>10,166</b>	<b>18,595</b>	<b>1,590</b>	

# Income

Description	£m
Allocations Received	1822.8
<b>Total Allocations Received</b>	<b>1,822.8</b>

Description	£m
<b>Allocations anticipated</b>	
Capital	4.8
Removal of Donated Assets / Government Grant Receipts	-0.5
Total COVID-19	1.6
IM&T Refresh Programme (in line with 11-12)	1.9
Overtime on Annual leave (Flowers)	0.4
CHC AME	-0.5
SBRI - Centre of Excellence	0.6
Additional Pay Award Enhancements	3.5
IPS ICAN Work Phase 2	0.5
ICF WCCIS Funding	0.3
Other	0.6
<b>Total Allocations Anticipated</b>	<b>13.2</b>

	£m
Total Allocations Received	1,822.8
Total Allocations Anticipated	13.2
<b>Total Welsh Government Income</b>	<b>1,836.0</b>

COVID -19 Funding	£m
Total COVID-19 costs in 2021/22	101.5
Impact of non delivery of savings in 2020/21	32.7
<b>Total Covid -19 funding</b>	<b>134.2</b>

Received	132.6
Anticipated	1.6

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,836m for the year. £1,500m of the RRL has been profiled into the position cumulatively, which is £30m less than ten equal twelfths, primarily due to the profile of COVID-19 and performance funding.
- The Health Board is not anticipating any further allocations for the increase in the annual leave accrual to be made at the end of the financial year.
- Miscellaneous income totals £12.6m in Month 10, £123.8m cumulatively, which is a favourable variance of £3.8m against the budget.

# Expenditure

Pay Costs						Forecast		Cumulative			Full Year Forecast
	M01-06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	58.7	9.5	10.4	10.7	10.9	10.7	11.5	105.5	100.2	5.3	122.4
Medical & Dental	98.8	16.6	17.6	17.9	18.2	17.9	19.2	164.5	169.1	(4.6)	206.2
Nursing & Midwifery Registered	134.5	22.0	23.4	23.6	24.0	23.6	25.3	238.3	227.5	10.8	276.4
Additional Clinical Services	61.2	8.9	10.3	10.6	10.8	10.6	11.3	95.0	101.8	(6.8)	123.7
Add Prof Scientific & Technical	19.0	3.2	3.3	3.4	3.5	3.4	3.6	35.0	32.4	2.6	39.4
Allied Health Professionals	24.6	4.0	4.2	4.3	4.4	4.3	4.6	42.9	41.5	1.4	50.4
Healthcare Scientists	7.4	1.3	1.3	1.3	1.3	1.3	1.4	12.5	12.6	(0.1)	15.3
Estates & Ancillary	20.5	3.1	3.4	3.5	3.6	3.5	3.8	34.8	34.1	0.7	41.4
Students	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.6	0.6	0.0	0.8
<b>Health Board Total</b>	<b>424.9</b>	<b>68.7</b>	<b>74.0</b>	<b>75.4</b>	<b>76.8</b>	<b>75.4</b>	<b>80.8</b>	<b>729.1</b>	<b>719.8</b>	<b>9.3</b>	<b>876.0</b>
Other Services (Incl. Primary Care)	11.5	2.0	2.1	2.4	2.0	2.0	1.9	17.7	20.0	(2.3)	23.9
<b>Total Pay</b>	<b>436.4</b>	<b>70.7</b>	<b>76.1</b>	<b>77.8</b>	<b>78.8</b>	<b>77.4</b>	<b>82.7</b>	<b>746.8</b>	<b>739.8</b>	<b>7.0</b>	<b>899.9</b>

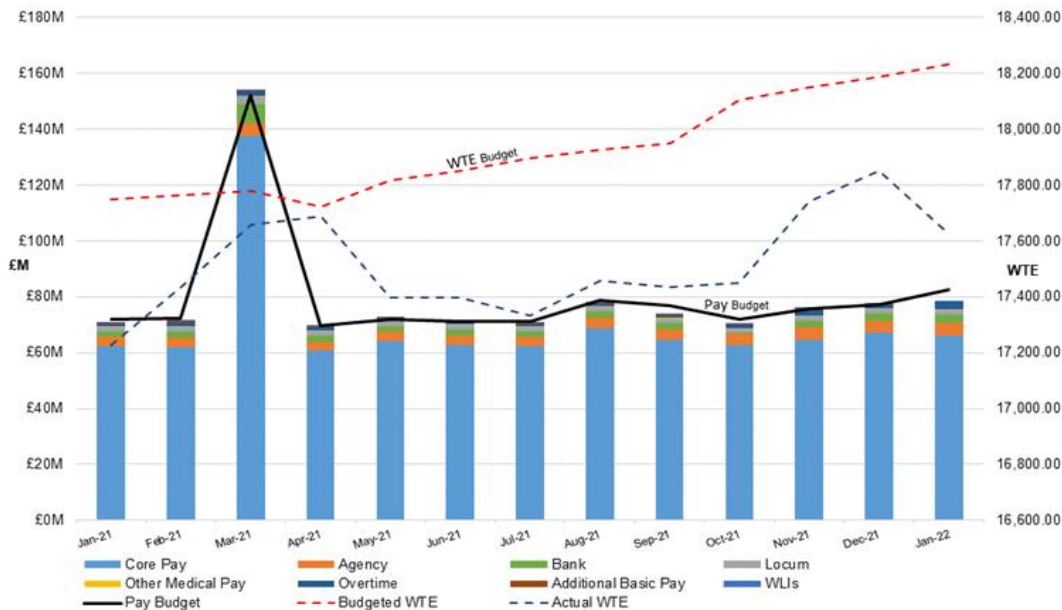
Variable Pay	M01-06	M07	M08	M09	M10	Total
	£m	£m	£m	£m	£m	£m
Agency	21.4	3.9	4.5	4.3	4.5	38.6
Overtime	5.0	0.9	1.9	1.2	2.7	11.7
Locum	10.9	1.3	2.0	1.9	1.7	17.8
WLIs	1.5	0.4	0.3	0.2	0.2	2.6
Bank	12.4	0.6	2.3	2.5	3.1	20.9
Other Non Core	0.3	0.1	0.1	0.1	0.0	0.6
Additional Hours	2.4	0.4	0.4	0.4	0.3	3.9
<b>Total</b>	<b>53.8</b>	<b>7.6</b>	<b>11.4</b>	<b>10.6</b>	<b>12.5</b>	<b>96.0</b>

- Health Board pay costs total £78.8m in Month 10, which has increased by £1m from Month 9 due to additional in month cost of £1.1m non-consolidated 1% pay award for Band 1-5.
- Non Pay expenditure has increased by £5.3m due to additional in month cost of £3.3m Vertex Cystic Fibrosis contract and £1.2m in relation to Mental Health schemes, for example ICAN work stream and Together for Mental Health.

Non-Pay Costs	Actual					Forecast		Cumulative			Full Year Forecast
	M1-6	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care	112.3	18.9	18.9	20.8	20.3	18.3	18.9	191.3	191.2	0.1	228.4
Primary Care Drugs	55.9	8.8	9.1	10.3	9.4	9.2	10.3	90.9	93.5	(2.6)	113.0
Secondary Care Drugs	39.9	7.5	7.2	7.1	7.2	7.1	7.0	62.4	68.9	(6.5)	83.0
Healthcare Services Provided by Other N	140.4	23.5	24.5	23.5	27.4	24.2	24.2	239.0	239.3	(0.3)	287.7
Continuing Care and Funded Nursing Ca	53.7	7.4	7.1	8.9	8.8	8.3	8.7	84.2	85.9	(1.7)	102.9
Other Non-Pay (incl. General & Clinical S	103.4	23.4	19.7	22.4	25.4	29.7	35.4	192.1	194.3	(2.2)	259.4
<b>Non-pay costs</b>	<b>505.6</b>	<b>89.5</b>	<b>86.5</b>	<b>93.0</b>	<b>98.5</b>	<b>96.8</b>	<b>104.5</b>	<b>859.9</b>	<b>873.1</b>	<b>(13.2)</b>	<b>1,074.4</b>
Cost of Capital	18.7	3.1	3.3	3.1	3.1	3.2	(1.3)	31.4	31.3	0.1	33.2
<b>Total non-pay</b>	<b>524.3</b>	<b>92.6</b>	<b>89.8</b>	<b>96.1</b>	<b>101.6</b>	<b>100.0</b>	<b>103.2</b>	<b>891.3</b>	<b>904.4</b>	<b>(13.1)</b>	<b>1,107.6</b>

# Pay Costs

Pay Costs



Pay costs have increased in month due to:

- The payment of the 1% unconsolidated lump sum for Bands 1 to 5 £1.1m (Now fully paid for the year with total costs of £3.1m)
- The payment of multiplier for the entitlement of overtime on annual leave for M10 of £0.3m.

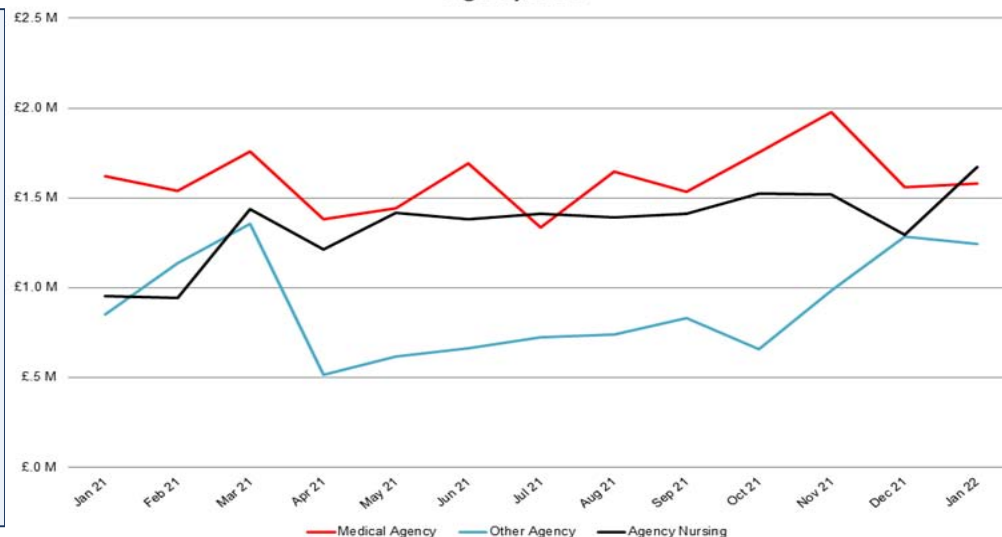
COVID-19 pay costs account for £4.7m, which is £1.0m higher than in December.

Total agency costs for January were £4.5m, which is £0.7m above the average monthly expenditure in 2021-22. Of the £4.5m, the 3 hospital sites accounted for £2.1m of the costs.

The costs for medical agency are £1.6m which is the same as the previous month.

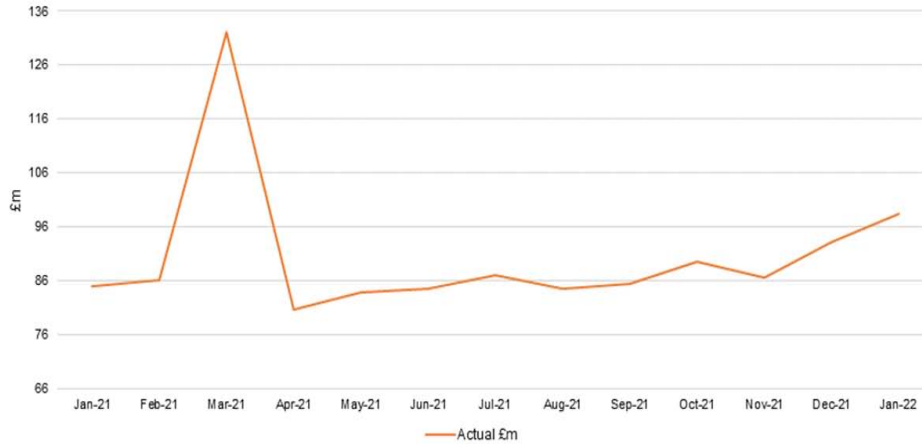
Agency nursing spend is £1.7m in January; £0.3m higher than in December.

Agency Costs



# Non-Pay Costs

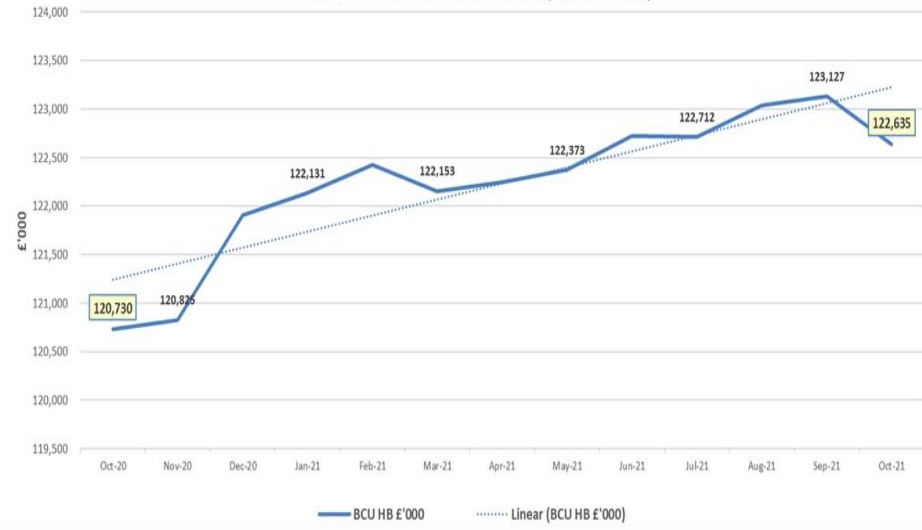
**Non-Pay Expenditure**  
(Excluding Capital Costs)



**Non-Pay Expenditure:** Spend for January is £98.3m excluding capital charges, This is £5.3m higher than December. Healthcare Services provided by Other NHS Bodies has a material in-month increase of £3.9m which is mainly due to the Cystic Fibrosis Vertex Contract (£3.6m). Provider Services Non pay spend has increased by £1.6m from December, of which the majority relates to additional spend under Mental Health funded schemes (ICAN, Healthier Wales Strategy-Together for Mental Health).

Non-Pay Expenditure is forecast to increase in the final two months of the year, as many of the schemes utilising slippage in the original plan relate to products and services.

**GP Prescribing Costs - Monthly annual cost run-rate**  
October 2020 - October 2021 (latest data)



The prescribing costs encompass both the Primary Care Drugs and the Dispensing Practices drugs and overall the expenditure was £0.9m lower than Month 9, with the average cost of per prescribing day showing a 7% reduction, which in the main related to a 1% reduction in average cost per item and 5% reduction in the overall number of items prescribed. However as can be seen on the graph this area of expenditure remains volatile.

# Balance Sheet

	Opening Balance Beginning of Apr 21 £'m	Closing Balance End of January £'m	Forecast Closing Balance Mar 22 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	588.1	572.8	616.6
Intangible assets	0.9	0.6	0.8
Trade and other receivables	33.1	33.0	32.9
Non-Current Assets sub total	622	606.44	650.27
<b>Current Assets</b>			
Inventories	18.4	17.8	18.4
Trade and other receivables	77.3	133.9	107.2
Cash and cash equivalents	3.2	11.2	3.2
Non-current assets classified as held for sale	0.2	0.2	0.0
Current Assets sub total	99.05	163.03	128.78
<b>TOTAL ASSETS</b>	721.05	769.47	779.05
<b>Current Liabilities</b>			
Trade and other payables	222.9	225.4	229.2
Provisions	41.7	67.0	72.9
Current Liabilities sub total	264.65	292.41	302.14
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	456.4	477.06	476.91
<b>Non-Current Liabilities</b>			
Trade and other payables	0.9	0.9	0.9
Provisions	34.3	33.9	34.3
Non-Current Liabilities sub total	35.17	34.84	35.17
<b>TOTAL ASSETS EMPLOYED</b>	421.23	442.22	441.74
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	288.6	309.6	292.9
Revaluation Reserve	132.6	132.6	148.9
<b>Total Taxpayers' Equity</b>	421.21	442.21	441.73

## EXEC SUMMARY

### Welsh Government funding for Performance, Transformation and COVID-19 Recovery

#### Figures at Month 10

	Funds Available £000	Month 9		Month 10		Change in Forecast Spend £000
		Forecast Spend 2021/22 £000	Forecast Slippage 2021/22 £000	Forecast Spend 2021/22 £000	Forecast Slippage 2021/22 £000	
PERFORMANCE - OTHER (£15m)	15,268	15,022	(246)	13,328	(1,940)	(1,694)
PERFORMANCE - PLANNED CARE (£15m)	12,546	5,164	(7,382)	4,739	(7,807)	(425)
PERFORMANCE - PLANNED CARE SLIPPAGE	2,187	9,999	7,812	11,852	9,665	1,853
TRANSFORMATION (£12m)	12,000	11,742	(257)	11,848	(152)	105
WG BID (£20m)	19,942	17,298	(2,644)	17,397	(2,545)	99
RECOVERY FUND (£1.3m)	1,309	204	(1,105)	126	(1,183)	(78)
<b>Total</b>	<b>63,251</b>	<b>59,429</b>	<b>(3,822)</b>	<b>59,289</b>	<b>(3,962)</b>	<b>(140)</b>



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# MONITORING RETURN

MONTH 10 2021/22

Sue Hill

Executive Director of Finance

Betsi Cadwaladr University Health Board

# 1. FINANCIAL POSITION & FORECAST

## 1.1 Financial Plan

- 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 plus £1.3m COVID-19 Recovery Plan funding. Together, these are being used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales. In addition, COVID-19 funding of £32.7m was issued to cover the impact of the undelivered savings from 2020/21, which were not achieved due to the pandemic.
- The delivery of the original plans for the £42.0m strategic support have been impacted by the continued waves of COVID with Omicron being the latest variant to impact. The rapid rollover of the booster programme resulted in the impact being less severe than originally anticipated which has resulted on an in-month increased expenditure. As the original plans have had to change the Health Board has identified alternative investments which will support the delivery of the increased activity in the longer term.

## 1.2 Actual Year to Date Position

- The in-month position is break-even and the cumulative position is also breakeven. This is in line with the refresh of the 2021/22 financial plan, which was submitted in June.
- The total impact of COVID-19 in January is £10.3m (£76.7m for the year to date).

## 1.3 Forecast Position

- The forecast position is a balanced position for the year.

## 1.4 Income (Table B)

- Income totals £178.1m for January. Further details are included in Section 7.
- Total income has increased by £5.8m in January due to additional income received, detailed as below:
  - £3.6m Cystic Fibrosis Vertex Contract paid through WHSSC
  - £0.5m Community Pharmacy Winter Pressures
  - £0.5m Waiting Well
  - £0.1m Neighbourhood District Nursing
  - £0.1m Offenders Prison Support

# 1. FINANCIAL POSITION & FORECAST

- £0.5m Mental Health ICAN
- £1.3m Enhanced Pay offer
- -£0.3m WAST ESMCP Contract reduction
- -£0.1m Collaborative Secondment reduction
- -£0.4m COVID-19 Enhanced Flu Funding reduction

- The impact of COVID-19 has resulted in £0.3m lost income in January (£3.2m year to date) relating to General Dental Services (GDS) patient income. This is included as a cost of COVID-19 within the “Other” category.
- No further allocation is required to fund the increase in Annual Leave accrual.

## 1.5 Actual Expenditure (Table B)

- Expenditure totals £178.1m for Month 10 which includes additional expenditure for:
  - Overtime on annual leave payments (Flowers Case) for Month 10 totalling £0.3m.
  - Additional in month cost of £1.1m due to Non-Consolidated 1% pay award for Band 1 to 5 paid in Month 10 for full year. Full Year cost is £3.1m, however Month 1-9 costs had previously been accounted for within the Month 9 position.
  - Additional Contracts expenditure of £3.6m in relation to Cystic Fibrosis Vertex Contract under Healthcare Services provided by Other NHS Bodies.
  - Provider Services Non Pay has increased by £1.6m as detailed below.
- Expenditure for Month 10 is £6.4m higher than in Month 9, the majority of which relates to the backdated adjustments noted above. The areas of significant increase in spend are Healthcare Services Provided by Other NHS Bodies (£3.9m), Provider Services Non Pay (£1.6m), Provider Services Pay (£1.2m) and Other Private & Voluntary Sector (£1.0m). Offsetting these are decreases in Primary Care Drugs (£1.0m) and Primary Care Contractor expenditure (£0.6m).
- Costs of £10.3m are directly related to COVID-19 this month (£76.7m year to date), a decrease of £0.1m from Month 9. Of this £4.7m is pay and £5.6m is non-pay.

<b>Primary Care</b>	<ul style="list-style-type: none"> <li>• Spend of £20.2m which is £0.6m lower than in December, and £1.2m higher than forecast position for January.</li> </ul>
<b>Primary Care Drugs</b>	<ul style="list-style-type: none"> <li>• The expenditure for Month 10 is £0.7m lower than in Month 9, however there were two less prescribing days in January in comparison to December. Spend was just £0.2m less than had been forecast, as monthly forecasts are adjusted for the number of prescribing days in each month.</li> </ul>

## 1. FINANCIAL POSITION & FORECAST

	<ul style="list-style-type: none"><li>• Following receipt of the November prescribing data, the average cost per Prescribing Day has shown a 7% reduction; November was £0.478m compared to October at £0.514m. The average cost per item has reduced by 1% (now at £6.85 average over the last 3 months) and the overall number of items prescribed has reduced by 5%.</li><li>• The forecast outturn prescribing expenditure including dispensing practices, based on the November data still suggests a range between £122.6m and £124.0m.</li></ul>
<b>Provided Services - Pay</b>	<ul style="list-style-type: none"><li>• Provided Services pay costs are £76.7m, which has increased by £1.2m (1.6%) from Month 9 and £1.9m higher than had been forecast.</li><li>• Actual Pay costs have increased by £1.2m due to the following adjustments, which also explains the variance to forecast.<ul style="list-style-type: none"><li>➢ Additional in month cost of £1.1m due to non-consolidated 1% pay award for Bands 1 to 5 Quarter 4 cost as full year cost was paid in Month 10. Full Year Total cost of additional 1% pay award is £3.1m, however the Month 1-9 cost of £2m had previously been accounted for in the Month 10 position. Funding has been received to fund this, however it has been funded with full NI cost which has resulted in surplus funding of £0.2m.</li><li>➢ Overtime on annual leave payments (Flowers Case) has also resulted in an additional cost of £0.3m to Month 10. The accrual will continue to be increased monthly to account for Month 11 and 12 costs.</li></ul></li><li>• Excluding these one off adjustments, pay costs have decreased by £0.2m from last month, although December costs included £2.9m backdated costs relating to pay award and overtime on annual leave. January is £0.5m higher than forecast</li><li>• Staff Sickness levels remain at a high level due to the continued impact of COVID-19. Bank staff spend has increased by £0.6m due to additional cover required for staffing shortages, some of which relates to COVID-19 enhanced overtime. Agency spend is also £0.2m higher than last month due to additional cover.</li><li>• Overtime variable pay costs have also increased in January which is up £1.5m from December, however locum spend is down by £0.2m.</li><li>• A total of £4.7m of pay costs were directly related to COVID-19 in Month 10 which is £1.0m higher than in Month 9.</li><li>• The £5.2m impact of increased annual leave accrual as a result of the extra days leave awarded to all staff has been estimated and built into the COVID-19 forecast position. This however is not included within the Month 10 position, but is within the Month 12 forecast. No further allocation is required for this.</li></ul>

# 1. FINANCIAL POSITION & FORECAST

<b>Provider Services Non-Pay</b>	<ul style="list-style-type: none"> <li>• Spend in January is £22.1m which is £1.6m (8.0%) higher than in December.</li> <li>• Mental Health Provider Non Pay has increased by £1.2m in Month 10 of which £0.4m spend is against ICAN work scheme, £0.2m Together for Mental Health (Healthier Wales Strategy) and £0.7m for other Mental Health schemes.</li> <li>• Additional spend of £0.8m has also been incurred against CAMHS Targeted Intervention in Month 10.</li> <li>• Comparing actual spend to the forecast for the month, it is £1.6m higher than forecast.</li> <li>• Scheduled Care activity whilst increasing, still remains low across the Health Board which is expected to continue to increase in the coming months which is reflected in the increased Provider Non Pay forecast costs.</li> <li>• This has impacted not only on business as usual costs, but also delayed the implementation of some planned recovery schemes. The Health Board has compiled a list of alternative schemes that can be delivered at pace, with spend re-profiled into the last months of the year. There does remain some risk around the delivery of the alternative schemes given the pressures from COVID-19, but this is being actively managed.</li> </ul>
<b>Secondary Care Drugs</b>	<ul style="list-style-type: none"> <li>• Costs in Month 10 are the same as Month 9, and slightly higher than the average monthly cost for the year to date.</li> <li>• Actual spend is £0.3m lower than had been forecast due to the continued minimal levels of Scheduled Care activity again in January.</li> </ul>
<b>Healthcare Services provided by other NHS Bodies</b>	<ul style="list-style-type: none"> <li>• Spend has increased by £3.9m (16.4%) from Month 9 and is £3.3m higher than what had been forecast for the month of which majority relates to the Cystic Fibrosis Vertex Contract (£3.6m).</li> <li>• Block contracts with English providers remain.</li> </ul>
<b>Continuing Health Care (CHC) and Funded Nursing Care (FNC)</b>	<ul style="list-style-type: none"> <li>• Expenditure for January is £8.7m which is £0.2m (1.9%) lower than in December, and £0.1m less than forecast.</li> </ul>
<b>Other Private and Voluntary Sector</b>	<ul style="list-style-type: none"> <li>• Expenditure relates to a variety of providers, including hospices, Mental Health organisations and planned care activity providers.</li> <li>• Costs are £1.0m higher than last month and £2.6m lower than had been forecast.</li> <li>• This relates to the outsourcing of planned care activity to private providers. Several contracts are in place, but delays in identifying and</li> </ul>

# 1. FINANCIAL POSITION & FORECAST

	contacting the cohorts of patients prioritised for treatment, due to staff shortages arising from COVID-19 has meant that actual spend is less than had been forecast.
<b>Joint Financing</b>	<ul style="list-style-type: none"><li>• Includes the pay and non-pay for the Community Equipment Stores, which are jointly operated via a pooled budget.</li><li>• Spend is £0.2m higher than last month and £0.2m lower than forecast.</li></ul>
<b>Losses, Special Payments and Irrecoverable Debts</b>	<ul style="list-style-type: none"><li>• Includes Redress, Clinical Negligence, Personal Injury and loss of property.</li></ul>
<b>Capital</b>	<ul style="list-style-type: none"><li>• Includes depreciation and impairment costs, which are fully funded.</li></ul>

## 1.6 Forecast Expenditure (Table B)

- Energy costs are forecast in line with WG advice. Rising energy costs remain a significant risk for the Health Board. We are continuing to work with NWSSP to quantify the expected impact this year and for 2022/23. The forecast outturn has not been amended in the period; invoices for October and November have been in line with the revised forecast and the weather has been relatively mild, therefore assumptions have not changed. The forecast assumes the price increase will affect the Health Board for the second half of the year; as 90% of gas and 75% of electricity requirements for the year have already been procured before the recent wholesale price increased in October, the risk relates to the 10% of gas and 25% of electricity which is being purchased as required. The impact in 2022/23 is of particular concern, as there are only forward purchases for electricity for the first 6 months of 2022/23 (bought at prices currently below the market price) to mitigate the unprecedented global prices of recent months, which are predicted to continue into 2023/24.
- 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. With the challenges of the Omicron variant, some of the investment plans have been delayed (mainly around performance improvements), but additional investment opportunities have been identified which support future improvements. These have resulted in an increase in expenditure in the last quarter, and in particular, within non pay, within the last month of the financial year, some of which will result as additional accruals. As plans are continually being updated this is resulting in movements between the monitoring return expenditure categories. There is also risk around the delivery of some of the planned care schemes, due to ongoing COVID-19 pressures as the Health Board has slowed down elective activity to support the acute sites but we have identified additional investment schemes.

# 1. FINANCIAL POSITION & FORECAST

	Actual										Forecast		Total £m
	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	0.3	0.4	0.6	0.6	0.6	0.9	1.0	1.0	0.7	5.4	2.1	2.5	16.1
Non-Pay	0.0	0.0	0.3	0.0	0.1	0.1	0.4	1.7	0.0	3.9	4.6	14.8	25.9
<b>Total</b>	<b>0.3</b>	<b>0.4</b>	<b>0.9</b>	<b>0.6</b>	<b>0.7</b>	<b>1.0</b>	<b>1.4</b>	<b>2.7</b>	<b>0.7</b>	<b>9.3</b>	<b>4.8</b>	<b>5.8</b>	<b>42.0</b>

- As discussed with Welsh Government, some of this £42.0m non-recurrent funding has been committed recurrently, as it relates to staff posts. The impact of the recurrent element is being incorporated into the financial plan, as part of the 2022-25 IMTP.
- The Health Board has undertaken a review of ED expenditure and funded £5.6m from the Performance Fund for additional staffing costs due to operational pressures within the ED Departments across all three acute sites. The impact of COVID-19 social distancing measures, high sickness rates and acuity of patients have all led to increased staffing requirements to maintain activity.
- The forecast includes VERS payments. The first tranche of VERS payments for £1.3m has been agreed at the Health Board's Remuneration and Terms of Service Committee and where applicable these application have been sent to Welsh Government for approval in line with the regulations. A second tranche of VERS applications are expected to be received shortly and will follow the same governance route. The VERS programme is an important part of supporting the Operating Model changes within the Health Board which is putting in place the right corporate structure to the delivery the transformation that the Health Board will require for the future.
- The forecast balanced position includes the additional day's annual leave and carry over/sell back accrual which is currently estimated at a forecast cost in the region of £5.2m. The Health Board has confirmed the additional cost will be managed internally and no additional funding is required to fund.
- Funding for the 1% non-consolidated pay award has been over provided as estimated costs included the maximum Employers NI rate of 13.8%. A high proportion of the staff eligible for the uplift were paid below the NI Lower Earnings limit (LEL) and did not attract any Employers NI, or were marginally above the LEL, all of which resulted in a BCU average NI rate of 8.5% in relation to these payments. This equates to an overprovision of funding by £0.2m.
- Overtime on annual leave payments are included within the costs to date and full year forecast. Income on Table E also reflects the full year requirement.

# 1. FINANCIAL POSITION & FORECAST

## 1.7 Accountancy Gains (Table B)

- The Health Board is not reporting any accountancy gains in January.

## 1.8 COVID-19 (Table B3)

- The total impact of COVID-19 in January, including all costs offset by expenditure reductions, is £10.3m. Welsh Government funding has fully offset the impact of COVID-19. The table below summarises actual spend and forecast by COVID-19 category.

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Actual M07 £m	Actual M08 £m	Actual M09 £m	Actual M10 £m	Actual YTD £m	Forecast 2021/22 £m
Testing	0.1	0.2	0.2	0.3	0.4	0.4	0.4	0.3	0.2	0.3	2.8	3.3
Tracing	1.1	1.0	1.0	0.9	1.1	1.1	1.0	1.0	0.5	1.1	9.8	12.5
Mass COVID-19 Vaccinations	1.7	1.5	2.0	0.8	1.0	0.9	1.0	1.7	1.9	2.6	15.1	18.3
Extended Flu Vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.4	0.7	1.1
Field Hospital/Surge	0.3	0.7	0.2	0.5	(0.3)	0.0	0.3	(2.2)	0.4	0.2	0.1	0.2
Cleaning Standards	0.0	0.0	0.0	0.0	0.5	0.1	0.1	0.1	0.1	0.1	1.0	1.2
Other Costs	4.5	3.6	4.5	6.3	4.0	4.6	1.4	5.4	7.2	5.6	47.1	64.8
<b>Total COVID-19 expenditure</b>	<b>7.7</b>	<b>7.0</b>	<b>7.9</b>	<b>8.8</b>	<b>6.7</b>	<b>7.1</b>	<b>4.2</b>	<b>6.5</b>	<b>10.4</b>	<b>10.3</b>	<b>76.6</b>	<b>101.4</b>
Welsh Government COVID-19 income to cover expenditure	(7.7)	(7.0)	(7.9)	(8.8)	(6.7)	(7.1)	(4.2)	(6.5)	(10.4)	(10.3)	(76.6)	(101.4)
<b>Other COVID-19 Support:</b>												
Operational expenditure reductions	(0.2)	(0.7)	(0.8)	0.1	(0.6)	(0.1)	(0.7)	(0.2)	0.1	(0.0)	(3.1)	(3.3)
Funding for non delivery of savings in 20/21	(0.6)	(4.9)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.9)	(2.7)	(27.3)	(32.7)
<b>Impact of COVID-19 on Position</b>	<b>(0.8)</b>	<b>(5.6)</b>	<b>(3.5)</b>	<b>(2.6)</b>	<b>(3.3)</b>	<b>(2.8)</b>	<b>(3.4)</b>	<b>(2.9)</b>	<b>(2.8)</b>	<b>(2.7)</b>	<b>(30.4)</b>	<b>(36.0)</b>

- The forecast total COVID-19 expenditure is currently £101.9m. Welsh Government income has been received to cover the non-delivery of savings of £32.7m in 2020/21 and there are operational expenditure reductions of £3.3m.
- The COVID-19 Forecast at Month 10 has increased by £0.5m from Month 9 forecast. Movements in the COVID-19 forecast from last month are detailed in below table:

# 1. FINANCIAL POSITION & FORECAST

	Forecast at Month 9 £m	Forecast at Month 10 £m	Change £m
Testing	3.7	3.3	(0.4)
Tracing	12.8	12.5	(0.3)
Mass COVID-19 Vaccinations	17.1	18.3	1.2
Extended Flu Vaccinations	1.9	1.1	(0.8)
Field Hospital/Surge	0.1	0.2	0.1
Cleaning Standards	1.2	1.2	0.0
Other Costs	64.5	64.8	0.3
<b>Total COVID-19 costs</b>	<b>101.3</b>	<b>101.4</b>	<b>0.1</b>
Operational expenditure reductions	(3.3)	(3.3)	0.0
Funding for non delivery of savings in 2020/21	(32.7)	(32.7)	0.0
<b>Total Impact of COVID-19</b>	<b>65.3</b>	<b>65.4</b>	<b>0.1</b>

- As estimates of COVID-19 expenditure have progressed and plans are further developed, forecast costs have changed, but COVID-19 costs have been contained within the overall Covid-19 allocations. The movements in forecast primarily relate to the following:
  - The increase of £1.2m against Mass COVID-19 Vaccination forecast reflects the additional cost of the accelerated vaccination booster programme, including increased proportion of activity done by primary care contactors, increased staff costs, additional vaccination centres and support from local authority partners. The issues that may impact the forecast remain as previously reported but the greatest uncertainty relates to the proportion of activity undertaken by primary care contractors and the implications for JCVI guidance for vaccination of younger children (low volumes at present but could potentially extend beyond clinically vulnerable children).
- Point of Care Antigen Test expenditure has reduced by £0.4m in Month 10 due to reduced stock which has decreased by 44%. This offers the potential opportunity of returning additional funding.
- Total forecast spend within the Other section (A7) on Table B3 is £64.8m. Of this, £17.0m is detailed in the supplementary recovery tables, 0.4m in Long COVID and £1.5m in English Recovery. In addition, £45.9m of COVID-19 costs are included in the Other section. This includes forecast spend on SDEC (£0.8m) and ICF (£2.2m), PPE £3.5m. Helpline funding £0.3m, UPCC £0.6m and Waiting Well £0.5m, including stability costs. Secondary Care costs are a large element of the remaining spend and include all of the costs related to dealing with COVID-19 in the three acute sites, which covers expenditure on streaming on COVID-19

# 1. FINANCIAL POSITION & FORECAST

wards, increased staffing, drugs, PPE and critical care. Forecast costs are included based on estimates from divisional finance leads. These are best estimates at the current month and subject to the uncertainties around Omicron.

## COVID-19 Supplementary Return

- The supplementary COVID-19 recovery returns totals £17.0m, with costs relating to the Recovery bid of £16.7m, (which includes the £5.2m Annual Leave accrual adjustment) £0.2m for the MCA and £0.1m for the additional recovery funding.
- The supplementary COVID-19 Other analysis costs – English Recovery costs are detailed in the table below, based on the latest available information.

Provider	Specialty	H1						H2						Total £000
		M1 £000	M2 £000	M3 £000	M4 £000	M5 £000	M6 £000	M7 £000	M8 £000	M9 £000	M10 £000	M11 £000	M12 £000	
COCH	General specialties	231	213	76	-	-	-	-	-	-	-	-	-	520
RJAH	Orthopaedics	184	38	-	-	-	-	-	-	-	-	-	-	222
SATH	General specialties	2	11	-	-	-	33	-	-	-	-	-	-	46
Wirral	Urology/Gynaecology	10	-	-	22	-	-	5	5	5			5	52
Clatterbridge	Cancer	171	23	63	55	6	69	60	60	60			60	627
LWH	Gynaecology	6	6	1	13	2	1	2	2	2			2	37
<b>Total</b>		<b>604</b>	<b>291</b>	<b>140</b>	<b>90</b>	<b>8</b>	<b>103</b>	<b>67</b>	<b>67</b>	<b>67</b>	<b>-</b>	<b>-</b>	<b>67</b>	<b>1,504</b>

Based on Month 6 data as no additional claims have been received.

Incomplete data has been received from COCH for 3 months due to implementation of new Patient Admin System.

Clatterbridge H1 reported as advised but queries still outstanding, so subject to review when complete.

H2 - -all estimates - no data received on this to date removed M10 and M11 due to COVID-19 response.

## 2. UNDERLYING POSITION

### 2.1 Movement from Financial Plan (Table A)

- 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.
- The underlying position brought forward from 2020/21 is £75.2m. This is primarily as a result of:
  - £32.7m undelivered savings in 2020/21, due to COVID-19. These have been 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 progressing establishment and resourcing of its transformation agenda, which will support the development of a rolling three year savings programme that will deliver savings to help bring the underlying position back into balance.
- All savings schemes are now green status and there are no red pipeline schemes recorded in Table A.
- The GMS forecast overspend has increased by £0.05m this month, as reflected on line 38 of Table A. The GDS forecast remains at an underspend of £0.6m as reflected on line 39 of Table A.
- Other cost pressures forecast has increased by £0.7m to £4.0m, as shown on line 37 of Table A. Included in this figure are:
  - Increased energy costs of £2.7m.
  - Increased general non pay costs of £1.3m

These are both shown as non-recurrent at present as the recurrent estimates are being worked through for the financial plan.

- The operational forecast outturn for the year is a £36.0m deficit, offset by a £32.7m additional funding and the £3.3m reduction operational costs.
- The carried forward underlying deficit has reduced by £7.4m, from £75.2m to £67.8m. This is as a result of £4.9m release of Primary Care Transformation Reserves and £2.5m release of funding requirement identified in the 20/21 financial plan, both of which were utilised on a non-recurrent basis in 2021/22. The Full Year effect of expenditure in 21/22 will also be reduced by £3.4m.

### 3. RISK MANAGEMENT

The Risks table has been deleted as all risks have now been mitigated.

## 4. RING FENCED ALLOCATIONS

### 4.1 GMS (Table N)

- Not required in Month 10.

### 4.2 GDS (Table O)

- Not required in Month 10.

## 5. AGENCY/LOCUM EXPENDITURE

### 5.1 Agency/Locum Expenditure (Table B2)

- Agency costs for Month 10 are £4.5m, which is an increase of £0.2m on Month 9, representing 5.3% of total agency pay. Agency spend has marginally increased in M10 following a reduction in costs in Month 9, however Agency costs have not yet returned to the peak level reported in Month 8 due to the continued reduction in planned care activity.
- Monthly agency spend for January included £0.9m that related to COVID-19, an increase of £0.9m from previous month.
- Medical agency costs for January totalled £1.6m, an increase of £0.02m compared to previous month. Medical Agency related to COVID-19 in January was £0.20m.
- Nurse agency costs totalled £1.7m for the month, an increase of £0.3m from December. Acute sites continue to carry a high level of nursing vacancies as well as very high sickness rates. COVID-19 Nurse agency costs were £0.4m in January, the same as reported in previous month.
- Other agency costs totalled £1.2m in January which mainly consists of Administrative and Clerical Agency spend (£0.7m) and Allied Health Professionals Agency spend (£0.5m). Other Agency costs has reported a reduction of £0.04m from December which was against Administrative and Clerical staffing group. Other agency costs related to COVID-19 in December were £0.3m, £0.1m higher than last month.

## 6. SAVINGS

### 6.1 Savings (Tables C – C3)

- Savings in month totalled £2.0m, giving a cumulative saving delivered of £15.1m for the year to date at Month 10. This is £1.0m above the year to date target of £14.1m.
- Savings of £18.6m are forecast for delivery in 2021/22 against identified green schemes, an increase of £0.7m on Month 9.
- All schemes are now in green status.
- The Health Board has set a target of £35m for delivery in 2022/23 and the subsequent two years. This represents circa 3% of the Health Boards discretionary expenditure and will be delivered through a combination of transactional and transformational change. Priority focus will be on recurring, budget reducing and cash releasing benefits, using internal and external benchmark information to support the assessment of potential opportunity, with identification of main transformational areas emerging. Transformation driven savings will ensure primary focus on patient experience, quality and value and this focus is critical to securing clinical engagement to drive the substantial change and sustained improvement.

## 7. INCOME ASSUMPTIONS

### 7.1 Income/Expenditure Assumptions (Table D)

- Table D is regularly updated to reflect agreed changes in income and expenditure within the Welsh Health economy.

### 7.2 Resource Limits (Table E)

- The Revenue Resource Limit (RRL) is £1,836.0m for the year. £1,500.3m of the RRL has been profiled into the position cumulatively, which is £30.03m less than ten equal twelfths, primarily due to the profile of performance and planned care funding.
- Confirmed allocations to date are £1,822.8m, with further anticipated allocations in year of £13.2m. The allocations include £134.2m for COVID-19.
- Income reflected in Table E for the multiplier for overtime on annual leave has been reduced from the Month 9 figure of £1.3m to £0.5m in Month 10 as we are able to absorb £0.8m of these costs.

## 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.

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

### 9.1 Statement of Financial Position (Table F)

- Key movements in the Statement of Financial Position at Month 10 are as follows:
  - **Current assets – trade and other receivables (line 7)**

The most significant element of the increase in trade and other receivables during the year to date relates to £38.5m that the Health Board would be able to recover from the Welsh Risk Pool in the event of litigation claims, particularly clinical negligence, being successful.

This information is provided in the Legal and Risk Services monthly quantum reports with the potential costs of cases being reflected in the increased value of provisions reported on Table F.
  - **Current assets – Cash and cash equivalents (line 9)**

Cash and cash equivalents have increased by £7.9m to £11.1m during the year, made up of an increase of £4.3m in revenue cash and an increase of £3.6m in capital cash.
  - **Current liabilities – Trade and Other Payables (line 13)**

Increases in trade and other payables during the month mainly resulted from the timing of payments for primary care pharmaceutical prescribing. These are usually paid on the first day of each month but two payments were made in December, as 1<sup>st</sup> January was a non-working day.
  - **Current liabilities – Provisions (line 15)**

Increases in provisions mainly relate to on-going clinical negligence litigation claims, the majority of which will be recoverable from the Welsh Risk Pool in the event of cases being successful (see above).

This increase has been offset by a £2.2m reduction in the Agreement Framework on Overtime Payments and Pay during Annual Leave provision following payments made during August 2021.
- Key movements in the Statement of Financial Position over the whole of 2021/22 are as follows:
  - **Current assets – Trade and Other Receivables (line 7)**

As detailed above it is currently assumed that any amounts paid by the Health Board in respect of increased clinical negligence provisions will be recoverable from the Welsh Risk Pool and these will be amended each month based on the Legal and Risk Services quantum. The next Welsh Risk Pool Advisory Board meeting is scheduled for March

## 9. STATEMENT OF FINANCIAL POSITION & AGED WELSH NHS DEBTORS

2022 after which it will be agreed whether reimbursements will be made prior to year-end or carried over to April 2022.

Any other material movements in the Legal and Risk Services quantum will be monitored each month along with the potential impact of timing delays between payments of costs and their subsequent recovery.

- **Current assets – cash and cash equivalents (line 9)**  
Details on the forecast cash outturn position is provided in the narrative to Table G – Monthly Cash flow Forecast.
- **Current liabilities – Trade and Other Payables (line 13)**  
Trade and Other Payables are forecast to decrease over the remainder of 2021-22 and it is expected that any cash movements will be managed internally.
- **Current liabilities – Provisions (line 15)**  
Based on the latest quantum information provided by NWSSP Legal and Risk Services, clinical negligence provisions have increased by £28.9m to Month 10 2021-22. Other provisions are expected to increase before the end of the year due to VERS agreements that are also reflected in line 18 Losses, Special Payments and Irrecoverable Debts of Table B.

### 9.2 Welsh NHS Debtors (Table M)

- The Health Board held five outstanding NHS Wales invoices over eleven weeks old at the end of Month 10 2021-22, each of which had been escalated in accordance with WHC/2019/014 Dispute Arbitration Process – Guidance for Disputed Debts within NHS Wales.
- Payment for two of these invoices was received prior to the Monitoring Return submission and the Health Board has not been advised of any disputes with the remaining outstanding amounts.

## 10. CASH

### 10.1 Cash Flow Forecast (Table G)

- The closing cash balance as at 31<sup>st</sup> January 2022 was £11.2m, which included £5.0m cash held for revenue expenditure and £6.1m for capital projects.
- It is currently assumed that there will be a nil cash movement during the year and that that the closing cash balance will remain unchanged at £3.2m.
- Any movements in working balances will be managed internally with the exception of the movements in CHC provisions that formed part of the submission to Welsh Government Financial Control & Governance in November 2021.
- Table G currently shows a variance between forecast receipts for WG Revenue Funding – Cash Limit and the Total Revenue Drawing Limit on Table E. The Health Board has discussed its cash requirements with colleagues at Welsh Government and at this stage does not anticipate drawing all available cash during 2021-22. This position will continue to be monitored with Welsh Government being updated on any change through the FIS drawdown process.

<b>Revenue cash requirements 2021-22</b>	<b>£m</b>
Opening revenue balance	0.744
Forecast outturn position	0
<b>Forecast closing revenue cash balance</b>	<b>0.744</b>

<b>Capital cash requirements 2021-22</b>	<b>£m</b>
<b>Forecast cash funding</b>	
Opening capital balance	2.498
Approved Capital Resource limit	44.620
Donated asset income	0.549
Disposal proceeds	0.220
<b>Total forecast capital cash funding</b>	<b>47.887</b>
<b>Forecast cash spend</b>	
Forecast spend on approved Capital Resource limit	(44.620)
Forecast donated asset cash spend	(0.549)
Forecast disposal proceeds cash spend	(0.220)
<b>Total forecast capital cash spend</b>	<b>(45.389)</b>
<b>Forecast closing capital cash balance</b>	<b>2.498</b>
<b>Forecast total closing cash balance</b>	<b>3.242</b>

## 11. PUBLIC SECTOR PAYMENT COMPLIANCE

### 11.1 PSPP (Table H)

- Not required this month.

## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

### 12.1 Capital Resource Limit (Table I)

- The capital programme for 2021/22 is fully committed, and the Health Board is on track to deliver the CRL, despite some slippage to date. Programme leads have confirmed that, purchase orders are in place or tenders have been received to progress the planned works. It should be noted that a number of Imaging Equipment as part of the All Wales funding is planned for delivery in March 2022.
- The expenditure in month 10 was £5.467m. The health board has received further additional funding allocated by Welsh Government in December and January (£8.25m) for the purchase of Plas Gororau, imaging and radiotherapy replacement programme, patient monitors, Eyecare measure and SDEC. In total the programme has increased by £16.8m in year representing a 59% increase in the initial capital allocation.

## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

	CRL 2021/22 £'000	2021/22 Expenditure YTD M10 £'000	2021/22 Forecast YTD £'000	Narrative
<b>All Wales Schemes</b>				
<b>Capital Projects Approved Funding</b>				
Ruthin	1,586	1,586	1,586	The last phase of the scheme completed in November 2021.
North Denbighshire Community Hospital	181	55	165	The scheme is currently in design stage and fees will be due this financial year.
Substance Misuse - Holyhead, Anglesey	376	356	486	The scheme is in completion stage and final accounts will be agreed imminently.
Substance Misuse - Shotton, Flintshire	454	359	499	The scheme is in completion stage and final accounts will be agreed imminently.
PAS System	169	124	271	The WPAS project expenditure is on track this financial year and a change of approach has been agreed at project board. The full allocation will be spend this financial year.
Emergency Department Systems	335	185	307	implementation of Symphony and has moved to phase 2 to implement in the East. The forecast spend will achieve in the financial year.
Wrexham - Fees to OBC	1,397	836	1,184	The scheme is currently in design stage and fees will be due this financial year.
HEPMA	132	0	132	The funding is for Wellsky and forecast spend is due in February 2022.
National Programmes – Fire	1,097	128	1,097	Programme leads have confirmed that works have commenced and that tenders and purchase orders have been raised.
National Programmes – Infrastructure	1,450	185	1,450	Programme leads have confirmed that works have commenced and that tenders and purchase orders have been raised.
National Programmes – Decarbonisation	1,430	551	1,430	Programme leads have confirmed that works have commenced and that tenders and purchase orders have been raised.
National Programmes – Mental Health	620	28	620	Programme leads have confirmed that works have commenced and that tenders and purchase orders have been raised.
National Programmes – Imaging	3,975	71	3,975	The quotations has been received for the equipment. Tenders for the enabling has been returned and purchased orders have been raised. The schemes will be completed before the year end.
ICF - Bryn Beryl	229	229	229	The scheme is due to complete and final account is being agreed.
ICF - Eryl Hospital Dementia Garden	59	0	59	ICF funding has been provided for the dementia garden part of the Stroke Services project that will be completed before the year end.
ICF - CRT Equipment to support admission prevention	99	91	99	Equipment has been purchased and will be delivered by the 31st March 2022.
Additional DPIF Capital Allocations	530	4	530	The funding is for IT Equipment, the order has been raised and the funding will be fully spend by 31st March 2022.
DPIF – LINC	41	0	41	The funding is for IT printers, the order has been raised and the funding will be fully spend by 31st March 2022.
Covid 19 Recovery 2021-22 - 24th Sept Letter	6,500	2,504	6,500	The additional funding is to support covid recovery projects. It is anticipated that the funding will be spent by the 31st March 2022.
National Programmes – Imaging - WMH MRI Upgrade +RF cage	792	0	792	The imaging funding is for equipment that will be purchased by the 31st March 2022.
National Programmes – Imaging – CT Scanners	22	0	22	The funding is for enabling in this financial year.
National Programmes – Imaging – 6 DR rooms	1,656	0	1,656	The imaging funding is for equipment that will be purchased by the 31st March 2022.
National Programmes – Imaging – Fluoroscopy	672	0	672	The imaging funding is for equipment that will be purchased by the 31st March 2022.
Eye Care - e-referral system	127	0	127	The funding is for the National Eye care software. The CRL will be spend by the end of the financial year.
Eye care equipment - Jan 22	401	0	401	The Wide Angle Cameras have been tendered and the health board has raised the purchase orders.
Same Day Emergency Care	199	0	199	The scheme is for equipment and will be delivered by the 31st March 2022.
Replace Linear Accelerator G at YGC	2,210	0	2,210	The imaging funding is for equipment that will be purchased by the 31st March 2022.
Laundry Asset transfer to NWSSP	(292)	0	(292)	Technical Adjustment - Transfer of Laundry to Velindre NHS Trust
Automated Controlled Drugs Cupboard (Supply Point, Medilogic single frame machine)	16	0	16	The scheme is for equipment and will be delivered by the 31st March 2022.
Capital funding for Patient Monitors in 2021-22	1,622	70	1,622	The scheme is for equipment and will be delivered by the 31st March 2022.
Purchase of Plas Gororau, Wrexham	3,614	0	3,614	The purchase of Plas Gororau will completed in February 2022.
<b>All Wales Total</b>	<b>31,699</b>	<b>7,362</b>	<b>31,699</b>	
Discretionary Total	12,921	8,078	12,921	Programme leads have confirmed that works have commenced, purchase orders are in place or tenders have been received to progress the planned works and that the Health Board will meet it's CRL.
<b>Overall Total</b>	<b>44,620</b>	<b>15,440</b>	<b>44,620</b>	

## 12. CAPITAL SCHEMES & OTHER DEVELOPMENTS

### 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 10 Monitoring Return will be received by the Health Board's Performance, Finance and Information Governance Committee members at the February meeting.

**Jo Whitehead**  
Chief Executive

**Sue Hill**  
Executive Director of Finance

## APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

### Month 9 Monitoring Return Responses

#### Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 8.1

I note the forecast c/f underlying deficit position of £75.163m continues to be assisted by a FYE savings aspiration, totalling £3.636m (minor increase of £0.006m since Month 8, although your narratives states this has marginally reduced). As we have now entered the final quarter of the financial year, the uncertainty of this assumption needs to be eliminated imminently. I look forward to seeing these plans being finalised by the Month 10 submission.

#### Response

Please see narrative in main body of report.

#### Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 8.2

Please provide further details of the 'Other non pay' spend pressures totalling c. £0.600m which are being reported on Line 37 'Other Cost Pressures'.

#### Response

General Non Pay costs continue to increase.

#### Movement of Opening Financial Plan to Forecast Outturn (Table A) – Action Point 9.1

I note that you are reporting a £0.597m dental surplus, which reflects the difference between your internal plan and forecast net position reported in Table O. After taking into consideration the loss of GDS income and reduced GDS contract payments (as reported via Table B3), the below working indicates a £0.228m pressure against the projected annual WG dental allocation of £30.122m. Please provide supporting explanation that clarifies the difference between the reported £0.597m surplus and the deficit outturn against the WG allocation (below).

WG Allocation (inc. Anticipated Income)	Net Forecast Expenditure	Forecast Outturn Underspend/+Overspend against WG Allocation	Less C-19 Costs as a result of lost income reported in B3 Line 188	Add Contract Spend Reduction due to C-19 reported in B3 Line 224	Revised Forecast Outturn - Underspend/+Overspend against WG Allocation
£000s	£000s	£000s	£000s	£000s	£000s
30,122	33,377	3,255	3,844	-817	228

#### Response

The difference is due to use of additional monies towards recovery and improving access as the Dental team have commissioned additional NR Urgent Access sessions and Orthodontic Patient Waiting List Initiatives as per CDO's letter. These have been commissioned in the latter part of the year.

The other material factor for the difference is due to higher levels of Sickness and Maternity/Paternity claims this year.

## APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

### Monthly Positions (Table B) – Action Point 9.2

After gaining further clarification from your colleagues, it has been confirmed that the new 'Losses, Special Payments and Irrecoverable Debts' step up in spend of c.£3.800m within March, relates to VERS payments/provision and that this is being mitigated by the Performance and Strategic funding. It is imperative that such a key item (including how it is being funded) is captured within the main 'SoCNE' section of your narrative. I trust that this redeployment of the Performance and Strategic funding has been agreed with the relevant colleagues in WG and that the applicable approval processes, and Audit colleagues, has agreed any corresponding reporting requirements. An update on the progress of this VERS programme should be provided in your Month 10 narrative.

### Response

Updated narrative included in section 1.6 Forecast Expenditure.

### Monthly Positions (Table B) – Action Point 9.3a

Also in respect of the Performance and Strategic funding totalling £42.000m, I note that you incurred £0.700m of spend in December which was £4.700m lower than projected only last month. This follows October and November spend both being c. £3.000m lower than forecast. Your narrative confirms that Month 8 plans have been delayed due to the response to the Omicron variant; although additional investment opportunities have been identified. It would have assisted, if the original plans (now delayed) were described in the supporting narrative, to aid our understanding of the wider impact on the HBs plans; and also, that the narrative clarified the replacement investment opportunities (acknowledging now that VERS is one area). Please provide this in your Month 10 narrative.

### Response

The narrative will be strengthened in future reports.

### Monthly Positions (Table B) – Action Point 9.3b

In order to fully utilise the £42.000m (above), investment of £33.300m (79%) will be required within the final quarter which includes £18.000m in March (c. £3.800m relates to VERS). Based on the delivery of previous month expenditure profiles, this latest profile with the substantial step up in March is of clear concern. Please ensure that your Month 10 narrative provides enhanced assurance that the full utilisation of this funding is feasible.

### Response

The narrative will be strengthened in future reports, and M10 shows a stepped change in expenditure.

### Monthly Positions (Table B) – Action Point 9.4

I note that the annual forecast spend for 'Joint Financing & Other' (Line 17) has reduced by c. £0.700m in the SoCNE, even though corresponding Covid-19 expenditure (mainly on Line 200 of Table B3) has increased by c. £2.300m. Please provide details of the operational 'Joint

## APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

Financing & Other' spend reduction totalling c. £3.000m which appears to be offsetting the Covid-19 increase.

### **Response**

This mapping of Local Authority payments needs to be reviewed further in the Monthly position.

### **Monthly Pay Expenditure (Table B2) – Action Point 9.5**

The forecast annual pay expenditure has increased by c. £4.600m, with £2.500m attributable the pay award / overtime annual leave payments (although only 9/12ths has been built into the forecast). I trust that the full year impact will be reflected at Month 10, by which time the funding will have also been confirmed.

### **Response**

The full year impact is reflected in the Month 10 position.

### **Covid-19 Analysis (Table B3) - Action Point 8.6**

As requested via Action Point 8.6, please confirm in your narrative the funding items listed in Table E where the associated spend is being recorded within the supplementary 'Other' Template on the 'Wales Recovery' tab. If you require further clarity on the items we are expecting to be included, please contact Gary Young.

### **Response**

The narrative above includes the detail of what is included in the supplementary templates.

### **Covid-19 Analysis (Table B3) - Action Point 9.6**

Due to the lack of clarity on the items being treated as Wales Recovery, your data currently indicates that you are now forecasting to underspend against Welsh Recovery funding by c. £4.000m and that this is now being utilised on 'Other' non programme expenditure areas. Again for clarification purposes, please ensure that any material Covid-19 over/under spends by category are highlighted and explained within your supplementary narrative.

### **Response**

Narrative has been improved in month.

### **Covid-19 Analysis (Table B3) - Action Point 9.7**

Please provide supporting explanations for Joint Financing and Other (Line 200) forecast expenditure increasing by c. £2.500m and Provider non pay (Line 191) spend reducing by c. £2.000m.

### **Response**

## APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

The Joint financing forecast has increased mainly due to the forecast spend related to the Winter Pressures ICF allocation of £2.213m. There has also been a further £0.3m increase forecasted due to 6 Covid protect hubs being brought online in February.

The provider non pay spend has reduced by £2m mainly due to the realisation that the RTC's will not be coming online but have been replaced with other schemes but these are approximately £2m less.

### **Cash Flow (Table G)**

Thank you for providing a breakdown of the items which support the Health Board no longer requiring £27.000m of Revenue Working Balances Cash. Please provide an updated breakdown after taking into consideration the following queries:

### **Cash Flow (Table G) - Action Point 8.5a**

Resources returned to WG for decommissioning field hospital (2.300m) – This funding was returned in 21/22 as 'resource only' as it was issued on that basis in 20/21, therefore there should not be any corresponding cash benefit.

### **Response**

The initial working capital cash request of £27.0m included cash for the whole of this resource only allocation as it was anticipated that it would be fully used during the year. As this expenditure was not incurred and the matching resource only allocation has been returned there has not been a corresponding cash benefit for the Health Board.

### **Cash Flow (Table G) - Action Point 8.5b**

Accruals for decommissioning field hospitals (£1.4m) – As this value agrees to the total forecast field hospital expenditure in B3, please confirm that no cash payments are being made for any 21/22 field hospital costs.

### **Response**

The remaining forecast field hospital expenditure relates to Deeside Leisure Centre, which is expected to be fully decommissioned at the end of 2021-22. Whilst some cash payments will be made during 2021-22 it is anticipated that the bulk will be made during 2022-23.

### **Cash Flow (Table G) - Action Point 8.5c**

Please provide a further breakdown of the increased accruals which total £8.500m.

### **Response**

The accruals have increased due to a large number of smaller accruals across the Health Board, some of which relate to recent tranches of ICF funding.

## APPENDIX – PRIOR MONTH MONITORING RETURN RESPONSES

### **Table H (PSPP) – Action Point 9.8**

I trust that the actions to resolve the payment of Velindre invoices, referenced in your narrative, will improve the overall payment performance for NHS invoices (YTD 86.4%) within the final quarter of the financial year.

#### **Response**

The number of invoices with Velindre NHS Trust that failed the 30 days payment target fell significantly during January 2022. A further meeting of the TAG Task and Finish Group – NHS Invoicing was held recently and it is hoped that discussions on common themes and issues will assist all organisations to improve their overall payments percentage for NHS invoices.

### **Covid-19 Analysis (Table B3) - Action Point 9.9**

All Organisations are reminded that the income line of the supplementary 'Other' returns (i.e. Welsh Recovery, English Recovery & Long Covid) should reflect the corresponding WG funding (issued plus anticipated adjustments). This ensures that the individual templates highlight any variances between spend and funding.

#### **Response**

This will be corrected for month 10 onwards.

### **Resource Limits (Table E) - Action Point 9.10**

Please report the anticipated Extended Flu roll out DES GMS funding of £0.059m on the designated 'Extended Flu Vaccination' line of Table E. This also means that the corresponding spend should be included within the 'Extended Flu Vaccination' section of Table B3.

#### **Response**

This is now reflected in Table E and from M10 onwards the spend will be included in the Extended Flu Vaccination section on Table B3.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Finance Report for MHLD Division 2021: Month 10

---

**Name: Iain Wilkie**

**Director of Mental Health and Learning Disabilities**

# Executive Summary

## Objective

To provide assurance on financial performance and delivery against Division's financial plans 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

- ✓ Position against Budget
- ✓ Forecast
- ✓ Conformance against key governance targets

## Issues & Actions

- Issue 1 – WG Slippage. Non recurrent spend proposals have been developed to mitigate any impact on forecast outturn.

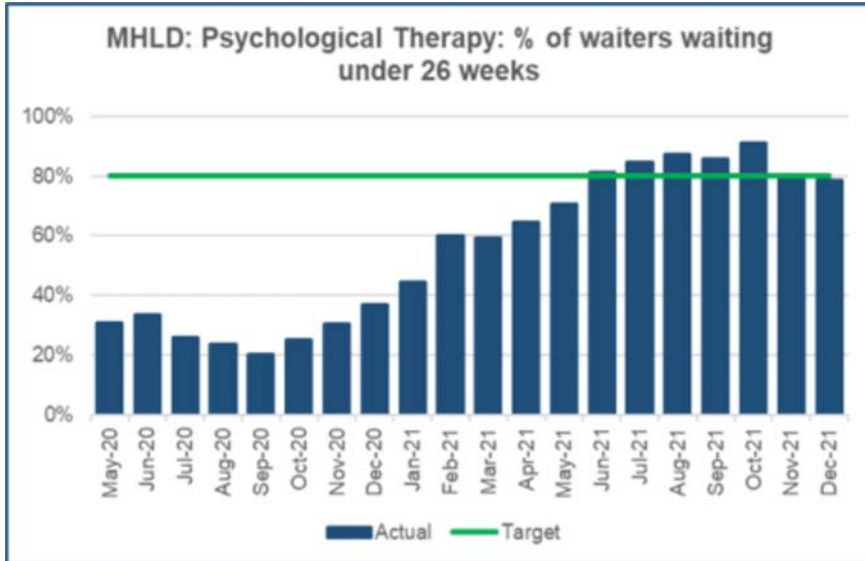
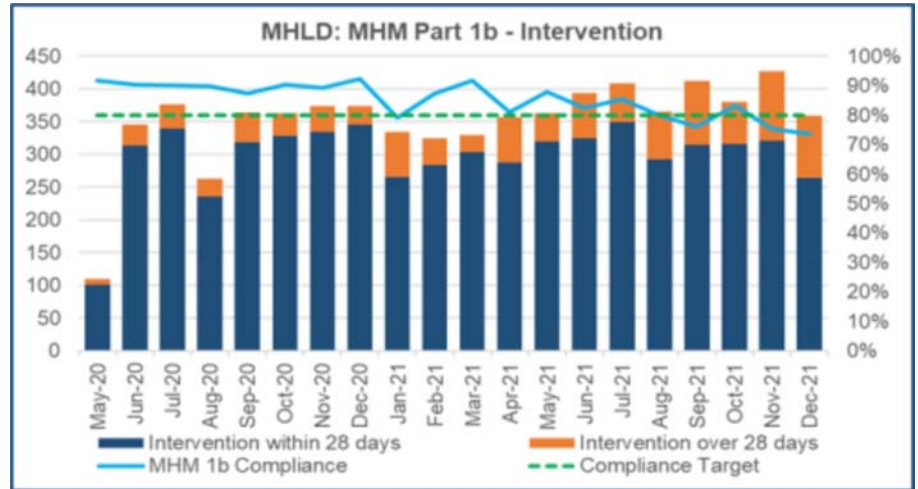
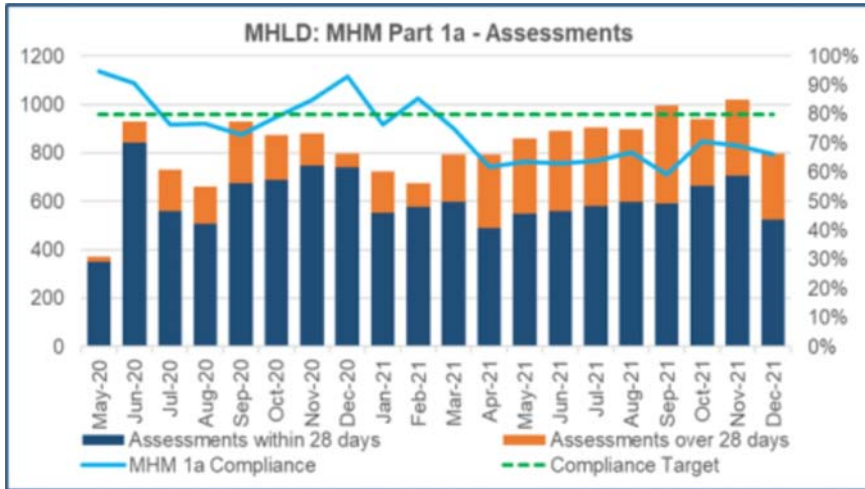
## Key Messages

- ❖ The cumulative financial position year to date is £0.24m overspent and the forecast outturn position is breakeven.
- ❖ Known measures being taken are Transformation Plans have been progressed and being monitored weekly / monthly through DSLT and HOPs meetings to expedite recruitment where possible.
- ❖ Key areas of concern – please refer to the SWOT analysis on page 12

# Summary of Key Numbers

<p><b>Month 10 Position</b></p> <p>In month position is <b>£0.50m adverse</b></p> <p>Cumulative position is <b>£0.24m adverse</b></p>	<p><b>Forecast</b></p> <p>This has increased by £0.39m from the previous month.</p> <p><b>£0.00m Breakeven</b></p>	<p><b>Divisional Performance</b></p> <table border="1"> <tr> <td>Core services</td> <td>(773)</td> <td>Favourable</td> </tr> <tr> <td>Out of Area</td> <td>99</td> <td>Adverse</td> </tr> <tr> <td>CHC and Packages of Care</td> <td>3,253</td> <td>Adverse</td> </tr> <tr> <td>ICF</td> <td>0</td> <td></td> </tr> <tr> <td>Third Sector</td> <td>(108)</td> <td>Favourable</td> </tr> <tr> <td>Innovation &amp; Transformational Reserves</td> <td>(2,227)</td> <td>Favourable</td> </tr> <tr> <td><b>Total</b></td> <td><b>244</b></td> <td><b>Adverse</b></td> </tr> </table>	Core services	(773)	Favourable	Out of Area	99	Adverse	CHC and Packages of Care	3,253	Adverse	ICF	0		Third Sector	(108)	Favourable	Innovation & Transformational Reserves	(2,227)	Favourable	<b>Total</b>	<b>244</b>	<b>Adverse</b>
Core services	(773)	Favourable																					
Out of Area	99	Adverse																					
CHC and Packages of Care	3,253	Adverse																					
ICF	0																						
Third Sector	(108)	Favourable																					
Innovation & Transformational Reserves	(2,227)	Favourable																					
<b>Total</b>	<b>244</b>	<b>Adverse</b>																					
<p><b>Savings</b></p> <p>In-month: £0.17m against plan of £0.10m</p> <p><b>£0.08m favourable</b></p> <p>YTD: £1.50m against plan of £1.35m</p> <p><b>£0.46m favourable</b></p>	<p><b>Savings Forecast</b></p> <p>YTD: £1.75m against plan of £1.24m</p> <p><b>£0.51m favourable</b></p>	<p><b>Conformance</b></p> <p>PO Breaches = 25 (£51,805)</p> <p>Overpayments = 9 (£11,159)</p> <p>Accountability Statements = 100%</p>																					
<p><b>Activity</b></p>	<p><b>Pay</b></p> <p>£78.74m against budget of £79.43m</p> <p><b>£0.69m favourable (0.87%)</b></p>	<p><b>Non-Pay</b></p> <p>£45.97m against budget of £45.56m</p> <p><b>£0.41m adverse (0.90%)</b></p>																					

# Activity



- Mental Health Measure Part 1a compliance decreased during December 21 despite recovery plan actions being implemented and embedded. November 21 saw the highest volume of assessments undertaken since Covid-19 onset.
  - Mental Health Measure Part 1b compliance decreased during December 21. Actions within the recovery plan aim to achieve an improved and consistent rate of compliance going forward.
  - Psychological therapies were compliant for 4 consecutive months and dipped slightly below in December 21. Divisional scrutiny will remain, particularly around remaining long waiters.
- Workforce challenges remain the biggest risk to attaining and sustaining compliance across these 3 national KPIs.

# Divisional Position

MHLD BUDGET VARIANCES	Annual Budget	This Month			Current Year 2021/22						Last Month Variance
		WTE			Budget Month 10	Actual Month 10	Variance Month 10	YTD Budget	YTD Actual	YTD Variance	
	£000	Budget	Actual	Var	£000	£000	£000	£000	£000	£000	£000
<b>Operations</b>											
Core Income	(6,136)	0.00	0.00	0.00	(484)	(599)	(115)	(5,211)	(5,422)	(212)	(97)
Core Pay	93,915	2131.57	1928.86	-202.71	8,050	8,300	251	78,484	77,759	(726)	(976)
Core Non Pay	9,588	0.00	0.00	0.00	1,566	1,783	216	8,047	8,211	165	(52)
<b>Total Core services</b>	<b>97,367</b>	<b>2131.57</b>	<b>1928.86</b>	<b>-202.71</b>	<b>9,133</b>	<b>9,484</b>	<b>352</b>	<b>81,320</b>	<b>80,548</b>	<b>(773)</b>	<b>(1,125)</b>
Out of Area	76	0.00	0.00	0.00	6	21	15	64	163	99	84
CHC and Packages of Care	34,153	0.00	0.00	0.00	2,966	3,444	479	28,589	31,843	3,253	2,775
Third Sector	3,215	0.00	0.00	0.00	801	790	(11)	2,613	2,505	(108)	(97)
<b>Sub total</b>	<b>134,813</b>	<b>2131.57</b>	<b>1928.86</b>	<b>-202.71</b>	<b>12,906</b>	<b>13,740</b>	<b>834</b>	<b>112,586</b>	<b>115,058</b>	<b>2,471</b>	<b>1,637</b>
<b>Innovation &amp; Transformational Reserves</b>	<b>3,219</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>295</b>	<b>(35)</b>	<b>(330)</b>	<b>2,409</b>	<b>181</b>	<b>(2,227)</b>	<b>(1,898)</b>
Individual Placement & Support	658	0.00	0.00	0.00	396	396	0	572	572	0	0
ICF - Integrated Autism	652	4.50	4.30	-0.20	54	54	0	543	543	0	(0)
ICF - Dementia MAS	678	0.00	4.03	4.03	170	169	(0)	339	339	(0)	0
COVID-19 MHLD	871	0.00	47.38	47.38	254	254	0	871	871	0	0
COVID-19 MHLD - Commercial Sector	761	0.00	0.00	0.00	75	75	0	761	761	0	0
<b>COVID 19 - Total</b>	<b>1,632</b>	<b>0.00</b>	<b>47.38</b>	<b>47.38</b>	<b>329</b>	<b>329</b>	<b>0</b>	<b>1,632</b>	<b>1,632</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>141,652</b>	<b>2,136.07</b>	<b>1,985.27</b>	<b>-150.80</b>	<b>14,149</b>	<b>14,654</b>	<b>504</b>	<b>118,081</b>	<b>118,325</b>	<b>244</b>	<b>(260)</b>

## Explanation of key variances

- CHC costs are £3.25m overspent YTD and are forecast to be overspent by £3.89m for the year. There has been a net increase of 3 packages for the YTD.
- Core Services are £0.78m underspent YTD mainly due to the high level of vacancies within the Division.
- Innovation and Transformation Reserves are underspent by £2.23m YTD due to slippage on existing schemes and new funding received for 2021-22.

	Variance Month £'000	Variance YTD £'000	Forecast Variance £'000
Core / Other	1	-3,117	-4,011
Out of Area	15	99	119
Packages of Care (including CHC)	479	3,253	3,892
Covid 19	9	9	0
<b>Total</b>	<b>504</b>	<b>244</b>	<b>0</b>

# Savings

MHLD Savings Schemes 2021-22	Sum of In Mth Planned Profile (£)	Sum of In Mth Ach'mnt (£)	Sum of In Mth Variance (£)	Sum of YTD Planned Profile (£)	Sum of YTD Ach'mnt (£)	Sum of YTD Variance (£)	Sum of FOT Planned Profile (£)	Sum of FOT Ach'mnt (£)	Sum of FOT Variance (£)
<b>Recurrent</b>	<b>88,997</b>	<b>166,037</b>	<b>77,041</b>	<b>950,096</b>	<b>1,410,995</b>	<b>460,899</b>	<b>1,128,758</b>	<b>1,641,530</b>	<b>512,773</b>
CHC Right Care and Repatriation Programme	83,333	111,876	28,542	833,333	1,118,756	285,423	1,000,000	1,342,507	342,507
Meds Management scheme - Mental Health	1,250	5,841	4,591	12,500	17,232	4,732	15,000	17,582	2,582
Procurement - Recurring	1,692	267	-1,425	9,704	690	-9,014	13,758	1,683	-12,075
Travel Cost Reduction	2,721	48,053	45,332	94,558	274,317	179,759	100,000	279,759	179,759
<b>Non Recurrent</b>	<b>8,852</b>	<b>8,881</b>	<b>29</b>	<b>88,537</b>	<b>89,897</b>	<b>1,360</b>	<b>106,242</b>	<b>107,659</b>	<b>1,417</b>
Out of Area Placements	8,132	8,132	0	81,320	81,320	0	97,584	97,584	0
Procurement - Non Recurring	720	749	29	7,217	8,577	1,360	8,658	10,075	1,417
<b>Grand Total</b>	<b>97,849</b>	<b>174,918</b>	<b>77,069</b>	<b>1,038,634</b>	<b>1,500,892</b>	<b>462,258</b>	<b>1,235,000</b>	<b>1,749,190</b>	<b>514,190</b>



- Savings in Month 9 totalled £0.17m, an increase of £0.08m over the planned delivery in Month. This gives cumulative savings delivered of £1.50m for the year to date which is £0.46m above plan.
- Savings of £1.75m are forecast for delivery in 2021/22 which is £0.51m above plan for the year.
- There are no Red schemes in development that are expected to deliver further savings by the year end.

# Expenditure

	Actual / Forecast										Cumulative YTD			Full Yr Forecast		
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	YTD	YTD	YTD	Full Yr	Full Yr	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	Actual	Budget	Variance	Forecast	Budget	Variance
Administrative & Clerical	0.68	0.65	0.66	0.68	0.73	0.72	0.66	0.70	0.68	0.73	6.88	7.98	-1.10	8.23	9.47	-1.23
Medical & Dental	1.18	1.23	1.25	1.27	1.24	1.21	1.26	1.40	1.26	1.27	12.57	12.68	-0.11	15.09	15.19	-0.10
Nursing & Midwifery Registered	3.12	3.18	3.19	3.27	3.53	3.26	3.25	3.36	3.40	3.45	33.01	34.28	-1.27	40.08	41.35	-1.27
Add Prof, Scientific & Professional	0.57	0.58	0.56	0.58	0.61	0.58	0.62	0.61	0.60	0.52	5.84	6.63	-0.79	7.11	8.02	-0.90
Additional Clinical Services	1.74	1.89	1.93	1.91	2.09	1.93	1.94	1.95	1.98	2.50	19.86	17.14	2.72	23.82	20.67	3.15
Allied Health Professionals	0.05	0.05	0.05	0.06	0.06	0.07	0.05	0.06	0.06	0.07	0.58	0.72	-0.14	0.71	0.85	-0.14
Estates & Ancillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Students	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>7.35</b>	<b>7.59</b>	<b>7.64</b>	<b>7.76</b>	<b>8.26</b>	<b>7.77</b>	<b>7.78</b>	<b>8.07</b>	<b>7.99</b>	<b>8.53</b>	<b>78.74</b>	<b>79.43</b>	<b>-0.69</b>	<b>95.05</b>	<b>95.55</b>	<b>-0.50</b>

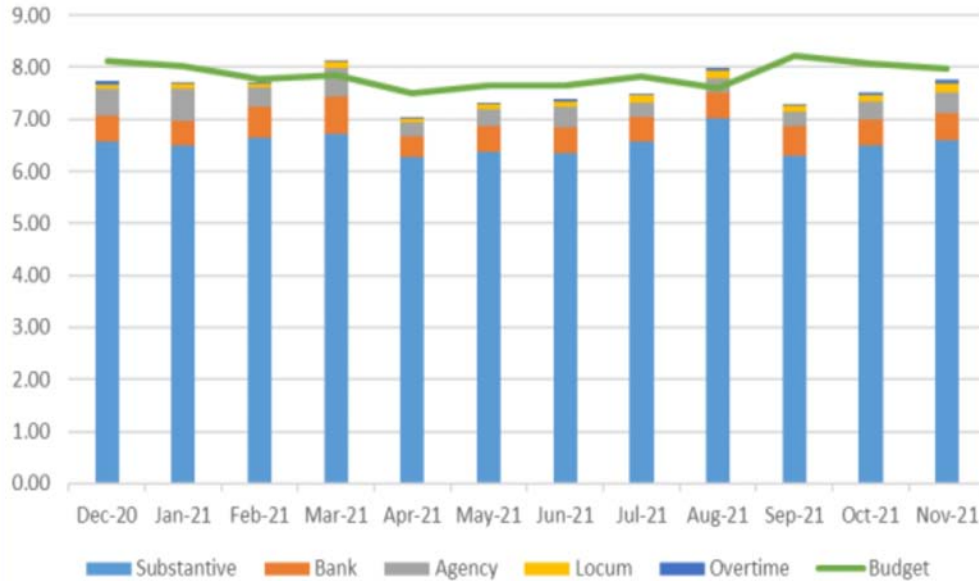
Variable Pay	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bank	0.40	0.48	0.50	0.47	0.49	0.58	0.50	0.52	0.57	0.85
Agency	0.27	0.32	0.38	0.26	0.28	0.25	0.37	0.39	0.35	0.38
Locum	0.07	0.10	0.11	0.16	0.15	0.14	0.11	0.19	0.11	0.12
Overtime	0.03	0.03	0.03	0.03	0.05	0.07	0.05	0.06	0.03	0.16
<b>Total</b>	<b>0.77</b>	<b>0.93</b>	<b>1.02</b>	<b>0.93</b>	<b>0.98</b>	<b>1.04</b>	<b>1.03</b>	<b>1.15</b>	<b>1.06</b>	<b>1.51</b>

- **Pay costs** total £8.53m in Month 10. Variable pay is £1.51m of this cost, equivalent to 17.7%. Non-pay costs total £6.72m in Month 10. Pay costs are further analysed on page 8 and non-pay costs on page 9.
- **Forecast expenditure** Key assumptions relating to the forecast are that £1.98m of anticipated Transformation funded expenditure has been included within the pay and non pay forecast for months 11-12.
- **Key actions** being taken: The Division will continue to monitor closely progress on WG schemes and consider further actions that can help reduce the level of anticipated WG Slippage and ensure delivery within budget for the year.

Non Pay Costs	Actual / Forecast Spend												Total Actual / Forecast £m	Budget £m	Variance £m
	P01 £m	P02 £m	P03 £m	P04 £m	P05 £m	P06 £m	P07 £m	P08 £m	P09 £m	P10 £m	P11 £m	P12 £m			
Provider Services - Non Pay (excluding drugs & depreciation)	0.38	0.36	0.53	0.54	0.43	0.43	0.45	0.49	0.57	1.87	1.26	1.30	7.82	12.80	-4.98
Secondary Care - Drugs	0.23	0.24	0.24	0.24	0.21	0.21	0.32	0.32	0.33	0.35	0.35	0.35	3.28	2.37	0.90
Healthcare Services Provided by Other NHS Bodies	0.01	0.01	0.06	0.01	0.02	0.00	0.01	0.00	0.02	0.02	0.02	0.02	0.17	0.08	0.09
Non Healthcare Services Provided by Other NHS Bodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Continuing Care and Funded Nursing Care	3.04	3.00	2.90	3.38	3.22	3.24	3.64	2.66	3.32	3.44	2.94	3.26	38.14	34.15	3.98
Other Private & Voluntary Sector	0.36	0.36	0.39	0.34	0.36	0.36	0.35	0.37	0.35	1.04	0.39	0.59	4.61	5.23	-0.62
<b>Total</b>	<b>4.03</b>	<b>3.96</b>	<b>4.12</b>	<b>4.51</b>	<b>4.24</b>	<b>4.23</b>	<b>4.76</b>	<b>3.84</b>	<b>4.60</b>	<b>6.72</b>	<b>4.97</b>	<b>5.52</b>	<b>54.01</b>	<b>54.63</b>	<b>-0.63</b>

# Pay Costs

Pay Analysis - Rolling 12 months

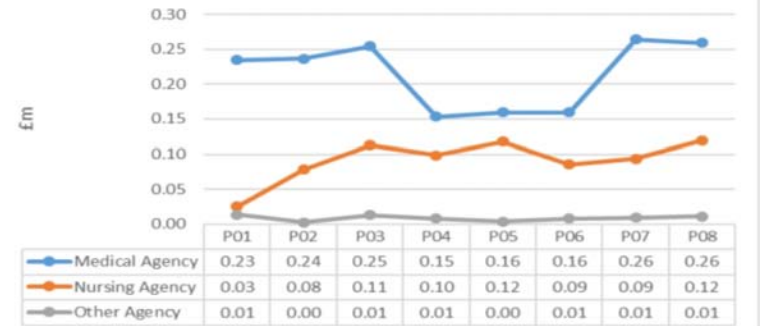


- **Total pay costs** are £8.53m in month and £79.43m YTD.
- A total of £0.20m of pay costs were directly related to COVID-19 in month and £0.6m YTD.

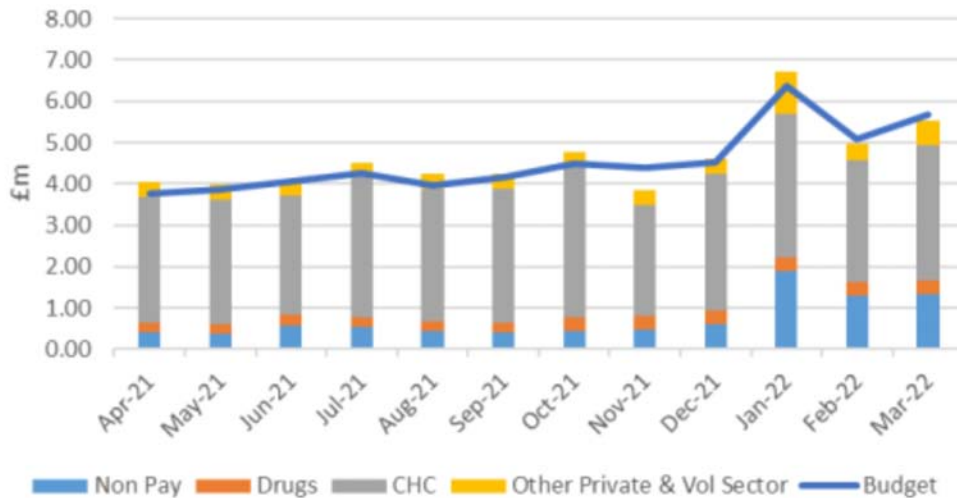
Staff Group	WTE Budget	WTE Actual (incl Bank, Agency & Locum)	WTE Variance @ mth 10	Bank, Agency & Locum WTE
RP400-ADMINISTRATIVE & CLERICAL	289.08	239.40	49.68	1.20
RP405-MEDICAL AND DENTAL	117.20	95.14	22.06	8.96
RP410-NURSING AND MIDWIFERY REGISTERED	914.70	804.80	109.90	25.45
RP415-ADD PROF SCIENTIFIC AND TECHNICAL	144.73	109.83	34.90	0.00
RP420-ADDITIONAL CLINICAL SERVICES	649.59	719.53	-69.94	124.09
RP425-ALLIED HEALTH PROFESSIONALS	20.77	15.57	5.20	0.00
RP435-ESTATES AND ANCILLIARY	0.00	0.00	0.00	0.00
RP440-STUDENTS	0.00	1.00	-1.00	0.00
<b>Total</b>	<b>2136.07</b>	<b>1985.27</b>	<b>150.80</b>	<b>159.70</b>

- **Key issues** relating to pay costs are inpatient staffing requirements and a difficulty recruiting to Medical and Nursing posts
- Agency costs for Month 10 are £0.39m, representing 4.57% of total pay, due to securing Medical Agency within agency pay cap.
- **Key Actions** – we have significant staff vacancies which we are covering with Bank and Agency. There is a virtual recruitment event taking place this month to pro-actively address our current vacancies.

MHL Agency Costs



## Non Pay Costs Actual / Forecast 2021-22



**Key Actions** – we review and closely monitor expenditure ensuring appropriate grip and control is on place. Spend is closely monitored and controlled through right care and repatriation programme and regular reviews.

- **Packages of care and CHC** - LD bespoke packages – we need to consider working with LA partners on potential ‘make rather than’ buy approach
- **IPFR packages** - Joint working progressing to consider introducing neuro navigator posts.
- **Drug costs** - demand for atypical Depots is increasing as they are better tolerated, more efficacious and prevent relapses and use of bed based care. The Division will commit to review the impact of moving to atypicals against admission data  
ADHD drugs – current variation across NW with shared care arrangements with GP practices. The Division will explore closer working with GP clusters re: potential of increasing shared care arrangements; within MH&LD Division there will be focussed discussion in Clinical Strategy Group regarding rates of diagnosis variation.

**Key Issues** relating to Non-pay are:

- **Packages of care and CHC** spend are £0.48m overspent in month and £3.25m overspent year to date. The forecast for the year is £3.89m. There has been a net increase in placements across the division of 3 year to date. Due to:
  - Market position with significant fees increase. Covid – IPC requirements in care homes
  - Low secure market place is saturated by NHS England and thereby the daily rate has significantly increased
  - IPFR packages are being transferred to CHC which are historically high cost.

**Drug costs** are £0.15m overspent in month and £0.71m year to date. Due to:

- MHLD is now managing the new Depos which are administered by hospitals only; previously done by GPs. Demand for Depos is increasing.
- ADHD drugs – GPs are not prescribing these drugs, the division is picking up the costs leading to increased spending

## Key Capital Schemes for Division

Scheme	Approved Budget	Expenditure to Date	Budget less Spend	Estimated Out-turn	Sum of Annual Variance calc
Upgrade Heddfan Suites	100,000	(1,533)	101,533	(1,533)	(101,533)
Replace Windows-Heddfan Unit Wrexham Maelor	175,000	16,406	158,594	526,000	351,000
Replace Windows-Ablett Unit Glan Clwyd	175,000	0	175,000	0	(175,000)
Security Improvements-Ty Llewellyn Bryn Y Neuadd	538,080	23,659	514,421	974,000	435,920
Anti Ligature Project-Hergest Ysbyty Gwynedd	81,724	4,110	77,614	143,852	62,128
Upgrade Hergest Unit-Ysbyty Gwynedd	0	(445)	445	(445)	(445)
Upgrade Security Systems & Anti Ligature Works-Ty Llewellyn	115,000	92,482	22,518	155,482	40,482
Refurbish Mesen Fach-Bryn Y Neuadd	0	33,411	(33,411)	35,269	35,269
Refurbish Entrance Bryn Enfys-Bryn Y Neuadd	62,000	(339)	62,339	26,731	(35,269)
Remedial Works-Tan Y Coed Bryn Y Neuadd	0	(1,964)	1,964	(1,964)	(1,964)
Upgrade Nurse Call & Anti Ligature Alarms-Cedar Court Abergele Hospi	0	18,134	(18,134)	18,134	18,134
Refurbish Patient Consultation Areas-Nant Y Glyn	0	(261)	261	(261)	(261)
	<b>1,246,804</b>	<b>183,659</b>	<b>1,063,145</b>	<b>1,875,265</b>	<b>628,461</b>

- **Key Capital Schemes – All Wales Capital Funded**
- **Scheme 1 – Upgrade Heddfan Suites – There has been £0.10m approved against this scheme for the year. There has been no expenditure to date and is not forecasting to be spent in year.**
- **Scheme 2 – Replace Windows at Heddfan Unit – There has been £0.18m approved for this scheme for the year. There has been £0.02m expenditure to date and forecast spend for the year is £0.53m, which is £0.35m more than planned.**

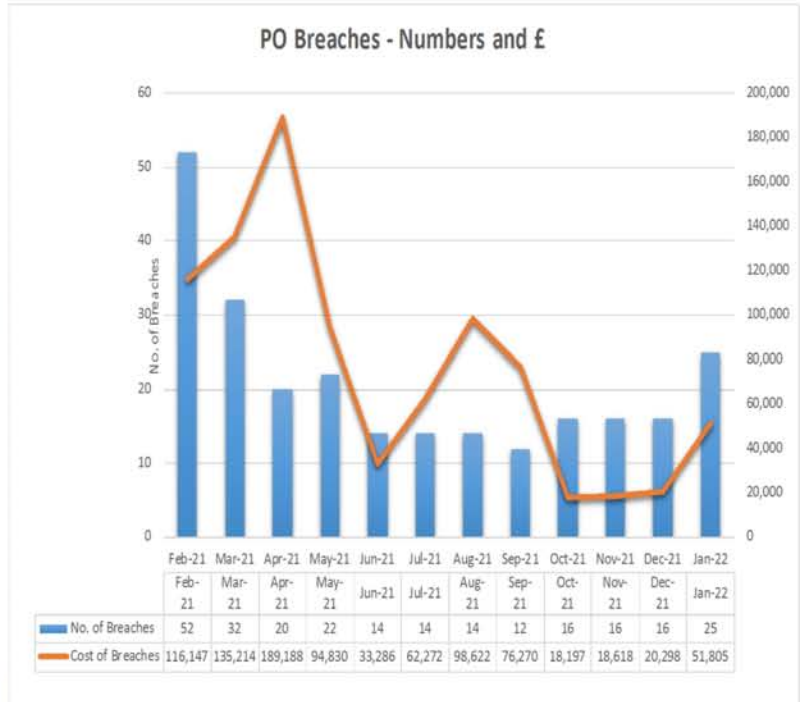
# Conformation for Division

## NO PO NO PAY BREACHES

No. of Breaches per Service Area	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total 21/22
MX10-Divisional Management	2	1					2			1	1	2	6
MX11-Medical Director		1					1		2				3
MX12-Psychology		3	2	1	1	1			1	1			7
MX13-West Area	7	1	7	4	2	4		5	1	3	1		27
MX14-Centre Area	11	7	1	4	1		5	1	3	3		2	20
MX15-East Area	28	9	4	2	5	2			1	5	12	14	45
MX16-Regional Spec Services		3	5	7	1	6	3	2	6	3	1	5	39
MX17-CHC					1								1
MX18-MHLD Other	1	7		3	2		1	3	1		1	2	13
MX19-Spec Commis Care	3		1	1	1	1	2	1	1				8
<b>Total</b>	<b>52</b>	<b>32</b>	<b>20</b>	<b>22</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>12</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>25</b>	<b>169</b>

## Order cost of Breaches

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Total 21/22
MX10-Divisional Management	2,647	800					1,659			10,761	3,473	5,238	21,130
MX11-Medical Director		295					5,055		629				5,684
MX12-Psychology		2,467	161,040	5,000	2	34,200			425	200			200,867
MX13-West Area	7,233	1,669	5,132	3,148	2,500	11,254		5,612	73	1,766	5,625		35,111
MX14-Centre Area	18,952	8,357	985	4,012	750		10,333	900	162	651		4,190	21,983
MX15-East Area	80,051	85,201	17,419	13,599	3,467	2,676			860	2,163	8,570	5,784	54,539
MX16-Regional Spec Services		652	4,156	909	1,304	13,894	11,724	5,398	9,200	3,077	2,000	7,345	59,008
MX17-CHC					1,975								1,975
MX18-MHLD Other	6,838	35,773		67,166	23,128		22,917	63,700	6,800		630	29,248	213,589
MX19-Spec Commis Care	425		455	994	159	248	46,934	660	48				49,498
<b>Total</b>	<b>116,147</b>	<b>135,214</b>	<b>189,188</b>	<b>94,830</b>	<b>33,286</b>	<b>62,272</b>	<b>98,622</b>	<b>76,270</b>	<b>18,197</b>	<b>18,618</b>	<b>20,298</b>	<b>51,805</b>	<b>663,384</b>



**Purchase Order Breaches: Actions being taken are: Breaches are highlighted to individual budget holders and form part of the Area Performance Reports discussed at the Divisional Finance and Performance Meeting.**

**Accountability Statements Signed: 100% of budget holders**

**Overpayments: There are 9 overpayments. Action being taken to minimise Overpayments, flagged with managers and reported through Divisional F & P meetings**

# SWOT Analysis

## STRENGTHS

Wellness Work and Us  
Targeted Intervention Progress  
Governance – Financial and Corporate  
Leadership Stability  
Joint working with CAMHS  
Robust Winter / Covid Planning  
Value Based Healthcare / DTOCS / Stranded Patients  
Learning Events  
Benchmarking  
Exemplar service examples / awards  
Ligature reduction work

## OPPORTUNITIES

Strategic Transformation and investment funding  
Virtual Recruitment Event  
Benchmarking for service redesign  
Divisional Organisational Design  
Stronger Together and operational model  
Returning to business as usual  
Adult and Older Persons Mental Health Unit Business Case  
Co-production

## WEAKNESSES

Capacity and Capability  
Interim key leadership roles  
Workforce supply and vacancies  
Legacy Issues - Reports  
Estates  
IT digital solutions  
Clinical Variation  
Medical Workforce

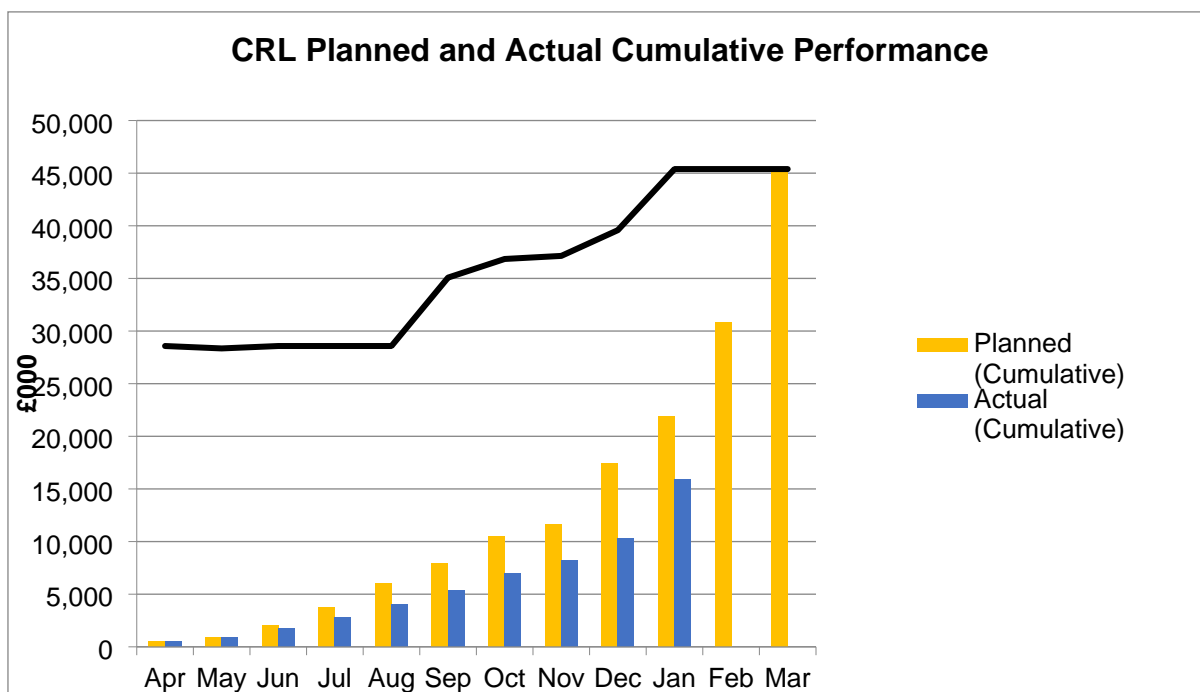
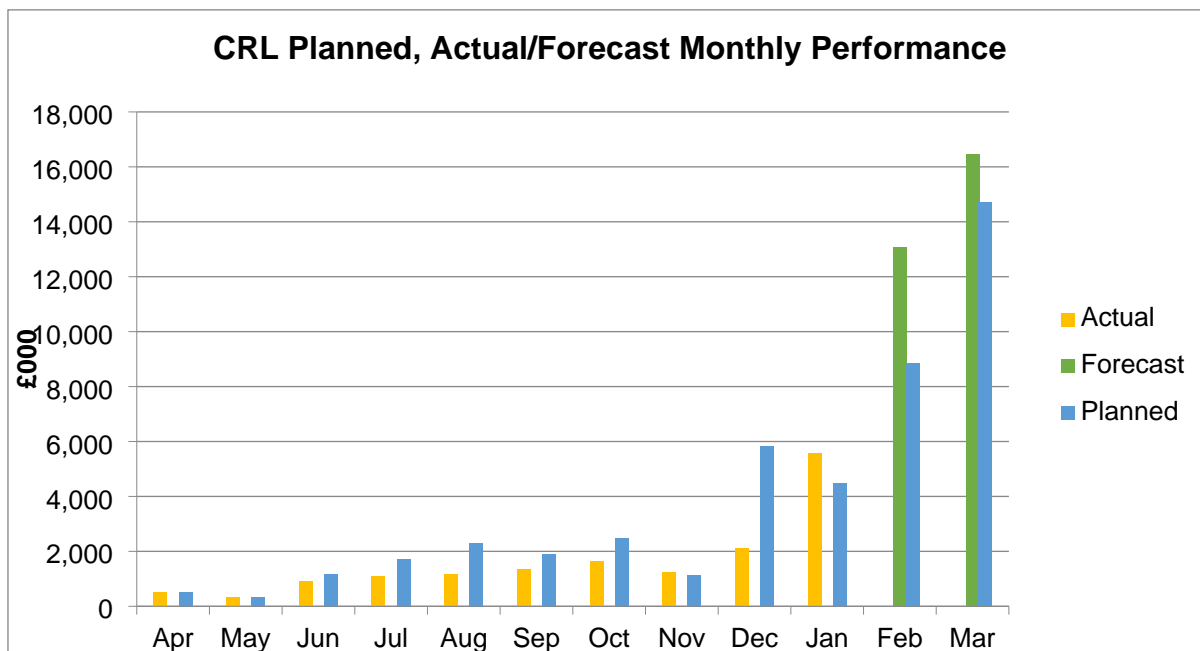
## THREATS

Covid upsurge – workforce and activity  
Winter Pressures  
Slippage, delays on implementation  
Future workforce availability  
Political attention  
Serious Untoward Incidents

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee (PFIG) 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Capital Programme Report - Month 10</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Neil Bradshaw – Assistant Director – Capital Denise Roberts – Financial Accountant Tax & Capital						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Capital Investment Group Executive Delivery Group						
<b>Atodiadau Appendices:</b>	0						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to receive and scrutinise this report.							
Please tick as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	x	<b>Ar gyfer sicrwydd For Assurance</b>	x	<b>Er gwybodaeth For Information</b>	
<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
<b>Sefyllfa / Situation:</b>							
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. 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).							
<b>Cefndir / Background:</b>							
The agreed capital funding from all sources may be summarised as follows:							
<b>Capital Programme</b>				<b>£ '000</b>			
All Wales Capital Programme				31.699			
Discretionary Capital				12,921			
<b>Total Welsh Government CRL</b>				<b>44.620</b>			
Capital Receipts				220			
Donated Funding				549			
<b>TOTAL</b>				<b>45.389</b>			
<b>Asesiad / Assessment &amp; Analysis</b>							

## 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 revised profile takes account of further additional funding allocated by Welsh Government in December and January (£8.25m) for the purchase of Plas Gororau, imaging and radiotherapy replacement programme, patient monitors, Eyecare measure and SDEC. In total the programme has increased by £16.8m in year representing a 59% increase in the initial capital allocation.

The current expenditure to date remains behind the planned profile, capital leads have confirmed that all schemes have either commenced, orders have been placed or tenders have been received and their

expectation is that we will meet our CRL. An element of over-commitment has been retained to allow for any further slippage in the remainder of the year. It should be noted that the significant planned expenditure in months 11 and 12 relates in part to the purchase of the agreed imaging and radiotherapy replacement equipment and the purchase of Plas Gororau.

## **Major Capital Schemes (>£1m)**

### Wrexham Continuity Programme

Welsh Government have indicated that they are likely to support the fees to develop the Outline Business Case (OBC) / Full Business Case (FBC) for phase 1 of the works (fast track elements) in the sum of £2.558m in 2022/23. £1.122m has been support this year from the discretionary programme and this amount will now potentially be available to support the capital programme in 2022/23.

### Imaging and Radiotherapy programme

Following approval of the relevant business cases orders have been placed with suppliers and the equipment will be held "in bond" by 31<sup>st</sup> March 2022 pending installation next financial year.

### Royal Alexandra Hospital Redevelopment

At our Capital Review Meeting with Welsh Government on 8<sup>th</sup> November they confirmed that "*.... advice has been drafted for the Minister and is currently with the Special Adviser for a steer on the way forward.*"

We have had further meetings with Welsh Government who have confirmed that our business case has been accepted, but that given the significant reduction in capital funding for the NHS over the next three years (the programme has been reduced by circa £100m per year representing a 28% reduction) the scheme is currently under review. We have provided further information of the wider social and economic benefits of the scheme, particularly with respect to the re-generation of Rhyl.

### Adult and Older Persons Mental Health Unit

The Medical Director for Mental Health and Learning Disabilities division, supported by the Deputy Chief Executive, the Project Director and members of the project board, presented the outline business case to the Welsh Government's Infrastructure Investment Board. Following the presentation we have received a number of supplementary written questions and are currently working through our response.

### Ysbyty Gwynedd Infrastructure Compliance

The Senior Responsible Officer together with the Acute Care Director and members of the project board, presented the programme business case to the Welsh Government's Infrastructure Investment Board. As with the mental health business case following the presentation we have received a number of supplementary written questions and are currently working through our response.

### Radiotherapy Replacement Programme

The business case is the subject of a separate report to the Committee.

## **Discretionary Capital Programme 2021/22**

BCU has experienced a number of challenges due to the current overheating of the local construction market with tenders either being in excess of planned budget or companies declining tender. Cost pressures have also been experienced with respect of additional works required to the ventilation and lighting systems for the Ysbyty Maelor Wrecsam Critical Care Unit and the requirement to provide an interim solution for the re-establishment of outpatient therapy services in Wrecsam. Delays have been experienced with the development of ward 10 at Ysbyty Glan Clwyd due to extended procurement times.

The impact on the capital programme may be summarised as follows:

<b>Scheme</b>	<b>Planned £(m)</b>	<b>Forecast £(m)</b>	<b>Variance £(m)</b>	<b>Comment</b>
YG- Macs Fax	0.250	0.606	(0.356)	Lowest tender in excess of pre-tender estimate
YBB – Phase 3	0.600	0.033	0.567	Tenderers declined
YGC - Colposcopy	0.300	0.478	(0.178)	Lowest tender in excess of pre-tender estimate
YGC- ward 10	1.602	1.314	0.258	Programme delayed
YMW – Critical Care Unit	2.556	2.656	(0.100)	Add works to ventilation and lighting
Heddfan window replacement	0.500	0.564	(0.064)	Lowest tender in excess of pre-tender estimate
Fit out Pen y Rhos	0	0.150	(0.150)	Interim solution for Wrecsam therapies
EFAB - MHL D	0.620	1.218	(0.598)	Lowest tenders in excess of pre-tender estimates
<b>Total</b>			<b>(0.621)</b>	

As indicated previously the current expenditure to date remains behind the planned profile, capital leads have confirmed that all schemes have either commenced, orders have been placed or tenders have been received and their expectation is that we will meet our CRL. As indicated above an element of over-commitment has been retained to allow for any further slippage in the remainder of the year.

### **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.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance &amp; Information Governance Committee 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Operational Plan Monitoring Report 2021-22 Position as at 31<sup>st</sup> December 2021</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Hill Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Ed Williams Deputy Director of Performance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	The Executive Team and Chief Executive Officer have reviewed this report. Changes made to the report since publication of Quarter 2 position are detailed in the version control page of the Report.						
<b>Atodiadau Appendices:</b>	Appendix 1 – Annual Plan programme action plan.						
<b>Argymhelliad / Recommendation:</b>							
The Performance, Finance & Information Governance Committee is asked to scrutinise the report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<b>x</b>	<b>Er gwybodaeth For Information</b>	<b>x</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
This report provides a self-assessment by the Executive Leads of the progress being made in delivering the key priority actions contained in the 2021/22 Operational Plan, see appendix 1, as at 31 <sup>st</sup> December 2021.							
As an action received from the Partnerships, People & Population Health Committee on the 10 <sup>th</sup> February 2022, the Performance Team are working through the actions to ensure they are correctly aligned to the appropriate Committee. This work will be completed in time for submission of papers for the Health Board being held on 10 <sup>th</sup> March 2022.							
The Performance Team are working with Independent Members, Executive Directors and the Planning Team in reviewing and strengthening the monitoring process and intend to have a new iteration of the Operational Plan Monitoring Report when we present the 2022-23 Quarter 1 position in 2022.							
<b>Cefndir / Background:</b>							
Executive Leads review their assigned actions and RAG-rate progress at the end of each quarter. Where an action has been completed this is RAG rated purple. Amber and red ratings apply to actions where there are risks to delivery or where delivery was not achieved, a short narrative is provided for each red and amber rated action and where actions have changed from a red to purple rating between Q1 and Q2.							

RAG	End of Quarter	By expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	N/A	Actions that weren't reported in Q1 but are included from Q2 onwards following a review of the 2021/22 priority actions'	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

### Asesu a Dadansoddi / Assessment & Analysis

#### Goblygiadau Strategol / Strategy Implications

The operational plan actions underpin delivery of the 2021/22 Health Board Annual Plan, which has been developed in line with agreed local and national strategies – ‘Living Healthier Staying Well’ and ‘A Healthier Wales’.

#### Opsiynau a ystyriwyd / Options considered

Not applicable

#### Goblygiadau Ariannol / Financial Implications

The Health Board has agreed a budget for delivery of the Annual Plan, performance against the budget is reported to Board and Committees via the Finance Report.

#### Dadansoddiad Risk / Risk Analysis

The RAG-rating reflects the risk to delivery of key actions.

#### Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This version of the report will be available to the public once published for the Committee.

#### Asesiad Effaith / Impact Assessment

The Annual Plan has been subject to an Equality Impact and Socio Economic Duty Assessment.

Underpinning schemes and business cases referenced in the operational plan will take into account any potential equality/Welsh Language/quality/data governance/digital/children’s rights implications that may require an impact assessment to be carried out.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# 2021-22 Operational Plan Monitoring Report Quarter 3 Position

**Position as at 31<sup>st</sup> December 2021**

**Presented at Performance, Finance & Information  
Governance Committee on 24<sup>th</sup> February 2022**

## About this Report

- The 2021-22 Annual Plan was approved by the Health Board on the 15th July 2021, this report details progress against the Programme level priority actions that underpin delivery of the Plan.
- The Annual Plan details our response to the priorities we have identified for the year ahead, specifically:
  - COVID-19 response
  - Strengthen our well being focus
  - Recovering access to timely planned care pathways
  - Improved unscheduled care pathways
  - Integration and improvement of mental health services
- For each Programme the responsible Executive Director has provided a RAG (Red, Amber, Green) rated assessment of progress in delivering the actions as at 31<sup>st</sup> December 2021. Supporting narrative has been included for red and amber rated actions and where actions have changed from red to purple between Q2 and Q3.

RAG	Every month end	by expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	Not Reported	These Actions weren't reported in Quarter One but are included from Quarter Two onwards following a review of the 2021/22 priority actions.	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

# Table of Contents

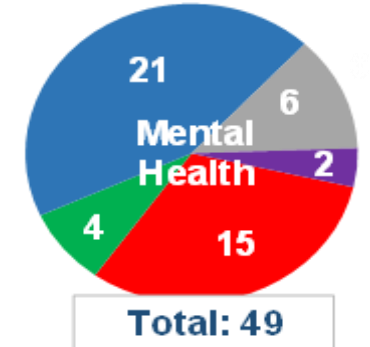
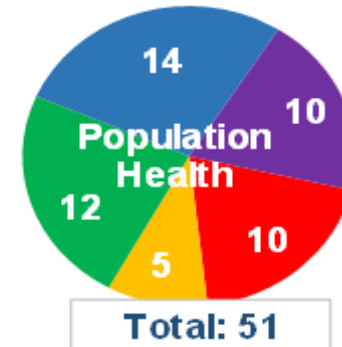
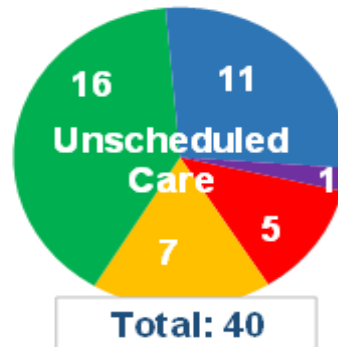
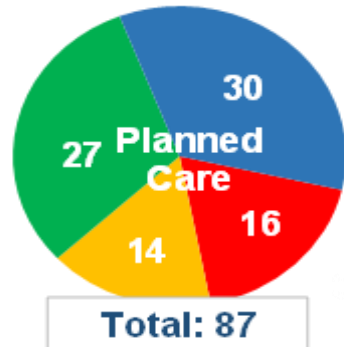
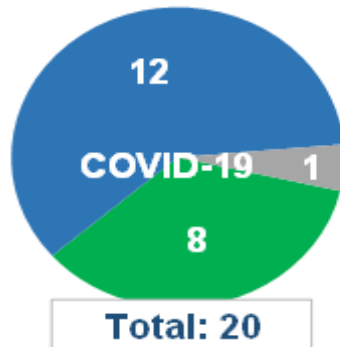
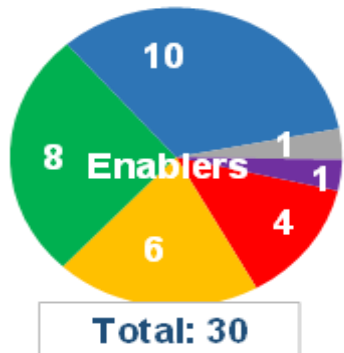
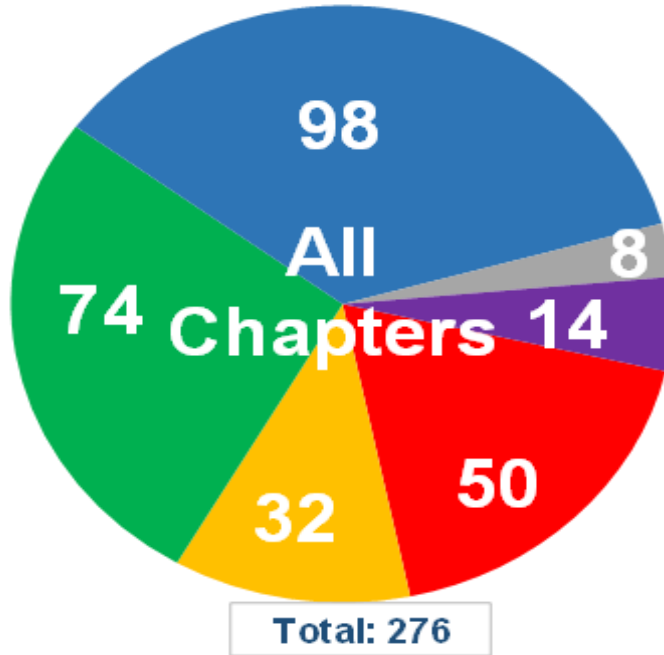
<b>Front Cover</b>	1
<b>About this Report</b>	2
<b>Table of Contents</b>	3
<b>Version Control</b>	4
Summary Graphic	5
<b>Chapter 1: Enablers</b>	6 to 12
<b>Chapter 2: COVID-19 Response</b>	13 to 15
<b>Chapter 3: Recovering access to timely planned care pathways</b>	16 to 31
<b>Chapter 4: Improved unscheduled care pathways</b>	32 to 43
<b>Chapter 5: Strengthen Population Health Focus</b>	44 to 54
<b>Chapter 6: Integration and improvement of mental health services</b>	55 to 60
<b>Further Information</b>	61

## Version Control

- This is the second version for Quarter 3 and is being presented at the PFIG on 24<sup>th</sup> February 2022.
  - The first version of the report was presented at PPPH Committee on the 10<sup>th</sup> February 2022
  - The report has been scrutinised and signed off by the Chief Executive Officer
  - Changes from the Quarter 2 2021/22 version of the report include:-
  - Each action has been aligned to a scrutinising committee and these are identified in the tables.
  - Each Committee will receive a copy of the report elements of the Operational Plan that fall within the remit of the committee, as follows:-
    - PPPH Committee – 10th February 2022 – For Information only
      - Request from PPPH Committee to ensure correct alignment of Actions to the appropriate Committee. This will be completed in time for deadline of submission of papers to the Health Board being held on the 10<sup>th</sup> March 2022.
    - PFIG Committee – 24th February 2022 – For Information only
    - QSE Committee – 1st March 2022 – For information only
  - An overarching summary of the report will be produced for Health Board for 10th March 2022

# Summary of Quarter 3 Position

RAG	Description
Red	Off track
Amber	Risks being managed
Green	On track
Purple	Completed this Quarter
Blue	Completed in Quarter 1
Grey	Action not due to start



Enabler - Page 1 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.1	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.	PPPH, PFIG & QSE	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G	G	G	
E1.2	Pan BCU Support Programmes - Stronger Together	QSE	Executive Director of Workforce & Organisational Development	30th June -30th September Discovery phase;	A	P	N/A	N/A
				31st December-31st March Design phase	N/A	P	G	
E.3	Organisational and Leadership Development Strategy 2022-2025	QSE	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A	N/A	G	
E3.1	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	QSE	Executive Director of Workforce & Organisational Development	30th June-31st March	A	P	G	
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. Identifying and supporting staff at greater risk of contracting COVID-19 and providing specific risk assessment advice. Provide adequate manual handling training and support to staff. Investigate incidents and provide, fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with.	QSE	Executive Director of Workforce & Organisational Development	30th September	R	R	A	

E3.3 Prior to the COVID-19 pandemic the HSE announced their planned 'Inspections of Violence and Aggression and Musculoskeletal Disorders in Healthcare' programme. This is a national programme planned to examine management arrangements for violence and aggression (V&A) and musculoskeletal disorders (MSD's) at care providers in the public sector. Evidence available to the HSE indicates that assaults on staff and MSD's continue to be prevalent in this sector. The HSE inspection of BCUHB took place on 16<sup>th</sup> – 18<sup>th</sup> of November 2021 and consisted of two inspectors, separately based in Ysbyty Gwynedd (YG) and Wrexham Maelor Hospital (WMH). The inspector on the WMH site was an Occupational Health specialist inspector and in addition to looking at MSK's and V&A she reviewed the COVID arrangements for the site. The HB were issued a Notification of Contravention letter after this inspection which gave eight areas of required improvements. This included two improvement notices, four other material breaches and two advisory notices. An action plan has been developed to deal with the issues raised. Although the evidence identified areas for improvement. The HSE recognised that H&S had improved since their last inspection and commended the H&S Team on the direction of travel for the Health Board.

Enabler - Page 2 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E3.4	Security, V&A Improvement Plan	QSE	Executive Director of Workforce & Organisational Development	31st March	R	R	A	
E3.5	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	QSE	Executive Director of Workforce & Organisational Development	31st December	A	A	G	
E3.6	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	PFIG	Executive Director of Workforce & Organisational Development	30th September - 31st December	N/A	N/A	R	
E1.3	Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free	QSE	Shared responsibility for sections of SCC Strategy: Executive Medical Director - Executive Director Nursing & Midwifery Executive Director Workforce & Organisational Development	30th June - Divisions to identify Business case to address SCC Strategy.	R	R	R	
				30th September - Approve/engage/research business case and strategy	R	R	A	
				31st December - 31st March - Implement new ways of working	R	R	A	

### **E3.6 Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision – Quarter 3 update**

Whilst an outline workforce optimisation programme has been drawn up the implementation of the structure has been delayed due to ongoing Covid resourcing pressures and ongoing direct support of the vaccination booster programme. Whilst some recruitment structures have been addressed with the setting up and rolling out of targeted recruitment campaigns for the ED and Stroke business case, wider improvements have been delayed due to the independent Recruitment Process Review which only concluded on 31<sup>st</sup> December. The change plan coming out of the review will lead to significant process improvement across recruitment and the findings of the WOD operating model review will contribute to improved structures and resource in recruitment going forward. Workforce KPIs and targets are in place and are being utilised across nursing and medical staff groups to monitor hotspots and identify areas for intervention. This work is ongoing and will be refined as part of the wider improvement work set to start across recruitment in Q4.

**E1.3 Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free** Divisions to identify business case to address SCC. Whilst there is no formal business case, a paper went to Execs describing how to support accountable areas which was supported. However, the business managers are still not in post. Whilst no formal strategy has been drafted a draft PID has been written to support the program and work streams remain in place to deliver the outcomes. In addition, a half yearly IPC report has been completed. New ways of working have commenced as direct outputs from the SCC programme.

Enabler - Page 3 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E.1.6	Creation of a Digital Strategy	PFIG	Executive Director of Primary & Community Care	31st May	P			
				30th September	G	P		
E1.7	Deliver Phase 3 of Welsh Patient Administration System implementation	PFIG	Executive Director of Primary & Community Care	30th June – Re-start the project.	R	P		
				30th September – System build and data migration.	R	R	R	
				31st December – User acceptance testing and training (UAT).	A	G	R	
				31st March – Lead to up to implementation in May 2022	A	G	A	
E1.8	Deliver Symphony - Phase 1 2020/2021	PFIG	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	P			
E1.9	Deliver Symphony - phase 2 2021/2022	PFIG	Executive Director of Primary & Community Care	30th June – Data migration testing	P			
				30th September – End user training, Go Live period (July), Phase closure	A	P		
E2.1	Deliver Symphony - Phase 3 2021/2022	PFIG	Executive Director of Primary & Community Care	30th September – Phase 3 planning	G	R	P	
				31st December - to be determined from 30th September planning	G	A	P	
				31st March- to be determined from 30th September planning	G	G	A	

## **E1.7 Deliver Phase 3 of Welsh Patient Administration System implementation – Quarter 3 update**

WPAS West implementation into Central has seen a small delay in the delivery of data migration activities against the overarching plan due to complexities of Pathways, follow up waiting lists, Dairies, and feature tables. The Team have a good handle on the issues and have required an additional refinement period before the next data migration activity commences. This has had a knock-on effect on the delivery of the User Acceptance testing environment and training. The team are current working through the plan and at present there is no risk to the go-live date as activities fall within an acceptable tolerance.

The Team has received notice of Welsh Government funding to cover the project until it has delivered the single instance (Central, West and East merger) and is waiting on the Funding confirmation letter to be issued.

## **E2.1 Deliver Symphony - Phase 3 2021/2022- Quarter 3 Update**

There are potential risks that could result in this project not going live in late March 2022. Risks are due to extended lead times to purchase additional equipment, due to supply and demand during COVID-19. Further workarounds / process flow visits to be arranged once configuration User Acceptance Testing has been signed off. There is also a risk that BCUHB resources may not have capacity to under take data migration activities for Phase 3 within the suggested timescales. There is also a risk that estates resources may not have capacity to install wall mounted hardware for Phase 3 within the suggested timescales.

We have mitigation to use existing Central mobile Laptops regarding the first 2 risks, and data migration mitigation would be for the service to accept minimal activity information and DHCW to run the existing extract scripts available.

Enabler - Page 4 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E2.3	Development of the acute digital health record (Cito DHR) pan-BCU	PFIG	Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MVP) & two Early Adopters  * New scanning contract in place	G	G	G	
				31st March – Phase Roll out programme established and underway	G	G	G	
E2.9	Strengthen cyber security	PFIG	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	R	A	G	
E1.4	Pan BCU Support Programmes - Living Healthier & Staying Well (LHSW) & Clinical strategy review	PPPH	Executive Director of Primary & Community Care	30th June Review of current strategy plan developed	P			
				30th September Approval of refresh plan - Engagement plan developed	G	P		
				31st December/31st March - Engagement process initiated	A	G	P	

COVID-19 Response - Page 1 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.5	Enhanced recovery from critical illness  The provision of robust and consistent staffing within traditional 'medical' critical care rotas to ensure patient safety	QSE	Executive Medical Director	30th June - 30th September Development of Business Case	G	P		
				31st December Business Case submitted for internal sign-off and approval	A	A	P	
				31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022	A	A	G	
C1	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 Public Health Wales (PHW) responsibility * Contracts for Regional, Local and Mobile testing units and Welsh Ambulance Service NHS Trust (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)	PPPH	Executive Director of Public Health	Measure through capacity and Turnaround Times.  Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	G	G	G	

COVID-19 Response - Page 2 of 3

Plan Programme Ref	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1 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)	PPPH	Executive Director of Public Health	30th September – capacity plans are in the progress of being built now with the planned care services. The target is to ensure there is adequate capacity to provide the required PCR testing within a 72 hour pre treatment period.	G	P		
			30th September evaluate	A	P		
			31st December devices implemented subject to effectiveness of evaluation	P			
			Lateral flow testing devices deployed to BCU frontline staff c.17,000; managed through Shared Services for distribution and line managers for registration and replenishment. 31st May				
			30th June – in place by the end of 30th June and on-going until WG policy determines otherwise	G	G	G	
C1.1 Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	PPPH	Executive Director of Public Health	By 30th June and on-going through 2021-22	G	A	G	
				A	A	G	
C1.2 Continue North Wales liaison on protect agenda coordinating multi-agency response	PPPH	Executive Director of Public Health	30th September and ongoing	A	G	G	

COVID-19 Response - Page 3 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1.3	Implement and deliver the BCUHB mass vaccination programme.	PPPH	Executive Director Nursing & Midwifery as Senior Responsible Officer (SRO) – Mass Vaccination Programme	Development of a sustainable delivery model as we move into an annual vaccination and booster programme, in line with evolving national clinical guidance and Welsh Government Strategy. This will ensure we have a strategy for future proofing the programme, transforming it into a 'business as usual' model.	P			
				Demonstrable equal access to the vaccination programme for all groups with special characteristics or other underserved groups as defined within the North Wales Vaccination Implementation Plan.	P			
				Ensure the mechanisms in place continue with the interpretation of clinical guidance, development of clinical pathways and maintain and review them as required.	P			
				Development of a workforce model which will deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
				Development of an estates plan which will provide the capacity to deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
				Develop an efficient contact process and self-service booking system under Welsh Government Guidance. Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the Welsh Government (WG). This will also include guidance and criteria. By 31st December	G	G	G	
C1.5	COVID recovery - all Children's Services	PFIG	Executive Director Primary & Community Care	30th June – Baseline assessment.	P			
				30th September - Service Level plans to deliver agreed.	A	P		
				31st December-31st March - Ongoing performance monitoring via Regional Children's Services Group.	N/A	N/A	N/A	

Recovering access to timely planned care pathways - Page 1 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1	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.	PFIG	Executive Director Primary & Community Care - Acting Executive Medical Director	Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision. 30th June	P			
				Interim contract in place for accuRx use by North Wales practices. 30th June	P			
				Work with DHCW to agree long term contract requirements 30th September	G	R	A	
				All Wales contract in place for accuRx 31st December	G	A	R	
R1.1	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	QSE	Executive Director Primary & Community Care	Extend eConsult provision to participating practices. 30th June	P			
				Monitor eConsult activity including patient satisfaction 30th June	P			
				Monitor patient/clinical satisfaction in relation to video and telephone consultations 31st December	A	G	G	
				Review access to virtual consultation training 30th September	G	G	G	
				Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above) 31st December	G	G	G	
				Feed local learning into the national Strategic Programme to inform future strategies 31st March	G	G	G	

**R1 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.**

Work with DHCW to agree long term contract requirements 30th September 2021 – DHCW are not coordinating the procurement of accuRx. A local options appraisal of IT platforms available to GP practices is therefore being progressed along with funding proposals (as noted in the IMTP). Current status of other Health Boards in Wales has been requested to gain a better understanding of the uptake of the digital platforms on an all Wales basis to inform BCUHB preferred position from April 2022 onwards. The eConsult contract has provision to extend at the current patient rate and funding has been identified in 2022 to continue.

All Wales contract in place for accuRx 31st December 2021 – This will not be achieved as accuRx procurement is not be facilitated on an all Wales basis.

The National Framework for digital consultation solutions is currently being searched for suitable providers to inform the ongoing discussions regarding funded / negotiated options for GP practices and recommendations are expected to be made in Qtr 4.

## Recovering access to timely planned care pathways - Page 2 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.2	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated Quality Assurance and Improvement Framework (QAIF))	PFIG	Executive Director Primary & Community Care	Review 2020/21 performance against standards (validated data released June 21) 30th June	P			
				Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team 31st March Rolling contractual programme	P			
				Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum 30th June-30th September	P			
				Performance reports provided at Board level in line with Access standards guidance requirements. 30th June-31st March	G	G	G	
R1.4	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	PFIG	Executive Director Nursing & Midwifery	Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times 30th June	R	G	G	
				Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes 30th June	R	P		
				Development of proposals to manage the backlog of planned care in the primary care sector 30th June	R	R	R	
				Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March	G	A	A	

### **R1.4 Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)**

Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement.

31st March - Work is ongoing on a comprehensive review of clinical pathways, partly linked to the RTC development and partly the various GIRFT initiatives in Orthopaedics, Urology and Ophthalmology, to be followed up by work in General Surgery and Gynaecology. The first workshop is 1<sup>st</sup> February and others will follow.

In addition, there is a communications strategy under development to improve communications with both GPs and patients.

Comms- There are now plans to re-instate the process by which waiting list information is shared with both Primary and Secondary Clinicians. This will be delivered via the Website, and therefore can be effectively be a live update. This should be operational by the end of the financial year.

This forms part of the Communications Strategy, which is a key part of the Planned Care Programme, and which is now under development, including a range of information on the HB Website for patients, carers and clinicians. Other forms of communication – social media etc. – are under consideration.

R1.4 Clusters have had the opportunity to bid for additional transformation funding (non-recurring) to address the backlog in chronic conditions planned care. A number have developed schemes which are currently being implemented. In addition, local and national enhanced services have been commissioned from individual practices (who choose to provide) to provide additional access which in turn create capacity to address the backlog. Progress will continue to be reviewed during 22/23.

Recovering access to timely planned care pathways - Page 3 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.6	Further development of the Primary and Community Care Academy	QSE	Executive Director Primary & Community Care	PACCA Business Case finalised 30th June	R	R	G	
				Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include: 30th June	R	R	P	
				Training Hub established and posts advertised 30th September	N/A	R	R	
				Level 7 Vocational Education Programme in place 30th September	N/A	R	P	
				Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University 31st December	N/A	P		
				Evaluation Lead and Research Development appointed 30th September	N/A	R	R	
				Trainees in post and commencing education programmes / ongoing evaluation of training hub 31st December	N/A	P		
				New Cohort of Practitioners to join Vocational training Programme 31st December	N/A	P		
				Further development and testing of competency framework 31st December	N/A	G	G	
				End of year report 31st March (published 22/23)	N/A	G	G	

### **R1.6 Further development of the Primary and Community Care Academy**

The actions recorded as red status could not be progressed prior to the Business Case being approved by Board. Board approved the Business Case on 20th January, with funding confirmed. Both actions can now be progressed in Q4.

## Recovering access to timely planned care pathways - Page 4 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.7	Development of a North Wales Dental Academy, to include a training unit, General Dental Services (GDS) and Community Dental Services (CDS) provision	PPPH	Executive Director Primary & Community Care	Robust programme governance arrangements were established in 2020/21 30th June	P			
				Advertise the contract 30th June	P			
				Award to preferred provider 30th September	G	R	G	
				Seek Board & WG approval to award preferred bidder 30th September	N/A	R	G	
				Commission facility 31st March	N/A	G	G	
R1.8	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	PFIG	Executive Director Primary & Community Care	31st March	G	G	G	
R1.9	Commission additional general dental provision	PFIG	Executive Director Primary & Community Care	31st December	G	P		
R2	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	PFIG	Executive Director Primary & Community Care	31st March	G	A	A	
R2.3	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	PFIG	Executive Director of Primary & Community Care	31st March	A	G	G	
R2.7	Delivery of agreed 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)	PFIG	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	G	R	R	
				31st March- delivery of cohort 1 with exception of orthopaedics	G	R	R	

### **R2: Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.**

Community Pharmacy care home enhanced service – amber Limited interest from contractors to provide service due to capacity issues and the need to renegotiate fees. National service specification update is nearing completion and we plan to relaunch service in Q4 (subject to Omicron impact); Transformational project to test out concept of multidisciplinary care home reviews involving community pharmacy planned for launch in 6 pharmacies from Jan 2022 (subject to Omicron)

### **R2.7.Delivery of agreed 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)**

Endoscopy Recovery Plan in development including continued plans for insourcing and the procurement of 2 room modular units ( sites identified and to be confirmed) to reduce the backlog and plan for regional centre capacity increases.

Recovering access to timely planned care pathways - Page 5 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.8	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	PFIG	Executive Director Nursing & Midwifery	P1-and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan. 31st December	A	A	A	
				Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September	A	R	A	
				Introduce super green pathways to protect elective capacity 30th September	A	R	R	
R2.9	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	PFIG	Executive Director Nursing & Midwifery	31st December	A	A	A	
R3.2	Insourcing to support provision of service for cohort 1&2  Outsourcing specification for Orthopaedics	PFIG	Executive Director Nursing & Midwifery	30th June	R	R	R	
R3.4	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.	PFIG	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	A	R	A	
R3.5	To explore external capacity to support access to treatment	PFIG	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July- If these time frames work then outsourcing could be August insourcing September.	A	R	A	
R3.6	Development of sustainable endoscopy services across North Wales	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	A	
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	A	R	R	

### R2.8 Update to P1 and P2

Risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Outsourcing contracts have been established for orthopaedics, cataracts to support activity

Continually review capacity of external providers to deliver more activity, to support more efficient services **update to** weekly outsourcing and insourcing meetings occur weekly, outsourcing interim manager appointed, substantive commences in February 2022, monthly contact with external providers reviewing capacity available continues.

Introduce super green pathways to protect elective capacity update to: re-start of green areas continues to be planned depending on covid situation, Abergele being explored for green bubble services

### R2.9 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

Update to pilot physio programmes have commenced supporting patients awaiting their operation

### R3.2 Outsourcing specification for Orthopaedics

- Contract with Spire has been operational since Sept. 2021.
- It was agreed that 45 upper limb pts and 30 lower limb pts would be transferred across to Spire per month.
- Interim Outsourcing Programme Lead started in mid Nov.
- Since then, 238 pts have been transferred against a plan of 185; 157 upper limb and 72 lower limb.
- Substantive Insourcing/Outsourcing Programme Manager commenced post 01/02/2022.

### R3.4 Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful –

OPD manager appointed and has commenced OPD modernisation and strategy paper supported by planned care transformation group (PCTG)

## R3.5 30th June out to tender,

insourcing early July-

If these time frames work then outsourcing could be August insourcing September. **Update to:** outsourcing for orthopaedics has commenced in November and cataracts in December. Insourcing specification being written for Q1 tender and implementation

## R3.6 Development of sustainable endoscopy services across North Wales

Endoscopy Business Case

Baseline performance reduced due to underperformance of insourcing companies and staff shortages amongst BCUHB staff. Recruitment now progressing to meet gaps. Plans for modular procurement to be agreed to reduce backlog over the next 2 financial years to align with the regional treatment centres. Additional project support remains a concern.

Recovering access to timely planned care pathways - Page 6 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	1. Increased rapid access breast cancer clinic capacity across the Health Board – business case approved by Executive Team June 2021; these clinics have been provided on an ad hoc basis since November 2020 and can now be established as part of core activity once new posts are recruited to.		A	G	
				2. Continuation of the early diagnosis lung cancer pathway which ensures patients with a suspicious chest X ray are directed straight to CT – funded in 2021/22 with a business case for ongoing funding being developed		A	P	
				3. Development of one stop neck lump clinics – project team established and pathway agreed; business case to be submitted this month		A	G	
				4. One stop rapid diagnosis clinic for patients with vague but concerning symptoms – project manager in post, project team established and pathway agreed; business case to be submitted this month		A	G	
				5. Increase in Clinical Nurse Specialist and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case submitted and to be considered by Health Board business case review team in July		A	G	
				6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and awaiting approval.		G	P	
				7. Pathway improvement posts to work with clinical teams to introduce the National Optimal Pathways for cancer ensuring pathways are as streamlined, efficient and effective as possible – business case submitted, awaiting approval (NB one post already funded by Wales Cancer Network and going through recruitment process)		A	G	

Recovering access to timely planned care pathways - Page 7 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals		Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional mobile scanners / staffing in place 30th September	A	R	R	
R4.1	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals		Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional clinic space / staffing in place 30th September	A	R	R	
R4.2	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)		Executive Director Nursing & Midwifery	Recruitment to medical, scientific / allied health professional, supporting and administrative posts and Identification of estates and equipment priorities 31st March	A	A	A	
R4.5	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)		Executive Director Nursing & Midwifery	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 30th September	G	R	A	
				Development of self-management information 30th September	G	R	R	
				Implement 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 30th September	G	R	R	
				Use patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales 30th September	G	R	R	
				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. 30th September	G	R	R	
	Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers. 30th September	G	R	R				

The Insourcing Strategy is under development, with a range of small initiatives being replaced by a broader approach, culminating it is intended in a mixed speciality surgical arrangement across all 3 sites.

This will augment the outsourcing plans to provide a comprehensive short to medium solution to the shortfall in planned care capacity, pending the opening of the RTCs

Outsourcing arrangements for Orthopaedics and Ophthalmology are working well, and a proposal for Insourcing to cover Mixed Surgical Specialities is being presented to Executives 2/2/22.

NB The current pause on non-urgent planned care activity will affect the projection for clearing Cohort One by March 2022. A reassessment is currently underway.

## Recovering access to timely planned care pathways - Page 8 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4.6	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	PFIG	Executive Director Nursing & Midwifery	Initiated with pump priming 2020. Continuation secured through BC approved June 2021. Optometric Contractual Reform predicted to negate future re-tender requirements.	G	R	G	
R4.7	Enable work to progress on strategic service developments urology	PFIG	Executive Director Nursing & Midwifery	Delivery Robotic Assisted Surgery (RAS) 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	A	R	G	
R4.8	Delivery of the Primary ODTG Glaucoma Integrated pathway	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	G	
R4.9	Delivery of the Diabetic Primary ODTG Integrated pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	G	
R4.10	Delivery of the Age-related macular degeneration/IVT pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	A	
R10.2	Ensure Safe and Effective Care	QSE	Executive Director of Public Health	1. Implement the recommendations of the HIW National Review of Maternity Services (November, 2020) Action 1: 31st December	A	G	G	
				2. Implement the National MiS solution for Wales (HIW, November 2020). Action 2: WG Initiative	R	A	A	
				3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy. Action 3: informed by WG timetable	A	A	A	
				4. Benchmarking exercise against NICE Quality Standards Action 4: 30th September	A	P		
				5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model, Action 5: 30th June	P			
				6. Ongoing monitoring of safety equipment checks. Action 6: 30th June	P			

## Recovering access to timely planned care pathways - Page 9 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R10.2	Ensure Safe and Effective Care	QSE	Executive Director of Public Health	7. Reflect workforce plans with national standards for maternity services. Action 7: 30th September	A	P		
				8. Implement 'Mothers and Babies Reducing Risk through Audits and Confidential Enquiries' (MBRRACE) recommended Local and National improvement initiatives to reduce stillbirth Action 8: 31st March	A	P		
				9. Implementation of the GAP/GROW I + II Action 9: 31st March	A	G	G	
				10. Mortality and Morbidity multi-professional reviewed carried out to conform to MBRRACE and perinatal mortality review tool (PMRT) requirements. Action 10: 30th September	A	P		
				11. Promoting normality in first pregnancy, latent phase project in community. Action 11: 31st December	G	G	G	
				12. Ensure compliance with the C-Section Tool Kit to maintain Elective C-Section rates under 10% by increasing external cephalic version (ECV) and maximising vaginal birth after caesarean (VBAC) opportunities. Action 12: 31st December	G	P		
				13. Implement the MBRRACE and Each Baby Counts (EBC) Recommendations. Action 13: 30th September	A	P		
R10.4	Implement Sustainable Quality Care	QSE	Executive Director of Public Health	1. Ensure staffing levels are birth rate plus and RCOG compliant Action 1: 30th June	P			
				2. Reduction of activity in contract agreement with CoCH services, Action 2: 31st December	A	G	G	
				3. Implement the 21/22 Revenue Business Development Plans. Action 3: 31st March	G	P		
				4. Develop stronger governance systems, for performance and accountability. Action 4: 31st December	G	P		
				5. National CfSM Peer Review by WG and Clinical Supervision Resource Mapping. Action 5: 30th September	G	P		

## R4.7

Robot procurement in final stages, urology re-design process being aligned with GIRFT work streams, inaugural meeting held

## R4.10

**Action 1: Deliver Sustainability Business case to provide additional staff resources to deliver AMD/IVT targets.** 100% compliant (Agreed June 21)

**Action 2: Recruit to IVT posts funded by sustainability business case.** >90% compliant. Mutual aid established in interim to mitigate and reduce unplanned variance. On track for delivery.

## R10.2

**Action 1: Implement the recommendations of the HIW National Review of Maternity services (November 2020)** - 87% compliant

**Action 2: Implementation the National MiS solution for Wales** – Programme lead appointment from the All Wales network, initial discussion with Health Boards in progress during Jan 2022. Business requirements circulated to all health boards for informatics and services to review the scope and initial spec of the system required.

**Action 3: Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy** – Still awaiting KPI's and outcome measures from WG.

**Action 9: Implementation of the GAP/GROW I + II Action 9: 31st March** – Full benchmarking exercise has been undertaken against the care bundle, resulting in an analysis and action plan. Ultrasound compliance with GAP and GROW programme under review. Insourcing of ultrasound capacity still ongoing.

**Action 11: Promoting normality in first pregnancy, latent phase project in community** – Task and Finish Group completed in the community, led by the consultant midwife with the proposal of a pilot on training in one community area. Central area identified as the pilot area on track to progress in Q4.

## R10.4

**Action 2: Reduction of activity in contract agreement with Countess of Chester (CoCH) services** – Actual activity reduced but no changes made to contract during COVID-19 pandemic. This will be reviewed in April 2022 as per advice from the contracting team. Engagement and initial discussions with their CCG have taken place to ensure quality measures and outcomes are in place.

## Improved unscheduled care pathways - Page 1 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.3	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	PFIG	Executive Director Primary & Community Care	Presentation to WG of pathfinder proposals for 2021/22 to secure additional funding for current pathfinders (East & Central Areas). Further development of UPCC pathfinder in East Area covering 6 clusters. Commence UPCC pathfinder in North Denbighshire in partnership with mental health third sector. Development of proposals/business case for a UPCC pathfinder(s) in West Area 30th June	P			
				Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December	G	A	G	
				Participation in national evaluation of all pathfinder UPCCs, with recommendations for a future model of care. 31st March	G	P		
				Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for north Wales 31st March	G	A	G	
I1.1	Implementation of Single Care Home Action Plan	PFIG	Executive Director Primary & Community Care	30th June. Secure Funding for additional Quality Posts. Questionnaire to partners. Hold two workshops to agree components of the Quality Assurance Framework (QAF). Draft QAF by end of 30th June. Recruit to Quality Posts.	G	P		
				30th September Conclude recruitment and undertake engagement with providers and key stakeholders.	G	P		
				31st December Refine QAF and commence Implementation.	G	G	P	
				31st March Full implementation	G	G	G	

**R1.3 - Local review of Urgent Primary Care Centres (UPCC) pathfinders, including cost benefit analysis to determine future requirement for north Wales.**  
Regional UPCC forum in place to share learning, developments and performance metrics, and develop a local evaluation process.

### **West – Hub and spoke Model (Ysbyty Penrhos Stanley & Ysbyty Alltwen)**

- UPCC business case approved and predicted start date for service now April 2022
- UPCC capacity identified and confirmed, staffing elements with GPOOH ongoing and delayed pending meeting.
- UPCC locations confirmed across three sites, this will expand upon the locality cover that the service can provide
- Recruitment, purchase of necessary equipment and set up of the IT system has commenced and is ongoing

### **Centre – Cluster based model in Denbighshire**

- Secured Advanced Paramedic Practitioner (APP) resource to run pilot / test days during December – will be evaluated to inform future implementation from lessons learned. Challenges to fill second APP role. Consideration now being given to contracting with WAST for APP to fill remaining hours.
- Recruitment ongoing to fill identified nursing, ANP and trainee posts. Delays with recruitment checks impacting on some start dates.
- Opportunities to offer 20 urgent access mental health appointments per day (for appropriate presentations)

### **East – Hub and spoke Model (Wrexham and Mold)**

- Improved working between UPCC & ED including access to test results by UPCC to increase UPCC activity, aid reducing pressures and identify areas of improvement.
- ED considering access to a room for UPCC to see COVID-19 symptomatic patients F2F (where symptoms are secondary to minor illnesses). Room conversion costs (for UPCC space in Mold to release outpatient room) to be considered progress agreement for room conversion and feedback on timescales as soon as possible
- To establish a monthly area acute review of performance referring to MIU and UPCC
- MIU team and UPCC team to review data of attendances and criteria/symptoms
- Schedule rotation for sharing of skills with EDs
- Identify geographic source of patients and match to opening hours
- Test of change to be carried out on use of Symphony by UPCC clinician to aid consultation of walk-in patients unsuitable for MIU ENP (i.e. if outside remit of MIU PGD)

Improved unscheduled care pathways - Page 2 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.2	Transformation of Community Services - Home First Bureau	PFIG	Executive Director Primary & Community Care	30th June – Baseline data being collected	P			
				30th June – Review of Home First Bureaus	P			
				30th September – Review of baseline data	G	R	G	
				30th September – Home First Business Case approved and all posts recruited to.	G	R	R	
				30th June – Training and education across system.	G	R	R	
				30th September – Gap analysis and recruitment	G	R	R	
				31st March – Ongoing monitoring	A	A	A	

**I1.2: Transformation of Community Services -Home First Bureau (HFB) Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, Discharge to Recover & Assess (D2RA), therapies and Community Resource Teams (CRTs). Fully implement Discharge to Assess capacity within the community.**

A regional HFB Business Case has been written and is currently going through health board approvals process to secure recurrent funding. Although this has been rated as Red, each Area has already established HFBs and is currently operating those services with temporary redeployed or bank staffing and at a cost pressure within current services. Approval of the business case is required to enable HFBs to recruit substantively to the staffing model outlined in the business case and will secure recurrent funding for those services. Work is already underway to consolidate and map our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT, and ultimately fully implement Discharge to Assess capacity within the community. D2RA ward resources developed and cascaded (to acute and community hospitals). Pan-BCUHB electronic Transfer of care (TOC) referral form has been developed. Pan-BCUHB patient flow and discharge new intranet site going live early in Q4 with D2RA resources. Recruitment adverts are live and are currently going through the system.

Data dashboards have been developed to support the service.

## Improved unscheduled care pathways - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.3	Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.	PFIG	Executive Director Primary & Community Care	COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing	A	G	G	
				Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East) 30th June – workforce review. 30th September/ 31st December – extend Multidisciplinary Team (MDT) model from South Wrexham to Central Wrexham and North West Wales	G	G	G	
				YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor	A	A	A	
				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). East 30th June Marleyfield	A	A	G	
				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. West - Ysbyty Gwynedd (YG) Frailty unit – on hold, funding not confirmed. Led by acute.  West Frailty model in place  West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December	A	R	R	

**I1.3: Transformation of Community Services -Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.** Ysbyty Gwynedd (YG) & Ysbyty Glan Clwyd (YGC) Frailty units established and staff recruited. Rated red on the basis that a Frailty Business case is currently in development. Although some funding has been given the frailty units have not been fully established. Work is ongoing between Area and Acute teams to provide additional resource to support the frailty unit model and are working with our local authority colleagues. Recruitment is ongoing within the limited budget given. Full approval of the business case is required to enable us to recruit substantively. In the meantime we are working with partners to develop the Winter Planning response pending approval of the business case.

Ongoing review of referral criteria with therapies and social care. Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Same Day Emergency Care (SDEC) (and all other clinical developments) in all three acute sites as part of the MDT team. No funding yet agreed due to business case approval requirements.

## Improved unscheduled care pathways - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
11.5	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.	PFIG	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G	G	G	
				31st March – Sustainability planning for post programme continuation	G	G	G	
11.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	PFIG	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (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 Healthcare Assistants (HCAs) to support care delivery outside hospital  31st March Secure permanent funding, subject to further evaluation	G	G	A	
11.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	QSE	Executive Director Primary & Community Care	30th June – Baseline assessment	P			
				30th September - Developed Improvement Framework and structure	G	P		
				31st December -31st March & Ongoing Performance improvement monitored monthly at Strategic CAMHS Improvement Group. Ongoing Self-Assessment in line with reporting to Board Meetings.	N/A	G	G	

### **I1.7 Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes**

This is rated amber as there are significant staffing issues within the care sector and although the funding is available the workforce is difficult to secure. In addition there are high level of absences due to isolation and sickness leading to additional pressures on the service. Recruitment is currently ongoing.

## Improved unscheduled care pathways - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
12.1	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	PFIG	Executive Director Nursing & Midwifery	31st March implementation	G	G	G	
				Welsh Access Model (WAM) – 31st March				
				KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March				
				NESIs				
	PE – Ongoing through to 31st March SE – Ongoing through to 31st March	G	G	G				
	PIPs: All to be in place by 31st March	G	G	G				
12.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	PFIG	Executive Director Nursing & Midwifery	Established acute and community surge plans 30th September	G	P		
				Specific winter schemes implemented to meet increased demand during Winter as well as COVID-19 demand 30th September	G	R	A	
				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22 30th September	A	P		
12.3	Same Day Emergency Care (SDEC)	PFIG	Executive Director Nursing & Midwifery	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way 30th September	A	R	A	
12.4	Developing the unscheduled care hub, 111 service	PFIG	Executive Director Nursing & Midwifery	Implementation of 111 in north Wales to integrate call handling and nurse assessment functions of GPOOH and NHSD into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care. 30th June - Phase 1	P			

### **I2.2 Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22**

Recruitment progressing and continuing for additional identified winter schemes which is a risk to delivery of schemes. Monitoring and evaluation process being developed to understand effectiveness of schemes at the end of Q3 which should be the target date rather than 30<sup>th</sup> September.

### **I2.3 Same Day Emergency Care (SDEC)**

Rated Amber from Red - new processes commenced in YG and YGC, new surgical SDEC developed in Wrexham. Electronic Admission System (EAS) is used to follow patient through the system and capture activity. Recruitment is ongoing and is a risk to full delivery.

Improved unscheduled care pathways - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	PFIG	Executive Director Nursing & Midwifery	31st December	A	G	A	
I2.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	PFIG	Executive Director Nursing & Midwifery	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.	G	R	A	
				Phase 1 service proposal focuses on: Prevention including improved AF detection Stroke Prevention – 30th September				
				Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery Acute services – 30th September	G	R	R	
				Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100%	G	A	G	
				Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September	G	R	G	
	A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay Consistent approach to rehabilitation – 31st March	G	G	G				

### **I2.6 Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area**

Advert is live for 4.5 trusted assessors. At risk due to the business case not being signed off.

### **I2.7 Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model**

Posts for 3 Stroke Screening Nurses went out to advert September 2021. Recruitment for is complete and 2 of the postholders start in February. The success of the Preventative Screening service is dependent on the GP practices to embrace the new service. The very real pressures on GPs and practices currently is a risk to the implementation of the service. To mitigate the risk, 3 cluster leads have joined the Preventative Project work-stream and a plan to pilot the new service in a few practices first, is being implemented, in order to identify the impact of the pressures in the GP practices and also to use the outcomes of the pilot to share with GPs to encourage them to take part in the implementation of the preventative programme. This pilot approach will lead to some slippage on the original timetable.

Specialist stroke nurses Job Description (JD) have been agreed and will be going to advert to fill the vacancies in the west imminently. Extended hours still to be agreed. The timetable to recruit additional 3 Sentinel Stroke National Audit Programme (SSNAP) data inputter has slipped and will progress in the next quarter. Due to the planned extension in the current Specialist Stroke service working hours the Organisational Change Process (OCP) may be triggered in some areas. The staff consultation in liaison with the Trade Unions is underway, but thus delaying the recruitment of staff. It is anticipated that the staff will be in place in the last quarter of 2021/22.

The Early Supported Discharge (ESD) posts have now been recruited to. Clinical discussions on the ESD pathway have commenced.

The rehabilitation unit capital works in the west started in December 2021 and are on track, however, the scope of the work has been revisited due to escalating costs. The Rehabilitation Services for the East and Centre are not due to go live until Quarter 2 of 2022/23. However the planning work has commenced including a location option appraisal which is then followed by staff, Community Health Council (CHC), Trade Union and senior management team engagement. If a new location for the Rehabilitation Centre is eventually decided for both the East and the Centre, it will trigger the OCP and a staff consultation will need to take place.

Strengthen our population health focus - Page 1 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.6	Neurodevelopment (ND)- improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	QSE	Executive Director Primary & Community Care	30th June – Baseline assessment.	P			
				30th September - Improvement Plan and structure to deliver agreed.	A	P		
				31st December/4 - Ongoing performance monitoring via ND Regional Steering Group.	A	G	G	

## Strengthen our population health focus - Page 2 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1	Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.	QSE	Executive Director of Public Health	Regulation of smoke free premises, working in conjunction with local authorities or delegate responsibilities established and operating consistently across all sites to be compliant with new legislation which comes into effect 31st March 30th - September 2021.	R	R		
				Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place. 30th June 2021.	P			
				Mental health action plan agreed in response to cessation of exemption to smoke free regulations 31st December	A	P		
S1.1	Implement integrated smoking cessation service	QSE	Executive Director of Public Health	Cross cover and accessibility for evening and weekend, coverage is increased through: - alignment of job descriptions - shadowing - staff development. - job evaluation process complete for job roles 31st December	G	P		
				Provision of support for advisors and bank staff working out of hours is in place 31st March	G	P		
				Single service plan is developed with: - simplified referral system - Improved management and supervision processes implemented 31st December	A	R		
				One system for maintenance and replacement of equipment (CO Monitoring) implemented 31st March	P			
				Dashboard is resumed to strengthen performance monitoring and data availability 30th September	P			
				Review Ottawa model in preparation for 2022/23 planning	A	R		
				Identify primary care partners for targeted community engagement sessions 22/27 31st March	A	R		

## **S1: Building a Healthier North Wales:**

### **Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.**

Waiting for Smoke Free Policy to be approved by W&OD. Hospital directors are aware re implementation of regulation with follow up meetings planned. Initial meetings have taken place with LAs to discuss delegated responsibilities but capacity issues for consistent implementation across LAs. Expectation is that WG will support LAs first quarter of 22/23. We cannot progress communications or enforcement regarding the smoke free policy until it is approved.

Action plan agreed and regular meetings taking place to implement actions

### **S1.1 Implement integrated smoking cessation service**

Job Evaluation complete. Advisor bandings consistent. Shadowing has not yet happened due to COVID-19 restrictions and work patterns. Band 6 recruitment has taken place - start November, will provide enhanced support for advisors. No bank staff yet but recruitment plans are in place.

Expect completion in Q4. Most of plan is in place but delays in meeting across services due to service pressures. Meetings are scheduled for Maternity and secondary care to advance discussions and agreement to single service plan.

Identified as priority in tobacco control action plan for 22-24 and work led by PHW national team. Timeframes have been pushed back by WG with first meetings due in March. This will impact on implementation in year. HMQ Secondary Care service will continue to deliver to local plan and plans have been submitted in relation to BAHW funding for 22/23. We have not been able to access Primary care/GPs due to pressures in services currently. Unlikely that this will change in year.

## Strengthen our population health focus - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.2	Reducing food poverty initiatives are established	PPPH	Executive Director of Public Health	Deliver community education programmes to:		P		
				- Llangefni				
				- Plas Madoc 31st March				
				Finalise programme agreement with one further identified area. 31st December		G	G	
				Develop Food Distribution plan 30th June		P		
				Post-COVID-19 revised strategy to be produced in Plas Madoc 30th September		A	A	
				Increase number of partners and scheme members through engagement events/ membership scheme in Llangefni 30th September		P		
S1.3	Homelessness initiatives are implemented	PPPH	Executive Director of Public Health	Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector. 31st December		P		
				Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire 31st December		A	G	
				Co- Contribute to development of regional Lottery bid to address homelessness (in partnership with housing associations, third sector and local authorities). 31st December		P		
				Refresh with partners the Wrexham programme and Health Board contribution. 31st December		R	G	
				Extended scope for Bangor and links to the food poverty/ training café. 31st December		G	P	
				Post-COVID-19 Rhyl development and Health Board contribution. refreshed with partners 31st March		G	G	

### **S1.2 Reducing food poverty initiatives are established**

- Initial programmes completed, with very encouraging evaluation. Additional funding secured to enhance the Llangefni programme. Plas Madoc currently engaging with the local community regarding the next steps
- Bwyd Da Bangor established. To become fully operational in October 2021. Discussion with Denbigh and Shotton.
- In place. Agreement with Fareshare and Ellesmere Port
- Community consultation ongoing. Delayed due to COVID-19. Face to face engagement sessions planned for November.
- Additional funding received to create up to 4 outreach projects from the Llangefni hub. Currently engaging with residents. Linking with a broader community hub development including 3rd sector regarding location/ access / frequency. Linking with a broader.
- Site identified. Currently scoping the programme content

### **S1.3 Homelessness initiatives are implemented**

- Achieved but bid was unsuccessful
- Alternative programme needs to be considered for the East Area
- Achieved. Scope to also include work to bring back into use the walled garden at Bryn y Neuadd in partnership with services on that site. Modern apprenticeships agreed for the project, creating employment opportunities for those furthest away from the workplace
- Programme agreed with Denbighshire County Council. To be implemented in Q3 and Q4

## Strengthen our population health focus - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.4	Implementation of the Infant feeding project (Wrexham)	QSE	Executive Director of Public Health	To support the Infant feeding (IF) strategy, the training sub group will deliver pre-registration 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. 30th June-31st March -	G	G		
				Targeted 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. 30th September-31st March	G	G		
				Once Quality improvement project complete, evaluate programme, and report for review by Health Improvement and Reducing Inequalities Group 31st March-	G	G		
				Issue Women/Mothers experience survey – questions specific to breastfeeding and experience during COVID to provide lessons learnt and valuable feedback to shape future service delivery 31st December -	G	P		
S1.5	Infant feeding strategy	QSE	Executive Director of Public Health	31st December - Appoint Strategic Breastfeeding Lead (awaiting National JD)	A	R		
				30th June Response due from National team JD forthcoming:	A	R		
				30th June JD developed	A	R		
				30th September Post advertised or seconded	A	R		
S1.6	Establish Children's Tier 3 obesity service	QSE	Executive Director of Public Health	Posts appointed Referral mechanisms established 30th September	A	R		

### **S1.5 Infant feeding strategy**

JD drafted locally as no response regarding national JD received -(green) . Local job evaluation anticipated during Q3 (amber). Advertisement and recruitment of post anticipated Q4 (amber). As this is a senior post, realistically the post holder is likely to require a 3 month notice period, therefore is unlikely to be in post before March 2022. Mitigation regarding some of the 2021/22 BAHW slippage funding has been put in place; draft proposals have been submitted to the North Wales Strategic Infant Feeding Group for agreement.

### **S1.6 Establish Children's Tier 3 obesity service**

Service lead and Consultant Paediatrician appointed. Physio recruitment underway. Psychologist not yet recruited. MDT fully operational by Q4

Strengthen our population health focus - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.7	Establish Children's Tier 3 obesity service - Implement Service Plan	PPPH	Executive Director of Public Health	Implement Service plan: Appoint service Lead for the Level 3 paediatric weight management service Engage with the relevant services (Paediatrics, Psychology, Physiotherapy) about the recruitment of the staff for the service and agree with the relevant services where the service will be hosted Source a base for the service Complete procurement process of purchasing necessary equipment Implement service towards end of the summer, ensuring promoted widely as possible, using partners. 30th September-31st March		A	A	
S1.8	Physical Literacy North Wales programme is established	PPPH	Executive Director of Public Health	Identified partners and relevant workforce trained 31st December		G	P	
				A range of examples of physical literacy informed practice shared with partners across the region 31st December		G	P	
				Resources and tools developed 31st December		G	P	
				Online training resource developed 31st March		G	G	
S1.9	Elemental software is utilised by local authorities	PFIG	Executive Director of Public Health	Agreed activities at each local authority 30th June		P		
				Progress reporting structure established 30th September		P		
				Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group 31st March		G	G	
S2	Inverse Care Law Commissioned report received	PPPH	Executive Director of Public Health	Programme manager appointed 30th September		P		
				Commissioning complete 30th September		P		
				Report from commissioning programme and recommendations received to inform scope of project 31st March		G	P	
				Plan developed 31st March		G	G	

### **S1.7 Establish Children's Tier 3 obesity service - Implement Service Plan**

All staff except the Clinical Psychologist post have been recruited to and five staff have commenced in their posts. Recruitment to Psychologist posts across weight management services in BCU is particularly challenging and as a result the banding of the current Psychologist post in the service may need to be reviewed. A base has been sourced for the team, equipment for the office base has been procured and staff have begun moving in. Due to delays in recruiting staff, the service will begin accepting referrals in April 2022, but this will be a reduced service due to the full complement of staff being unavailable. The lack of a clinical psychologist is a significant risk to delivery due to the importance of offering psychological support to patients. Staff in post have been working hard to develop the educational element of Phase 1 of the 'active' phase of the programme and this is almost completed and ready for delivery.

Strengthen our population health focus - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S2.1	Implementation of Alcohol Insights Commissioned report	QSE	Executive Director of Public Health	Findings shared with Allied Planning Board Action plan developed and implemented 31st December		G	P	
S2.2	Increase level 1 activity particularly in target groups	PPPH	Executive Director of Public Health	Early years dieticians and support workers appointed 30th June		R	R	
	Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September				R	R		
	'Come and cook with your child' programme commences in primary schools 31st December				A	A		
	Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed 31st December				A	A		
	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 31st December				A	A		
	Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased.  - Digital training resources completed and tested 31st December				A	G		

### **S2.2 Increase level 1 activity particularly in target groups**

Team leaders and dietetic assistants across BCU are now in post. One post is still undergoing recruitment in the West area. Reviewing team mix, possible B5 PH nutritionist.

Programme icons and design work has been completed and programme content is being crosschecked against the new curriculum (foundation phase). Newly recruited dietetic assistants are accessing level 2 community food and nutrition skills (CFNS) training in preparation to commence delivery in the Winter and Spring terms. Contingency plans are also being developed to enable delivery in schools where partners are not permitted to visit due to COVID-19 risk assessments. By the end of 21/22, consultation with the sector and a training needs analysis will be complete and implementation of the extended assessment will be underway. Meetings have been undertaken with all Flying Start teams across BCU to discuss integrating the offer within the service. Flying Start family workers in some areas have accessed level 2 CFNS training with the dietetics team, and trials of the 'Eat Smart Save Better' engagement session have been trialled with some Flying Start families.

## Integration and improvement of mental health services - Page 1 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.1	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work	R	P		
				30th September, agree plan for roll-out	N/A	P		
				31st December/31st March implement	N/A	N/A	G	
M1.2	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan	P			
				30th September/31st December/31st March implementation	N/A	P		
M1.3	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	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;30th June	P			
				31st March, dependent on planning permissions outcome	G	G	G	
M1.5	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	R	P		
				30th September, agree plan	N/A	P		
				31st December-31st March begin to implement improvements	N/A	N/A	G	
M1.6	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	P			
				30th September, agree plan and begin roll-out	N/A	P		
				31st December-31st March, on-going work with adjustments as required	N/A	N/A	P	
M1.7	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme	A	P		
				31st December-31st March begin implementation	N/A	N/A	R	

**M1.7 Dementia Care:** Review of Dementia Care remains ongoing. MAS services being scoped by Consultant Nurse for Dementia, hampered by poor MAS data management. Admin input to support data management being sought.

In relation to the review of staff training needs, the original target set by former Consultant Nurse Dementia was unrealistic and hampered by the lack of robust systems to identify education and training needs. The new post holders appointed in July 2021 are currently undertaking this activity which will complete April 2022.

The services modelling continues to be overseen and monitored by Dementia Steering group/RPB and action planning underway led by Interim Director of Patient Experience. 14 action as assigned to Dementia Consultant Nurses to lead using a co-production approach – some actions local and some Board-wide. They are also integral to the local action plans in LLGH and other community hospitals.

Completion of education and training plan will move to Q4 and also into Q1 in 2022 for secondary care, CMHT, MHL, primary care, care homes in order to appraise existing training needs/workforce analyses approaches and develop plans to strengthen these in 2022. Also due to pandemic there is a need to revise previous providers of most training provision.

Regional rollout recruitment for posts have closed and shortlisting has taken place for clinical posts. Admin post is about to go live on TRAC. Equipment is being ordered.

Good engagement with local MAS leads and are drawing up detailed pathway so clear how and when referrals are sent, how outcomes are sent back, locations of service delivery etc.

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.8	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	R	R	P	
				31st December-31st March begin implementation	N/A	N/A	R	
M1.9	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	
				31st December, integrate in to local teams	N/A	N/A	R	
				31st March, evaluate	N/A	N/A	N/A	
M10	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	R	R	R	
				31st December Develop options appraisal	N/A	N/A	R	
M10.1	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	A	R	R	
				31st December Develop future options appraisal	N/A	N/A	R	
				31st March Evaluate work programme to date	N/A	N/A	N/A	
M10.2	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	
				31st December, integrate in to local teams	N/A	N/A	R	
				31st March, evaluate	N/A	N/A	N/A	
M10.3	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	R	P		
				30th June Recruitment of OTs for model across North Wales	R	P		
				30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies	N/A	P		
				31st December-31st March evaluate impact	N/A	N/A	R	

**M1.8 Older Persons (OPMH):** Project group set-up and meeting on 16/12/21 to develop local workforce models for crisis care team, and provide oversight for OT crisis care home prevention and care home liaison project. OT crisis care posts in process of recruiting, however experiencing some delays. Some Crisis Care team recruitment has begun in East and West.

**M1.9 Early Intervention Psychosis:** The RAG- Red rating following the Q1 and Q2 report, is as a result of the delay in the recruitment drive. The consultant psychiatrist interviews were delayed to November 2021; this pushed back the follow on recruitment. We are now recruiting the Care Co-ordinator posts and will have a team ready to be operational by end of January 2022.

The development is now facing a significant delay, with the lack of available and fit for purpose Estates; We have developed the SBAR for action by the divisional capital team, to move forward with rental of accommodation or freeing up the appropriate space within existing accommodation, located between the two counties the East team will support – Flintshire and Wrexham.

As this development is already planned to move into the central and west localities, the estates are being planned for, this will prevent the delay in the development as we move to the central area.

**M10 Forensic Service:** No change from Q2 this requires significant investment and dedicated project management support. NHS Wales Secure care review is to be published in the New year and it is anticipated that this will provide additional base line data and recommendations for the Health Board aligned to Low Secure Care.

**M10.1 Learning Disabilities:** Pooled Budgets 33 Agreement has been approved by Divisional SLT and BCUHB Executive. The final stage for the section 33 agreement will be approval at F&P and we are awaiting confirmation of date. Once confirmed project will go live. Project was presented to the Deputy Minister on the 14/12/2021 who was encouraged by the work to date and progress made in N Wales aligned to the Pooled Budget Pilot. Need for dedicated Project Management support has been identified to support with the ECRS transformational project with business case to be developed.

**M10.2 Maternal Care & Perinatal Services:** There is no significant progress from the last quarter. Recruitment is on-going – JD's for new posts have been accessed and are going through the job evaluation process. The team is currently experiencing significant challenges relating to staffing and at present, business continuity is the priority.

**M10.3 I-CAN Primary Care:** Recruitment paused for further scoping of workforce model. To be confirmed by Senior Leadership Team and completed by Q4 now. Regional roll out of initial pilot has now been delayed until Q4 due to recruitment delay. Mapping of provision for all Area GP surgeries continues to progress into Q4 and Area Stakeholder Groups will be fully established across the region by Q4.

## Integration and improvement of mental health services - Page 3 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Performance			
					Jun-21	Sep-21	Dec-21	Mar-22
M10.4	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st March	A	G	G	
M10.5	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September review and agree plan	A	P		
				31st December, seek Divisional approval and consider funding requirements	N/A	N/A	P	
				31st March finalise plan	N/A	N/A	N/A	
M10.7	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	P		
M10.8	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	
				31st December, integrate in to local teams	N/A	N/A	R	
				31st March, evaluate	N/A	N/A	N/A	
M11	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	R	P		
				30th September, develop and agree a plan	N/A	R	R	
				31st December, agree proposals	N/A	N/A	R	
				31st March, implement	N/A	N/A	N/A	
M11.1	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	G	P	

Position as at 31st December 2021

**M10.7 Unscheduled Care & Crisis Response:** MH SPoC weekend and OOH model has been developed, which will see the service aligned to GP OOH and SICAT. Proposals have been signed off by Crisis Care Steering Group and awaiting approval from CSG before implementation.

Meetings with the DU to explore funding requirements for a 24/7 model will be held by 07/01/2022.

St. John MH Conveyance pilot now live in East.

Sanctuary and MHAU models are being developed in collaboration to ensure a joined-up approach. Sanctuary tender specification to be revised and re-submitted.

Crisis Steering Group focus has been on ensuring proposals are stress tested, with project groups in position and functioning effectively. Alignment of KPIs across crisis care will follow subsequently.

The milestones for quarter 3 are delayed by approx. 3 weeks.

**M10.8 Eating Disorders:** Some recruitment delays continue to affect service delivery (described below), but work being done on:

- Funding and workforce needs secured
- Service demand and capacity is ongoing
- Mapped Pathways and communication Plan ongoing and being developed with other services.

Currently the delivery issue is affected by the lack of accommodation to house the new staff. No base for new staff starting in January (East and central). No base to advertise band 3 Admin. This has been raised a number of times with the Divisions Estates & Capital Group. However, a resolution as not yet been reached.

Additionally, some recruitment – e.g. generic assistants – is being staggered due to the need for senior staff (Band 6's) to be appointed and in post as they will supervise them.

**M11 Liaison:** Demand and capacity modelling has been undertaken across all areas. Psychiatric Liaison project team, has been stood up, and is developing local proposals for stabilising the service in the short term, and enhancing the team with a long term workforce model proposal.

## 2021-22 Operational Plan Monitoring Report Betsi Cadwaladr University Health Board

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

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



follow @bcuhb



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

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Performance, Finance &amp; Information Governance Committee</b> <b>24.2.22</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	<b>Quality &amp; Performance Report to 31.01.2022</b>						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill Executive Director of Finance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Mr Edward Williams Deputy Director of Performance						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	The data and information provided in this report has been scrutinised and signed off by the Chief Executive Officer.						
<b>Atodiadau</b> <b>Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
The Performance, Finance & Information Governance Committee is asked to scrutinise the report and to advise whether any areas should be escalated for consideration by the Board.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth</b> <b>For Information</b>	<input checked="" type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
This report includes indicators from the NHS Wales Delivery Framework 2021-22 and an Executive Summary is included within the paper.							
<b>Cefndir / Background:</b>							
Our report outlines the key performance and quality issues which fall under the delegated powers of the Performance, Finance & Information Governance Committee. The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to the key measures contained within the 2021-22 National Delivery Framework.							
This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales. Additional primary and community care metrics have been added within the Unscheduled Care, Planned Care and Workforce sections.							
The development of the new performance reporting system is underway and incorporates the detailed feedback received as part of the engagement with Board members. The current timeline will deliver an integrated report on clinical and operational performance from April 2022.							

There is a multi- disciplinary project team in place with a clearly defined remit to ensure that the new report, in both content and format, meets the specific requirements of the three Sub-Committees which review performance reporting.

#### **Aseu a Dadansoddi / Assessment & Analysis**

##### **Goblygiadau Strategol / Strategy Implications**

The performance measures included in this report are from the NHS Wales Delivery Framework 2021-22.

##### **Opsiynau a ystyriwyd / Options considered**

Not Applicable

##### **Goblygiadau Ariannol / 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.

##### **Dadansoddiad Risk / Risk Analysis**

The pandemic has produced a number of risks to the delivery of care across the healthcare system.

##### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

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

##### **Asesiad Effaith / Impact Assessment**

The Report has not been Equality Impact Assessed



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Quality and Performance Report

## Performance, Finance & Information Governance Committee

Position as at 31st January 2021  
Presented on 24<sup>th</sup> February 2022

Title	Page	Title	Page
Cover	1	Quadruple Aim 2: Planned Care	18 to 28
Table of Contents	2	Quadruple Aim 3: Higher Value Services	29 to 34
About this Report	3	Quadruple Aim 4: A Motivated and sustainable workforce	35 to 37
Overall Summary Dashboard	4	Additional Information	38
Executive Summary	5	Quadruple Aim 2: Charts – Unscheduled Care	39 to 43
COVID-19	6	Quadruple Aim 2: Charts – Planned Care	44 to 47
Quadruple Aim 1: Improved population health and Wellbeing	7	Quadruple Aim 3: Charts – Workforce	48
Quadruple Aim 2: Better Quality and more accessible healthcare	8	Quadruple Aim 4: Charts – Agency & Locum Spend	49
Quadruple Aim 2: Unscheduled Care	9 to 17	Further Information	50

**Welsh Government has advised Health Boards to continue to monitor performance in line with the measures included in the 2021-22 NHS Wales Delivery Framework.**

## 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'.

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.



In addition to the 6 month Trend, the status of performance against each measure is now RAG rated to demonstrate whether on or off target.

## Ongoing development of the Report

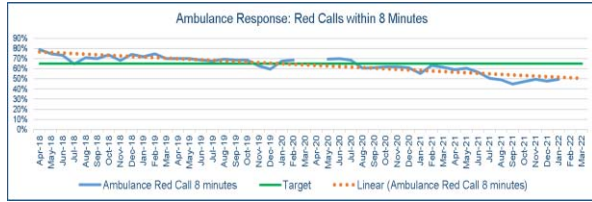
This report now contains an Overall Summary Dashboard (Page 4) where the reader can view the performance of all key measures on one page, together with timeline/ trend of performance over the last 3 years.

Additional information on Primary & Community Care has been added under the Unscheduled Care, Planned Care and Workforce Sections of the report. These will be further developed over coming months.

# Overall Summary Dashboard

## Unscheduled Care Measures

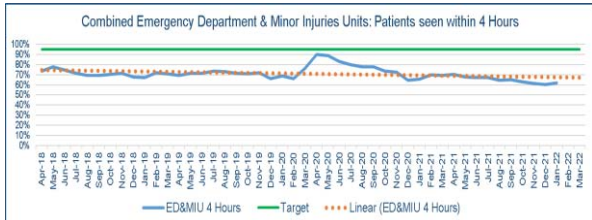
Ambulance Red Calls 8 Minutes: **49.7%**



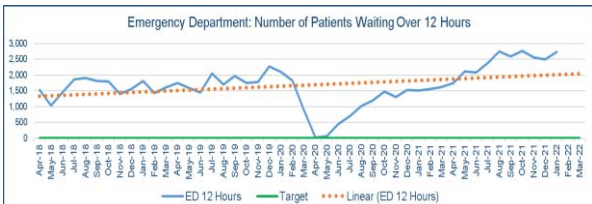
Ambulance Handovers Over 1 Hour: **1,998**



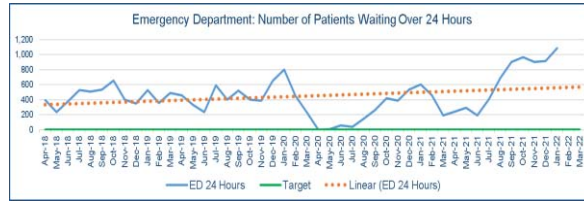
Combined ED&MIU 4 Hours: **62.07%**



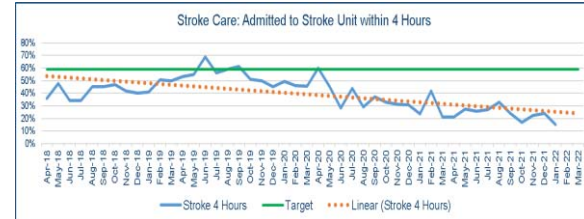
ED 12 Hours: **2,728**



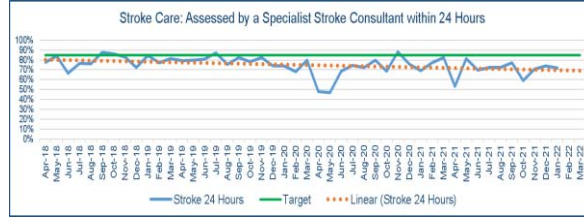
ED 24 Hours: **1,090**



Stroke Admission 4 Hours: **15%**

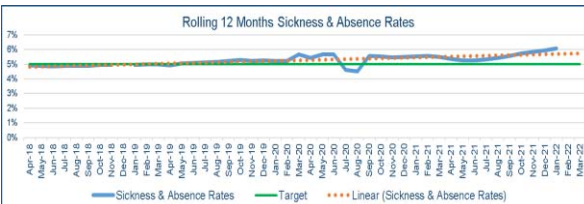


Stroke Consultant 24 Hours: **72%**



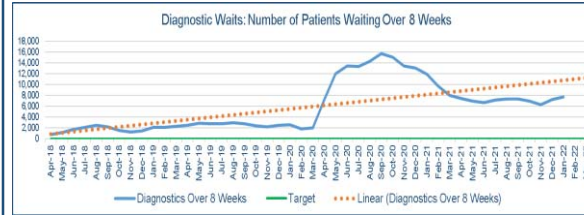
## Sickness Absence

Sickness Absence Rate: **6.06%**

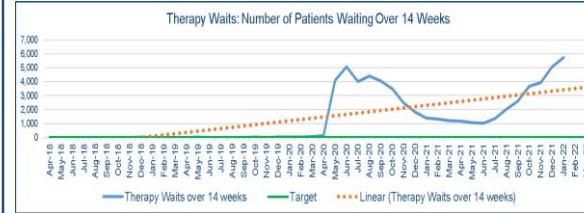


## Planned Care Measures

Diagnostic Waits 8 Weeks: **7,694**



Therapy Waits 14 Weeks: **5,776**



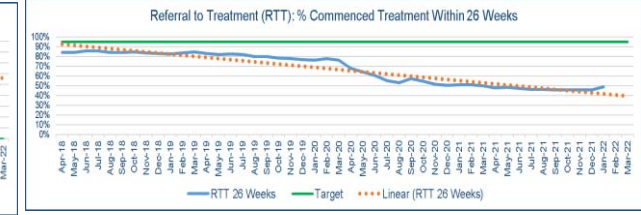
Total Follow Up Backlog: **168,818**



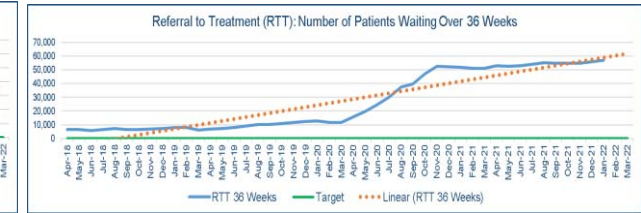
Follow Up Over 100%: **56,693**



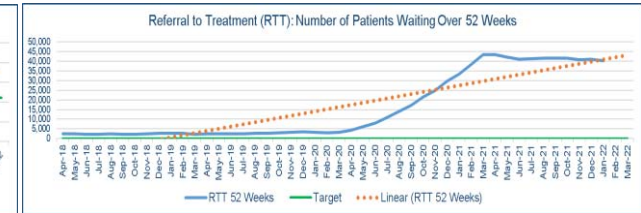
RTT within 26 Weeks: **48.75%**



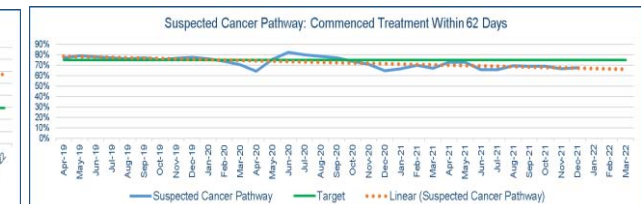
RTT Over 36 Weeks: **57,190**



RTT Over 52 Weeks: **41,191**



Suspected Cancer Pathway: **67.4%**



**The Committee is asked to note the following:** (against a target of 85%) compared to 73.9% in December.

## **Quadruple Aim 2: Unscheduled Care**

Pressures on the unscheduled care system remains and although performance remains below the 95% target of patients seen within 4 hours, at 62.07% in January, it is an improvement compared to 60.23% in December. The number of patients waiting over 12 Hours in our Emergency Departments has increased for the first time in 5 months at, 2,728 in January compared to 2,502 in December. The number of patients waiting over 24 hours also rose to 1,090 in January compared to 915 reported in December. The number of patients experiencing ambulance handover delays of an hour or more also rose to 1,998 in January compared to 1,743 in December.

Performance against the stroke care measure continues to be poor and performance in January fell to 15% compared to 23.6% in December of patients admitted to a Stroke Assessment Unit within 4 Hours (against a target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours also fell to 72% in January

Delayed Transfers of Care (DToC) has been replaced by the Discharge to Recover & Assess (D2RA). Since the starting of reporting D2RA, there has been an increase in the number of patients being delayed whilst awaiting transferring to care homes.

## **Quadruple Aim 2: Planned Care**

As in the rest of the UK, the disruption caused by the Omicron variant of 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 January, the number of people waiting over 36 weeks increased to 57,190 compared to 55,953 in December. The number of patients waiting over 52 weeks remained static at 41,191 in January, compared to 41,190 in December.

The number of patients waiting over 8 weeks for diagnostic tests rose to 7,694 in January compared to 7,287 in December. Endoscopy remains the specialty with the highest number of patients waiting over 8 weeks.

The number of patients waiting over 14 weeks for therapy has increased to 5,776 in January compared to 5,089 in December 2021.

Whilst performance against the Suspected Cancer pathway target of 75% of patients starting treatment within 62 days of suspicion remains below target at 67.4% for December, compared to the 66.6% reported in November. BCU remains one of the best performing Health Board in Wales in terms of the Suspected Cancer Pathway.

At 168,818 in January, there was a significant reduction in the total number of patients waiting on the 'Follow Up' compared to 186,689 in December 2021. However, the number of those patients that are more than 100% overdue their follow up date rose at 56,693 at the end of January from 56,026 in December.

Performance against the eye care measure improved to 44.6% in January, compared to 50% in December.

## **Quadruple Aim 3: Workforce**

The trend for staff sickness rate over the last 6 months (July to January) has been

one of increase with December at 6.06%. COVID-19 related sickness has continued to increase at 1.7% in January (from 0.9% in December).

PADR Rates has remained largely static over the last 4 months at 67.3% completed by end of January (67.8% December). Mandatory Training rates improved slightly to 84.5% in January (84.1% in December) and is just below the 85% target rate.

## **Quadruple Aim 4: Agency /Locum Spend**

In November the combined Agency and Locum cost fell to 7.9% in January compared to 8.6% in December.

## **Quadruple Aim 4: Adults re-attending Dental Care within 6 to 9 months.**

The rate of adults re-attending dental appointments has increased in Quarter 2 of 2021/22 to 28.30%. This is the highest rate since prior to the COVID-19 pandemic.

# COVID-19

## Measures

Measure	at 14 <sup>th</sup> February 2022
Total number COVID-19 Vaccinations given BCU HB	<b>1,534,959</b>
Total Number who have received 3 <sup>rd</sup> Booster dose of vaccine	<b>432,486</b>
Total number of completed tests for COVID-19 (last 7 days - between 8 <sup>th</sup> and 14 <sup>th</sup> February 2022)	<b>14,703</b>
% Tests turned around within 24 Hours (Last 7 days - between 8 <sup>th</sup> and 14 <sup>th</sup> February 2022)	<b>100%</b>
Average turnaround time (Last 7 days - between 8 <sup>th</sup> and 14 <sup>th</sup> February 2022)	<b>Less than 1 Hour</b>
COVID-19 incidence per 100,000 population (last rolling 7 days to 10 <sup>th</sup> February 2022)	<b>302.2</b>
% Prevalence of Positive Tests (last rolling 7 days to 10 <sup>th</sup> February 2022)	<b>26.9%</b>

Source: BCU IRIS Coronavirus Dashboard, accessed 15<sup>th</sup> February 2022 and PHW COVID-19 Dashboard accessed 15<sup>th</sup> February 2022

## 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.

Most of the measures in the NHS Wales Delivery Framework for Quadruple Aim One fall within the remit of the Quality, Safety and Experience Committee.

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.

### Top 5 Measures (based on movement up or down)

Period	Measure	Target	Actual	Trend
Jan-22	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within <b>4 hours</b> of the patient's clock start time.	>= 59%	<b>15.00%</b>	↓
Jan-22	Number of patients who spend <b>12 hours</b> or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	<b>2,728</b>	↑
Jan-22	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	<b>48.75%</b>	↓
Jan 22	Number of patients waiting more than 8 weeks for a specified diagnostic	0	<b>7,694</b>	↓
Jan-22	Number of patients waiting for a follow-up outpatient appointment	Reduce	<b>168,818</b>	↑

# Quadruple Aim 2: Unscheduled Care Measures

Period	Measure	Target	Actual	Trend	Period	Measure	Target	Actual	Trend
Jun 21	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within <b>1 hour</b> of their initial call being answered***	90%	90.72%	↓	Jan-22	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within <b>4 hours</b> of the patient's clock start time.	>= 59%	15.00%	↓
Jan-22	Percentage of emergency responses to red calls arriving within (up to and including) <b>8 minutes</b>	>= 65%	49.70%	↓	Jan-22	Percentage of patients who are assessed by a stroke specialist consultant physician within <b>24 hours</b> of the patient's clock start time	>= 85%	72.00%	↓
Jan-22	Number of Ambulance Handovers over <b>1 Hour</b>	0	1,998	↓	Jan-22	Percentage compliance against the therapy target of an average of <b>16.1 minutes</b> of Speech and Language Therapist input per stroke patient	>= 64%	57.00%	↓
Jan-22	Percentage of patients who spend less than <b>4 hours</b> in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>95%	62.07%	↓	Q2 21/22	Percentage of stroke patients who receive a <b>6 month</b> follow up assessment*	TBA	46.20%	↑
Jan-22	Number of patients who spend <b>12 hours</b> or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	2,728	↑	Aug 21	Percentage of survival within 30 days of emergency admission for a hip fracture**	>= 80%	89.10%	↑
Jan-22	Number of patients who spend <b>24 hours</b> or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	1,090	↓					

\*Stroke 6 month follow up Time is reported 6 months in arrears  
 \*\*Hip fracture survival reported 3 months in arrears  
 \*\*\*Issues with data on OoH/111 data means no update since June 2021

## What are the key issues/ drivers for why performance is where it is?

COVID-19 challenges are reducing across the Health board with a reduction in admission / attendances of those with suspected coronavirus. Staff post re-deployment are returning back to their original workplaces. The Unscheduled care system continues with significant pressures with numbers returning back to pre pandemic. There has been a marked shift in those attending the emergency departments in that the triage category 1 and 2 patients are reducing, supporting a narrative of reduction in acuity, but a marked shift in those attending with a triage category 4 and 5. The Ambulance service has had periods of escalating into Clinical Safety Plan (CSP) 2B and upwards resulting in an increase in those self presenting with strokes/MI's which has impacted on the ability to off load ambulances across the Health board. Flow challenges remain within all the hospital sites and community sites, there is still an ongoing delays with packages of care in the community causing further delays for the community hospitals and Acute site. Staff sickness remains an issue caused by COVID-19 and self isolation resulting in staff shortages across the Health economy.

## What actions are being taken to improve performance and by who?

Command and control remains in place across the health economy co-ordinating through the current operational structures within the Tactical Control Centre (TCC), with sites still utilizing the Senior Manager of the Day (SMOD) rota to support local issues. The system lead rota supports overarching management of the North Wales Health economy and supports any overarching decision making and communication with external stakeholders and feedback accordingly via the TCC to executives. The fortnightly Unscheduled care workshops have continued briefly to support updating staff on progress of schemes but due to limited capacity and sickness attendance remains limited.

Development of three urgent improvement schemes with a planned 90 day turnaround on performance:

- Reduction in ambulance delays and audit of suitability of patients F2S that are held in the vehicles.
- Reduction in paediatric breaches and utilization of alternative pathways.
- Improvement in time to see Clinician to support 4hr performance, and instigation of a pan BCUHB Breach validation process.

# Quadruple Aim 2: Emergency Departments and Minor Injury Units (1)

Work stream:	Updates	Next steps
Work stream 1	<ul style="list-style-type: none"> <li>• Urgent Primary Care Centres (UPCC) development continues within the health economy with locations confirmed in the West to manage local demand with ease of access. The recruitment process continues.</li> <li>• Minor Injuries Units (MIU's) continue to develop the directory of service with an increase in capacity, most notably the re-commencing of 24/7 MIU cover in the West Economy to support the increase in local patient population as we approach half term.</li> <li>• 111 service continues to develop to support health care professionals and continues to have in reach into referring care homes following the recent pilot.</li> </ul>	<ul style="list-style-type: none"> <li>• Planning commenced to support MIU capacity as we approach the half term break and East Break.</li> <li>• Continuing with UPCC/MIU staffing.</li> <li>• Confirmation of a date for the Unscheduled care (USC) summit with Urgent Primary care centres, 111, Single Integrated Clinical Assessment and Triage (SICAT), Welsh Ambulance Service NHS Trust (WAST) and other key stakeholders</li> </ul>
Work stream 2	<ul style="list-style-type: none"> <li>• Identified coding issues in relation to Same Day Emergency Care (SDEC) demand and capacity and being rectified to support developing an increase in attendances with utilization of IT system to support SDEC across BCUHB.</li> <li>• Ysbyty Glan Clwyd (YGC) Frailty unit opened and commencing on pulling suitable patients from Emergency Department (ED).</li> <li>• Pan BCU recruitment for ED and Acute Physicians on going with poor uptake on suitable candidates, so a review of recruitment schemes that have been successful – Ysbyty Gwynedd (YG) Mountain Medicine scheme being shared to utilize previous success.</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of recruitment process by March 2022</li> <li>• Agreeing on IT system for pan BCU SDEC that supports Welsh Patient Administration System (WPAS).</li> <li>• Development and sign off to support WAST SDEC Access pathways.</li> <li>• Role out of SDEC phones for speciality in reach to reduce delays in responding.</li> </ul>
Work stream 3	<ul style="list-style-type: none"> <li>• Continued support to strengthen and develop board rounds across the health economy.</li> <li>• Releasing time to care event completed in YG with feedback to be shared.</li> <li>• On going development of criteria led discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of pan BCU criteria led discharge process to ensure equality across the health economy.</li> <li>• Sharing of YG “Releasing time care “ feedback to USC group.</li> </ul>
Work stream 4	<ul style="list-style-type: none"> <li>• Recruitment progressing with Trust assessors roles across BCUHB.</li> <li>• East area to share data of the D2RA offer to pathway 4 patients from previous months report.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of the community capacity to support those medically optimised within the health economy.</li> <li>• Continued development of the trusted assessors within the health economy post reinstatement of staff.</li> </ul>

## What actions are being taken to improve performance and by who?

A review of timelines of deliverables is being completed in relation to the stepping down of the vaccination programme, operational pressures remain constant as per previous years so an expectation of an updated programme tracker with clear objectives for the next 6/12 to improve performance across all Key performance indicators (KPI's).

Risks and issues that are highlighted at the Unscheduled Care (USC) monthly improvement group are to be shared with all to ensure ownership and oversight of ongoing development.

Development of a recovery plan should the current recruitment drive not present sufficient staff in line with the approved business case with consideration for developing different ways of working.

USC Programme lead and USC Clinical lead.

## When performance is going to improve by and by how much

Current trajectories are being reviewed to support performance improvement plan, but with the expectation to the 3 Urgent Improvement schemes there is an expectation of a further 5% improvement with ambulance delays, 4hr breaches due to emergency Department Data Set (EDDS) Code 1 – Time to see Clinician/ Advanced Nurse Practitioner (ANP) and reduction in paediatric breaches.

Further trajectories to follow.

## What are the mitigations in place for those risks?

- Creation of an Emergency Department (ED) Board pan BCU, with first planned meeting on the 15<sup>th</sup> March 2022 to support joint working ED's across North Wales.
- Planned meeting with Welsh Ambulance Service NHS Trust (WAST) to support plans/actions with combined work to improve performance.
- Bedding down of Same Day Emergency Care (SDEC) to be managed as an SIR to ensure review/flow each day.
- Site reviews to be recommenced when a level 4 escalation has been hit to review actions managed prior to hitting a level 4, along with reviewing actions that have supported de-escalation.

## What are the key issues/ drivers for why performance is where it is?

The business case was approved by Performance, Finance & Information Governance (PFIG) Committee in March 2021 and articulated benefits as follows:

- ensures detection and management of Atrial Fibrillation enabling prevention of 78 strokes Year 2
- enables 37% earlier discharges of current Strokes (515 in 2019/20)
- enables 12% reduced bed days (2,575 in 2019/20)
- enables reduced Length of Stay (LOS) of 5 days per site
- ensures that eligible patients offered thrombolysis 24/7 achieved within the first six months of additional Specialist nurses and SSNAP clerks in post, to support achievement of:
  - 40% improvement in door to needle times
  - 25% improvement in 1 hour Computed Tomography (CT) scanning
- improved compliance with Welsh Government (WG) targets and Sentinel Stroke National Audit Programme (SSNAP) level improvement to consistent B Level across all sites

## What actions are being taken to improve performance and by who?

These performance improvements are dependent on the full implementation of Phase 1 of the Stroke Service Improvement Programme:

- Early Supported Discharge (ESD) service in Quarter 4 of 2021/22
- Inpatient Rehabilitation at 3 community sites
  - Eryri, West, end March 2022
  - East and Central sites by September 2022 (paper drafted for February Executive Management Group (EMG) to confirm sites)
- Roll out of improved Atrial Fibrillation (AF) management and detection, speedily initiated anticoagulation and robust monitoring
- Improved Acute service response through additional Specialist Stroke Nurse roles
- Further improvements in performance will be enabled through the Hyper Acute pathway, currently in development for Phase 2 implementation.

## When performance is going to improve by and by how much

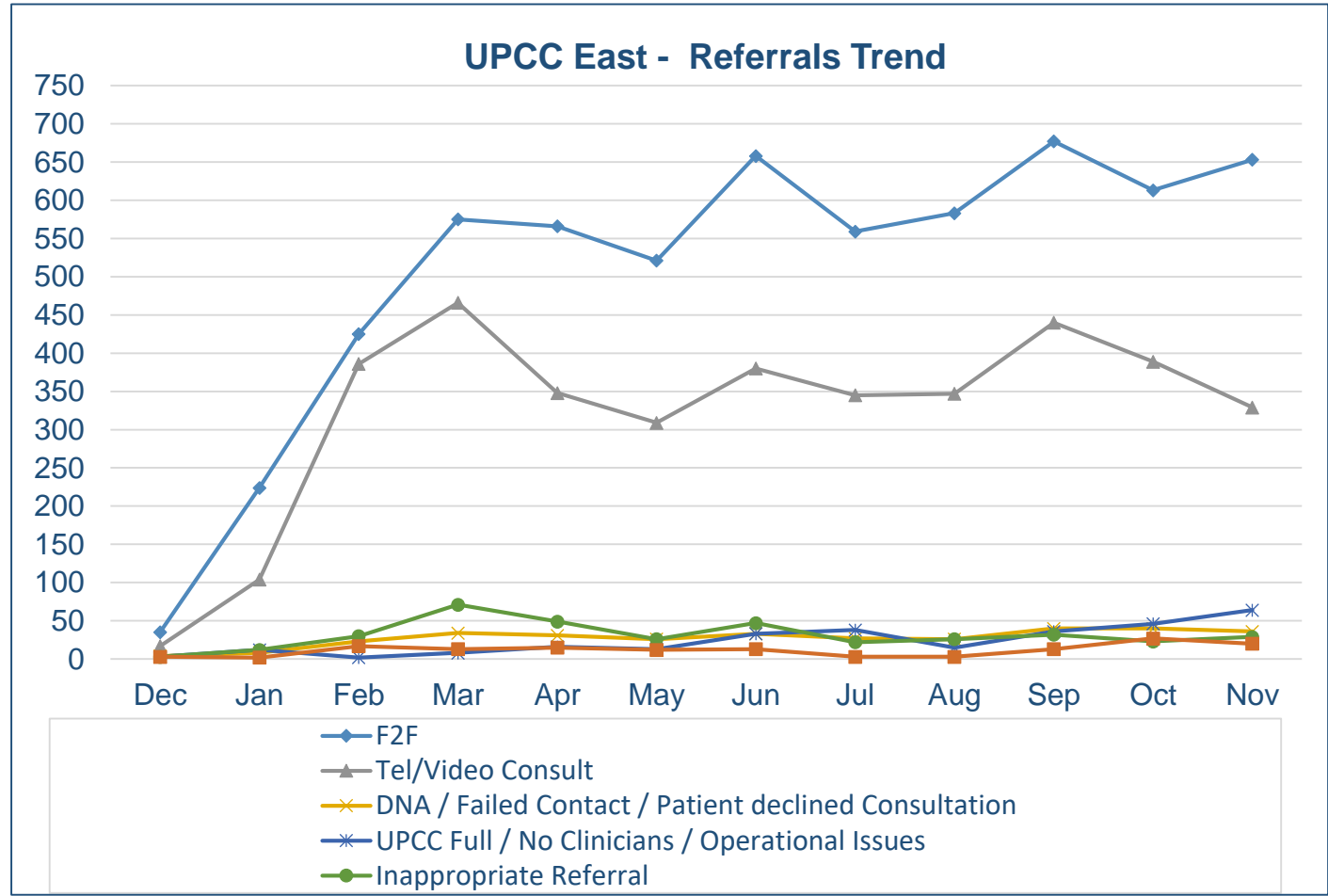
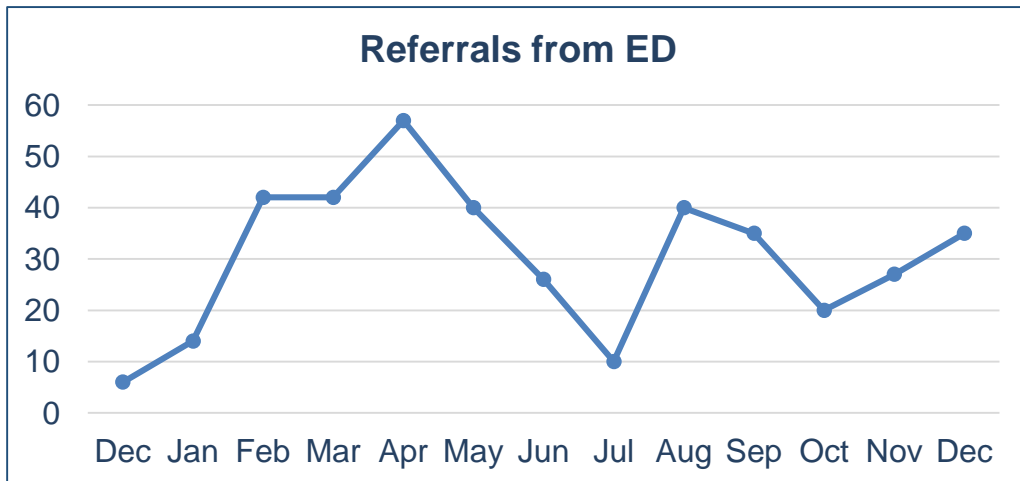
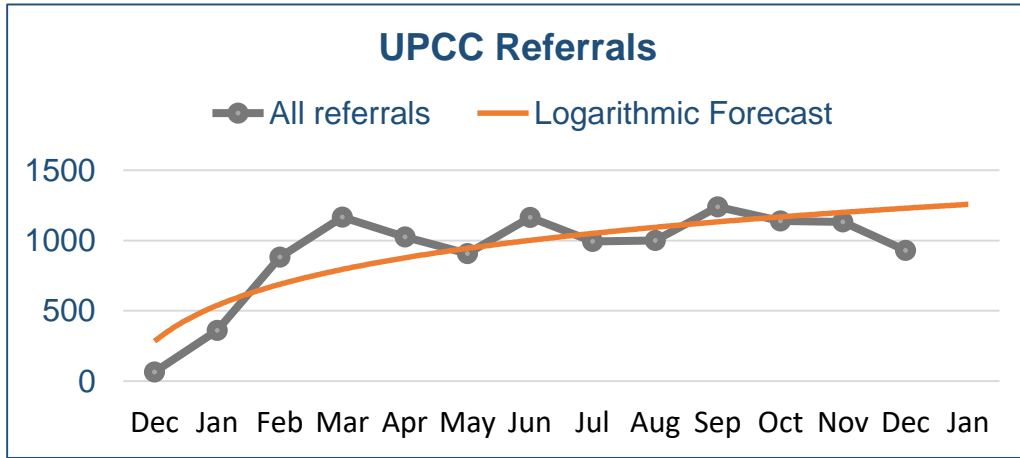
Performance improvements are expected to start by middle of 2022/23 and tracking is being put in place. In line with Integrated Medium Term Plan (IMTP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24.

## What are the mitigations in place for those risks?

Performance improvement in SSNAP scores is expected to start in April the ESD service will be building up across the 3 Areas, enabling a managed return home and rehab support at home for people following Stroke, and the West Rehabilitation unit will be live. East and Central Rehabilitation units will be ready by end Quarter 2 and the full ESD team and acute nursing team will be in place by end Quarter 1.

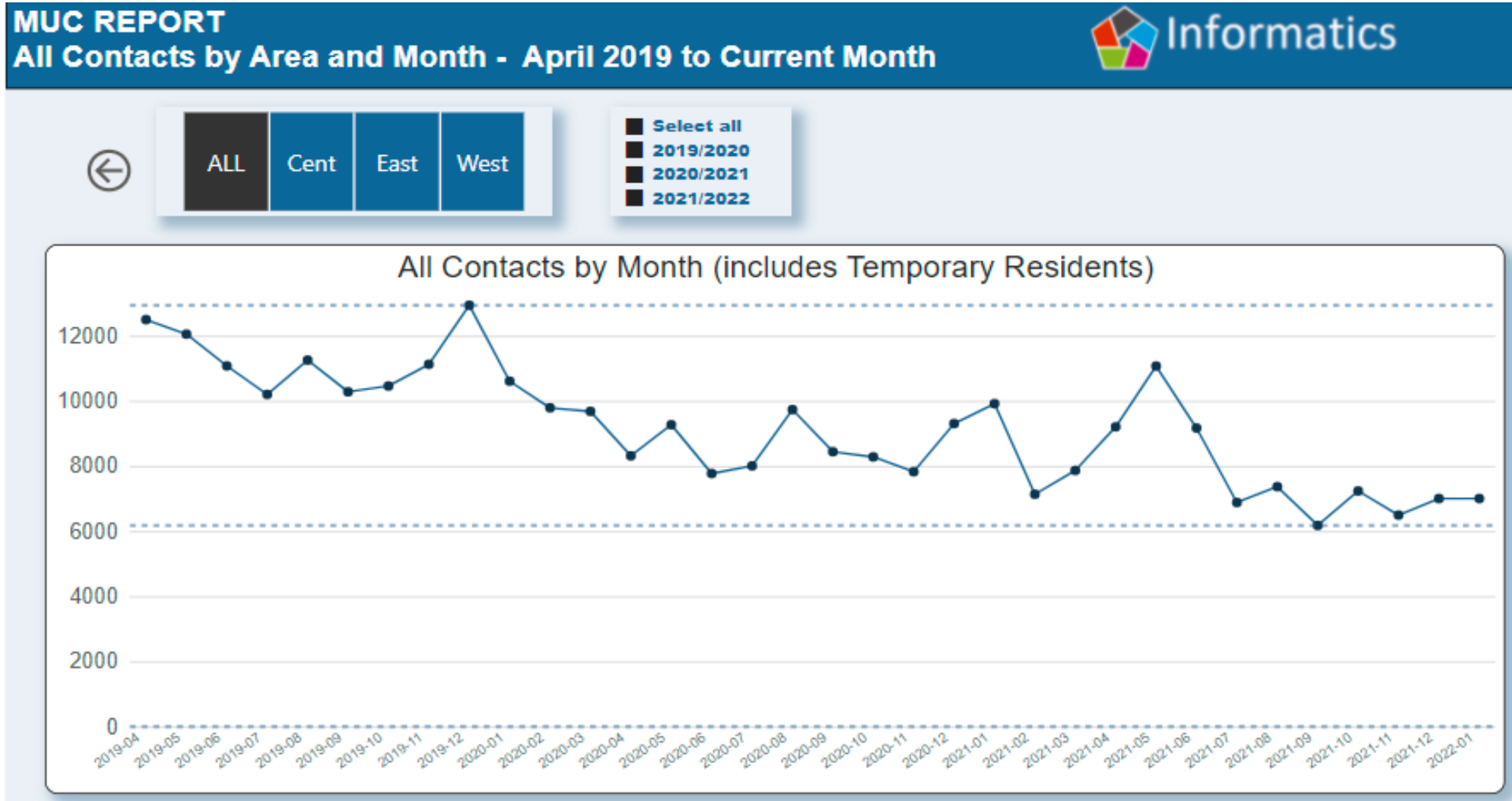
# Quadruple Aim 2: Urgent Primary Care Centres (UPCC)

- The UPCC in East Area has been operational since December 2020, with a further pathfinder in North Denbighshire at early stages of delivery and a development in West Area scheduled for April 2022. The current data therefore applies to East Area only.
- Referrals to the service continue on an upward trend, with the majority coming from GP practices and Minor Injuries Units (MIUs). Referrals from Emergency Departments (ED) are being actively encouraged as part of Work-stream 1 in the unscheduled care programme.



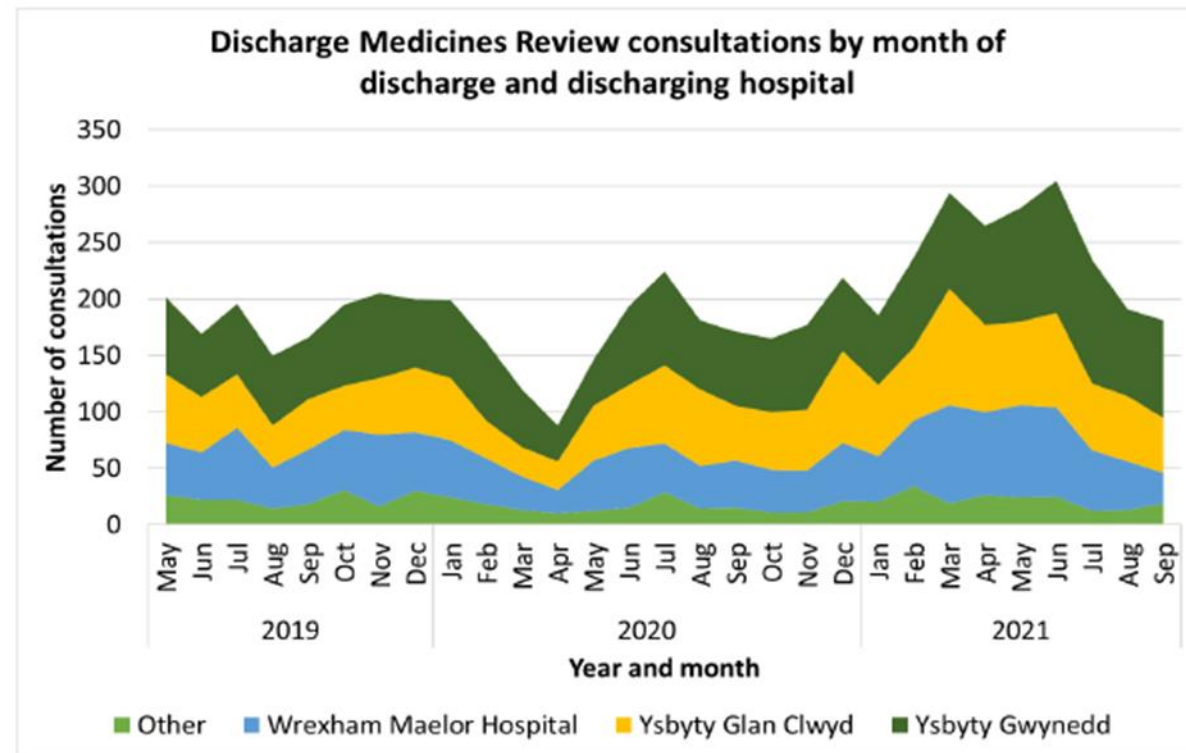
# Quadruple Aim 2: GP Out of Hours

- The drop in total contacts from July 21 reflects the introduction of 111 to North Wales as call handling contacts are now managed by Welsh ambulance Service NHS Trust (WAST), and therefore excluded.
- The number of contacts per month from there on is within predicted numbers and seasonal variation.
- The trend is stable and on track with what we would expect to see.



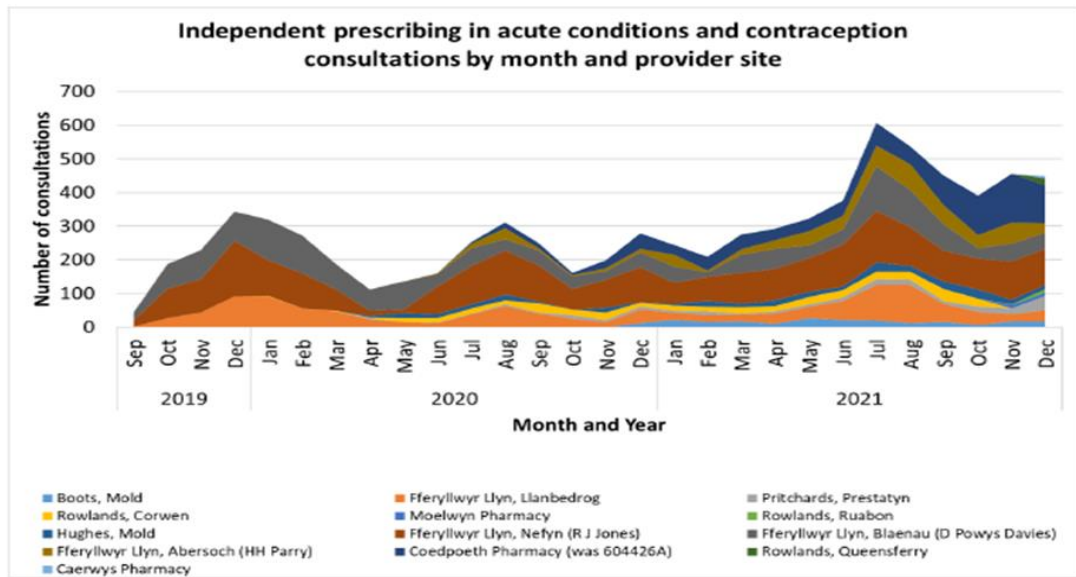
# Quadruple Aim 2: Community Pharmacy enhanced services activity and Discharge Medicines Reviews

- The Help Us to Help You campaign encourages patients to visit their community pharmacy for common ailments and other enhanced services.
- The number of pharmacies and number of consultations per pharmacy continue to grow as the independent prescribing service is being established across BCUHB
- The numbers of Emergency Contraception service episodes are returning to pre-pandemic levels
- Common ailment consultations are now growing consistently year on year
- Emergency medicines service is a little higher than pre-pandemic levels, reflecting the additional pressures being experienced in general practice, which are impacting on repeat prescription management in some areas
- Provision of Discharge Medicines Reviews is a post-discharge medicines reconciliation in primary care. The pharmacist checks any changes that have been made to medication during the hospital stay and ensures that the patient understands what's changed and how to use the new regimen. This has resulted in a significant reduction in readmission at 30, 60, and 90 days post-discharge.

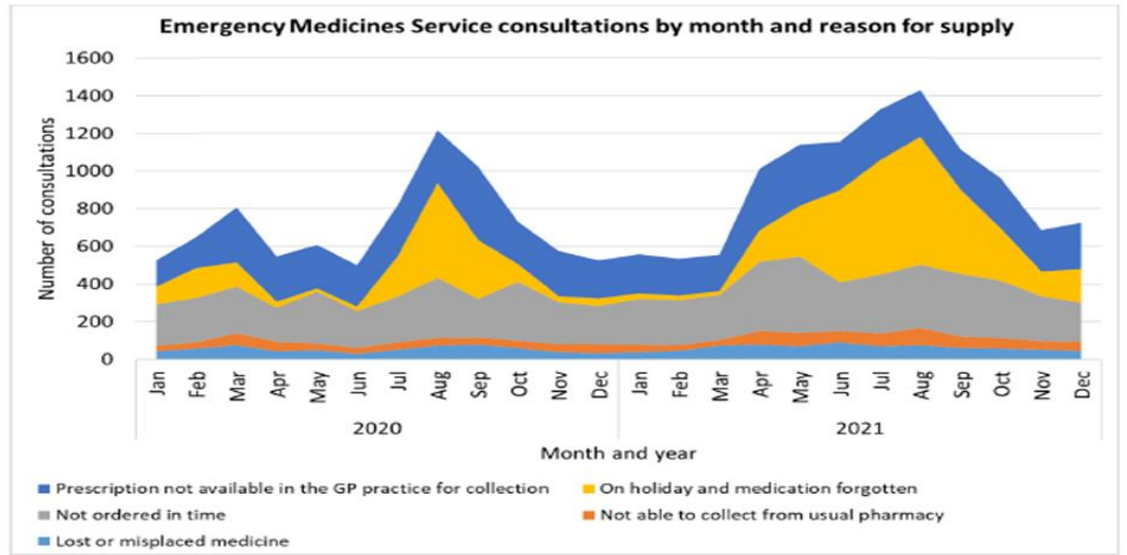


Discharge Medicines Review data updated 31 December 2021

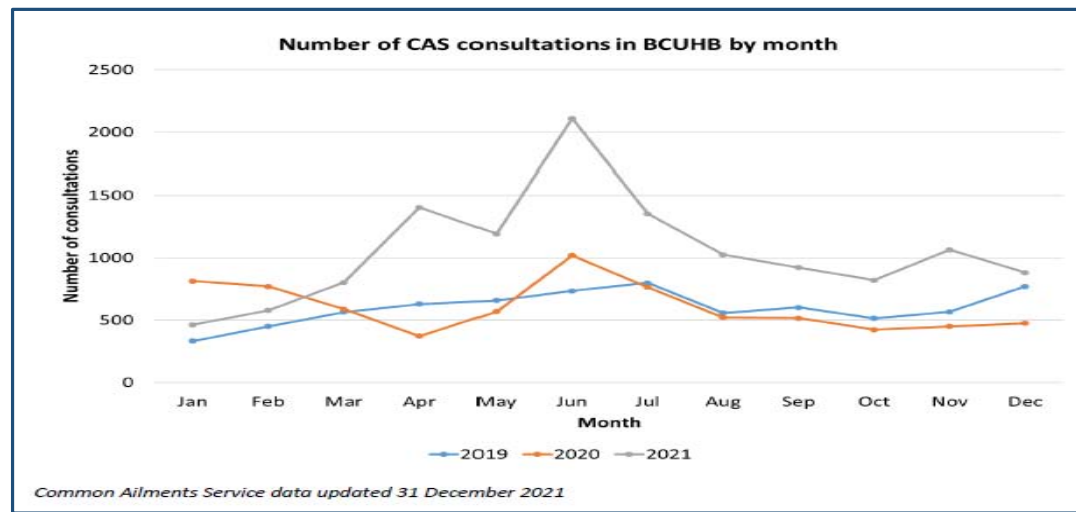
# Quadruple Aim 2: Community Pharmacy enhanced services activity and Discharge Medicines Reviews



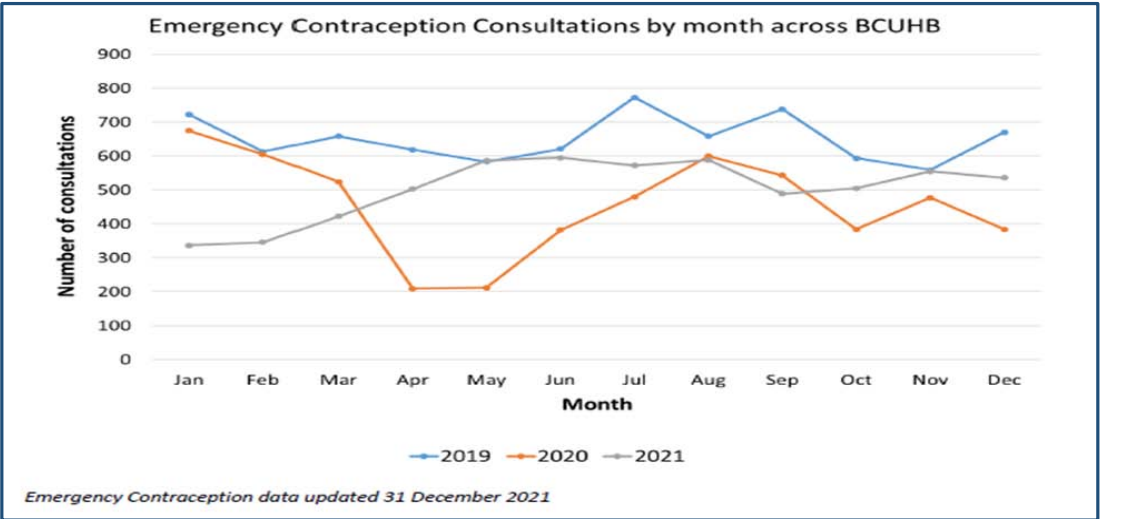
Independent Prescribing Service data updated 31 December 2021



Emergency Medicines Service data updated 31 December 2021



Common Ailments Service data updated 31 December 2021



Emergency Contraception data updated 31 December 2021

# Quadruple Aim 2: Planned Care Measures

Period	Measure	Target	Actual	Trend	Period	Measure	Target	Actual	Trend
Dec-21	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	67.40%	↑	Jan-22	Number of patients waiting more than 36 weeks for treatment	0	57,190	↓
Jan-22	Number of patients waiting more than 8 weeks for a specified diagnostic	0	7,694	↓	Jan-22	Number of patients waiting more than 52 weeks for treatment	0	40,191	↑
Jan-22	Number of patients waiting more than 14 weeks for a specified therapy	0	5,776	↓	Jan-22	Number of patients waiting for a follow-up outpatient appointment	Reduce	168,818	↑
Jan-22	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%	44.60%	↑	Jan-22	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24,038*	56,693	↓
Jan-22	Percentage of patients waiting less than 26 weeks for treatment	>= 95%	48.75%	↓	Q3 21/22	Percentage children regularly accessing NHS Primary Dental Care	Improve	39.80%	↓

\* end of March 2022

## What are the key issues/ drivers for why performance is where it is?

### Focus on validation of Waiting Lists (WL):

Letter from Minister (21/01/22) to all Health Boards has set the expectations in relation to the validation of waiting lists with a target for the 31st March 2022 to ensure: there are no duplicates and all patients on the waiting list are waiting for treatment; approach to validation is continuous; and all waiting lists are to be cleansed - where Health Boards are using external validation companies they should increase this activity and where not, confirm your approach to this, or quickly engage with appropriate services to deliver this as a priority.

### What actions are being taken to improve performance and by who?

A Project Manager has been re-purposed to deliver a workpackage to meet these expectations, reporting to the of Head of Ambulatory Care who is ensuring the sites are engaged and prepared:

- Step 1 – *Internal* - Tidy up validation markers in Patient Administration System (PAS) post S1 Tranche Validation Exercise
- Step 2 - *Internal* - Complete the post S1 Tranche Validation Exercise work to clinically validation patients that requested to remain & provided a 'deterioration statement'
- Step 3 - *Internal* - Undertake cleanse of 'duplicates' on the waiting lists
- Step 4 – *External Validation Company*: Increased activity to validate the waiting lists (continuous activity to maintain progress following on from the 20k patients validated in the S1 tranche validation exercise). This will incorporate 3 tasks: Task 1 – to run our Patient Treatment List (PTL) data through their validation software; Task 2 – patient validation of all patients >36wks and un-validated (all stages); and Task 3 – pathways validation to be defined based on the output from Task 1.
- Validation Manager post will be going out to recruitment imminently

### When performance is going to improve by and by how much

Planned timescales for the priority validation work:

Step 1 – End Feb 2022 (circa 8,000 patients) - call for overtime has already gone out to Coding staff

Step 2 – TBC (Circa 5,600) - sites have distributed the majority of lists to specialties and are pulling and preparing the referral etc. for review

Step 3 – End Mar 2022 – data has been run by information and is being reviewed – sites are on standby to receive the work

Step 4 – Start Feb 2022 – company has been identified and is working to set up a start asap. BCUHB Information & Communications Technology (ICT) and Information are supporting as a priority

### What are the risks to this timeline?

- Competing priorities for the additional clinical support to review and evaluate the >6,000 patients on S1 with deteriorating statement.

### What are the mitigations in place for those risks?

- Planned Care Program Lead engaging with Exec Medical Director to seek support for prioritisation of clinical support
- Interim Project Manager has been repurposed from the Booking (Phase 1 Baselining) Project into this Validation Project

## What are the key issues/ drivers for why performance is where it is?

- In December 2021, 267 out of 396 (67.4%) of patients were treated in target. Main reasons for patients not being treated in target were:
  - Complex diagnostic pathways (11%) and patient related reasons e.g. patient unavailability for next stage of pathway (9%)
  - Delay to endoscopy (8%) and delays to other diagnostics, primarily on urology pathway (16%)
  - Delay to first outpatient appointment (17%) – primarily breast, skin and colorectal
  - Delay to surgery (10%) – primarily urology and skin

## What actions are being taken to improve performance and by who?

- Surgical and radiology services have worked together to establish additional ad hoc breast cancer clinics; these will be established sustainably during Q4 following the successful recruitment of an additional breast radiologist. East and West have taken referrals from Central in order to equalise waiting times
- Dermatology teams have increased capacity across the Health Board with Central and East teams providing support to West in order to equalise waiting times
- All services are prioritising suspected cancer patients
- Endoscopy insourcing continues and capacity will increase with the opening of the 3<sup>rd</sup> room in East in Spring 2022; business case for sustainable expansion of endoscopy service developed

## When performance is going to improve by and by how much?

- The Health Board aims to achieve the 75% target by end of 2021/22

## What are the risks to this timeline?

- Suspected cancer referrals are currently 120% of pre-COVID-19 levels which is placing pressure on all parts of the cancer pathways
- Additional funding has been received for cancer recovery but the funding is non-recurrent and relies upon successful recruitment
- The Omicron COVID-19 variant has placed pressure on all clinical services in the Health Board

## What are the mitigations in place for those risks?

- Additional capacity created where possible and recruitment for further capacity underway

## What are the key issues/ drivers for why performance is where it is?

- Impact of COVID-19 has resulted in clinics being cancelled and staff sickness
- National recruitment challenges
- Department growth has resulted in restrictive footprints creating infrastructure and estates difficulties
- Service capacity mismatch

## What actions are being taken to improve performance and by who?

- There has been additional activity being undertaken in various guises across North Wales, primarily to support echo waiting lists, these include; Central providing additional capacity to the West to support the echocardiography waiting list.
- Recruitment of the Health Education & Improvement Wales (HEIW) STP and PTP training posts is now complete. Funding has been identified for 2WTE Band 7 trainer posts, and the job description and person specification have been sent to the Job Evaluation Team for banding and Computer Aided Job Evaluation (CAJE) number.. Establishment Control Requests (ECR) requests are in progress.
- Heart Failure business case in progress; feedback received from the Planning Department and revisions ongoing.
- An Situation, Background, Analysis, Recommendation (SBAR) for long-term outsourcing of heart monitors is under review by Cardiac Strategic Lead
- A business case to fund additional radiology diagnostic tests for cardiology patients in Ysbyty Gwynedd (YG), Ysbyty Glan Clwyd (YGC) and Ysbyty Wrecsam Maelor (YWM) is being completed, with ongoing work with Public Health Wales (PHW) to address cardiology healthcare inequalities, which will increase capacity for Cardiac magnetic resonance Imaging (CMRI), Computed Tomography Coronary Angiogram (CTCA), Computed Tomography Fractional Flow Reserve (CT FFR) and amyloid. Notification of the business case has been submitted for preliminary consideration in the 2022 – 2025 Integrated Medium Term Plan (IMTP); awaiting outcome.

## When performance is going to improve by and by how much

- Additional activity to be arranged on individual site post pandemic surge to address lost capacity
- Welsh Health Specialised Services Committee (WHSCC) to explore additional capacity at Liverpool Heart & Chest Hospital (LHCH)

## What are the mitigations in place for those risks?

- An additional CT session has been incorporated in job planning to increase capacity for CT in YGC.
- Cardiac Strategic Manager is now in post and developing a 5 year strategy
- Plans for regional diagnostic and treatment centres for BCU will include some elements of cardiac diagnostics
- Workforce planning for challenged areas with business case is underdevelopment
- Continued pandemic implications

## What are the key issues/ drivers for why performance is where it is?

- Historical backlog of patients pre COVID-19, reduced capacity during COVID-19
- Estate challenges restricting the availability of procedure rooms
- Lack of data and information
- Staffing shortages and recruitment difficulties
- Ysbyty Gwynedd (YG) capacity currently at 70% due to nursing shortages
- Lack of project support for operational and clinical teams
- Insourcing utilisation at 80%, loss of 4 weekend lists in December due to public holidays

## What actions are being taken to improve performance and by who?

- 3<sup>rd</sup> procedure room at Wrexham to deliver an extra 14 lists per week confirmed – Operational Teams/Estates/Project Estates and Infrastructure
- Paper to Executive team late February for approval to procure 2 room modular units
- Insourcing teams across 3 sites provide extra 14 lists per week – Operational Managers
- Review of business case in progress to include modular proposals at YG and Ysbyty Glan Clwyd (YGC) – Operational teams/Estates/Contracting and Procurement
- Surveillance Audits underway to validate patients on the waiting lists – Site Endoscopy Clinical Leads
- Joint Association of Gastroenterologists (JAG) accreditation underway to refine pathways and processes, YG plans for accreditation, submission Q1 2022
- Recruitment of BSW Nursing support in progress – Project Workforce Subgroup
- Recruitment of substantive Endoscopy Network Manager, closing date for applications 7 February 2022
- New Endoscopy Management System procurement in evaluation stage with a view to contract award in March 2022

## When performance is going to improve by and by how much

- From 7 February, Wrexham capacity increased by 35%, allows the service to start working through current backlog
- From April 2022, YG to increase capacity by 30% by increased nursing recruitment, interim arrangement to cover 2 further weekdays with insourcing company
- YGC Service improvement to increase utilisation

## What are the mitigations in place for those risks?

Risks	What are the mitigations in place for those risks?
Failure to meet timelines	Recruitment to business case posts to support operational and clinical teams
Lack of IT infrastructure	Procurement of comprehensive endoscopy management system
Out of Hours Service	Transfer patients between sites or out of area. Options appraisal undertaken
Differential waiting times	Patients offered other sites
ERCP cover at Wrexham	Transfer of procedure to other sites
	Recruitment of trained workforce and agency cover
Lack of capacity to meet demand	Maximising use of current estate, maximising insourcing opportunities and procurement of outsourcing

# Quadruple Aim 2: Diagnostic Waits – Radiology and Neurophysiology

## What are the key issues/ drivers for why performance is where it is?

### Radiology:

The number of patients waiting over 8 weeks for radiology diagnostics is currently 2853, an increase of 127 on the end of December position. The breakdown comprises increases in Computed Tomography (CT) (total 69 breaches) and Magnetic Resonance Imaging (MRI) (total 323 breaches) and a decrease of waiting over 8 weeks for an ultrasound scan (total 2378 breaches). CT demand is 11% higher than January 2021 and year to date demand is also 11% higher than for the same period preceding the pandemic. Some planned MRI activity relating to insourcing was lost in month due to provider staffing issues, impacting on total in month activity. Total year to date demand is back to pre-pandemic levels. Ultrasound picture remains volatile with demand 10% higher than 12 months ago. Total year to date demand is back also to pre-pandemic levels. Integrated Medium Term Plan (IMTP) plans have been submitted with timescales for 22-23 to address staffing levels and increase activity on a sustainable basis.

### Neurophysiology:

The number of patients waiting over 8 weeks is 372, an increase of 11 from the end of December 2021 position. There are 276 electromyography (EMG) (consultant-led) breaches and 96 Nerve Conduction Studies (NCS) (physiologist-led) breaches. Unexpected absences within the physiologist team limited the improvement seen in the last few months. Vacant consultant post has now been advertised – this will provide the additional required capacity in the long term, with short term insourcing being sought to cover the interim period. An estates plan for East has been agreed which will provide a permanent base for the service in 22-23.

## What actions are being taken to improve performance and by who?

Project groups for both services, led by Directorate General Manager (DGM) in place. Range of actions being followed up to deliver sustainable service models.

## When performance is going to improve by and by how much?

Ultrasound and EMG tests are now forecast red in respect of delivering no 8 week breaches at end March 2022 for most areas, with other test areas amber.

## What are the risks to this timeline?

Ultrasound staffing levels, recruitment to vacant and new posts, ability to secure sufficient insourcing across all sites.

## What are the mitigations in place for those risks?

Team focussed on all elements of plans i.e. contracting, recruitment, insourcing etc. to collectively manage risks.



# Quadruple Aim 2: Virtual Outpatient Activity (1)

## What are the key issues/ drivers for why performance is where it is?

One of the key impacts on performance has been that the Group Clinics and Video Group Clinic (VGC) activity has been affected temporarily due to staff being redeployed to other areas to support COVID-19 and winter pressures.

Good News Story - The 'Virtual Joint School' led by Mr. Ganapathy and his team in Ysbyty Gwynedd (YG) has been shortlisted in two categories at the prestigious national [Health Service Journal Partnership awards](#) - Most Effective Contribution to Clinical Redesign and Best Educational Programme for the NHS and is an exemplar across Wales.

## What actions are being taken to improve performance and by who?

### VGCs

- Retrofit the activity with formal project management approach to ensure a clear baseline, governance and plan for scale up **Update:** Project Manager has drafted the Project Initiation Document (PID) and working with Outpatients leads, project objectives have been scoped. Membership of Steering Group to be agreed to support formalisation and governance of the Project.
- Roll out the Virtual Joint School model across East and Centre to ensure equity of service options across the sites – **Update:** work on track phase completion end of May; scoping for scale up underway
- Resolve difficulty in reporting our activity accurately due to technical constraints within Patient Administration System (PAS) and Therapy Manager (TM) **Update:** Standardised naming conventions being added to TM & specialty managers informed on how to record/book activity; Task & Finish Group agreed local solutions - being applied to Welsh Patient Administration System (WPAS) and Patient Information Management System (PiMS) to capture activity.

### Group Clinics

- Live and historic group activity being scrutinised to identify whether they fit with the 'group clinic' or 'education group' descriptor and will be provided with the correct naming convention in PAS as part of Task & Finish group actions. **Update:** Mandatory monthly report to be shared with Head of Ambulatory Care prior to submission to Welsh Government (WG).

### Video Clinics - **Update:** next priority following above VGCs focus

- Reinforce the requirement for services to request the correct clinic template in PIMS
- Review the project under the care of Informatics and formalise a roll out plan
- Review of all non-Attend Anywhere VCs activity to see how we can include these in the figures and how we ensure a shared standards rather than specific platform approach

## When performance is going to improve by and by how much?

- VGC - Plan on track for 'Virtual Joint School East - March 22 and Central - April 22
- VC – project reviewed and roll out plan established, reporting accurate figures **Update:** next priority following above VGCs focus

# Quadruple Aim 2: Virtual Outpatient Activity (2)

## What are the risks to this timeline?

- Competing priorities; lack of longer-term project resource to scale up
- Any decision regarding telephone versus Face to Face is taken by the Clinician triaging the calls. Should they consider that Face to Face is essential then this will occur but the capacity to see patients in an Outpatient clinic remains reduced due to COVID-19 restrictions.

## What are the mitigations in place for those risks?

Developing strategy for Outpatients; short-term Project Manager provided from Corporate Transformation Team secured to end of Phase 1, longer-term model for Outpatient Transformation Programme within Ambulatory Care defined and seeking funding.

## What are the key issues/for why performance is where it is?

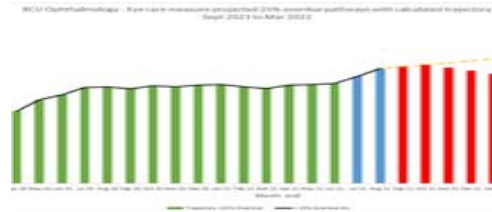
- Capacity loss due to COVID-19 social distancing mitigation (circa-2 patients capacity per clinic versus Pre-COVID-19 capacity)
- Historic Data Quality & Completeness impacting on accurate representation of data/performance reporting & monitoring/site confidence in data
- Conflicting priorities impacting on consistent Clinician and Operational Management engagement and realisation of quorate Local Eye Groups
- National Delay in Digital programme delivery. (Key enabler of Eye Care Measure sustainable/efficient pathways)
- Cataract Outpatient and theatre utility: Estate limitation/Covid19 capacity impacting on waiting list/backlog/ Referral to Treatment (RTT) v Eye Care Measure (ECM) relative priorities/Maxillo Facial West theatre usage

## What actions are being taken to improve performance and by who? (RAG report shared/escalated to Divisional General Managers (DGMs) via Eye Care Collaborative Group (ECCG))

- Pan BCU Lead leading 3-day sessions: Pan BCU Clinical lead vacancy- outstanding) & utilisation of Recovery Bid funded Primary estates (Operational Management)
- WL DQ/completeness multi-pronged actions: Standard operating procedure (SOP) & all condition" Patient Treatment List (PTL) (Achieved) Power BI dashboards (On Track) (Operational Management & Informatics)
- ECM Pathway local delivery groups\* with quorate Terms of Reference membership and ECM action logs. Ops. Managers (Central & East Restarted Jan 22)
- Deliver Coronavirus Cataract pathway : Regional Treatment Centre plan developed. Outsourcing & Pan BCU Patient Treatment List (Active Delivery phase)
- Welsh Government Recovery Business case utilising integrated Primary/Secondary care transformative Pathways (Partial achievement:: East "live"/Central & West in progression: Ops. Management to progress)

## When performance is going to improve by and by how much?

Recovery Bid Transformation proposals:  
 Best-Likely\* Case Scenario redress of  
 5000->3000 patients waiting >25% target date  
 (\*3000 January 22 commencement)



- Cataract: Outsourcing tender for 400 Cataracts/month
- Clinical Lead redress: Operational Management to confirm/finalise
- Operational Management Engagement: Eye Groups: West 100% Central > 80% East: On track to recommence

## What are the risks to this timeline

- Clinical/Operational/Informatics conflicting priorities and staff resource capacity/recruitment constraints/Sick leave/Nurse redeployment to COVID-19
- Assurance of delivery negatively impacted by inconsistent realisation of quorate Local Eye Groups: key enablers of Communication/Engagement key for successful recovery and sustainability pathway implementation/Monitoring. Restarted January 2022. Consistency mitigations in place/monitoring
- Data quality (Clinical condition) assurance to maximise flow to Integrated services

## What are the mitigations in place for those risks?

Senior management support of untangling conflicting clinical priorities

Escalation to DGMs via Eye Care Collaborative 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.

## Measures

Period	Measure	Target	Actual	Trend
Jan-22	Personal Appraisal and Development Review (PADR)	>= 85%	<b>67.30%</b>	↓
Jan-22	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	>= 85%	<b>84.53%</b>	↑
Jan-22	Percentage of sickness absence rate of staff	< 5%	<b>6.06%</b>	↓
2020	Staff Engagement Score*		<b>73.00%</b>	↓
2020	Percentage of staff who would be happy with care by their organisation if friend/ relative needed treatment*		<b>59.70%</b>	↓

# Quadruple Aim 3: Narrative – Sickness & Absence (1)

## What are the key issues/ drivers for why performance is where it is?

- COVID-19 related sickness absence has increased to 1.7% (0.9% in December). This was expected due to the 4th wave and the transmissibility of Omicron.
- Non COVID-19 related sickness absence has decreased for the 3rd month 6.1% to 5.5%.
- Stress related absence remains the biggest cause of absence with approximately two thirds more days lost than the 2nd largest cause ( infectious diseases). The highest levels of sickness absence are in Additional Clinical services , Estate and Ancillary and Nursing and Midwifery. Additional Clinical Services sickness rates are the highest across the organisation at 10.21% and have risen slightly over the past 3 months , (Dec 9.84%, Nov 9.82% ). Estate and Ancillary services have seen a decrease of 0.6% this month to 9.52% from 10.12 in December. Nursing levels have increased this month by 0.49% from 7.3% in December to 7.8% in January.
- Temporary changes made by the UK government to suspend the need to obtain a fit note from a GP for absences of up to 28 days came to an end on 26th January, this does not seem to have significantly impacted on sickness rates.

## What actions are being taken to improve performance and by who?

- Changes to Welsh Government advice on covid testing and isolation periods (reducing from 7 days to 5 days) will continue to support some improvement in performance, however this will continue to be hampered by the peak of the current wave and its impact on staff absence. Other actions to improve performance remain in place:
- Regular meetings between Well-being, Human Resources (HR) and Occupational Health colleagues to look at hotspot areas and support options.
- Monthly Multidisciplinary Team (MDT) Case management meetings are taking place to provide support for staff with more complex needs and include staff, managers, occupational health, Health & Safety (H&S) and well-being colleagues as needed.
- All staff who have not previously taken up the offer of vaccination (flu and COVID-19) are being encouraged by line manager to get vaccinated in order to protect themselves, patients / service users and the wider community.
- Promote the Staff wellbeing and support services including counselling, psychological therapies including posters on sites
- Increased recruitment activity to improve staffing numbers and reduce the burden on existing colleagues

## When performance is going to improve by and by how much

Given the evidence across the UK including Wales, and the emerging data on staff related absence due to the more infectious Omicron variant it is not likely that a significant improvement in attendance will be achieved through the winter months.

## What are the risks to this timeline?

- As expected peak of the current wave is has impacted covid levels.
- Increase in staff overtime may lead to higher sickness levels
- Further increase in stress related absence
- Recent All Wales decision to extend COVID-19 sickness pay until end March 2022 or for a period of 12 months for more recent diagnoses of long covid.

## Quadruple Aim 3: Narrative – Sickness & Absence (2)

### What are the mitigations in place for those risks?

- Mitigations remain the same as in December:
- Regular reviews to make sure staff are not working excessive hours for prolonged periods.
- Increased communications to further promote access to the Wellbeing Services available for staff

## What are the key issues/ drivers for why performance is where it is?

- Personal Appraisal and Development Review (PADR) compliance for January 2022 is 67.3%, This is broadly consistent with December 2021 (67.8%) and November 2021 (67.9%), The PADR completion rate for January 2021 (12 months prior) was 68.7%.
- Out of the 10 largest divisions, seven decreased in compliance since the last report. However, it is important to note that of those divisions, 8 out of 10 have compliance rates of 60% and above, whereas 7 out of 12 of the smaller divisions have compliance rates of under 60%.

## What actions are being taken to improve performance and by who?

- Informal feedback suggests that PADRs are being completed but not recorded either at all, or not recorded in the correct way. The Organisational Development Team have developed a 'Electronic Staff Record (ESR) crib sheet' as a reminder for those carrying out PADRs, The crib sheet supports accurate data entry onto ESR, ensuring hierarchies are correct and setting up proxy access. This has been shared widely via communication channels such as the weekly staff bulletin. PADR Frequently Asked Questions (FAQs) have also been re-circulated to senior managers.
- Two PADR development videos are in progress: (1) how to conduct an effective PADR and (2) how to record and update a PADR in ESR.
- League tables are shared with senior managers across the organisation highlighting PADR compliance across all divisions. This work is undertaken by the Organisational Development Team.
- Tailored local support is provided by HR teams to support managers to understand any barriers that may exist to completing PADRs and how to overcome these barriers.

## When performance is going to improve by and by how much

- The original aim of reaching 75% organisational PADR compliance by the end of March 2022 would mean a 2% increase month on month for January-March. Given the significant operational pressures across the organisation, a 0.5% incremental improvement month by month in organisational compliance would give an end of March position of circa 70% and may be a more realistic aim for sustainable improvement into 22/23.

## What are the risks to this timeline?

- COVID-19 related activity increasing as well as winter pressures may reduce managerial and staff capacity to improve the rate at which PADRs are completed.
- Ongoing misunderstanding of correct recording in ESR is likely to be an issue, despite continued efforts by the workforce teams.

## What are the mitigations in place for those risks?

- Work with divisions in a supportive manner to achieve sustainable increase and issue supportive communications across the organisation as a gentle reminder of the importance of conducting PADRs
- The launch of BetsiNet is an important development for the organisation. This will drive new traffic to the pages, which are far more user friendly and easier to navigate than the old intranet. We expect that this will increase awareness of correct PADR processes.

# Quadruple Aim 3: Narrative – Mandatory Training

## What are the key issues/ drivers for why performance is where it is?

- Mandatory Training compliance at level 1 has increased by 0.05 % on the December 2021 compliance and is currently at 84.41%, therefore just 0.59% below the national target of 85%.
- Corrections to Violence & Aggression refresher periods within Electronic Staff Record (ESR) has reported a further increase of 6.5% over January 2022 to level 2 Violence & Aggression figures which is currently situated at 75.5%.
- Manual handling training level 1 has maintained compliance at 74% with a decrease of 2.5% for patient handling in January 2022.

## What actions are being taken to improve performance and by who?

- Manual handling reported through January 2022 a 25% non-attendance figure for their virtual delivery courses and up to 45% non-attendance with their face to face courses
- Organisational Development has now implemented the new Virtual Orientation programme in January 2022, with an online booking process along with the monitoring of all Mandatory training compliance for all new starters by the Organisational Development (OD) team.

## When performance is going to improve by and by how much

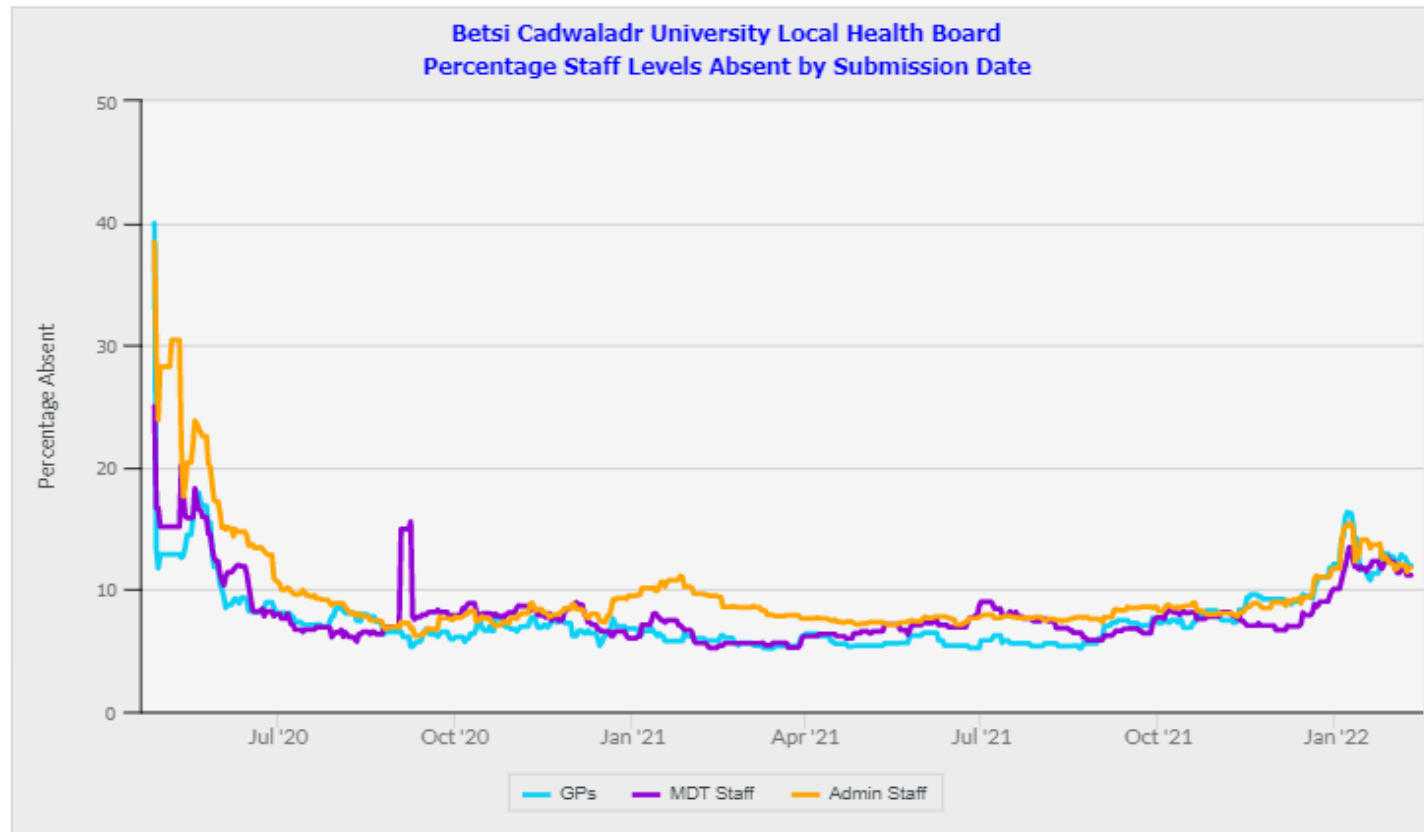
- Monitoring of Non-attendance at Manual Handling courses continues, this will enable early identification of the requirement to amend training dates.
- The monitoring of Mandatory training compliance for all new starters will increase the compliance for all Mandatory training.

## What are the mitigations in place for those risks?

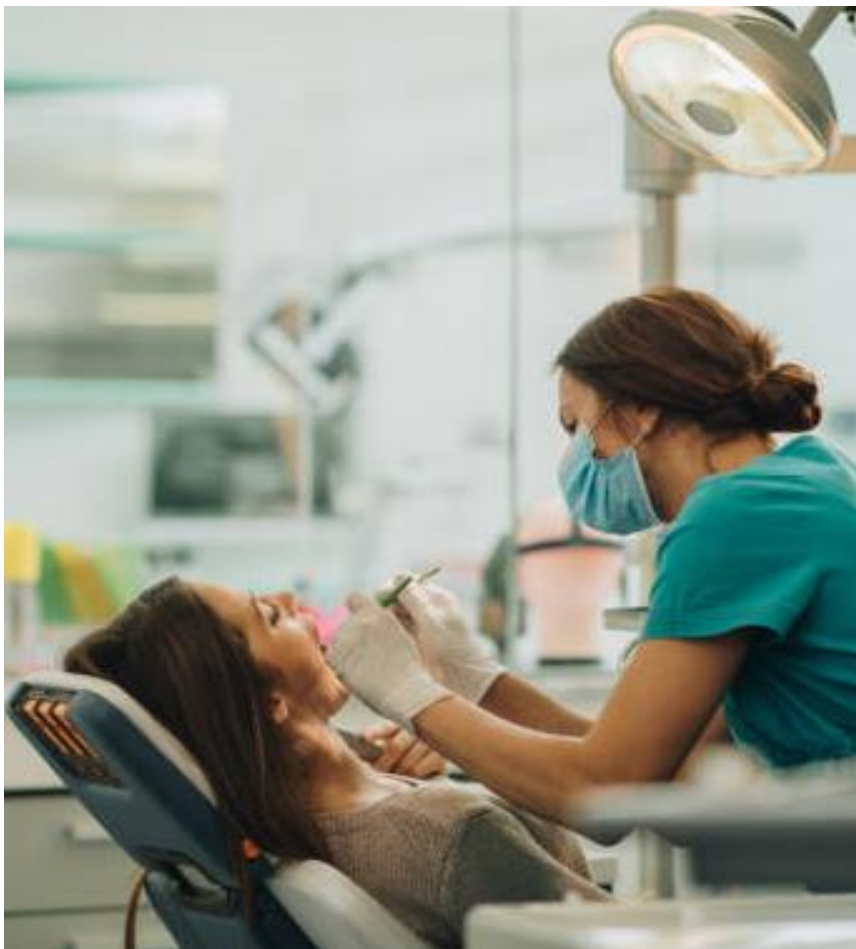
- Blended training approaches are utilised wherever possible
- Practical sessions are risk assessed with occupancy of rooms reduced to allow safe delivery.

# Quadruple Aim 3: Narrative – Sickness & Absence (2)

- GP Practices across Wales are encouraged to record their sickness levels (including self-isolation due to COVID-19), noting that this is not a contractual requirement
- This system was introduced around the beginning of the pandemic (March 2020) and figures at that time are not accurate.
- Since November 2021 to date rates across GPs, other clinicians and non clinical staff have steadily increased due to the impact of the Omicron Variant.
- Current rates are for GPs – 11.6%, MDT – 11.1% and Admin – 11.9%. The rates for clinical staff are slightly lower than the all Wales average and admin staff is equivalent to the average for Wales.
- Practices also record their levels of escalation with workforce capacity one of the factors taken into consideration. Area teams contact all practices recording Levels 3 or 4 escalation to discuss actions of support.



## 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.



### Measures

Period	Measure	Target	Actual	Trend
Q2 21/22	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months*	TBA	28.30%	↑
Q2 21/22	Percentage of critical care bed days lost to delayed transfer of care - Intensive Care National Audit & Research Centre (ICNARC) definition*	Reduce	9.50%	↑
Jan-22	Agency and Locum spend as a percentage of total pay bill	Reduce	7.90%	↓

\* Based on 12 month trend

# Quadruple Aim 4: Narrative – Agency & Locum Spend (1)

## What are the key issues/ drivers for why performance is where it is?

- Non-core agency, bank and overtime pay spend increased from £10,580,000 in December 21 to £12,560,000 in January 22.
- Agency spend is up by £239k at £4,491,055 (5.7% of total pay); Locum spend is down again this month by £223k at £1,752,446 (2.2% of total pay); Waiting list initiative (WLI) spend is down by £5k at £243,344; Bank spend is up by £621k at £3,137,853 (3.4% of total pay). There has been a significant increase in Overtime pay this month by £1,513,521 (3.4% of total pay). There is an upward trend across non-core pay with Agency, Bank and Overtime spend increasing, Locum spend & WLIs have again decreased month on month. This can be linked to the ongoing high levels of staff usage across all areas of the Health Board with ongoing support of the vaccination programme, more activity across Planned Care and the ongoing pressure on unscheduled care.
- Medical Agency spend is up slightly from £1.56m to £1.58m month on month (December-January) but there is a significant decrease in Locum spend of £223k month on month (December-January). The decrease in locum agency spend can be linked to the ongoing pressure of Covid impacting on activity across Planned Care recovery programme and the increase in recruitment activity across the medical workforce.
- Nursing Agency spend is up from £1.40m to £1.62m month on month (December-January), Bank spend has seen a decrease of a £194k month on month (December-January) and Overtime has increased by £881k. The overall increase in spend across non-core pay elements can be linked to the increase in unscheduled care activity due to ongoing Covid and Winter pressures and the ongoing support of the COVID-19 Vaccination programme.

## What actions are being taken to improve performance and by who?

- Targeted recruitment campaigns for Medical and Dental consultants are ongoing with a fast-track route now implemented to facilitate Consultant recruitment. The work to secure more Physicians Associates and ST 1 doctors is being taken forward through the Doctors Direct programme. This work is being undertaken Office of the Medical Director (OMD) and Workforce & Organisational Development (WOD) collaboratively.
- The focus on Nursing recruitment is starting to show progress with the vacancy rate across nursing now standing at its lowest in the last 18 months at 9.5%. With phase 2 of the overseas nurse programme underway and the work progressing to move forward with a phase 3, nursing recruitment is in a positive position and is leading to increased nursing capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD.

## When performance is going to improve by and by how much

- The sustained expected impact for medical recruitment activity should be seen towards the middle of Q4.
- The sustained expected impact for nursing recruitment activity should be seen towards the middle of Q4.

## What are the risks to this timeline?

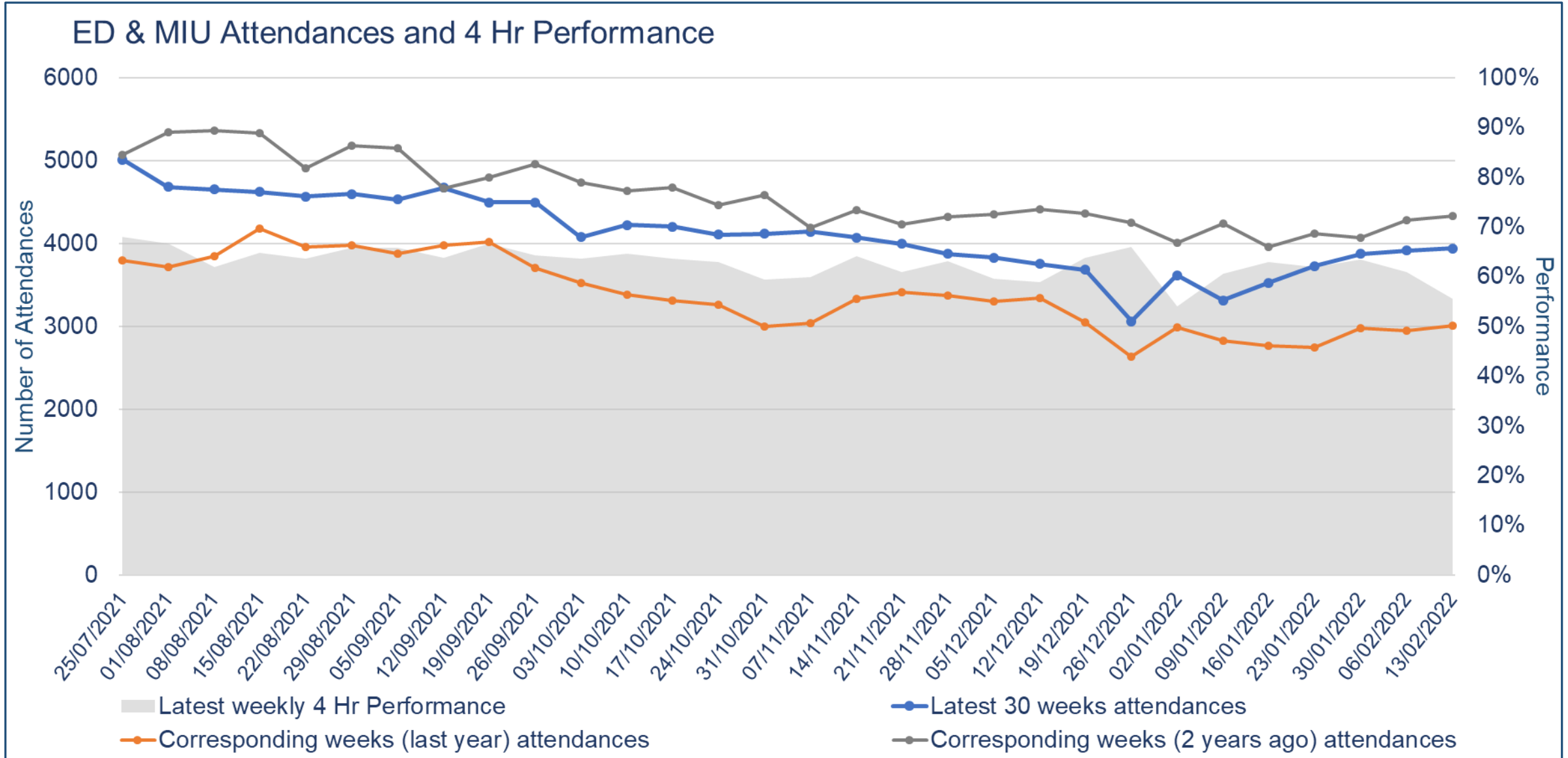
- The service delivery model and replication of predominantly bed-based services will continue to result in challenges in respect of rota's for both medical and nursing staffing.
- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce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

## What are the mitigations in place for those risks?

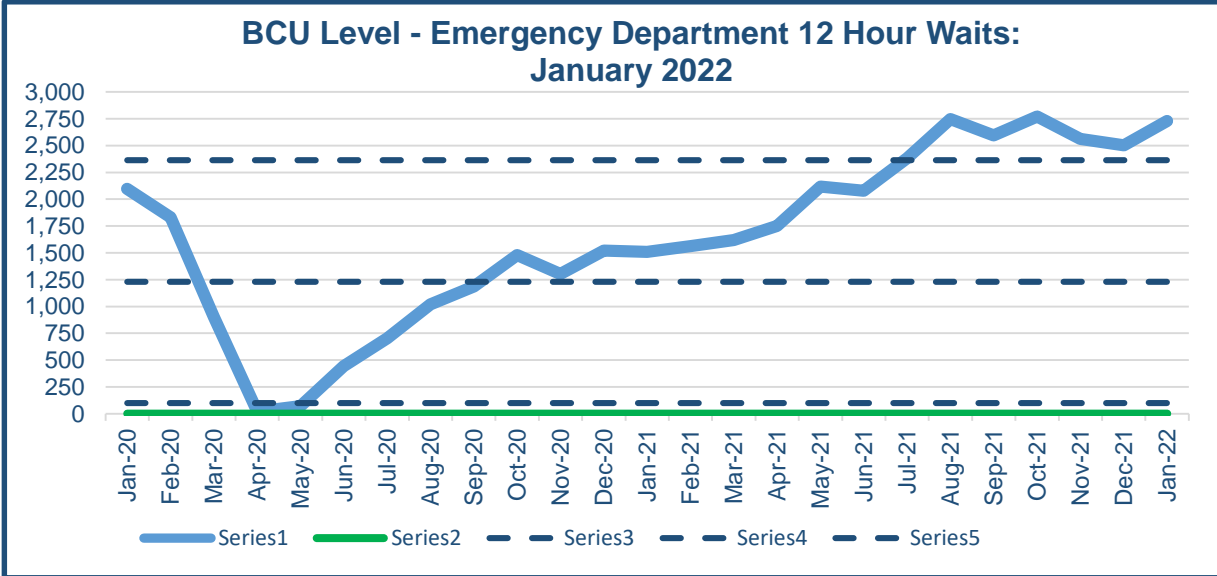
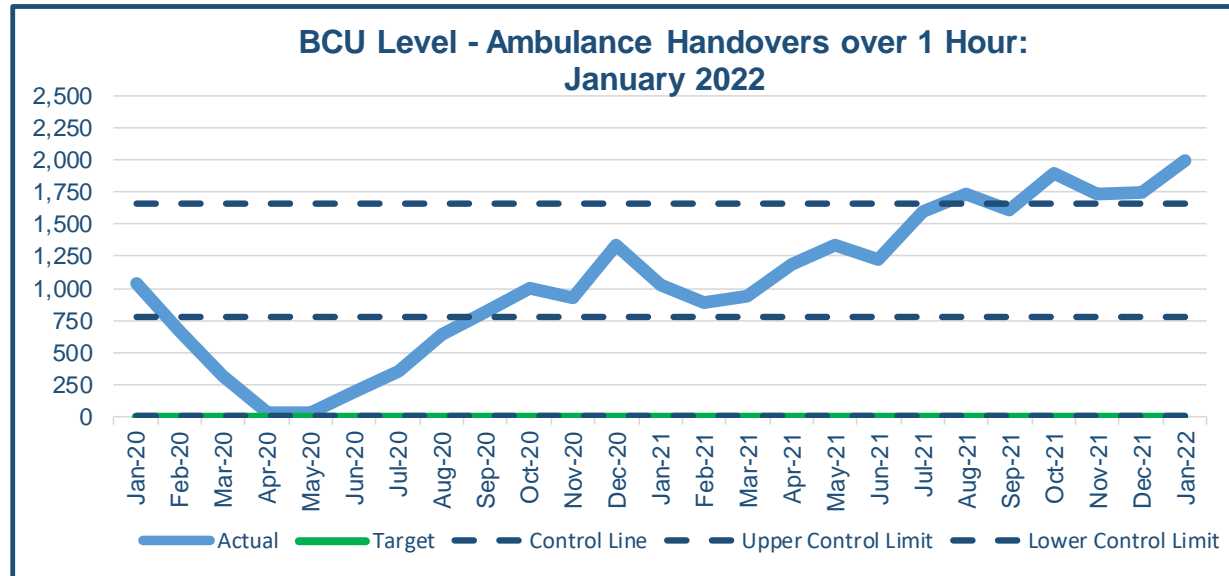
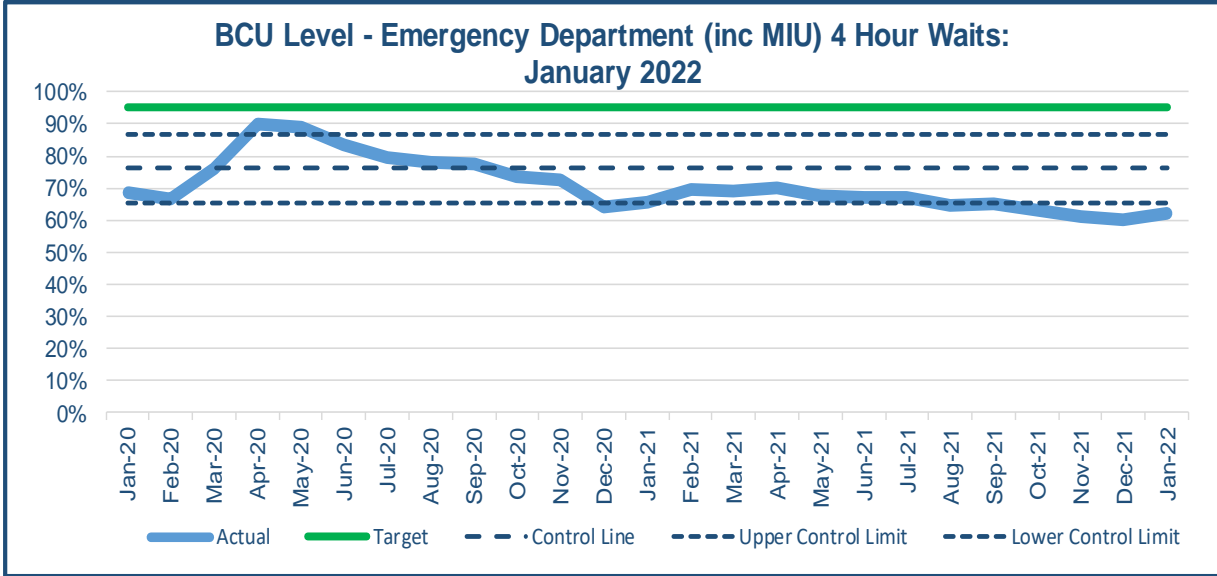
- The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges
- Targeted support for overseas clinicians is in place to focus on ensuring a fast-track settlement period to mitigate any impact prolonged delay due to Covid restrictions
- Increased recruitment to identified hotspots with the implementation of the recruitment pipeline report and nursing workforce dashboard.

# Additional Information

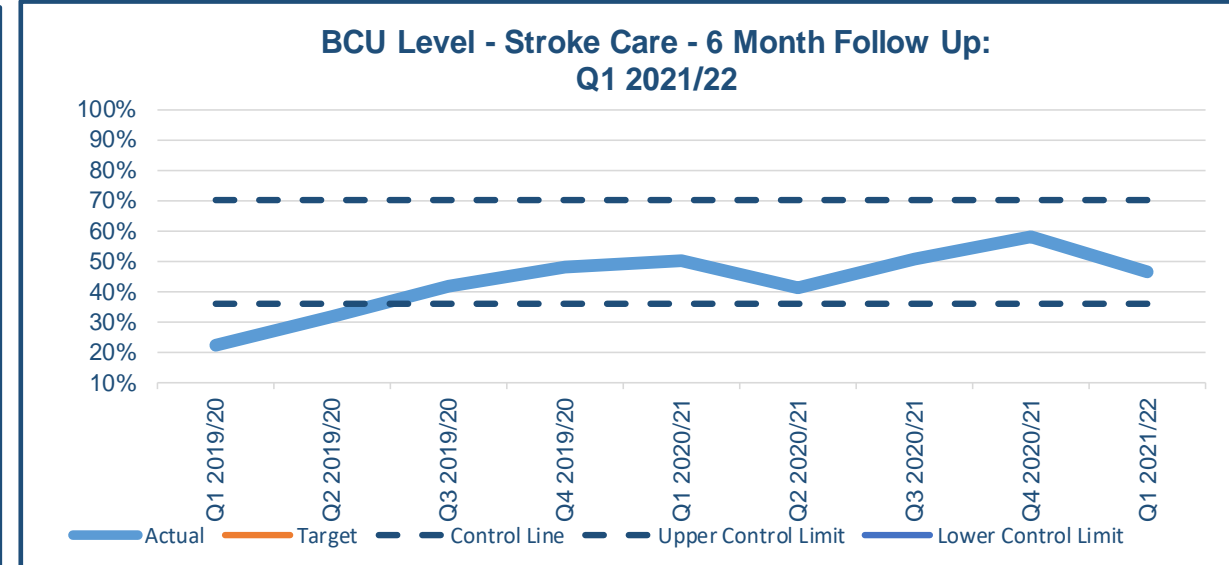
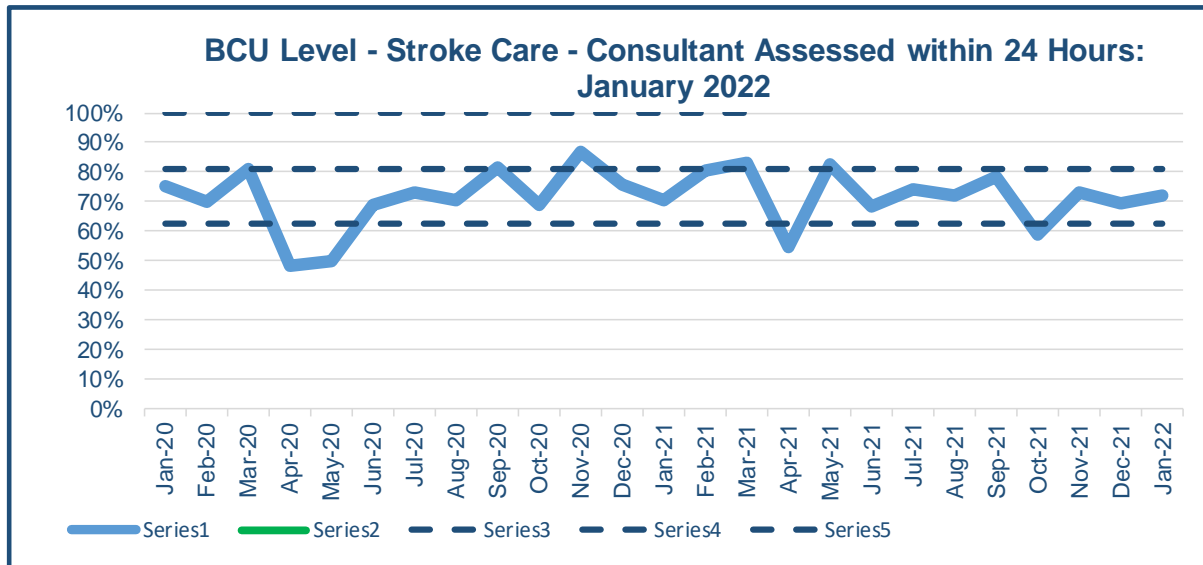
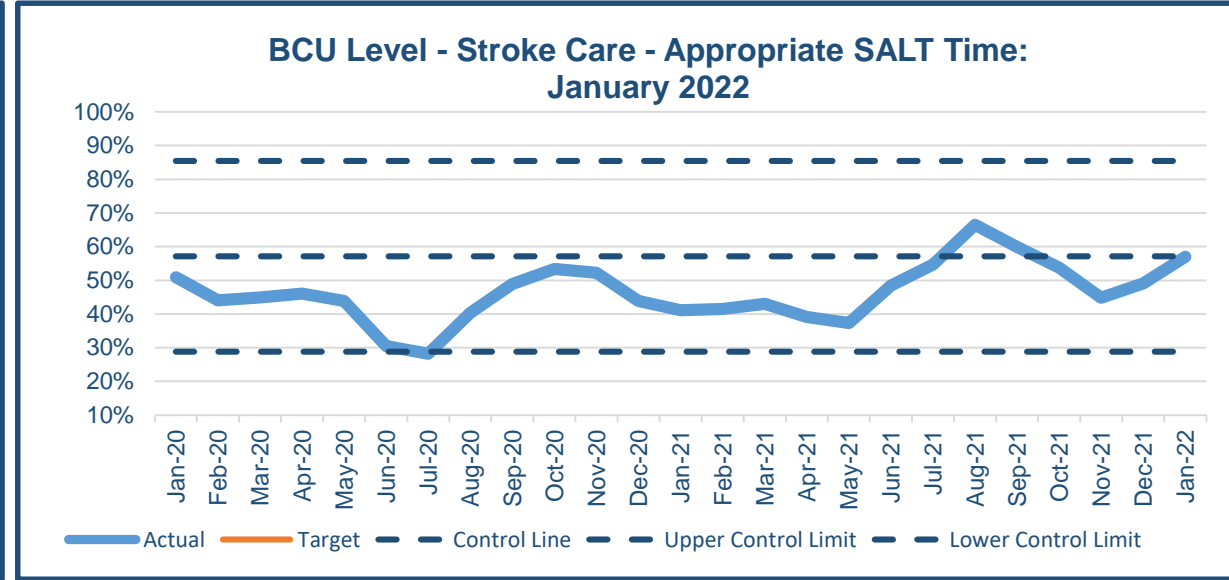
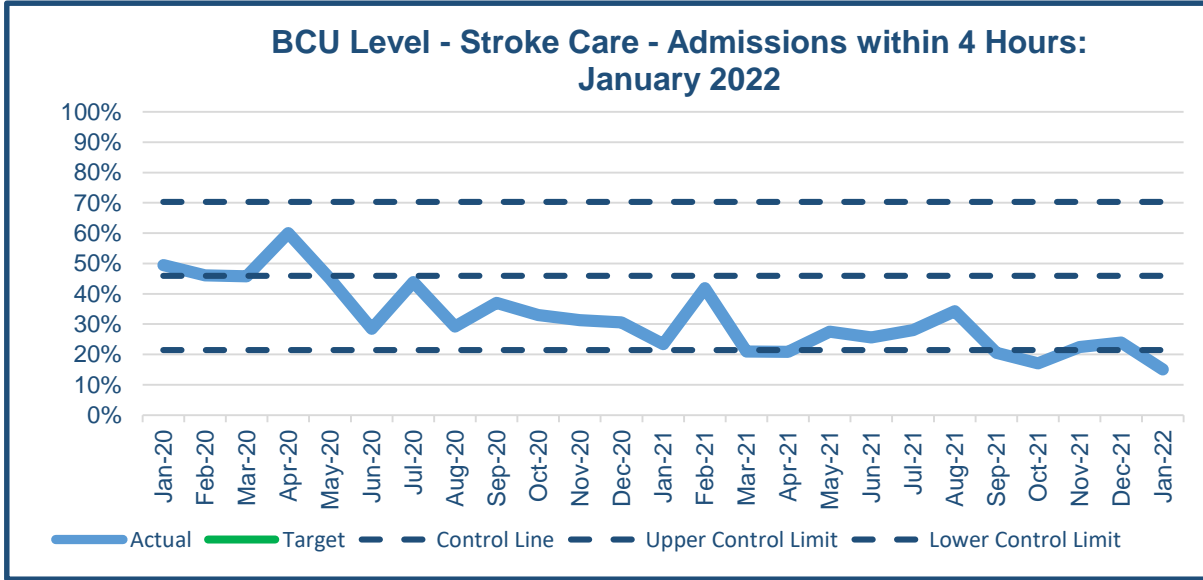
# Quadruple Aim 2: Unscheduled Care: Attendances (1)



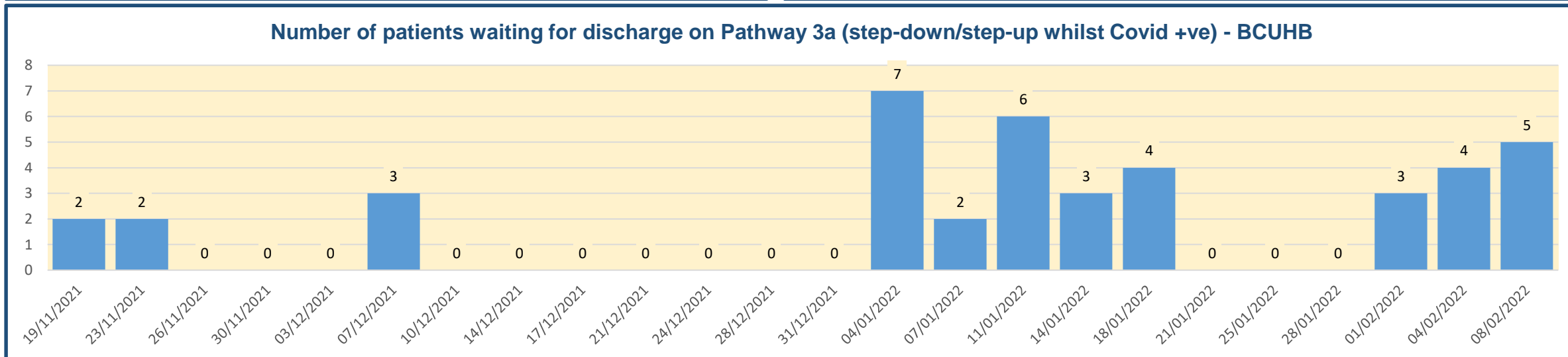
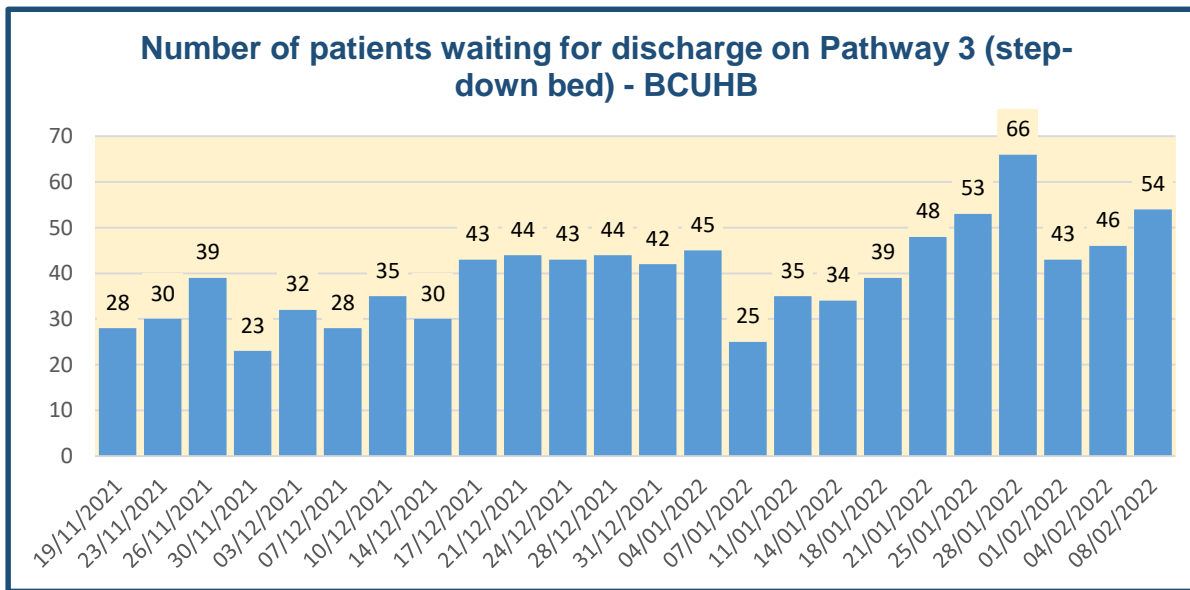
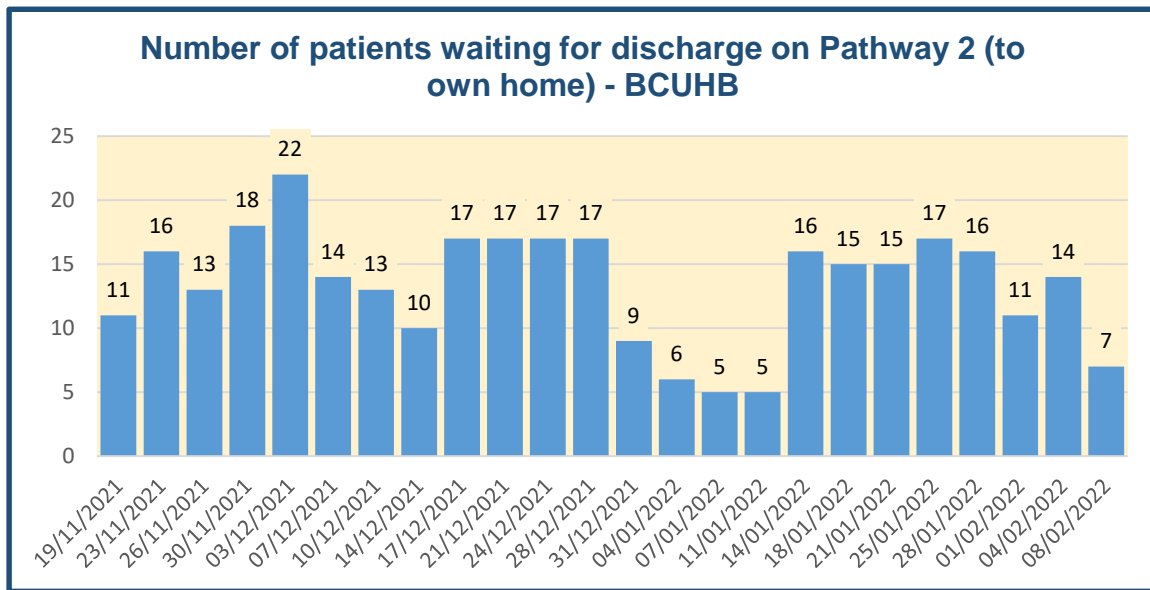
# Quadruple Aim 2: Unscheduled Care (2)



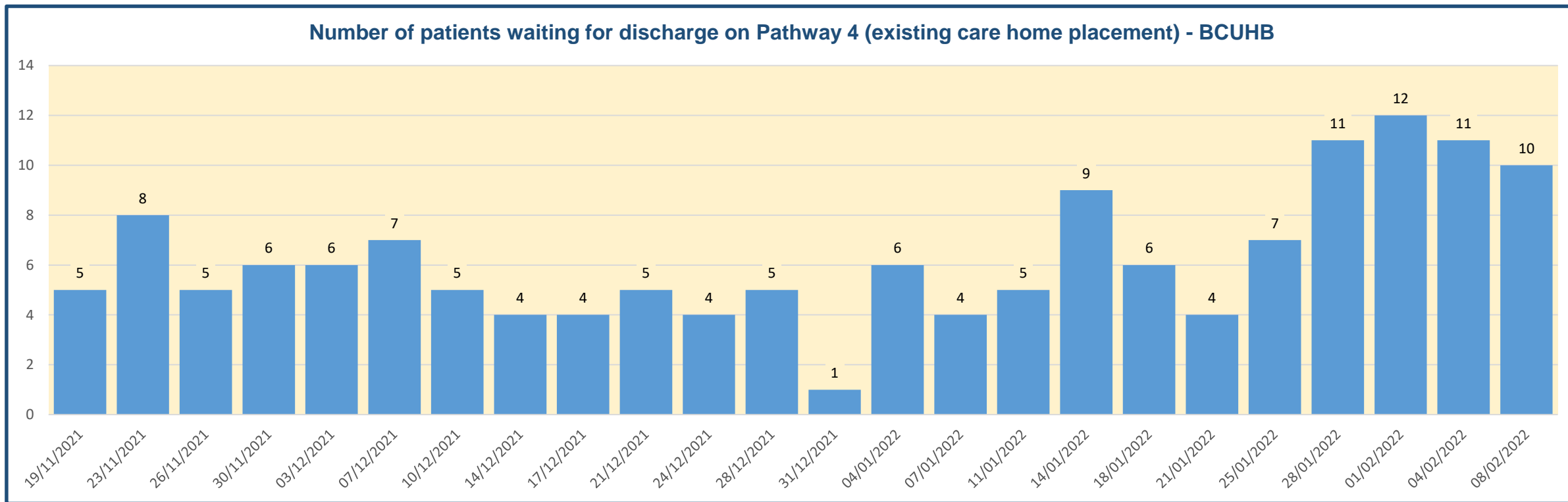
# Quadruple Aim 2: Unscheduled Care (3)



# Quadruple Aim 2: Unscheduled Care (3)



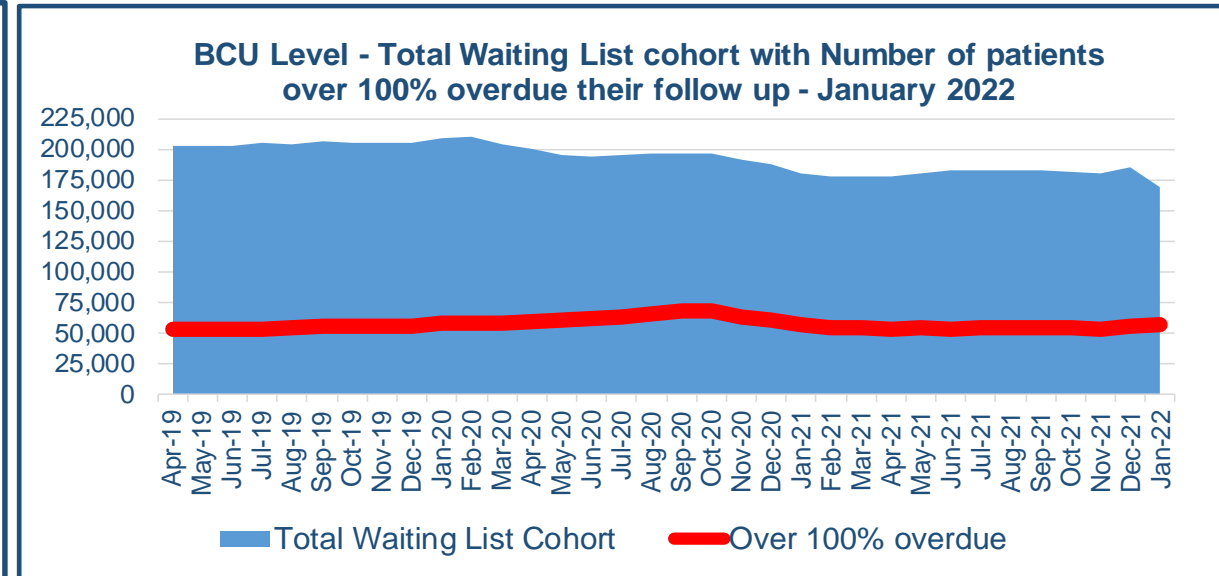
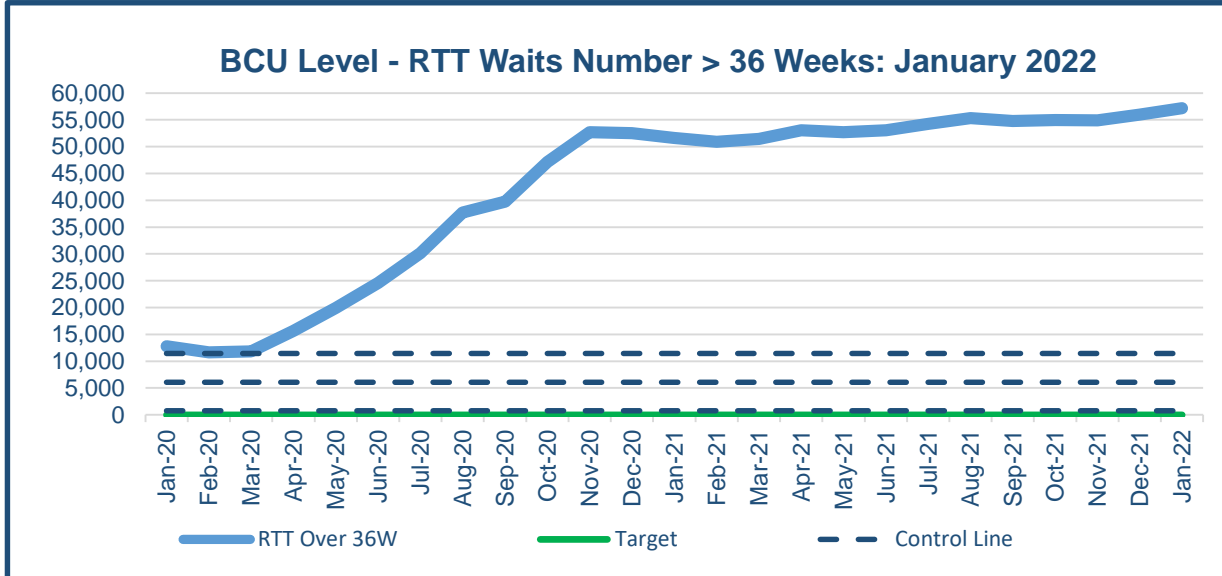
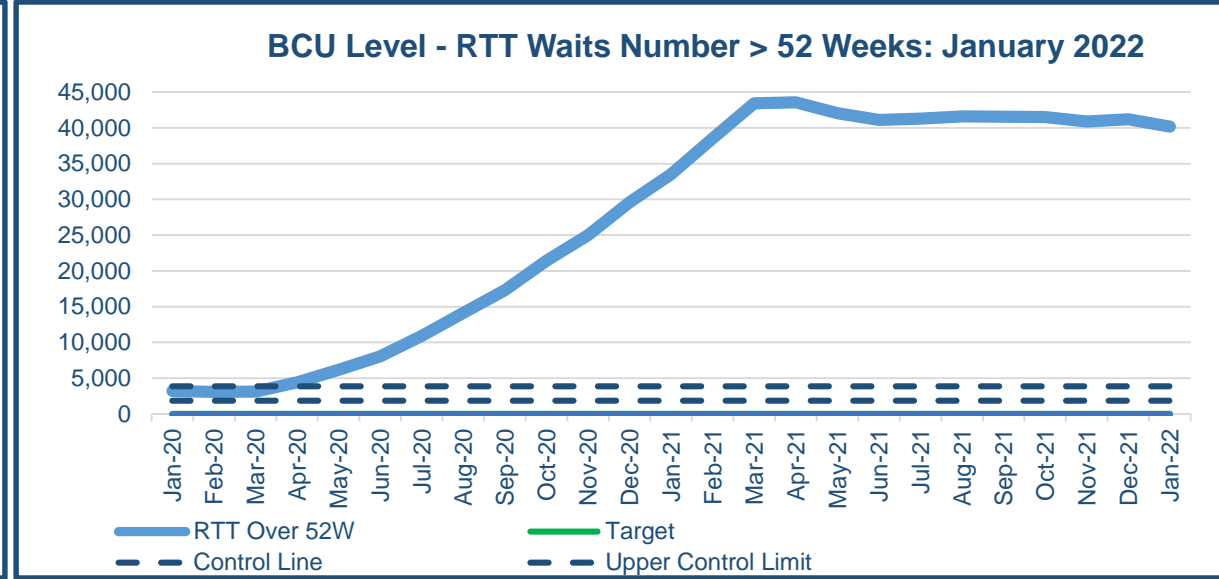
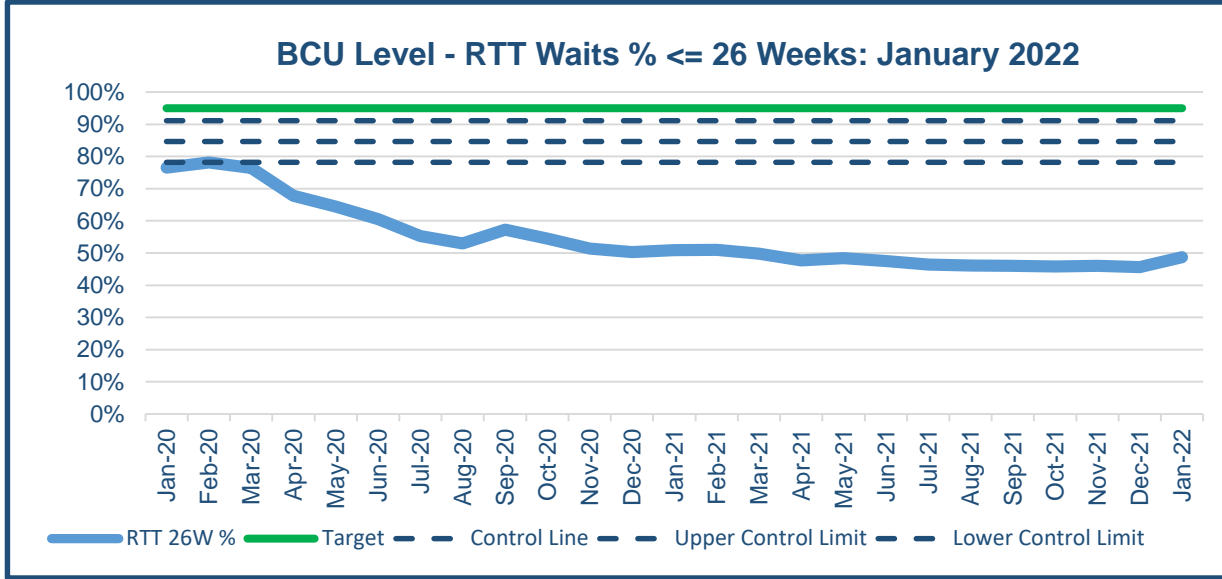
# Quadruple Aim 2: Unscheduled Care (3)



The Discharge and Flow slides demonstrate the numbers of patient delayed at the twice weekly census points (Tuesday & Friday) on Discharge to Recover then Assess (D2RA) Pathways 2, 3, 3a and 4. Further information on the D2RA process can be found at: [Hospital discharge service requirements: COVID-19 | GOV.WALES](https://www.gov.wales/hospital-discharge-service-requirements-covid-19)

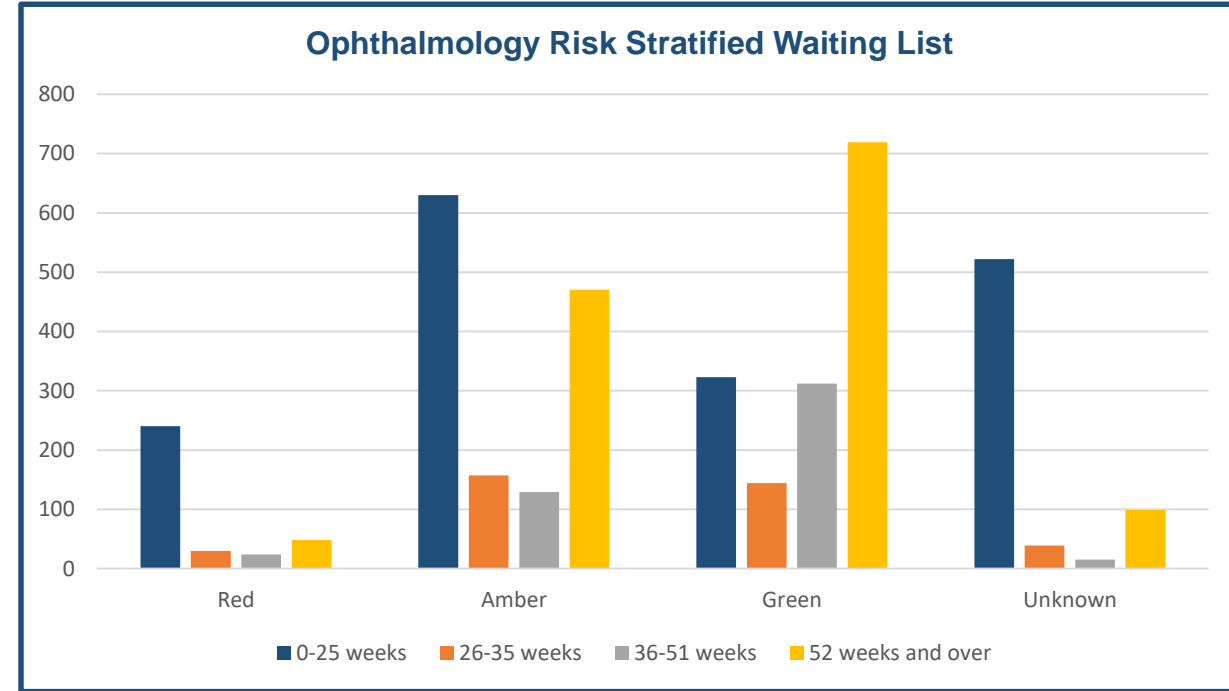
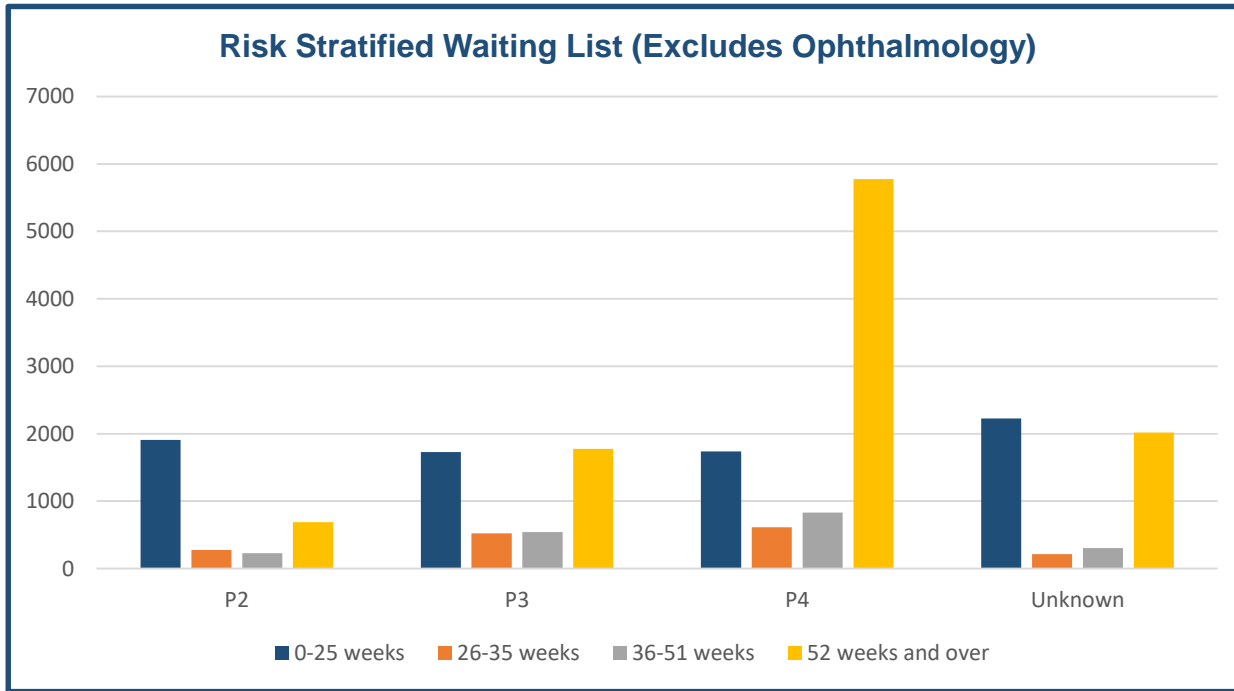
N.B.: These pathways **do not** include Mental Health patients

# Quadruple Aim 2: Planned Care (1)



# Quadruple Aim 2: Planned Care (2)

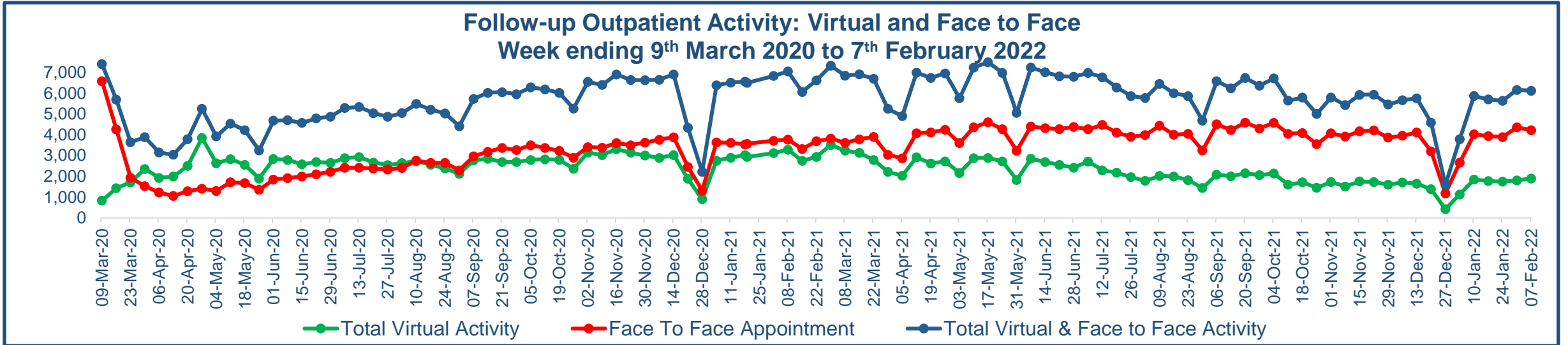
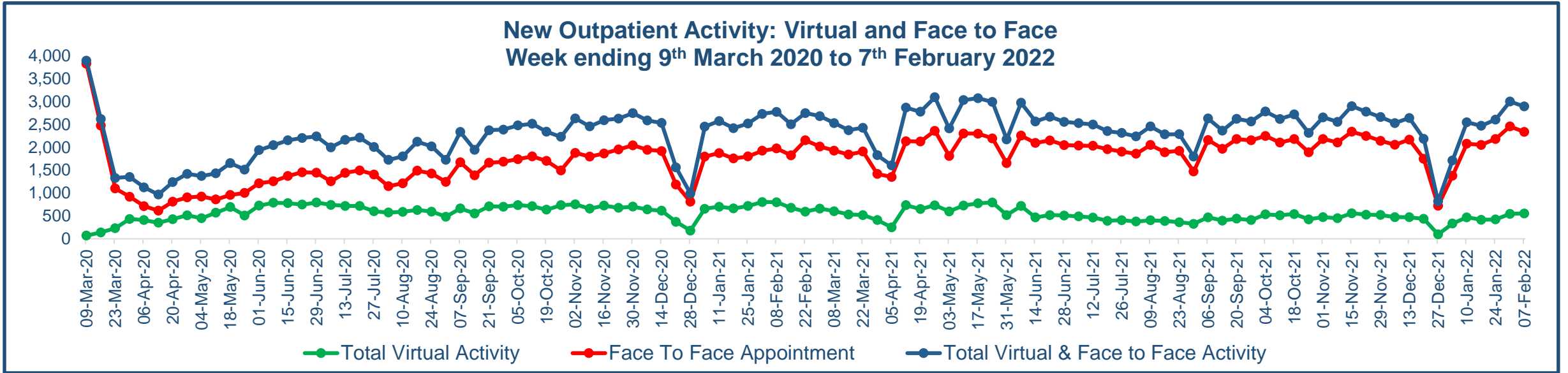
## Waiting List by Risk Stratification



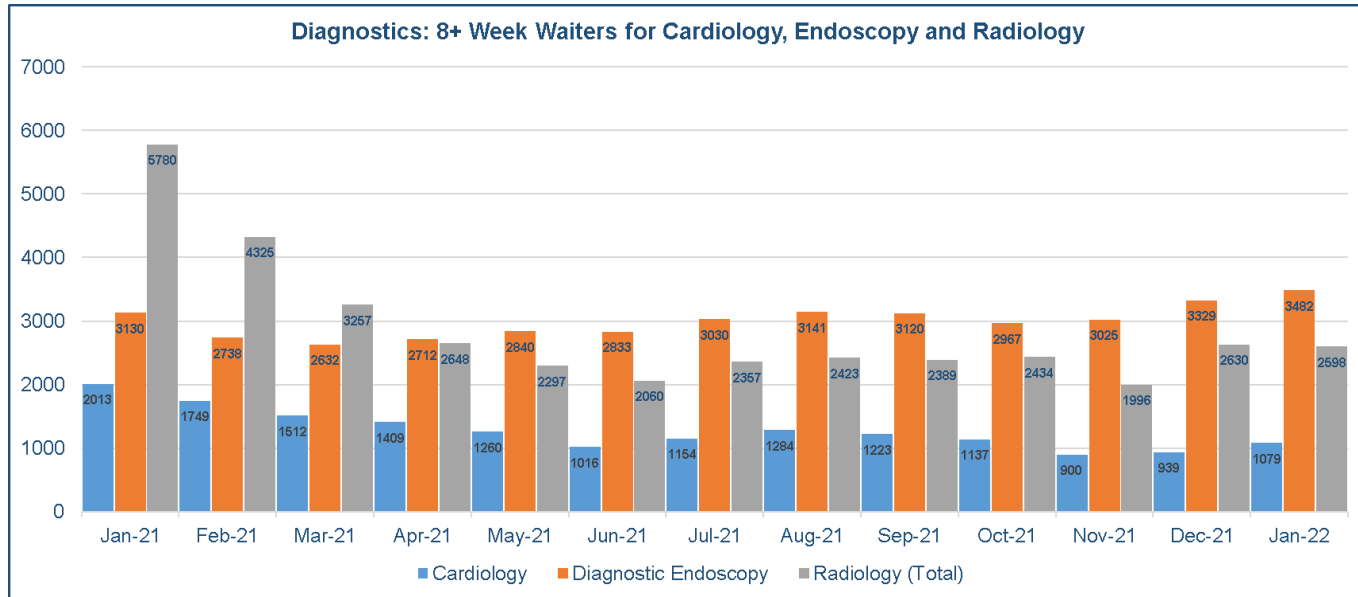
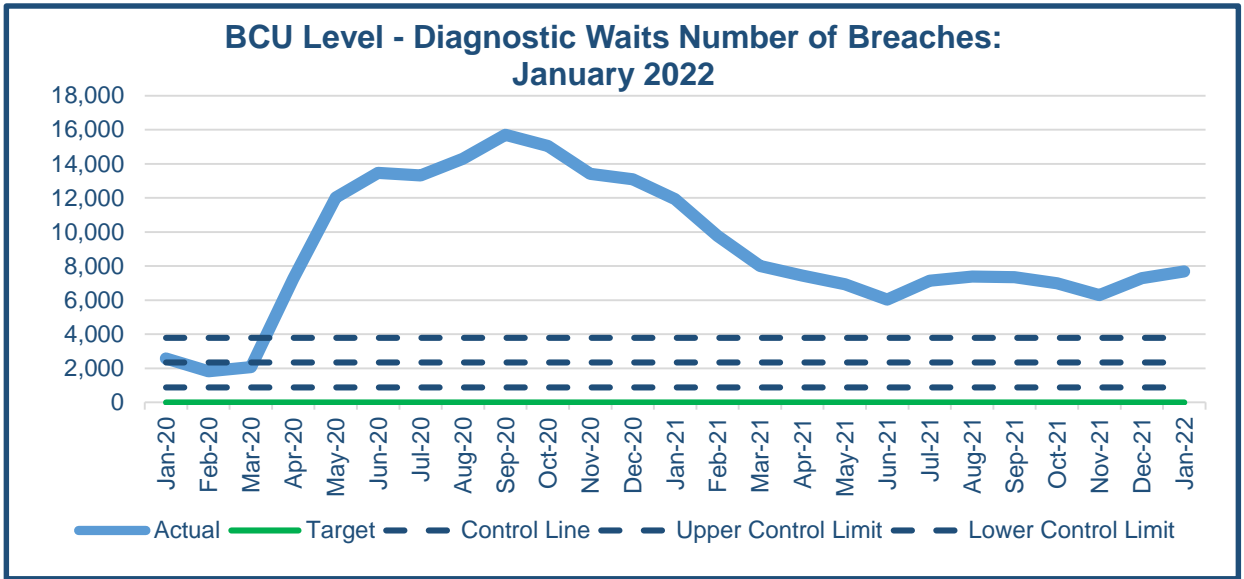
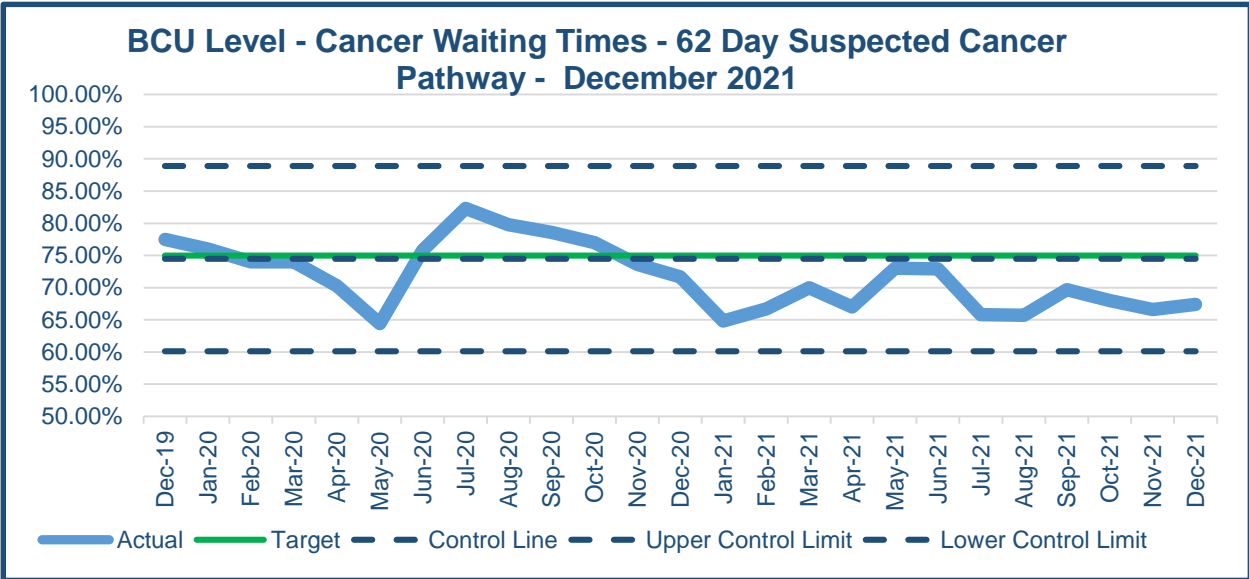
Source BCU HB IRIS : Accessed 14:50pm 14th February 2022  
 Data includes Admissions Waiting List for all specialties and excludes  
 Ophthalmology

Source BCU HB IRIS : Accessed 14:50pm 14th February 2022  
 Data includes Waiting List for Ophthalmology Only

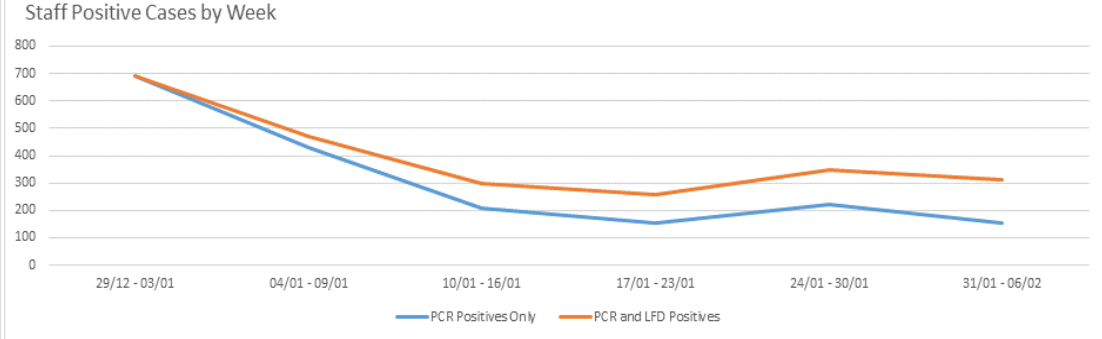
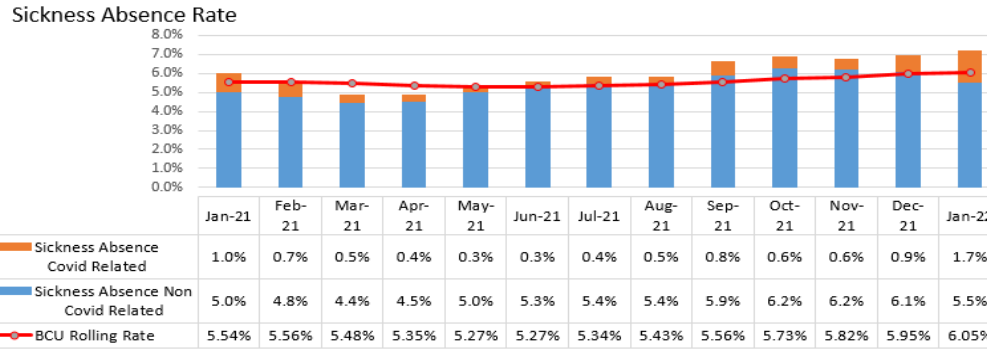
# Quadruple Aim 2: Charts Planned Care (3)



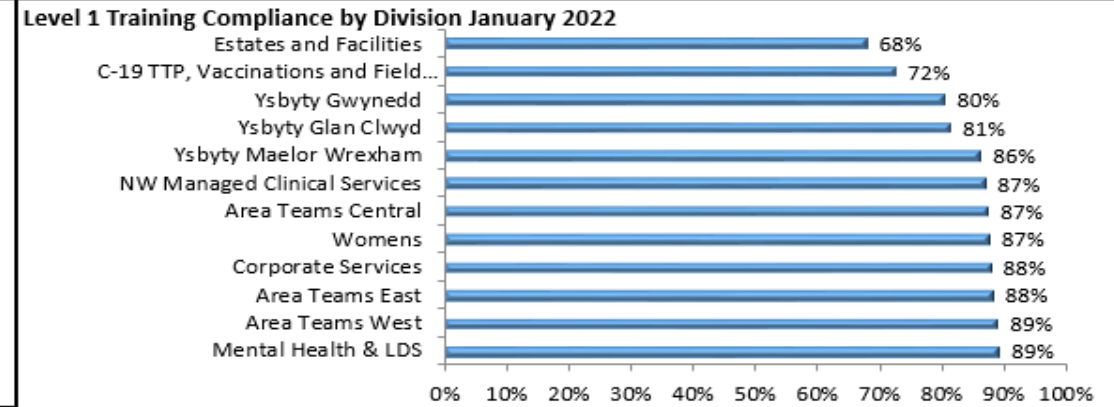
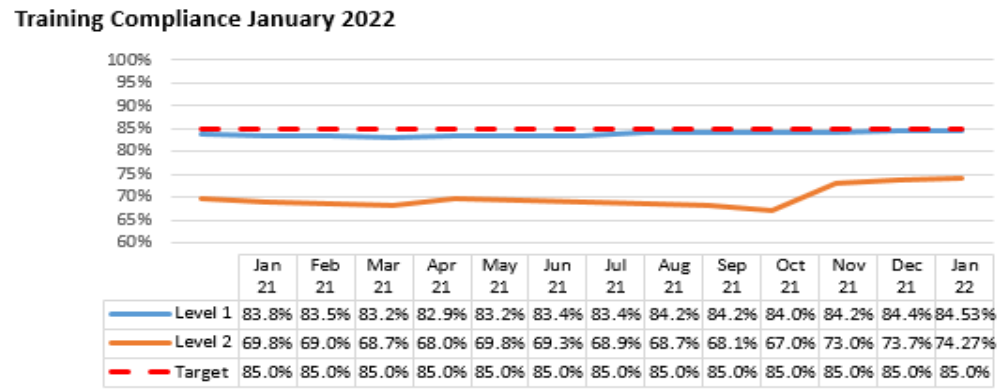
# Quadruple Aim 2: Planned Care (5)



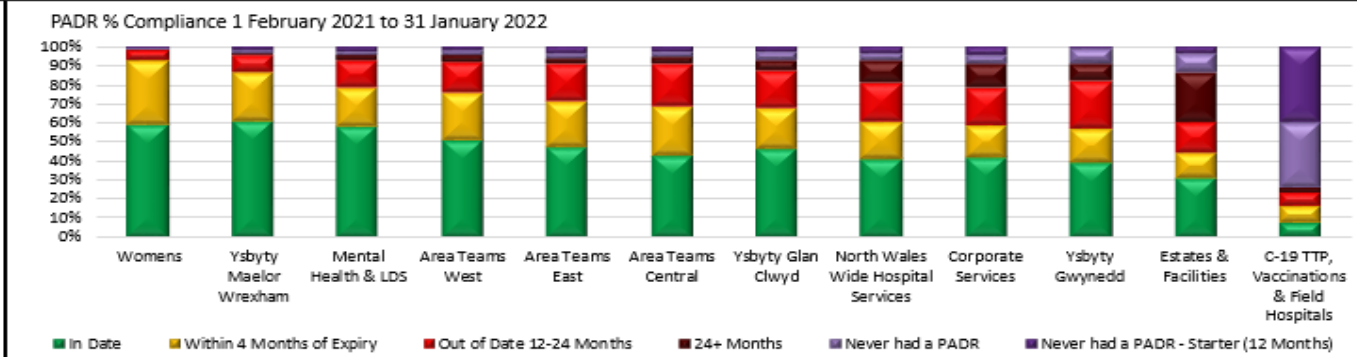
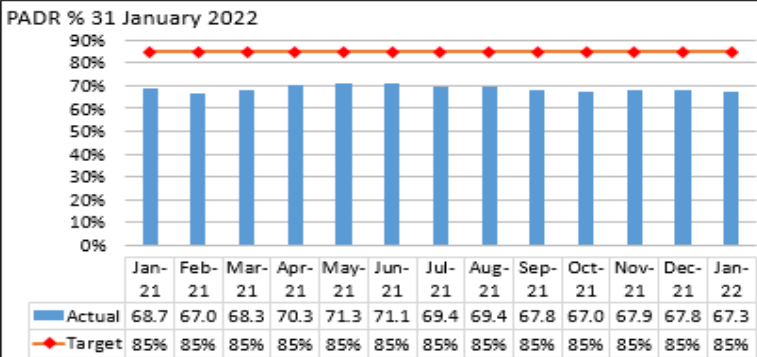
## Sickness absence Rates



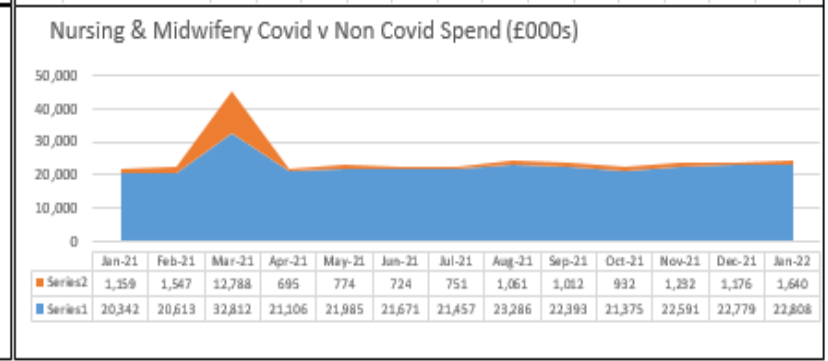
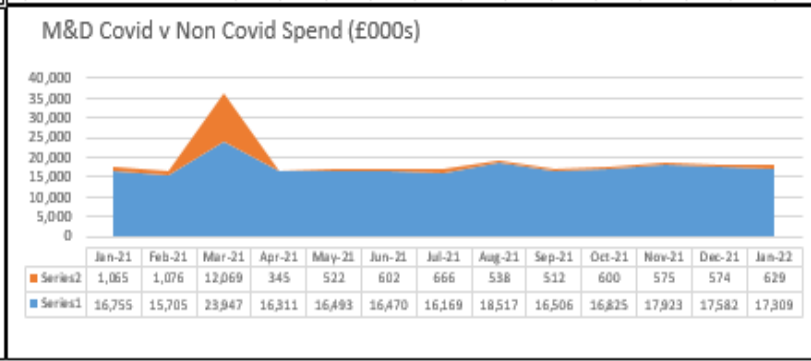
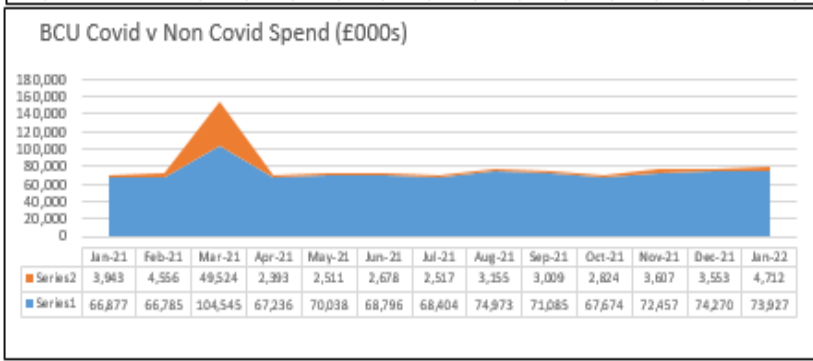
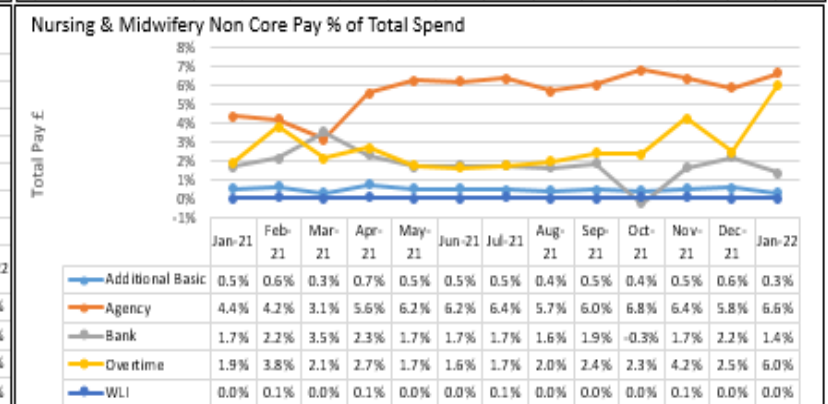
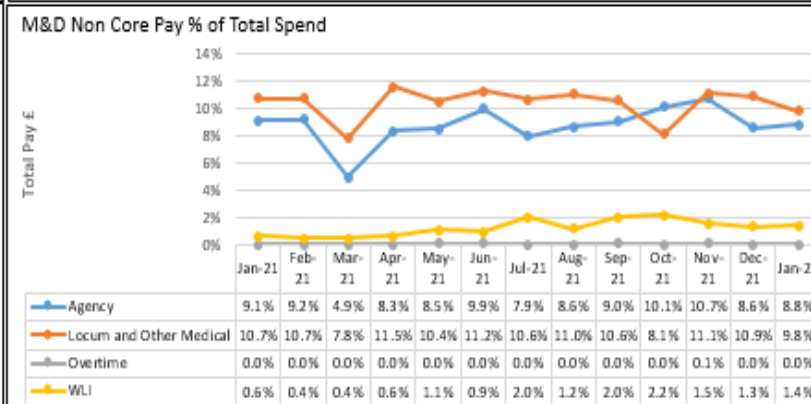
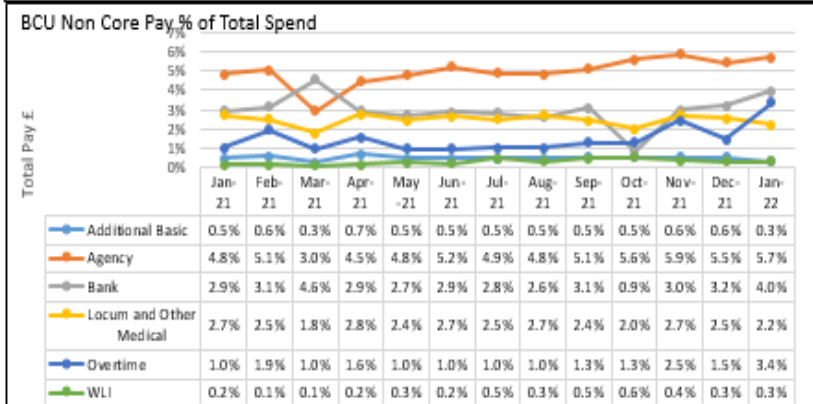
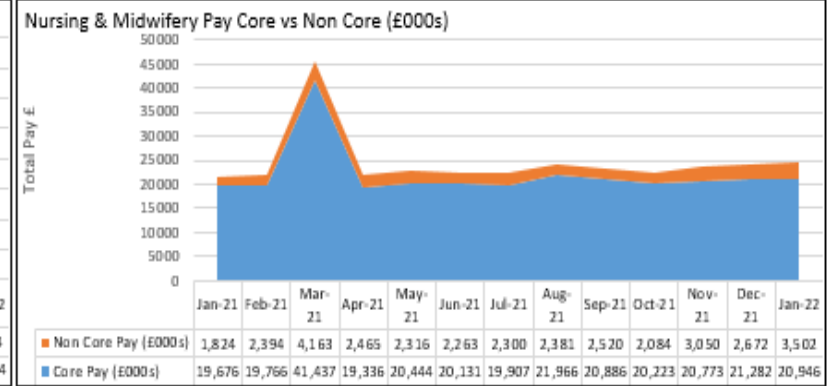
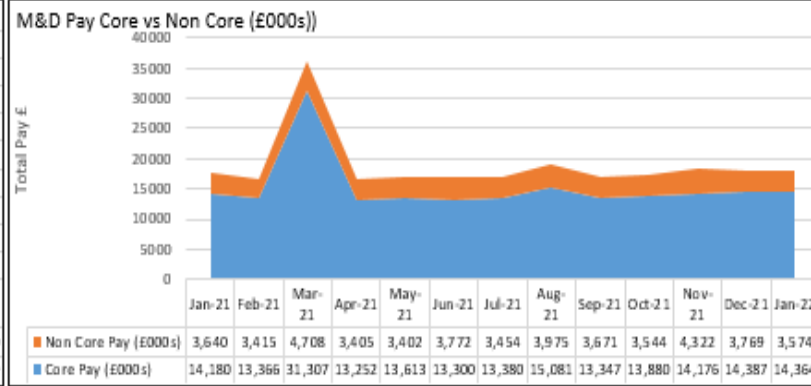
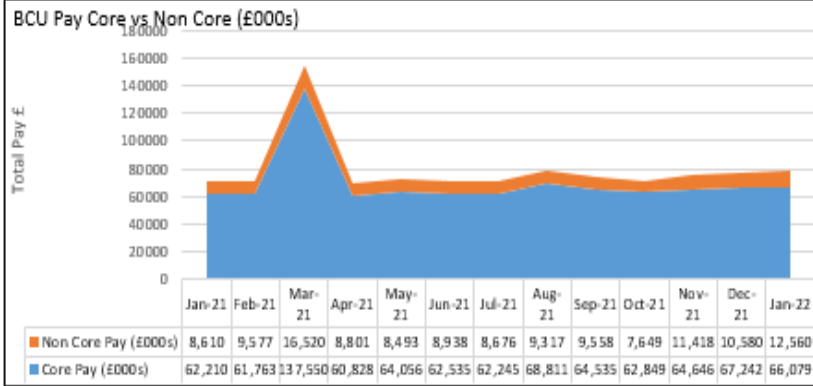
## Core Mandatory Training Rate



## PADR



# Quadruple Aim 4: Charts



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

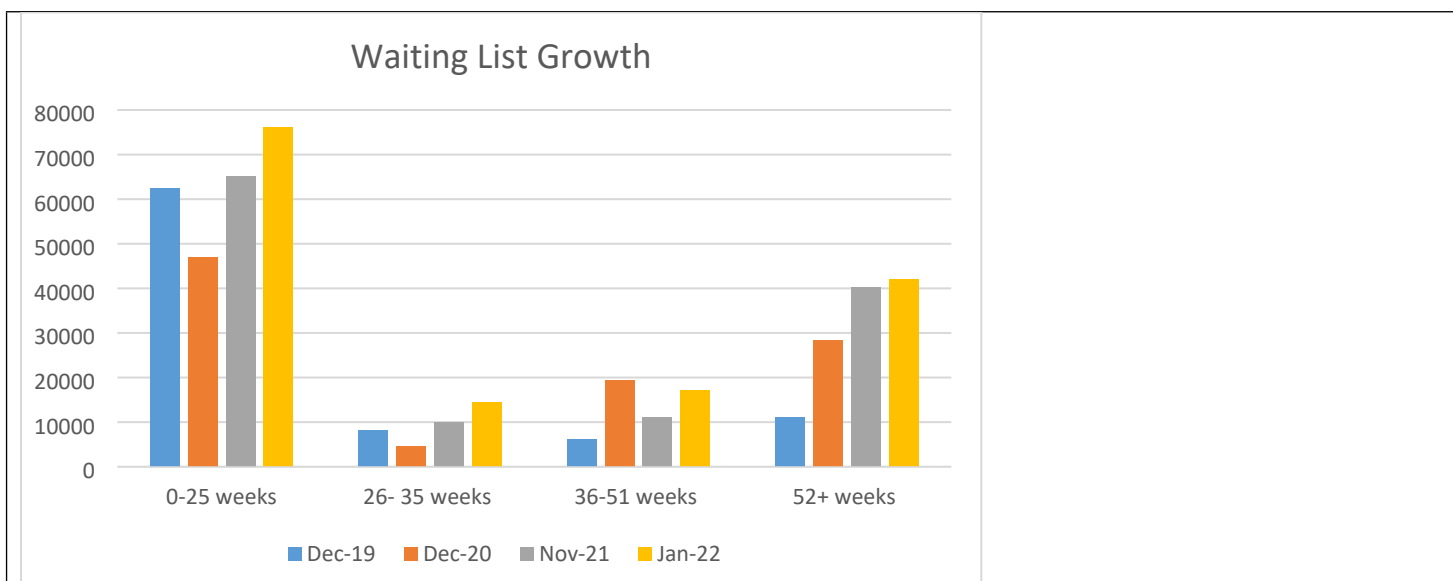
We also post regular updates on what we are doing to improve healthcare services for patients on social media:

 follow @bcuhb

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



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Planned Care Status Report</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gill Harris Deputy Chief Executive/Director of Nursing and Midwifery						
<b>Awdur yr Adroddiad Report Author:</b>	Keith Dibble Interim Programme Lead – Planned Care						
<b>Craffu blaenorol: Prior Scrutiny:</b>	(Informally) Planned Care Recovery and Transformation Group						
<b>Atodiadau Appendices:</b>							
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to							
<ul style="list-style-type: none"> <li>note the contents of this report as a high level reflection of the status of the Planned Care Recovery plan.</li> <li>support the ongoing programme of work, which combines transactional recovery processes with a range of transformational initiatives.</li> </ul>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	Y	<b>Er gwybodaeth For Information</b>	Y
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						N	
<b>Sefyllfa / Situation:</b>							
<p>The previous update described the challenge facing BCUHB in relation to Planned Care, and specifically the large number of patients waiting for a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104. The origins of this precede Covid, but the pandemic has clearly exacerbated the position significantly.</p> <p>Since the last report, there has been the Omicron variant Covid surge, and a major initiative in the vaccination programme, resulting in a Health Board decision to pause all non-urgent and non-cancer planned care activity in all formats – outpatients, day case and inpatient surgery. The pause has yet to be formally lifted, although planned care activity is now slowly recommencing.</p> <p>However, the backlog remains significant, with the overall waiting list continuing to grow (see below), with the numbers of patients waiting over 104 weeks now standing at 15,572.</p>							



In terms of restarting planned care routine activity, it is a mixed but evolving picture, with the priority remaining cancer and other P1 and P2 cases. However, indicatively the position is as follows, recognising that Covid limitations still apply:

Service/Speciality	Position
Orthopaedics (inpatients)	Central (Abergele) from 7/2; East – partial from 17/2, and full from mid-March; West from 21/2 Day cases being undertaken
General Surgery, Gynaecology and Urology	Cancer cases have always been treated. P2s now added, with P3's as capacity allows on all sites.
ENT	Day case surgery across all areas, plus routine cases being added to urgent lists as above
Ophthalmology	Back to pre-Xmas levels – i.e. at 80% of 2019/20 activity volume.
All other day case surgery	Phased re-introduction on all sites
All Outpatient Services	Phased re-introductions on all sites, with some limitations due to staff still being required to cover wards, etc.

NB During the pause routine cases were cancelled, but priority care continued to be delivered in all specialities. Over the last month, there has been the ability to flex the criteria and to start treating P3 cases. Orthopaedic Inpatient activity is the only area on all three sites, where there has been a planned, definitive re-start (as per the dates above). The only exception to these broad statements relates to those patients requiring super-green ward provision, where capacity remains limited, but where there are plans to provide these facilities over the next 2/3 weeks.

#### **Cefndir / Background:**

The Planned Care Programme Recovery Plan is designed to address both the underlying deficit between demand and capacity and the secondary Covid related backlog, and in so doing continues to be based on a number of assumptions and principles:

- As a minimum, volumes of activity had to reach 80% of that achieved in 2019/20, with the clearance of the backlog had to be achieved at the same time as – and in parallel with – ongoing treatment of new and urgent referrals.

- Achievement of the increase in volume would depend on the availability of beds, theatre sessions and staffing, taking into account the ongoing Covid restrictions and an exhausted workforce with a need to take annual leave.
- New and/or different approaches would be required to enhance capacity.
- This would need to include the expansion of initiatives trialled during the pandemic – such as virtual clinics, Seen on Symptoms and PIFU (patient initiated follow-ups). – to reduce demand on the services.
- There would need to be a longer term and sustainable programme of transformation, based on the Implementation of the GIRFT (Getting it Right First Time) pathways.

Planned Care cannot be seen in isolation from the Unscheduled Care agenda, and the continuing impact of the Covid restrictions and outbreaks, together with the normal winter pressures and, mean that progress in reducing the waiting list backlog will continue to be restricted.

An activity plan, including a backlog trajectory, was devised for the financial year and monitored monthly in the first two quarters. This was revised in October 2021 to take into account the pressures experienced, and is now being reviewed again in light of the Omicron surge, and will form a key part of the IMTP for 2022/23 ff.

It is clear however that the ambition to achieve 80% of the 2019/20 target will not be achieved in 2021/22 and therefore the starting point for recovery from 1/4/22 is worse than anticipated.

### **Asesu a Dadansoddi / Assessment & Analysis**

#### **Goblygiadau Strategol / Strategy Implications**

The delivery of planned care (and the clearance of the backlog on the waiting list) is a key business and safety objective for BCUHB. Delays to elective treatment, including cancer care, have significant impacts on the well-being of patients and their families. A delay in cancer surgery can obviously be life threatening, but a deferral of a hip replacement for example can be limiting to mobility and indeed the ability to work, etc. Furthermore, for those patients on waiting lists for significant periods of time (e.g. in excess of 52 weeks), deterioration in condition is almost inevitable. This has a wider socio-economic impact across the population.

#### **Opsiynau a ystyriwyd / Options considered**

It is not proposed to change the main tenets of the plan already in place, but to outline variations on the themes to mitigate risks and address issues where original assumptions have not been met.

The Planned Care Recovery Plan will be a combination of transactional (operational) and transformational (developmental) initiatives. In essence, there will be four key themes:

- Increased capacity (i.e. treating more patients)
- Prioritising diagnostics and outpatients
- Transformation (pathway redesign)
- Information and communication (including validation)

Numerically, there are some key objectives:

- Diagnose and treat all patients categorised as urgent waiting in excess of 52 weeks.
- Diagnose and treat all patients waiting in excess of 104 weeks at all stages across the pathway
- Treat all cancer patients waiting in excess of 62 days.
- Diagnose and treat all patients waiting over 52 weeks.

- Review all Stage One patients waiting in excess of 36 weeks.

To achieve these objectives, there are essentially a number of phases to the recovery programme, although many will overlap:

- Restart (planned care activity) between now and 31/3/2022
- Stabilisation (i.e. stop any further deterioration in the waiting list – Quarter One in 2022/23
- Improvement both in terms of change in practice and also in reducing the longest waiting times through outsourcing etc.
- Increased capacity (based on Insourcing and the Modular wards) – Quarter Three
- Recovery – recognising that despite best efforts, some of the waiting lists will not be eradicated for some time – e.g. Ophthalmology (18 months) and Orthopaedics (3-4 years)
- Sustainability – based on all of the above, plus a comprehensive transformation programme and the establishment of the RTCs.

Some programmes of work, such as validation will run through all of the above, as will the implementation of the communications strategy.

However, the focus for the remainder of the current financial year and the first quarter of next will be to find genuine opportunities to uncouple planned care from unscheduled, to ensure that the future impact of Covid or winter is at best eradicated or at least minimised. This plan to ring-fence elective capacity will be augmented by some very practical first steps on the transformation pathway, particularly in relation to outpatients, and will be driven by the GIRFT programme. Both will be underpinned by a more cohesive approach to supporting patients through better communication and specific interventions. In addition, there will be an enhanced emphasis on cleansing the waiting list to ensure that those patients most needing treatment are prioritised.

#### a) “Ring-fenced” capacity

Until the RTCs are fully functional, this goal cannot be fully achieved, The outsourcing arrangement provides this in a limited way, as will the Insourcing proposals, but greater capacity is required, and this must be provided with less limitations on the type of patient who can benefit from it. In the short term, elective orthopaedic activity has restarted from 7/2/22 at Abergele. This will be augmented by orthopaedic beds being returned for surgical activity in Bangor later in February, and a ward reconfiguration in Wrexham to achieve the same objective in March. Building on the Abergele model, the next stage is the consideration of modular capacity at one or more sites. A business case will be presented to Executives later this month.

#### b) GIRFT/Outpatients

WG has initiated a GIRFT programme across 5 specialities over the coming months, commencing with Orthopaedics (started 1/2/22), followed by Urology and Ophthalmology, and then General Surgery and Gynaecology. Without pre-empting any of the findings in each of the specialities, there are already some early themes emerging from the orthopaedic review, which will provide some real improvement opportunities and create significant capacity, if PIFU became the default option for routine surgery, a minimum of 20% additional outpatient capacity could be released.

Additionally, this focus addresses the need to review the clinical pathways from their point of source – i.e. GP referral – and links with the Advice and Guidance, thus completing the circuit from primary care into secondary care (if required) and back to supported care in the community (again where appropriate).

### **c) Communication and Patient Support**

There are many strands to this aspect of the Planned Care Programme, building as it does on some areas of good practice to develop a comprehensive and cohesive package of information to both the patients waiting for treatment and the clinicians caring for them both in primary and secondary care. This includes the provision of very basic details – e.g. the length of the waiting list for each speciality, so that expectations can be managed. (This will be provided on the BCUHB web-site on a regular basis.)

It will also include information on the support available to patients, either directly from our own staff or via partner organisations. For example, BCU and British Red Cross are about to embark on a joint working arrangement, utilising the resources and network of the latter to provide one to one and group support to the longest waiting patients across North Wales.

A Communication Strategy has now been drafted, and the Planned Care Programme now has dedicated support from a member of the communications' team to develop the various elements of the plan, including the use of social media.

The validation process provides a key link to patients, as well as ensuring that those on the waiting list are in need of the intervention for which they were referred, and that they are listed in the appropriate priority order. The process is not designed to reduce the size of the list, but to provide a genuine quality assurance measure, so that clinical resource can be directed appropriately. We are embarking on a two stage approach based on existing practices – (1) to establish a robust and continual process whereby all patients are reviewed at a given point in their pathway, and (2) a further focussed piece of work in relation to cohorts of patients on both outpatient and inpatient lists.

#### **Cancer**

In April of this year (subject to confirmation by the Executives) the Cancer Partnership Group will be established. This group will develop the cancer strategy for the organisation aligned with the Welsh cancer plan. The group will be developing programmes of work over the next 3-5 years, supporting themes of work from prevention to end of life care. It will oversee, re-design and develop the cancer advisory groups to improve Cancer performance for the population of North Wales. The group is modelling itself on the Greater Manchester cancer board, which has been recognised in improving cancer survival rates nationally and has been supporting our cancer team during this progression. A new clinical lead (Mr. Huw Jones) has recently been appointed to lead and develop this essential work.

#### **Recovery**

With routine planned care back into a restart position, the objective from Quarter One onwards must be to increase the baseline from 80% of the 2019/20 activity level to at least 100%, and 120% where possible. If the 80% activity level only is maintained, the waiting list will deteriorate by circa 1700 per month based on the current referral rate of 9,200. Relaxation of Covid restrictions and improvement initiatives will need firstly make up that deficit, and then make serious in-roads into the backlog.

### **Goblygiadau Ariannol / Financial Implications**

Significant funding has been available in the current financial year, and linked to IMTP submission, investment plans for 2022/23 are being finalised to ensure that both current performance is maintained and also that additionality is achieved. Much of the investment in the current and next financial years is designed to re-enforce the infrastructure of key services – diagnostics, cancer, etc. – to remove bottlenecks and to improve the quality of patient experience.

### **Dadansoddiad Risk / Risk Analysis**

The underlying/inherent risk score associated with the backlog of patients on the waiting list is 25, but the current score based on actions to date has been revised to 20. The various actions are designed to mitigate and reduce the risk, but it needs to be recognised that none of these will provide immediate solutions, and despite best endeavours, unscheduled care pressures may still impact on progress.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

Not applicable.

### **Asesiad Effaith / Impact Assessment**

The planned care programme is designed to address health inequalities and facilitate the Board's socio-economic duty by stream-lining process, transforming services and reducing waiting lists.

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Finance, Performance &amp; Information Governance Committee 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Unscheduled Care (USC) update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gill Harris, Executive Director of Nursing & Midwifery / Deputy CEO						
<b>Awdur yr Adroddiad Report Author:</b>	Claire Brennan, USC Programme Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Reviewed by: Dr Chris Subbe, Senior Clinical Lead for USC Phil Orwin, Interim Director of Regional Delivery Gill Harris Executive Director of Nursing & Midwifery / Deputy CEO						
<b>Atodiadau Appendices:</b>	n/a						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the update provided on the actions being taken within the Unscheduled Care improvement programme to support the delivery of improvements across the unscheduled care system and ensure the provision of safe, effective, high quality care.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	✓	<b>Er gwybodaeth For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
The following report provides an update on current progress of the programme and identified actions during the month of January 2022.							
This focused transformation programme is in recognition of the ongoing challenges on the urgent and emergency care system and the need to support and enable staff to effectively and safely deliver the necessary services and high quality care to meet the needs of our population.							
<b>Cefndir / Background:</b>							
<u>Unscheduled Care performance</u> Whilst COVID-19 challenges are still present across the Health Board, there has been a reduction in the number of admissions / attendances of patients with suspected coronavirus. Furthermore, staff who were redeployed are now returning back to their original workplaces. However, staff sickness remains an issue as a result of COVID-19 and self-isolation resulting in staff shortages.							
The Unscheduled Care system continues with significant pressures and the numbers of attendances reporting at pre-pandemic levels. It is important to note that there is a reduction in the number of patients attending the emergency departments that are triaged as Category 1 and 2							

(very urgent / urgent), which supports a narrative of reduction in acuity. However, there is a marked increase in the number of patients attending with a triage category 4 and 5 which would be more appropriate for alternative treatment outside Emergency Department (ED) i.e. 111, Minor Injury Units (MIUs), pharmacy etc. Furthermore, Welsh Ambulance Service Trust (WAST) has had periods of escalating into Clinical Safety Plan (CSP) resulting in a 'no send' to certain criteria of 999 calls which subsequently increased the number of those self-presenting with stroke / heart attack which has impacted on the ability to offload ambulances as the need to bring those from the waiting room due to clinical deterioration.

Flow challenges also remain within all the acute hospital and community sites, with ongoing delays for packages of care in the community causing further delays for the community hospitals and acute sites. This is further exacerbated by lost bed capacity due to social distancing and the creation of additional segregation on assessment units. Furthermore, the pressures experienced by lack of domiciliary care provision is impacting on the ability to timely discharge medically fit patients.

As at 11<sup>th</sup> February the number of patients deemed as Medically Fit for Discharge (MFD) but are unable to progress to the next place of care such as transfer to residential / nursing home, domiciliary care; awaiting internal or social assessment or equipment / adaptations was 337 compared to 368 the previous week. Health Board site reports identify the number of MFD across the health economy which is shared during the daily national 11am call to support escalating and demonstrating areas of improvement with reduction of MFDs to create flow. The reports are shared internally, along with any site specific plans to support reducing MFD i.e. red to green or releasing time to care.

Figure 1 below shows the total Unscheduled Care Activity for both ED and Minor Injury Units (MIU) from April 2019 to January 2022 which shows a steady reduction in the numbers for both attendances and admissions over 5 consecutive months between July and December 2021, with a slight increase in January 2022.

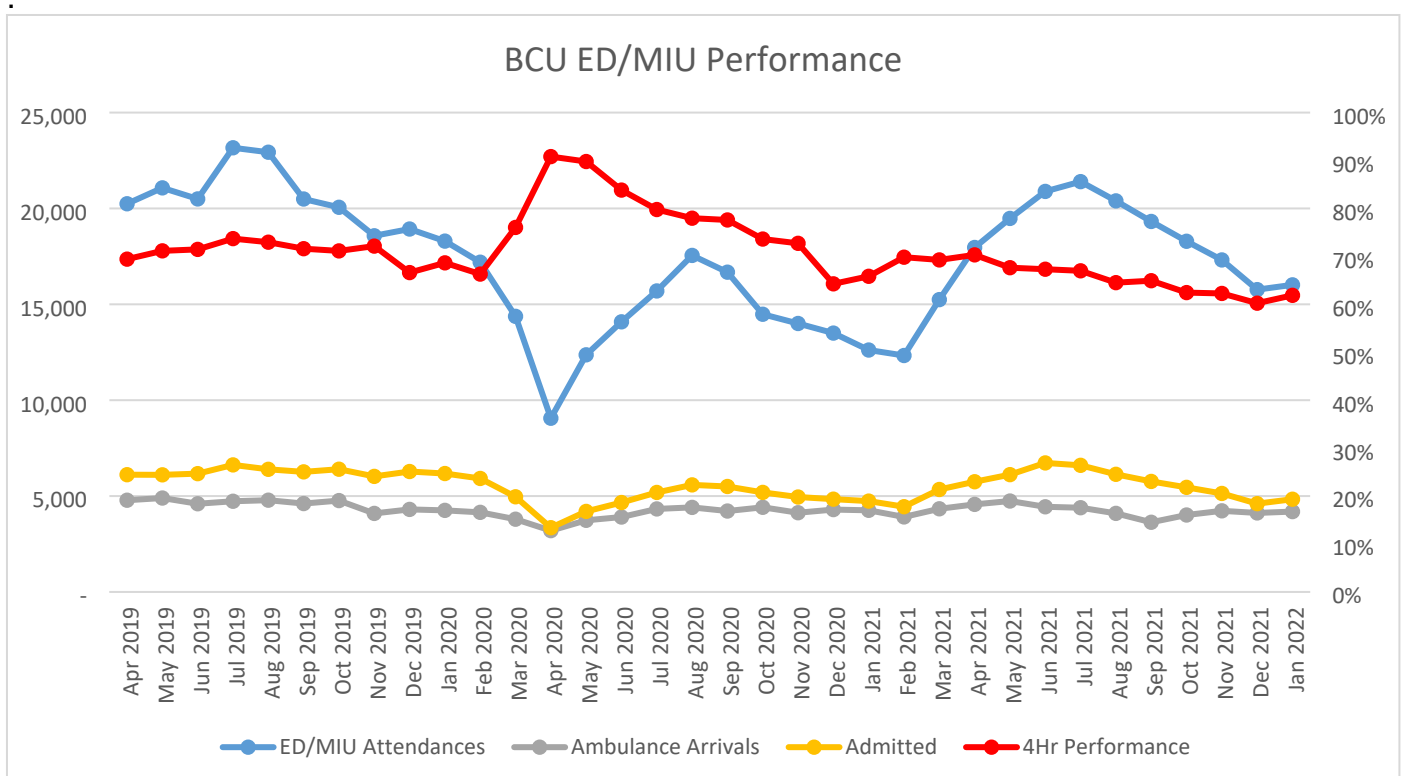


Figure 1: BCUHB ED / MIU performance

## **Asesu a Dadansoddi / Assessment & Analysis**

Whilst a number of actions are continuing to move forward, the overall pace and progress of the USC improvement programme during December and January has been slower than anticipated as a result of system pressures and competing priorities for operational teams as well as staff sickness within both clinical and non-clinical teams which has impacted on the continuity of improvement work.

The fortnightly workshops for each of the four workstreams have not been stood down, however, the duration of these has been reduced to half an hour with limited attendance as a result of capacity and staff sickness. The following updates are provided for the work that is progressing within each of the four workstreams:

### **Workstream 1 update:**

- The in-house educational programme for Minor Injury Unit (MIU) Emergency Practitioners (EPs) commenced in January, based on a training needs analysis undertaken previously, which will support standardisation and consistency for minor injuries service provision across BCU.
- A Microsoft TEAMS page for EPs has also been set up to share resources and support communications, with a bi-monthly newsletter produced and shared with this staff group to keep them informed of developments and training.
- Urgent Primary Care Centres (UPCC) development continues including ongoing recruitment. Developments in the East UPCC include ED triage staff reviewing appropriate referrals to help increase uptake in the UPCC. The locations for West UPCC confirmed and start date scheduled for April 2022 following approval of the business case.
- MIUs profiles have been reviewed and are being updated onto the Directory of Service to support an increase in capacity. In the West, the re-commencing of 24/7 MIU cover has been agreed to support the increase in local patient population ahead of February half term.
- The NW 111 First service continues to develop to support health care professionals and continues to have in-reach into referring care homes following the recent pilot.

### **Workstream 1 Next Steps:**

- Standard Operating Procedures (SOP) for MIUs are currently being drafted for review later this month which will include referral pathways into specialties to ensure seamless patient transfer.
- Planning has commenced to support MIU capacity going forwards and ahead of the forthcoming school holidays during February half term and Easter.
- Focus for this workstream remains on capacity and demand and a summit is planned for April with multi-agencies across Urgent Primary care centres, GPs, 111, Single Integrated Clinical Assessment & Treatment (SICAT), WAST and other key stakeholders to map out where the need is greatest and available interventions most effective.

### **Workstream 2 update:**

- Identified coding issues in relation to Same Day Emergency Care (SDEC) demand and capacity are being rectified to support developing an increase in attendances with utilisation of IT system to support SDEC units across BCUIB.
- Ysbyty Glan Clwyd (YGC) frailty unit has opened and is commencing on pulling suitable patients from ED.
- Pan-BCU recruitment for ED and Acute Physicians ongoing with poor uptake on suitable candidates – a review of previously successful recruitment schemes (i.e. Ysbyty Gwynedd (YG) Mountain Medicine scheme) are being shared for consideration.

- YG Acute Medicine team has relocated from Acute Medical Unit to SDEC and ED to oversee and assess all medical patients referred to facilitate appropriate same day discharges. This has enabled different discussions around which patient requires admission and who can be treated on the same day.
- The YGC team has implemented a number of innovations with the use of a risk triage tool (AMB-Score) and a proactive daily in-reach into the ED.
- Emergency Physicians in Wrexham have started testing a Rapid Assessment and Treatment model to reduce the times that patients are waiting on ambulances and in the waiting areas. This will potentially provide a promising platform for link to other specialists.

### **Workstream 2 Next Steps:**

- Ongoing campaign for recruitment of additional ED and Acute Physicians utilising range of recruitment strategies including use of wider agencies.
- Agreement on IT system for SDEC units at a pan-BCUHB level that supports Wales Patient Admin System (WPAS).
- Development and sign off to support WAST SDEC Access pathways.
- Roll out of DEC phones for speciality in-reach to reduce delays.
- Cohort area comprising 5 beds in YGC for lower acuity patients progressing and aiming for implementation end February / beginning March with Standard Operating Procedures (SOPs) being developed.

### **Workstream 3 update:**

- Educational resources and tools have been developed to support clinical staff in progressing the patient journey with four training videos accessible on YouTube for all staff. These summarise the priorities for communication with patients and help to guide discussions at board rounds. The tool has been reviewed with interest by the Royal College of Physicians and the Chief Nursing Officer for Wales.
- Board rounds are now embedded in wards across the health board but further work is required to ensure patient centred decision making is achieved with decisive actions that support progressing the patient journey in an efficient and timely manner and reduce the number of MFDs.
- Data has been re-analysed from the pilot wards from all three hospitals however this does not identify any significant changes in the number of discharges per week per ward or average length of hospital stay since implementation.
- Criteria led discharge training which is currently focusing on senior nurses has been completed in Glan Clwyd and is progressing on the other two sites.
- Releasing "Time to Care" event focusing on effectiveness of board rounds and identifying common bottlenecks, completed in YG end January / early February with feedback to be shared.

### **Workstream 3 next steps:**

- Focused workshop scheduled for 16<sup>th</sup> February to strengthen Criteria Led Discharge (CLD) and effective board rounds.
- Sharing of YG "Releasing Time to Care" feedback to USC improvement group for review of impact and share learning across the Health Board.
- Continue staff training programme to support ongoing roll out of CLD.

### **Workstream 4 update:**

- Recruitment progressing for Trust Assessor roles across BCUHB.
- East area to share data of the D2RA offer to pathway 4 patients from previous months report.

- Electronic transfer of care form being finalised ahead of implementation by end of February.
- Electronic whiteboards have been sourced as an interim alternative to STREAM boards which will be piloted on a ward in Llandudno community hospital prior to going live by the end of February in Central Area.

**Workstream 4 next steps:**

- Continued development of the trusted assessors within the health economy post reinstatement of staff.
- Review of the community capacity to support those medically optimised within the health economy.
- Commence implementation of e-transfer of care form mid / end February.
- Rollout e-whiteboards in Central following initial pilot in Llandudno community hospital and share learning and feedback for consideration of implementation across other sites.

In addition to these regular workshops, it has been agreed to convene four focused workshops, one for each workstream, over the next 3 months as follows;

- *Workstream 1: The broader landscape of minor injury and minor illness* for clinicians from WAST, SICAT (Single Integrated Clinical Assessment & Treatment), Primary Care and Emergency Care on the 13th of April.
- *Workstream 2: Internal Professional Standards at the front door and beyond* for clinicians from primary and secondary care on the 16th of March.
- *Workstream 3: Criteria Led Discharge – how do we challenge poor behaviour* for secondary care clinicians, Matrons, site managers 16th of February.
- *Workstream 4: Community Care – making care at home the standard* on the 30th of March

The Interim Regional Director of Delivery will be leading on the delivery of the three urgent improvement schemes as set out below, within a 90 day turnaround on performance and which are aligned with the Welsh Access Model and the Six Priority Goals for Urgent & Emergency Care. This work will be supported by a newly appointed Assistant Director of Unscheduled Care who will provide both clinical and operational input to this focused work and the wider USC improvement programme. Work will also be finalised to confirm Key Performance Indicators (KPIs) alongside the current unscheduled care schemes to support a rapid improvement in performance.

- 1) Reduction in ambulance delays and audit of suitability of Fit to Sit patients that are being held in the vehicles.
- 2) Reduction in paediatric breaches and utilisation of alternative pathways.
- 3) Improvement in time to see Clinician to support 4hr performance, and instigation of a pan BCUHB Breach validation process.

Across the Health Board, Command and Control remains in place, co-ordinating through the current operational structures within the Tactical Control Centre (TCC), with sites still utilising the Senior Manager of the Day (SMOD) rota to support local issues. The system lead rota supports overarching management of the North Wales Health economy and supports any overarching decision making and communication with external stakeholders and feedback accordingly via the TCC to executives.

Further to the Health Board approval of the Emergency Department Workforce Business Case, a number of appointments have successfully been recruited to the required additional nursing workforce which is now almost complete across all sites with the exception of Consultant Nurse posts that are out to advert. Similarly appointments have been made to other staff groups including porters, housekeeping and progress chasers within the departments. Challenges remain with recruitment to the medical workforce and work is ongoing to review utilising recruitment agencies with assurances to recruit 2.0wte internally and 2.0wte overseas candidates into the workforce. Additionally, plans are underway to approach the deanery training sessions for those due to be eligible to apply for consultant posts from May 2022 onwards.

**Opsynau a ystyriwyd / Options considered**

N/A

**Goblygiadau Ariannol / Financial Implications**

Funding allocations have been agreed for 2021-22 following submission of bids to Welsh Government against the all Wales £25m for Urgent and Emergency care in line with the 4 key deliverables: Contact First, Urgent Primary Care Centres, (UPCC), Same Day Emergency Care (SDEC) models and Remote clinical support and optimising conveyance as well as funding for programme management support.

**Dadansoddiad Risk / Risk Analysis**

Board Assurance Framework (BAF) 20-02 for Safe and Effective Management of Unscheduled Care within strategic priority 1 for Safe Unscheduled Care, 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*”. Mitigating actions to reduce harm, improve patient outcomes and better patient and staff experience across the urgent and emergency care system are in the process of being confirmed in line with the improvement programme of work and revised governance and reporting arrangements.

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

N/A

**Asesiad Effaith / Impact Assessment**

N/A



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee 24.2.22</b>
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public
<b>Teitl yr Adroddiad Report Title:</b>	<b>North Wales Cancer Treatment Centre - Radiotherapy Replacement Linear Accelerator, Software and Hardware Replacement</b>
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Chris Stockport, Executive Director Primary Care and Community Services
<b>Awdur yr Adroddiad Report Author:</b>	Geraint Ellis Roberts, Divisional General Manager - Cancer (Project Director)
<b>Craffu blaenorol: Prior Scrutiny:</b>	<p>Welsh Government have already awarded the full capital funding for this scheme, and the linear accelerator has been purchased.</p> <p>This was approved via Chair's Action in November 2021, following a request from Welsh Government that the linear accelerator should be purchased in the 2021/22 financial year. The formal submission of the full case is still required to support this investment decision.</p> <p>In line with the organisation's Procedure for Managing Capital Projects the business case has been endorsed by:</p> <ul style="list-style-type: none"> <li>• The Project Board</li> <li>• The Capital Investment Group</li> <li>• The Executive Team</li> </ul>
<b>Atodiadau / Appendices:</b>	Appendix 1 Business Justification Case (BJC) as per report title. - BJC appendices are available to Board members for consideration
<b>Argymhelliad / Recommendation:</b>	
The Performance, Finance and Information Governance Committee is asked to approve the Business Case for submission to the Health Board, the case will then be submitted to Welsh Government.	
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>	

Ar gyfer penderfyniad /cymeradwyaeth For Decision /Approval	X	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
<b>Sefyllfa / Situation:</b>				
<p>The purpose of this Business Justification Case (BJC) is to set out the need for capital funding from the Welsh Government (WG) for the replacement of Linear Accelerator Ffynnon or Gorwel along with the software and hardware within the North Wales Cancer Treatment Centre (NWCTC) based at Ysbyty Glan Clwyd. As outlined above, Welsh Government has already awarded the full capital funding for this scheme, and the linear accelerator has been purchased. This was approved via Chair's Action in November 2021, following a request from Welsh Government that the linear accelerator should be purchased in the 2021/22 financial year. The formal submission of the full case is still required to support this investment decision.</p>				
<b>Cefndir / Background:</b>				
<p>The NWCTC at Glan Clwyd Hospital was established in 1998 with the purpose of providing external beam radiotherapy to the North Wales population. Previously radiotherapy was delivered by Clatterbridge Cancer Centre (CCC), Wirral and The Christie Manchester.</p> <p>Currently NWCTC houses 4 linacs in 5 bunkers and delivers approximately 90% of the external beam radiotherapy required by the North Wales Population. The operational life of a linac is widely considered to be 10 years and both Ffynnon and Gorwel were commissioned in 2010 with a replacement year of 2020.</p>				
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>				
<b>Goblygiadau Strategol / Strategy Implications</b>				
<p>The Strategic Case is fundamentally about ensuring the continuity of radiotherapy services provided at the North Wales Cancer Treatment Centre (NWCTC) on the Ysbyty Glan Clwyd site and the case supports a number of national and local guidance and best practice mandatory requirements.</p>				
<b>Opsionau a ystyriwyd / Options considered</b>				
<p>Option 1: Business as usual (Status Quo).  Option 2: Outsource the service.  Option 3: Replace one linac, do not replace / update the hardware / software  Option 4: Replace one linac (Gorwel), hardware and software - Preferred  Option 5: Replace both of the Linacs that are over 10 years old, and the hardware and software</p> <p>The business case contains a full option appraisal.</p>				

### **Goblygiadau Ariannol / Financial Implications**

The Financial section of the case outlines the capital and revenue implications. The total capital cost is £4.477 million. Funding has already been secured from the all-Wales capital programme.

There is a small revenue saving (£35,000) in 2022/23, as the new linac will be covered by warranty and will not require a maintenance contract, unlike the one that it is replacing. In 2023/24 there is an additional cost of £155,000, rising to a recurrent increase of £262,000 compared to current expenditure in subsequent years. This is a result of the higher maintenance costs associated with a modern linac and associated equipment, and the provision of hardware/software maintenance support. The additional revenue costs will be managed jointly by Cancer Services and Diagnostics & Specialist Clinical Support on a 50/50 basis. The Divisions will mitigate the additional costs through future Divisional cost savings.

### **Dadansoddiad Risk / Risk Analysis**

The Strategic and Economic sections of the case summarise the risks.

In summary: replacing the linac, upgrading the hardware and software, and putting in place a maintenance contract, will improve the resilience of a key clinical system - and therefore reduce the risk of patient harm.

The project has a full risk management process, in line with the Procedure for Managing Capital Projects.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

The project will be managed in line with the BCUHB Procedure Manual for Capital Projects, Standing Orders and Standing Financial Instructions as well as Procurement Services guidelines.

### **Asesiad Effaith / Impact Assessment**

An EqIA assessment has been carried out. It concludes that the proposal has positive impacts in terms of age and disability, and no negative impacts.

# **North Wales Cancer Treatment Centre**

## **Radiotherapy Replacement Linear Accelerator “G” & Associated Hardware and Software**

### **Business Justification Case (BJC)**

8<sup>th</sup> February 2022  
Draft 0.17

## Version History

Version	Date Issued	Brief Summary of Change	Owners Name
Draft 0.01	19.08.2021	First Draft	Darren Smith
Draft 0.02	06.10.2021	Complete revision of BJC	Darren Smith
Draft 0.03	07.10.2021	Draft update	Darren Smith
Draft 0.04	26.10.2021	Revised following comments received	
Draft 0.05	28.10.2021	Comments received	Ian Howard
Draft 0.06	03.11.2021	Comments received	Jaap Vaarkamp
Draft 0.07	18.11.2021	Case updated following comments received	Darren Smith
Draft 0.08	06.12.2021	Update / revised	Darren Smith
Draft 0.09	31.12.2021	Updated / revised following comments received	Darren Smith
Draft 0.10	27.01.2022	Updated / revised following comments received	Ian Howard
Draft 0.11	31.01.2022	Updated / revised following review	Ian Howard Geraint Roberts Liz Lloyd Darren Smith
Draft 0.12	01.02.2022	Updated / revised following review	Darren Smith
Draft 0.13	03.02.2022	Updated / revised following review	Ian Howard
Draft 0.14	04.02.2022	Revised	Darren Smith
Draft 0.15	05.02.2022	Revised	Darren Smith
Draft 0.16	06.02.2022	Revised	Ian Howard
Draft 0.17	08.02.2022	Revised	Ian Howard

## Contents

1.	<b>Purpose</b>	
1.1	Introduction	5
2.	<b>Strategic Case</b>	
2.1	Introduction	6
2.2	Organisational Overview	6
2.3	Alignment to Existing Policies and Strategies	6 - 7
3.	<b>Case for Change</b>	
3.1	Introduction	8
3.2	Investment Objectives	8
3.3	Existing Arrangements	8 - 9
3.4	Problem with the Status Quo	9 - 10
3.5	Solutions and Benefits of the Scheme	10 - 11
3.6	Main Risks to the delivery of the proposed solution	11 - 12
3.7	Constraints	12
3.8	Dependencies	12
4.	<b>Available Options (Economic Case)</b>	
4.1	Introduction	13
4.2	Critical Success Factors	13
4.3	Main Options	13 - 14
4.4	Recommended Option	14
5.	<b>Procurement Route (Commercial Case)</b>	
5.1	Introduction	15
5.2	Required Services and Procurement Strategy	15
5.3	Essential Services	15
5.4	Risk Allocation	15 - 16
5.4.1	Risk Management	16
5.5	Personal Implications (including TUPE)	16
5.6	Implementation Timescales	16
5.7	FRS5 – Accountancy Treatment	16
6.	<b>Financial Case</b>	
6.1	Introduction	17
6.2	Capital Cost	17
6.3	Revenue Cost	17 - 18
6.4	Impact on Organisation’s Income and Expenditure Account	18

6.5	Impact on the Balance Sheet and Impairment	18
6.6	Overall Affordability	18
7.	<b>Management Case</b>	
7.1	Introduction	19
7.2	Project Management Arrangements	19 - 20
7.2.1	Project Reporting Structure	20
7.3	Project Roles and Responsibilities	20
7.4	Arrangements for Change and Contract Management	20
8.	Recommendation	20

## Appendices

<b>Appendix A</b>	Benefits Realisation Plan
<b>Appendix B</b>	Risk Register
<b>Appendix C</b>	Cost Forms - Capital
<b>Appendix D</b>	Cost Forms – Revenue
<b>Appendix E</b>	Equality Impact Assessment October 2021
<b>Appendix F</b>	Health Impact Assessment December 2021
<b>Appendix G</b>	Programme Rev. C

## 1. Purpose

### 1.1 Introduction

This Business Justification Case (BJC) proposes the replacement of one Linear Accelerator (linac) within the North Wales Cancer Treatment Centre (NWCTC) with a modern equivalent. The scheme includes updates to the associated hardware and software and the supporting infrastructure.

The capital cost is £4.477 million (inclusive of VAT). The anticipated spend in 2021/2022 is £2.21 million. Capital funding is being sought from Welsh Government.

The linac replacement is in line with the recommendation of the Royal College of Radiologists (RCR) that: *“due to the rapid innovation [in technology] over the past decade, radiotherapy equipment across the UK is showing serious signs of age and no longer allows optimum patient care...a fully funded equipment replacement programme to replace aging linacs should be a priority to provide a core level of sustainability for all cancer centres meaning that patients receive optimum care.”*

Upgrading the hardware and software, and putting in place a maintenance contract, will improve the resilience of a key clinical system - and therefore reduce the risk of patient harm. This investment will provide an updated robust computer platform to support the Oncology Information System (OIS) for treatment planning, patient administration and the recording and verification of delivered treatments. The upgraded systems also bring improvements in functionality to support current and future operational radiotherapy systems and pathways.

There is a small revenue saving (£35,000) in 2022/23, as the new linac will be covered by warranty and will not require a maintenance contract, unlike the one that it is replacing. In 2023/24 there is an additional cost of £155,000, rising to a recurrent increase of £262,000 compared to current expenditure in subsequent years. This is a result of the higher maintenance costs associated with a modern linac and associated equipment, and the provision of hardware/software maintenance support. The additional revenue costs will be managed jointly by Cancer Services and Diagnostics & Specialist Clinical Support on a 50/50 basis. The Divisions will mitigate the additional costs through future Divisional cost savings.

## 2. Strategic Case

### 2.1 Introduction

This section outlines the context for the linac replacement and hardware / software upgrade at the NWCTC at YGC.

### 2.2 Organisational Overview

BCUHB was established on 1st October 2009 and is the largest health organisation in Wales. It provides primary, community, acute and mental health services for a population of approximately 700,000. BCUHB is responsible for the operation of over 90 health centres, clinics, community health team bases and mental health units, 19 community hospitals and 3 acute hospitals. BCUHB employs approximately 19,000 staff and has an annual revenue budget of approximately £1.8 billion.

### 2.3 Alignment to Existing Policies and Strategies

The Strategic Case is fundamentally about ensuring the continuity of radiotherapy services provided at the North Wales Cancer Treatment Centre (NWCTC) on the Ysbyty Glan Clwyd site. The purpose of this section is to demonstrate why this is a strategic priority for the Health Board.

The case is aligned to a range of national and local guidance and best practice mandatory requirements. Specifically:

The Health Board's strategy for Clinical Services, *Living Healthier, Staying Well* outlines the need for the continued provision of outstanding care for cancer patients and the importance of addressing healthcare inequalities in the population. The developing clinical strategies emerging from this indicate that cancer services remain a specialist and complex care priority delivered in a larger centre such as the NWCTC: *We know from the evidence that for some more specialist services people have better outcomes when treated in larger centres by highly specialist teams. Our aspiration is that we will widen the range of specialist care we provide in North Wales so that in ten years' time people will have to travel outside the area less frequently. This will also help attract, retain and develop the specialist staff needed to provide high quality and sustainable care in our hospitals.*

The Health Board's 3 Year Outlook and Operational Plan which refers to the need to implement the Single Cancer Pathway set out by the Welsh Government in 2018 to ensure the majority of patients, from the very first point where cancer might be suspected, receive cancer diagnostic tests and start their treatment within 62 days.

The Welsh Government's *A Healthier Wales: our Plan for Health and Social Care*, 2018, which confirmed the need for a greater specialisation of services; *Clinical expertise and specialisation can be shared through hub and spoke models. These changes will help to modernise services, allowing them to use new technologies and share good practice nationally, so that services are equally high quality across the whole of Wales.*

The Welsh Government's Cancer Policy *Together for Health - Cancer Delivery Plan*, 2012 and the *Welsh Government Cancer Delivery Plan for Wales 2016-2020*. The latter refers to the anticipated rise in demand for cancer services of *at least 2% a year for the next 15 years*. It also references the target of referral to treatment times of 62 days for all patients. In terms of diagnostic imaging, it requires NHS Wales to *consider ... needs for capital investment, ensure equity of access and delivery of service quality* as well as to *provide regional models of delivery*,

*innovation, integrated pathways, create economies of scale and provide more specialist treatment closer to the patient's residence.*

The NHS Wales Cancer Advisory Service *Radiotherapy Equipment Needs and Workforce Implications 2006-2016 (Update Report to 2020)*, set out the requirement for continuous technological and software investment to support increasingly complex treatment techniques.

The recent Royal College of Radiologists (RCR) publication *Policy Priorities for Clinical Oncology 2021-2026* (March 2021) identifies 3 main interdependent and equally critical priorities to achieve the best possible treatment for cancer outcomes. Priority 2 focuses on investing in the best equipment for patients. It acknowledges that *due to the rapid innovation [in technology] over the past decade, radiotherapy equipment across the UK is showing serious signs of age and no longer allows optimum patient care...a fully funded equipment replacement programme to replace aging linacs should be a priority to provide a core level of sustainability for all cancer centres meaning that patients receive optimum care.* This document further highlights the need for investment in up to date robust hardware and software with funding to cover installation and ongoing maintenance costs.

### 3. Case for Change

#### 3.1 Introduction

This section: outlines the investment objectives; highlights the challenges with the status quo; outlines the scope of the project; and summarises the benefits, risks, constraints and dependencies of the project.

#### 3.2 Investment Objectives

The following Investment Objectives have been identified:

##### **Investment Objective 1**

Ensure that radiotherapy capacity for treatments is maintained at the NWCTC for the immediate future

##### **Investment Objective 2**

Improvements in the quality of service will be achieved, with improved patient experience and clinical outcomes

##### **Investment Objective 3**

A more efficient service will be achieved through improved workflows, including reduced treatment preparation times

##### **Investment Objective 4**

Improved access to more complex cancer treatments for cancer patients will be achieved

Key measurables contributing to the delivery of each of the above investment objectives are included as Appendix A.

#### 3.3 Existing Arrangements

The NWCTC at Glan Clwyd Hospital, Bodelwyddan was established in 1998 with the purpose of providing external beam radiotherapy to the North Wales population. Previously radiotherapy was delivered by Clatterbridge Cancer Centre (CCC), Wirral and The Christie, Manchester. Currently NWCTC delivers approximately 90% of the external beam radiotherapy required by the North Wales population.

For radiotherapy treatments, NWCTC currently has 4 linacs and a 5th decant bunker. Delivering a radiotherapy treatment requires:

- a CT scan to inform the treatment planning
- treatment planning which generates complex instructions for the machine delivering the treatment
- delivery of the actual treatment, with anywhere between 1 and 37 visits by the patient to the treatment room depending on the type of cancer and treatment intent. Typically, on average over the patient population, there are 15 daily visits over a 3-week period.

In addition to the four linacs, the NWCTC radiotherapy service currently has:

- Philips Brilliance Widebore (2009) CT Simulator
- Varian Eclipse v13.0 (2014 update) Treatment Planning System (TPS)

- Prosoma Medcom v4.2 Virtual Simulation Package
- Varian Aria v13.0 (2014 update) Oncology Information System (OIS)
- Gulmay Xstrahl 200 (2009) Orthovoltage Unit

### 3.4 Problems with the Status Quo

There are issues with the status quo in the following areas:

- The obsolescence of two of the linacs
- Outdated hardware and software

In terms of the linacs, the operational life of a linac is considered 10 years due to technological obsolescence. The table below describes where the four current machines are in terms of their life cycle:

Machine	Date of Commissioning	Replacement Year (10 years)
TrueBeam Linac: : Awel	2016	2026
TrueBeam Linac: Bala	2013	2023
iX Linac: Ffynnon	2010	2020
iX Linac: Gorwel	2010	2020

Two of the existing linacs (Gorwel and Ffynnon) are overdue for replacement. Their mechanical performance is now deteriorating as they near the end of their operational functionality, and although they are capable of supporting standard radiotherapy treatments their functionality in terms of more advanced techniques is limited. Modern linacs bring a range of clinical and efficiency benefits, which are outlined in section 3.5 (solution and benefits of the scheme), below.

As regards the existing computer hardware and software, most of it dates to pre-2010. The Varian Eclipse Treatment Planning System's (TPS's) workstations and servers are ageing, and are outside of their planned lifespan (normally 3-5 years). The system has comparatively poor levels of data protection 8 of the workstations use the Windows XP operating system, which is increasingly unsupported. In terms of the Oncology Information System, BCUHB is currently running Varian Aria v.13, which is the 2014 update. The 25 PCs are obsolete and are at increasing risk of permanent failure. There are poor levels of data protection and the operating system that the 2014 software can run on is also out of date and increasingly unsupported.

Failures of the computer hardware and software associated with the linac would result in a high risk of major unexpected downtime, and the possibility of patients not being treated with radiotherapy for a prolonged period. This would have a detrimental impact on patient outcomes due to unscheduled interruptions in radiotherapy treatment.

The likely impact of any system failure is compounded by the fact that there is no maintenance contract in place for either the hardware or the software. As a result, the Health Board does not have immediate priority access to the manufacturers in the event of any problems. This could extend the length of any system downtime. The view of the Health Board's IT department is that there are very few other systems across the Health Board that share this unequivocal importance in the treatment and care of patients. As such, this system should be underpinned with a robust support and maintenance contract with a clearly defined Service Level Agreement and timely

updates of feature releases/functionality updates. The risk of hardware and software failure is included in the department's risk register, with the proposed mitigations being the replacement of the current hardware and software and taking out a support and maintenance contract, as outlined in this case.

### **3.5 Solutions and Benefits of the Scheme**

This scheme proposes the replacement of one of the linacs, an update of the computer hardware and software and the introduction of a hardware and software maintenance contract.

#### **Linacs**

The key benefit of replacing the linacs is ensuring the continuity of the service. In addition, modern linacs bring a range of clinical and efficiency benefits. The new equipment would be capable of matching the current Truebeam linacs (Awel and Bala) in terms of treatment delivery with high speed Flattening Filter Free (FFF) treatments and highly enhanced imaging performance for Image-Guided Radiotherapy (IGRT). Having 3 matched radiotherapy linacs with similar capability would enhance the workflow of patients on these machines and enable ease of patient transfer - for example on service days, planned Quality Assurance sessions or in the event of unexpected downtime.

Surface Guided Radiotherapy (SGRT) implementation on matched linacs would enable the department to adopt a tattoo-less approach to radiotherapy treatment with increased safety via enhanced motion management. Such applications are the preferred option for complex radiotherapy techniques such as Deep Inspiration Breath-Hold (DIBH) for breast cancer radiotherapy and for implementation of high precision, hypo-fractionated regimes such as Stereotactic Ablative Body Radiotherapy (SABR).

Modern technology allows the patient position at the planned stage to be reproduced, compared and verified automatically at the treatment stage and for this to continue during treatment. This facilitates a faster set up, improving patient experience and increasing throughput. It also makes treatment more reproducible and precise. For the technically most advanced treatments, the couch that will be purchased as part of the scheme can be moved and rotated, rather than needing or attempting to manipulate the patient.

#### **Hardware and Software**

As outlined above, the primary benefit of upgrading the hardware and software and putting in place a maintenance contract is to improve the resilience of a key clinical system - and therefore reduce the risk of patient harm. This investment will provide an updated robust computer platform to support the Oncology Information System (OIS) for treatment planning, patient administration and the recording and verification of delivered treatments.

The upgraded systems also bring improvements in functionality to support current operational radiotherapy systems and pathways. For example, Varian Care Paths could be developed to improve workflow, which will increase efficiency, reduce repetition of work and decrease the chance of errors. AI based automated outlining is also part of the proposal. This is much quicker and more reproducible than the current approach. Where areas to be treated are based on anatomy, such as nodal chains in common cancers such as prostate, head and neck and breast there is the potential to free up consultant time. Time savings of up to an hour for head and neck cases are being reported. The latest software also supports quickly analysing trade-offs when designing complex plans. Rather than go through several iterations of calculations to choose a

preferred plan, clinicians can be shown what the choices are they have to make between treating the target area and any vulnerable structures to which the radiation dose should be limited.

It is also worth noting the general benefit to recruitment and retention in the department, as a result of providing up-to-date facilities and equipment.

### 3.6 Main Risks to the delivery of the proposed solution

The main business and service risks of the proposed solution, together with their counter measures, are detailed in Appendix B. Detailed below are the top 6 risks associated with the project.

Description	Risk Score	Time	Cost	Quality	Operational	Risk Counter Measures or Mitigation
Inflationary cost pressures and supplier price increases	15		X	X	X	<ul style="list-style-type: none"> <li>Equipment and hardware supplier quotations have been uplifted by RPI/%.</li> <li>Contingency has been included for construction enabling works.</li> <li>Linac enabling works tender to be initiated as early as possible.</li> </ul>
Cancer Services, Planning, Operational Estates & Informatics resource along with external consultant framework inadequate to support project	12		X	X	X	<ul style="list-style-type: none"> <li>Head of Radiotherapy Physics has confirmed no linac commissioning resource requirement.</li> <li>No other external resource requirements identified for Cancer Services.</li> <li>BCUHB PM to inform Programme Board of any identified consultant framework resource concerns.</li> <li>External PM for linac workstream to be appointed.</li> </ul>
Revenue funding shortfall 2023/24 onwards	10	X	X	X	X	<ul style="list-style-type: none"> <li>Quotations for maintenance contracts to be obtained.</li> <li>There is a clear commitment from the budget holders to deliver savings to meet the increased revenue costs.</li> <li>Sources of savings to be identified and progressed.</li> </ul>
Service continuity during linac replacement interrupted during replacement and commissioning programme	10	X	X	X	X	<ul style="list-style-type: none"> <li>Construction tender to allow for a percentage of out of hours work for disruptive activities.</li> <li>Daily liaison meetings to be held between contractor and radiotherapy team.</li> <li>Deliveries and rubbish removal to be outside of core hours.</li> </ul>

						<ul style="list-style-type: none"> <li>Requirement for hoarding and dust prevention and extract measures to be put in place.</li> </ul>
Lead time for replacement hardware	10	X		X	X	<ul style="list-style-type: none"> <li>Orders to be placed at earliest opportunity in 2022/23.</li> <li>Implementation programme time allowance to be realistic.</li> </ul>
Existing power supply for replacement linac inadequate or in need of upgrading	10	X	X			<ul style="list-style-type: none"> <li>Reviewed internally and considered adequate at 200A.</li> <li>Pending review by Electrical Designer.</li> </ul>

### 3.7 Constraints

The proposed solution is subject to the following constraints:

- The replacement solution must be fit for purpose, make best use of the available development space and service infrastructure, and be delivered on a timely basis
- The project must be delivered whilst cancer services remains operational. The priority is to minimise the risk associated with disruption and impact affecting activities relating to the software updating, hardware replacement and construction works.
- Some construction work and deliveries may need to be carried out in non-core hours and some specific tasks such as those generating noise and dust carried out using a different method.
- The condition and specification of the wider building structure and infrastructure

### 3.8 Dependencies:

The proposed solution is dependent on the following:

- Continued support for the agreed model of care.
- Availability of capital funding from Welsh Government.
- Revenue resources will be found internally.

## 4. Available Options (Economic Case)

### 4.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the business case demonstrates that the proposal is the best way to meet the service needs, realise benefits, and optimise value for money.

### 4.2 Critical Success Factors

The Critical Success Factors (CSF) for the project are as follows:

- **CSF 1: Business Needs:** how well the option satisfies the existing and future business needs of the organisation
- **CSF 2: Strategic Fit:** how well the option fits with key elements of national, regional and local strategies.
- **CSF 3: Benefits Optimisation:** how well the option delivers the benefits of the scheme
- **CSF 4: Achievability:** the organisation's ability to deliver the physical solution within the required timescale of installation and operational commissioning.
- **CSF 5: Supply-side Capacity and Capability:** the ability of the market place and potential suppliers to deliver the required services and deliverables.
- **CSF 6: Potential Affordability:** the organisation's ability to fund the required level of expenditure namely the capital and revenue consequences associated with the proposed investment – supporting overall financial balance

### 4.3 Main Options

The project team produced a list of options to achieve the project objectives. These are detailed below, along with a summary evaluation and conclusion.

<b>Option 1</b>	<b>Business as usual (Status Quo):</b> Do not replace the linacs, or the hardware and software. Continue with the current arrangements for service delivery.
<b>Evaluation</b>	<ul style="list-style-type: none"><li>- Increasing risk of service failure and consequent patient harm</li><li>- Lost opportunity to enhance the clinical service</li><li>- Does not meet the investment objectives</li><li>- Does not meet the critical success factors</li></ul>
<b>Conclusion</b>	<b>Discounted</b>
<b>Option 2</b>	Outsource: Service to be provided by a neighbouring Health Board / Private Sector provider
<b>Evaluation</b>	<ul style="list-style-type: none"><li>- Increased travel time for patients</li><li>- Significant increase in revenue funding</li><li>- Fragmentation of cancer pathway leading to potential for errors and delays</li><li>- Governance concerns regarding oncology decision making</li><li>- Capacity / availability within other Health Boards / Private Sector providers</li><li>- Impact on the more vulnerable service users and their families / carers</li></ul>
<b>Conclusion</b>	<b>Discounted</b>
<b>Option 3</b>	Replace one linac, do not replace / update the hardware / software
<b>Evaluation</b>	<ul style="list-style-type: none"><li>- Resolves the issues with the obsolescence of one of the linacs and improves the quality of treatment</li></ul>

	<ul style="list-style-type: none"> <li>- Does not address the obsolescence of the second linac</li> <li>- Does not address the risks to continuity of care associated with the current computer hardware and software</li> <li>- Does not deliver the improvements in quality of care and efficiency associated with the latest software</li> </ul>
<b>Conclusion</b>	<b>Discounted</b>
<b>Option 4</b>	Replace one linac (Gorwel), hardware and software
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>- Continues to meet existing demand</li> <li>- Resolves the issues with the obsolescence of one of the linacs and improves the quality of treatment</li> <li>- Does not address the obsolescence of the second linac</li> <li>- Addresses the risks to continuity of care associated with the current computer hardware and software</li> <li>- Improves quality of care and efficiency</li> <li>- Meets most of the project objectives</li> </ul>
<b>Conclusion</b>	<b>Preferred</b>
<b>Option 5</b>	Replace both of the Linacs that are over 10 years old, and the hardware and software
<b>Evaluation</b>	It is not proposed to replace both Linacs at this point. In the short term, retaining one of the Linear Accelerators beyond 10 years is not detrimental to the quality of the service. In addition, the model of care is evolving. In response to outcomes of national clinical trials and Royal College guidance for the treatment of some cancers, there has been a move to treatment courses with a smaller number of visits but higher doses delivered per visit (hypo-fractionation). This requires more capacity on machines capable of faster treatment delivery with enhanced imaging modalities. The Division will undertake a detailed clinical service review in 2022/2023 to establish the number and types of linear accelerators required to meet service needs going forward.
<b>Conclusion</b>	<b>Discounted</b>

#### 4.4 Recommended Option

The preferred option identified from the appraisal above is **Option 4: Replace one linac (Gorwel), hardware and software**

## 5. Procurement Route (Commercial Case)

### 5.1 Introduction

This section of the business case sets out the how this scheme will be procured.

### 5.2 Required Services and Procurement Strategy

The NHSSC framework for Radiotherapy Treatment Systems and Associated Options and Related Services allows for either direct award or mini competition for the linac, FAS hardware and the software. Legal and procurement advice has been received from the Deputy Head of Sourcing (Projects & Capital), NWSSP, and Solicitor, Commercial Team, NWSSP - Legal & Risk. The consensus is that the Health Board can use the framework to direct award to Varian. A single tender waiver is not required given that the framework is available.

Project Manager, cost advisor and design consultancy services will be procured from existing Health Board Frameworks for the linac bunker construction enabling works and an outline design developed based on the clinical brief. The construction enabling works will be then be procured following a tender issue via *Sell to Wales* in which more specialist contractors, including any who typically complete turnkey contracts for the linac suppliers, could be invited to participate. This enabling works procurement will be in line with the BCUHB Procedure Manual for Capital Projects, Standing Orders and Standing Financial Instructions as well as Procurement Services guidelines.

### 5.3 Essential Services

The essential requirements to be provided as part of this contract are:

- The development of a replacement Linac solution for the NWCTC
- A transition process to ensure cancer services are not disrupted during main works and commissioning stages
- The operational commissioning of new equipment to realise the organisational benefits of the scheme
- Compliance with clinical and IM&T requirements to ensure compatibility with other integrated systems.

### 5.4 Risk Allocation

The Health Board considers the allocation of risk at this stage to be acceptable and has allocated risk between parties as follows:

Risk Category	Potential Allocation			Comment
	Public	Private	Shared	
1. Design risk			✓	Design & build form of JCT contract, design responsibility moves to contractor after award
2. Construction project risks			✓	CDM 2015 applied
3. Clinical service transition and implementation risk	✓			
4. Availability and performance risk			✓	i.e.: Contractor: availability to be included as a quality or technical question at pricing stage. Contractors outside of the BCUHB framework could be invited to price subject to NWSSP Procurement Services agreement

5. Variability of revenue risks	✓			
6. Termination risks	✓			i.e.: of contract.
7. Technology and obsolescence risks			✓	Specifications to allow for futureproofing
8. Control risks	✓			
9. Financing risks	✓			e.g.: capital availability
10. Legislative risks			✓	e.g.: statutory design and construction requirements, HTM guidance, CDM 2015
11. Other project risks	✓			

#### 5.4.1 Risk Management

The risk register has been compiled and includes risks that apply over the whole of the project lifecycle. New risks and changes to already identified risks are to be identified by Project Board members and shared with the Project Manager who will maintain the risk register. The risk register will also be reviewed at monthly Programme Board meetings. The linac bunker construction works planning contingency is 10% of nett works costs.

#### 5.5 Personnel Implications (including TUPE)

It is anticipated that the TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981 – will not apply to this project.

#### 5.6 Implementation Timescales

The key milestones and dates are detailed below.

Milestone	Date
Procurement period for linac	November 2021
BCUHB approval and submission of Business Justification Case to Welsh Government	March 2022
Welsh Government scrutiny and approval	May 2022
Procurement period for software and hardware	April - September 2022
Software and hardware installation and commissioning period	October 2022
Linac enabling works design, tender and award process	February - May 2022
Linac mobilisation and enabling works	June - September 2022
Linac installation programme	October 2022
Linac commissioning period	October 2022 - January 2023
Commence clinical use	February 2023

#### 5.7 FRS5 – Accountancy Treatment

The Linear Accelerator, enabling works, IT Hardware and Software are accounted for under IAS16 and IAS38 as per the Welsh Government Manual of Accounts. The maintenance contracts will be accounted for within the Health Board's revenue expenditure.

## 6. Financial Case

### 6.1 Introduction

The purpose of this section is to set out the financial implications of the preferred solution.

### 6.2 Capital Cost

The total cost of the preferred way forward is £4.477 million and the cost forms are enclosed at Appendix C. This includes £2.21 million for the purchase of a Linear Accelerator and £2.267 million for associated enabling works and equipment.

The construction works costs have been informed by an uplifted package of enabling works costs to bunker Awel in 2016 along with project specific activities with costs informed by other recent projects elsewhere and initial visual condition surveys of the bunker, control area and plant room. The costs allow for the upgrading of the 1998 air-handling unit, ventilation works to the plant room, cooling, small power and data, lighting, finishes, fixtures and fittings.

### 6.3 Revenue Cost

The projected costs of the preferred solution are outlined in the table below, and detailed in Appendix D.

In summary: there is a small revenue saving (£35,000) in 2022/2023, as the new linac will be covered by warranty and will not require a maintenance contract for the first year. In 2023/2024 there is an additional cost of £155,000, rising to a recurrent increase of £262,000 compared to current expenditure in subsequent years. This is a result of the higher maintenance costs associated with a modern linac and associated equipment, and the provision of hardware / software maintenance support.

	Existing				Difference	Notes
	2021/22	2022/23	2023/24	2024/25		
<b>Linac maintenance contract, existing contract Ex. VAT</b>	£110,891	£57,109	£0	£0	-£110,891	Current contract
<b>New replacement linac (Gorwel) - Qtr 3 2022/23 with 1 yr warranty - Ex. VAT*</b>			£91,481	£192,110	£192,110	Estimated Replacement Linac maintenance 10% of capital (Pending final quote)
<b>SGRT: 1 3 camera system - support contract</b>	£0	£23,199	£46,398	£46,398	£46,398	Cost based on existing contract base
<b>Contouring Automation software</b>	£36,000	£36,000	£37,800	£39,690	£3,690	Revenue Licence - full cost incurred in 2021/2022 but currently funded non-recurrently through the oncology capacity plan

<b>Replacement IT Hardware/Software Maintenance Contract</b>	£5,000	£0	£131,386	£135,329	£130,329	No Current contract in place. Future contract after 12 months to be secured.
<b>Profile Year on Year</b>						
<b>Total Cost</b>	<b>151,891</b>	<b>111,308</b>	<b>307,065</b>	<b>413,527</b>	<b>261,636</b>	
<b>Net Impact Yr on Yr</b>		<b>-35,583</b>	<b>115,174</b>	<b>261,636</b>		

These cost estimates include VAT at 20% (where non-recoverable) and accounts for an estimated future inflation risk. It should be noted that definitive costs are not yet available for the maintenance contracts, so the figures are estimated on a not to be exceeded basis.

#### 6.4 Impact on the Organisation's Income and Expenditure Account

The impact on the organisation's expenditure is reflected in Appendix D. There is no change to the income position.

#### 6.5 Impact on the Balance Sheet and Impairment

The purchase of the equipment outlined in the capital cost form will sit on the Health Board's Balance Sheet and will attract a depreciation charge over 10 years.

Software will be classified as an intangible asset to be depreciated over the life of the hardware i.e.: 10 years.

Impairment will not be applicable.

#### 6.6 Overall Affordability

There is a future year cost increase of £261,636. Given the importance of the scheme, it has been agreed that the additional revenue costs will be managed jointly by Cancer Services and Diagnostics & Specialist Clinical Support on a 50/50 basis. The Divisions will mitigate the additional costs through future Divisional cost savings.

## 7. Management Case

### 7.1 Introduction

The section details the plans for the successful delivery of the scheme to cost, time and quality. The details are set out below.

### 7.2 Project Management Arrangements

The project management arrangements will be consistent with BCUHB's Procedure Manual for Capital Projects, Standing Orders and Standing Financial Instructions.

The project forms part of a programme of projects relating to Radiotherapy equipment replacement. The Radiotherapy Programme Board members are:

<b>Chair / Senior Responsible Owner</b>	Adrian Thomas, Executive Director of Therapies & Health Sciences
<b>Project Director</b>	Geraint Roberts, Divisional General Manager Cancer Services
<b>Lead User</b>	Dr Angel Garcia, Consultant Oncologist & Radiotherapy Clinical Lead
<b>Other</b>	Pat Evans, Radiotherapy Services Manager
	Karen Thomas, Superintendent Radiographer, Radiotherapy
	Jaap Vaarkamp, Head of Radiotherapy Physics
	Andrew Ward, NWSSP-SES Estate Development
	Jacqui Lockett, Assistant Chief Financial Officer
	Ian Howard, Assistant Director Strategic & Business Analysis
	Darren Smith, Planning Manager, Planning
	Martin Parry, ICT Workload Planning Manager
	Andrew Stott, Lead ICT Systems Engineer
	Liz Lloyd, Project Manager, Capital Development

Terms of governance for subgroups/ workstreams will be included within the Project Execution Plan.

To ensure successful project delivery a robust project management reporting structure has been established. The structure is based on the Prince 2 principles, with key members of the project team trained in Prince 2 methodology. The Health Board's experience of developing and delivering complex projects in a Prince 2 environment ensures diligent management and thorough clinical involvement throughout all parts of the development.

The structure has been developed in order to have the shortest possible reporting lines while ensuring that there is a sufficient capacity and processes in place to control the delivery of the project.

There is a Senior Responsible Owner and a Project Director with the authority and responsibility to manage delivery of the project. The Project Director is supported by a Health Board Project Manager.

The Health Board has ownership of the project at the highest level to ensure that objectives of the project are met. The primary objectives of the project are to ensure:

- The operational commissioning of the new equipment to realise the organisational benefits of the scheme.
- That works and enabling phases are achieved on time, and in accordance with the design brief.
- The transition process ensures that cancer services are not disrupted.
- Operational commissioning of the new equipment realises the organisational benefits of the scheme.

#### **7.2.1 Project Reporting Structure**

The project will to be managed under the arrangements above, i.e. with a Project Director and Health Board Project Manager, with key responsibilities for managing all areas of design, works and equipment installation, service planning and facilities management.

The Programme Board is chaired by the Senior Responsible Owner (SRO). The Project Director reports via the Project Board to the SRO.

A Cost Advisor will be appointed from the BCU framework and report regularly to the Health Board Project Manager.

#### **7.3 Project Roles and Responsibilities**

Adrian Thomas, Executive Director of Therapies & Health Sciences is the SRO and is accountable to the Health Board for the successful delivery of the project.

Geraint Roberts, Divisional General Manager Cancer Services, is the Project Director.

Liz Lloyd, Project Manager, Estate Development is the Health Board Project Manager. A Project Manager will be appointed from the BCU framework who will be responsible for the day-to-day management and delivery of the construction enabling works for the linac bunker equipment.

The BCU Informatics team will support Radiotherapy Physics in the management and delivery of the upgrading and replacement of the radiotherapy software and hardware.

#### **7.4 Arrangements for Change and Contract Management**

Arrangements for change, contract and risk management will be managed in accordance with the Health Boards *Procedure Manual for Managing Capital Projects, December 2020*.

#### **8. Recommendation**

That the business case is approved.

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance Finance and Information Governance Committee 24.2.22</b>					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	<b>Strategic Outline Case (SOC) for Bangor Health and Wellbeing Centre</b>					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Hill, Executive Director of Finance					
<b>Awdur yr Adroddiad Report Author:</b>	Mark Wilkinson, Director of Strategic Asset Management					
<b>Craffu blaenorol: Prior Scrutiny:</b>	<ul style="list-style-type: none"> <li>November 21 - a briefing on this scheme was supported by the Capital Investment Group.</li> <li>16 February 22 – the Executive Team approved this SOC and recommended it to PFIG.</li> </ul>					
<b>Atodiadau Appendices:</b>	<ol style="list-style-type: none"> <li>Strategic Outline Case – Bangor Health and Wellbeing Centre.</li> <li>Appendix One: Service Drivers for Change</li> <li>Appendix Two: Estates Annexe</li> <li>Appendix Three: Capital Cost Forms</li> <li>Appendix Four: Milestone Programme</li> </ol>					
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to approve the Strategic Outline Case.						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	X	<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>Yes</b>
These assessments will be completed at Outline Business Case (OBC) stage when the scheme itself has been defined in greater detail.						
<b>Sefyllfa / Situation:</b>						
This Strategic Outline Case (SOC) has been developed to support the regeneration of Bangor City Centre through the development of a Health and Wellbeing Centre within a significantly under-utilised shopping centre and seeks support for the necessary capital to progress the emerging preferred option – the purchase of the Deiniol Centre.						

### **Cefndir / Background:**

The regeneration of towns and cities is a strategic priority for Welsh Government. The ‘Transforming Towns’ package includes measures to increase footfall by encouraging public sector services to locate services within town centre locations and making better use of empty buildings.

As part of the overall move to create community health and well-being hubs across North Wales, an exciting opportunity has arisen in Bangor to bring together a number of existing services, to integrate health, housing, social care, the library, voluntary sector and academia, and address the needs of some of the most vulnerable communities in North Wales. This ambitious development would contribute to the regeneration of Bangor and would provide a truly innovative approach to address several inter-related strategic themes that link directly to the social determinants of health.

Two opportunities have been identified to support the regeneration ambition – the Deiniol and Menai shopping centres. This business case responds specifically to the opportunity to develop an integrated community hub to support health and wellbeing in Bangor within one of these facilities.

### **Asesu a Dadansoddi / Assessment & Analysis**

#### **Goblygiadau Strategol / Strategy Implications**

The regeneration of towns and cities is a strategic priority for Welsh Government. As one of the most deprived areas in North Wales, Bangor has been targeted on a regional basis for investment to generate economic regeneration.

Bangor is facing similar challenges to other towns and cities across the United Kingdom. Consequently, there are two under-utilised shopping centres within the city centre and this SOC details an opportunity to bring together a number of existing services, to address the needs of some of the most vulnerable communities in North Wales.

The Welsh Government has set out a series of actions to help address the steady decline of town and city centres and the impact of the pandemic which includes delivering a ‘Town Centre First’ agenda, prioritising integrated health and social care hubs in town and city centres<sup>1</sup>.

The proposed development has been highlighted as a priority by the Bangor Regeneration Partnership and is part of the North Wales Targeted Regeneration Initiative proposals for North Wales (Transforming Towns). In locating a major health development in close proximity to the High Street, it is expected that the additional footfall (from both staff and service users) will be a major contributory factor to the regeneration of the centre of the city.

The aim of Health and Wellbeing Centre will be to create a modern facility that meets the current and future needs of the general population of Bangor and surrounding areas, but also supports individuals in an environment that positively promotes health and well-being. There will be a demonstrable contribution to the regeneration agenda and a provision of fit for purpose facilities which actively support a closer collaboration between agencies and integration of individual services.

### **Opsiynau a ystyriwyd / Options considered**

<sup>1</sup> Welsh Government, [Covid-19 Reconstruction: Challenges and Priorities](#), October 2020

There are two options for site acquisition, with either a lease or purchase arrangement. As part of assessing the likely preferred option consideration has been given to the higher initial capital requirement versus the ongoing revenue implications associated with a lease arrangement. At this early stage of discussions with the landlords the available options are:

- Menai Centre – Lease option;
- Deiniol Centre – Lease or purchase option.

There is the potential that the Menai Centre would consider negotiating a purchase arrangement, but this has not been confirmed and therefore a financial appraisal has not been undertaken. It is assumed that this will be revisited as part of the OBC options appraisal process.

From a service perspective there is little difference between the two locations, other than the available footprint which will determine the potential scale of service inclusion. It is therefore felt that affordability assessment will be of greater importance in determining the preferred option.

An options sifting workshop assessed each of the options against the Investment Objectives and Critical Success Factors and also took into account the indicative financial implications.

Based on this assessment, the purchase of the Deiniol Centre is the emerging preferred option.

## Goblygiadau Ariannol / Financial Implications

At this early stage, the best estimate of the capital cost is between £32 million and £37 million. In order to minimise the capital and associated revenue costs of this case an outline option is being developed which would provide a smaller physical footprint. Although it would not achieve the investment objectives to the maximum possible, it would support an integrated primary care centre with those community services most closely connected to primary care. This scenario has an indicative capital cost range of between £25 million and £31 million.

There are assumed to be no incremental staffing costs as a result of this plan. The principal revenue drivers will be around lease costs for the estate under option 1 and 2a. There is no expectation that non-pay revenue costs will increase other than those which are directly building related. There may be efficiencies through sustainable efficient buildings and removal of ongoing and backlog maintenance requirements. This will be evaluated at OBC.

It should be noted that the lease revenue costs under option 1 and 2a will need to be reviewed when the International Financial Reporting Standing 16 – Leases becomes effective from the 1 April 2022.

The estimated additional annual revenue costs of the shortlisted options range between £0.48 million - £1.33 million. The main driver of this difference is the lease payment under options 1 and 2a.

The affordability and funding arrangements will be reviewed and refined through the OBC phase.

## Dadansoddiad Risk / Risk Analysis

The risk management strategy is based upon the following principles:

- Identifying possible risk in advance, putting in place mechanisms to minimise the likelihood of risks occurring and their associated adverse effects;
- Having processes in place to ensure up to date, reliable information about risks is available, and establishing an ability to effectively monitor risks;
- Establishing the right balance of control is in place to mitigate the adverse consequences of risks, should they materialise;
- Setting up decision-making processes, supported by a framework of risk analysis and evaluation.

The risk register is a management tool that logs potential risks to the project, primarily driven by health and safety, cost, programme delays or any other risks that may be relevant to its successful completion.

A detailed risk register will be developed for this project at Outline Business Case stage, to record and log details of any item or event which is considered by the project team to put the objectives of the programme at risk. This will be a live document and will be updated at regular intervals in Project Team and Board meetings as appropriate. The main risks identified at this stage are:

Risk	Mitigation
------	------------

Failure to gain Welsh Government approval of business cases – capital funding not provided.	Close dialogue with Welsh Government to secure support; Alternative funding sources to be explored.
Revenue affordability.	Robust challenge of space requirements; Review of existing budgets to identify resources available for transfer.
Onerous or unanticipated Planning, Building Control or statutory conditions.	Ensure early discussions with the planning authority.
Service transformation predicated on co location is not achieved.	Engage transformation team to support local clinicians and managers on a focused transformation programme.
Primary care practices decide not to relocate into the new Centre.	Close working with GPs at both practices.
Complex multi-agency project – organisational capacity to deliver scheme	Robust project governance arrangements to be established. MOU to be signed by all parties.
Relocation of existing tenants from the shopping centre increases project costs or extends delivery timescales	Early engagement with landlord
Lack of public support to the location (loss of retail space, site accessibility)	Communication plan to be established Co-production approach to be embedded as scheme progresses

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

This section of the SOC outlines the proposed deal in relation to the preferred way forward. Detailed analysis will take place within the next stage business case. Issues considered include: procurement strategy, required services, design, infection prevention and control, fire safety, security, sustainability / decarbonisation, Building Research Establishment Environmental Assessment Method (BREEAM), digital and IM&T strategy, land acquisitions and potential disposals, planning approval, potential risk allocation, construction programme, personnel implications (including TUPE), and FRS5 accountancy treatment.

### **Asesiad Effaith / Impact Assessment**

Impact assessments are clearly relevant to this proposal. Due regard will be taken for potential impacts to include, but not limited to; equality, socio economic duty, Welsh language, quality, data governance, digital, children's rights and environmental implications arising from matters addressed in the report. These assessments will be completed at OBC stage.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance &amp; Information Governance Committee 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Emergency Department (ED) Business Case Gateway Review</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gill Harris, Deputy CEO and Executive Director of Nursing and Midwifery						
<b>Awdur yr Adroddiad Report Author:</b>	Phil Orwin - Regional Delivery Director, Geraint Farr – Directorate General Manager for Emergency Quadrant						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Reviewed by Deputy CEO and Executive Director of Nursing and Midwifery						
<b>Atodiadau Appendices:</b>	PFIG Business Case Gateway Framework v03 2022-02-11.pptx						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the update provided on the actions being taken to assure the delivery of the ED Business Case							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
At previous PFIG meetings, the ED business case requested additional resource in order to meet the current high levels of demand into ED was presented. The purpose of today's PFIG update is to provide assurance on the business case's progress and delivery.							
<b>Cefndir / Background:</b>							
The ED business case was previously presented to the board with the purpose of requesting support to revise the current workforce establishment and skill mix across the three Emergency Departments. The objective was to have a workforce that will ensure patient safety, high quality of patient care and is able to achieve the local and national targets.							
The slides accompanying this introductory paper seek to provide an overview of a proposed business case gateway process that will assure that approved business cases deliver what was promised. It is proposed that the ED business case be used to test this process. The slides also seek to provide an overview of the ED business case implementation plan and associated outcomes.							
There is a level of confidence in the delivery of savings which will be defined by current ongoing work in relation to 8 key priority improvement actions identified and the development work on clinical pathways. These PYE savings for 2022-23 are still being defined as we firm up the business							

case gateways, which is expected to be completed within the next 4 weeks and with FYE in 2023-24.

**Asesu a Dadansoddi / Assessment & Analysis**

See appendix

**Opsiynau a ystyriwyd / Options considered**

N/A

**Goblygiadau Ariannol / Financial Implications**

N/A

**Dadansoddiad Risk / Risk Analysis**

N/A

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

N/A

**Asesiad Effaith / Impact Assessment**

N/A

# PFIG Business Case Gateway Framework Proposal

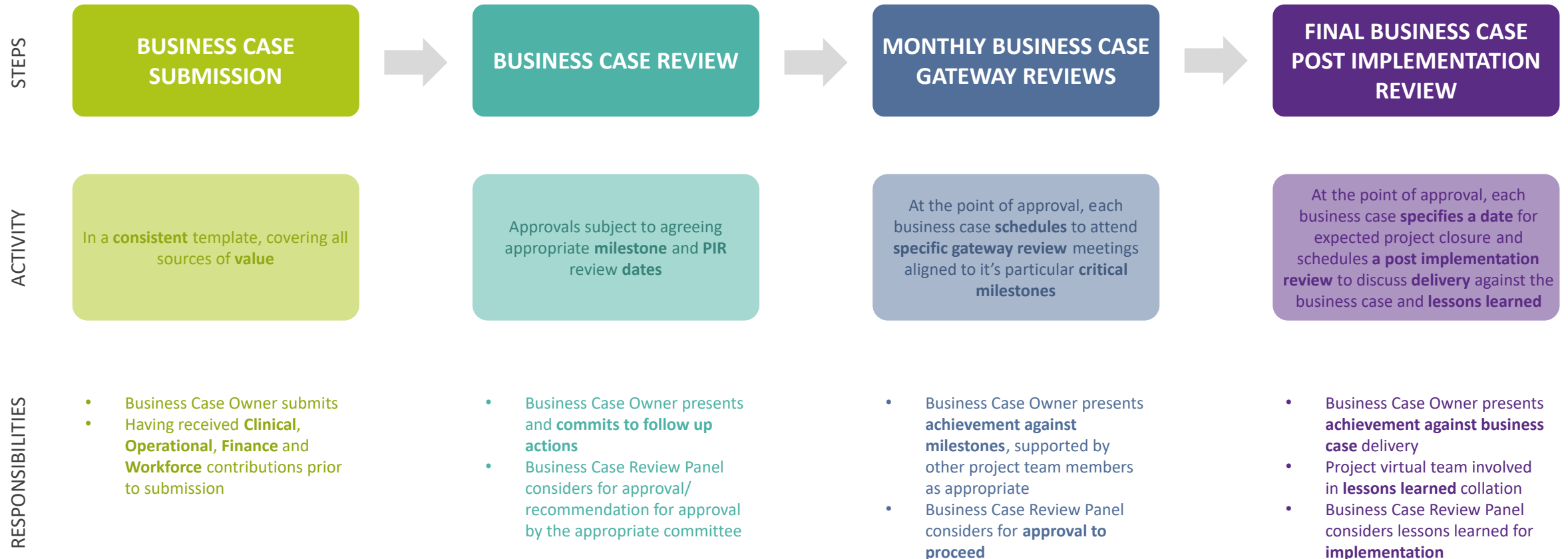
## Using ED Business Case to Test

24<sup>th</sup> February 2022



# BUSINESS CASE GATEWAY FRAMEWORK PROPOSAL

Using ED business case to test



# ED BUSINESS CASE

## Implementation Plan and Outcomes

Work stream	Outcome measure	Improvement by when	RAG	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Recruitment	<ul style="list-style-type: none"> <li>•Reduction in EDDS Code 1 breach – Time to clinical assessment.</li> <li>•Reduction in agency costs.</li> </ul>	<p>August 2022</p> <p>August 2022.</p>	On Track	<p>Successfully appoint at scheduled interviews on 11/3 allowing a 3 month notice period. If no suitable candidates to review deanery trainees due to qualify.</p> <p>▲ 11/03: Consultant and Senior post recruitment to be completed with dates for staff commencing in post.</p>										
Improvement initiative 1	10% Reduction in ambulance delays and audit of suitability of Fit to Sit patients that are being held in the vehicles month on month.	June 2022	On Track with minor issues	<p>Development of a Rapid access triage / Pit stop model for all ambulance arrivals . At point of arrival to be triaged by a nurse and re-directed accordingly using the F2F criteria and SDEC.</p>										
Improvement initiative 2	Improvement in time to see Clinician to support 4hr performance, and instigation of a pan BCUHB Breach validation process	August 2022	On Track	<p>Development of a pan BCUHB breach validation process to support EDDS code 1 to ensure patients are captured correctly at point of arrival.</p>										
Improvement initiative 3	Reduction in paediatric breaches and utilisation of alternative pathways 5% Improvement month on month.	July 2022	On Track	<p>Utilization of paediatric pathways for those paediatric patients. Those attending with minor ailments/injuries to managed by streaming and segregated from adult patients to support the rapid assessment, management and safe discharge.</p>										



# Immediate actions February 2022:

## Progress to date:

- 1) Nursing recruitment approaching being complete, minimal shortfalls to fill. Consultant nurse post's are still being advertised.
- 2) Other staff groups (Portering/Housekeeping/Progress chasers) appointed to across the Health board.
- 3) Appointing a Deputy Director of Unscheduled care to work alongside the Programme Director and Senior Clinical Lead for the USC improvement programme and also working with the Interim director of Regional Delivery to take forwards an 8 point action plan to improve USC position across the three sites and communities with both clinical and operational input to achieve the following:
  - Reduction in ambulance delays utilizing pit stop modelling (i)\*
  - Reduction in time to see clinician (ii)
  - Reduction in paediatric breaches (iii)
  - Reduction in MH breaches
  - Increasing SDEC emergency demand to manage those that are deemed suitable rather than attend via ED
  - Improvement in staff and patient satisfaction/experience via the EDQDF "Happy or Not " System reports.

\*(i, ii) and iii) can be managed within current workforce)

- 4) Workforce support in reducing staff turnover, reduction in staff vacancy rates and agency costs.

## Immediate actions to address challenges:

- 1) Medical workforce – 3 Months post initial recruitment and minimal applications, currently reviewing utilizing recruitment agency with assurances to recruit 2.0 wte internally and 2.0wte Overseas candidates into the workforce. Approaching the deanery training sessions for those due to be eligible to apply for consultant posts from May onwards.
- 2) Agreement on initial KPI's alongside current unscheduled care schemes to support a rapid improvement in performance.





<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee 24.2.22</b>					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	<b>Sub Regional Neonatal Intensive Care Centre (SuRNICC) Development – Post Project Evaluation</b>					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Executive Director of Finance					
<b>Awdur yr Adroddiad Report Author:</b>	Assistant Chief Executive – Programme Senior Responsible Officer (SRO) Assistant Director – Strategic and Business Analysis					
<b>Craffu blaenorol: Prior Scrutiny:</b>	This report has not received prior scrutiny					
<b>Atodiadau Appendices:</b>	Appendix 1 – Design and Construction Post Project Evaluation Appendix 2 – Gateway 5 Review Appendix 3 – Self-assessment summary of benefits realisation Appendix 4 – Recommendations from the Gateway 5 review					
<b>Argymhelliad / Recommendation:</b>						
That the Committee note – <ul style="list-style-type: none"> <li>the significant delivery of benefits aligned to the original investment objectives for the SuRNICC and the positive feedback received in two external reviews of the project.</li> <li>the work ongoing to address outstanding benefit areas and recommendations made by the Gateway Review</li> <li>the commissioning of external support to document lessons learned and develop a guide to inform future business cases and project delivery</li> </ul>						
Please tick as appropriate						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	X	<b>Er gwybodaeth For Information</b>
<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
<b>Sefyllfa / Situation:</b>						
The purpose of this paper is to present the post-project evaluation of the Sub Regional Neonatal Intensive Care Centre (SuRNICC).						
<b>Cefndir / Background:</b>						
In 2013, the Royal College of Paediatrics and Child Health (RCPCH) undertook an invited review of the options for the provision of neonatal care in North Wales. The Review was commissioned by the Welsh Government. The RCPCH recommended a reshaping of neonatal services in North Wales, to						

ensure that care was both of a high quality and provided by services that are sustainable. A safe, high quality service was defined by the RCPCH as one that is compliant with the All Wales Neonatal Standards.

There were three key elements to the proposal:

- Neonatal intensive care services for North Wales to be provided in Glan Clwyd, which was a change from the then existing service model in which both Glan Clwyd and Wrexham provided elements of neonatal intensive care.
- A reduction in the number of babies cared for in England by expanding the services at Glan Clwyd.
- Investment in the service, in particular in terms of clinical staffing levels, to ensure that the service is compliant with all-Wales Standards.

The previous service faced a number of challenges, particularly with recruitment and retention of specialist staff so that local access to the service was limited by frequent unit closures due to lack of staff and a limited transport service. This resulted in more mothers and babies being transferred to units within England for long periods of time. Facilities and equipment were also below the standards, including inadequate clinical space and insufficient accommodation for families.

The SuRNICC and new neonatal network in North Wales was designed to address these issues, providing a centre of excellence and a service that could be successful in attracting and retaining clinicians and support staff. The overall service comprises:-

- Wrexham Maelor and Ysbyty Gwynedd as Special Care Units (SCUs), providing special care for their own local population, plus high dependency services.
- Glan Clwyd, through a SuRNICC (Enhanced– Local Neonatal Unit) providing special care and high dependency care for their local population and intensive care for north Wales.
- Cheshire & Merseyside Neonatal network continuing to provide access to Neonatal Intensive Care Units (NICUs), with surgical neonatal care continuing at Alder Hey Hospital.

Work commenced on Site in November 2016 and the programme comprised three phases:

Phase 1 – new build SuRNICC, completed January 2018

Phase 2 – refurbishment of former neo-natal department, completed June 2018

Phase 3 – alterations to paediatric and maternity departments, completed September 2018

The investment objectives for the scheme were developed to reflect the need to meet clinical standards for the delivery of neonatal care, including the following key areas -

- Access to Neonatal Care
- Staffing of Neonatal Services
- Facilities for Neonatal Services, Including Equipment
- Care of the Baby and Family / Patient Experience
- Transportation
- Clinical Pathways, Protocols, Guidelines and Procedures / Clinical Governance
- Education and Training / Clinical Governance

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

The development of the SuRNICC was a key part of the Health Board's clinical service model, providing a networked solution to deliver neonatal care in line with national standards.

### **Post Project Evaluation**

The Health Board has utilised recognised approaches to post project evaluation, in particular having two external reviews of the project as detailed below –

### **Design and Construction Review**

A post project design and construction evaluation review was undertaken by NWSSP-Specialist Estates Services. Their report (see Appendix 1) found that despite the challenges of a congested site and delays with the completion of Phase 1 the project was successfully delivered within budget and to a high quality standard. The evaluation confirmed that the key capital objectives have been achieved in that the project has delivered a state of the art neonatal unit for the people of North Wales, providing adequate space and privacy for the very specialist services required together with remodelling of the Paediatric department and the creation of additional capacity within maternity. The evaluation team considered that the SuRNICC project created fit for purpose, modern and efficient baby care requirements and support facilities that provide a caring environment suitable for the provision of 21st Century Neonatal Healthcare in North Wales.

It was noted that the SuRNICC project achieved:-

- the BREEAM Healthcare target score of Very Good; (BREEAM relates to the projects impact on the environment and sustainability)
- an AEDET score of 5.6 (maximum score of 6, target of 4); (AEDET is a tool used to measure the success of a design in meeting the requirements of users through consultation with parents/carers, staff, visitors and external stakeholders)
- 40% of the total labour force was Welsh based;
- 142,000 hours worked on site with no accidents;
- Recycled demolition waste 92% (target of 85%);
- The scheme generated 465.5 tonnes of waste diverted from landfill

A summary of best practice and lessons learnt contained within the report noted the following:

- The focus of the project was to deliver service change that resulted in a unit that has excellent family facilities to ensure integrated care can be carried out;
- Early engagement was undertaken with the right people;
- Visiting other neonatal units and benefitting from lessons learnt on design and construction helped to ensure briefing documentation was clearly defined;
- The development of the Project Execution Plan (PEP) by all key stakeholders at the start of the project was vital. The PEP outlined a clear structure on how the project should be delivered where roles and responsibilities were clearly defined;
- The Supply Chain Partner (SCP) regularly updated all key stakeholders, staff and members of the public through Information boards, newsletters and on-line blogs. Close liaison with the BCUHB's communications manager was key to the frequency and level of detail being relayed to the wider community;
- During initial design workshops a proposed schedule of accommodation was assembled by users from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit. Design workshops allowed the users to be fully engaged during the design process and also discover the opportunities and challenges

associated with arranging complex clinical facilities on a constrained site with predetermined access points;

- Programme meetings were held weekly to report on progress and to re-plan around issues as they arose;
- Team ethos and collaborative working with the BCUHB, SCP and project team during the course of the project was productive and fluent throughout the works;
- The SCP was in regular contact with all key stakeholders to ensure the works did not affect the day to day running of the hospital. There was another major contract ongoing at the same time, so logistics between the two SCPs was crucial:
- Due to the tight confines of the site the SCP carried out a review of major construction elements. Examples of alternative design/specification included adopting smaller steel members which could be spliced on site and fibre reinforcement in lieu of mesh reinforcement both of which helped minimise noise and disruption and speed up construction processes;
- Provided a safe, practical and comfortable facility to Health Technical Memorandum (HTM) standards and; Commissioning requirements were clearly defined in the PEP.

The evaluation also noted a number of issues that could have gone better including:

- The SCP acknowledged that moving end dates for Phase 1 raised expectations unnecessarily and was not helpful and that reporting on a programme with a realistic end date with sufficient float built in, would have been a better way of informing both senior BCUHB management and Welsh Government (WG) respectively;
- Uncertainty around the nature and condition of services hampered progress of works. The SCP needed to take earlier ownership and plan for isolations in conjunction with a dedicated member of BCUHB estates team. Consideration should be given in future to increasing the level of contingency for isolations;
- BCUHB hadn't considered the impact on SCP site staff when working in close proximity to patients and the potential for some SCP staff overhearing upsetting conversations between parents when working in live areas. BCUHB/SCP has reviewed this as part of future site inductions;
- National standards for the water testing process would have been helpful particularly in an enhanced care environment. The timing of chlorination including cleanliness of sinks and flushing regime employed up to the date of occupation must be agreed and;
- The role of the BCUHB supervisors was key in liaising with both the SCP and NHS Wales Shared Services Partnership Specialist Estate Services. The BCUHB supervisors weren't in post at the start of the project so witnessing arrangements with NWSPP SES were not formalised; Some commissioning for phase 1 was problematic. The SCP brought a commissioning manager on board from another firm for phase 2 which improved matters.

The Health Board has sought to ensure that the lessons learnt, both positive and negative, have been disseminated to the capital team and the wider NHS Wales, in order to inform future projects. Specific examples include –

- Lessons learned sessions held with the capital team and the good practice identified has been assimilated within capital processes and policy.
- Projects now ensure enhanced provision within the contingency allowances for the condition of existing infrastructure and for isolations.
- Specific protocols have been developed for commissioning and acceptance testing of services including, in the absence of national standards, locally agreed standards for water

testing. This is now seen as best practice within Wales and we have been invited by NWSSP to share our processes with other Health Boards.

### **Office of Government Commerce (OGC) Gateway Review 5 – Operations Review and Benefits Realisation**

As part of the project governance supporting the SURNICC development a series of OGC Gateway Reviews were commissioned. The final one of these, Gateway Review 5 was undertaken in July 2021 and focussed upon the operation of the SuRNICC, with an assessment of benefits realised by the project.

The findings of the Review are summarised below, with the full report at Appendix 2 –

- The Review Team found that there is ample evidence that the Project met or exceeded the benefits that justified the investment. Despite a serious issue arising during the construction phase and a delay of around 6 months the benefits were slightly delayed but not lost. Strong action was taken with the supply chain partner but that did not damage the relationship, which allowed a high-quality build.
- Many of those interviewed by the Review Team expressed justifiable pride in achieving such a welcome improvement for services in North Wales. There was clear respect and appreciation for the way the Project had been managed, despite occasional and understandable challenges.
- The Project was initiated through a largely political process overturning a previous decision, which would have sent far more babies into the NW of England. This high level of political support ensured some advantages, for example over resource allocation, but also imposed some higher risks on timescales and more frequent reporting upwards.
- The Review Team found that the procurement and construction of the SuRNICC was well managed, with a strong stable management team which established excellent relationships not only with the main contractor, but also with the contractor carrying out other significant redevelopment works on the same site.
- The service model underpinning the project was to some extent unique and a clear variation from what would normally be thought of as clinically appropriate, mainly due to issues of scale. That this model was implemented and has functioned as required is a great credit to the Royal College of Paediatrics and Child Health which defined it and to the Project team and staff at the Health Board and in the wider network who have delivered it. The concept of a network that together provided the overall service in North Wales was supported by all those the Review Team spoke to.
- The benefits of the model in terms of overall wellbeing and reducing health inequalities is acknowledged even though not quantified.
- The service is delivering what was required to the appropriate standards. The Review Team were shown extensive evidence of progress against benefits realisation which was excellent. The approach adopted to tracking benefits realisation for the programme was considered by the Review Team to be an exemplar of good practice.
- The Review Team did hear around a dozen well argued suggestions for how the quality could be improved especially around the experience of care and reducing the anxieties of parents. Some changes might arguably have been foreseen and so included, along with the costs, in the Business Case. The Review Team took the view that had that been done the case would still have been sound. Other changes could not have been foreseen or result from externally imposed regulation as is inevitable.

- Whilst the Review Team heard a strong case for such changes, which clearly would bring real benefits, these proposals will have to be considered within the Health Board's formal budget setting processes.
- There has been successful delivery of the project to cost and quality with a small overrun on time. There are no major outstanding issues or risks that serious issues might arise to threaten continuing delivery.

When concluding each Review, the panel reach an overall Delivery Confidence Assessment. For this project this assessment is Green, which is the highest confidence score the panel can award.

The Review findings reflect a positive assessment of the programme delivery and benefits realisation. The Panel's comment with regard to the approach taken to assessing benefits realisation as an "exemplar" is a positive reflection of the work undertaken by the service. A full internal assessment of benefits realised against the investment objectives was undertaken in readiness for the Review and this material was presented to the Review Team. A summary of the assessment is shown at Appendix 3. This indicated that of 43 measures, 37 were assessed as having been delivered (green), equating to 86%. The remaining 6 were identified as ongoing (amber) and these are summarised in the table below –

Standard	Action to address
Staffing Standards – Tier 2 Doctors	The initial staffing levels set reflected the standard for the anticipated volume of activity, with overnight cover shared with the paediatric ward. Activity levels have since exceeded the threshold for this model of cover. Activity levels are being monitored and staffing will be reviewed in light of this.
Documented consultation with senior medical staff within 24 hours of admission	The 2020 National Neonatal Audit Programme Report shows a national average of 96.7%. Ysbyty Wrexham Maelor (WXM) achieved the 100% target, however Ysbyty Glan Clwyd (YGC) (97.4%) and Ysbyty Gwynedd (YG) (96%) fell short. Clinical teams are taking action to achieve the standard routinely
Audit of neurodevelopmental outcomes at 2 years of age established with 100% compliance, for babies born before 30 weeks gestation	The delivery of face to face neurodevelopmental assessments has been impacted by the pandemic. Work is ongoing with child health services to ensure that backlog checks are completed and the standard is met going forward.
Implement NNAP recommendations – 100% of babies to have temperature taken within 1 hour of admission	Performance remains below the standard set. New pathways for thermoregulation have been implemented to support achievement of the standard with this reflected in relevant neonatal study days. Ongoing audit continues.
All units working towards the UNICEF Breast Friendly Initiative Neonatal Standards	Level 1 accreditation has been achieved, with all Units working towards Levels 2 and 3.

Increase by 25% the number of babies receiving mother's milk	A 10% increase was delivered by 2020 within the SuRNICC, with support continuing to be offered to mothers to improve rates.
--	---

Given the timing of the Review, which was delayed due to the impact of the Pandemic, the Report's findings reflect upon a service which is now well established and one where clinicians, other staff and stakeholders have had the opportunity to reflect upon where further improvements might be made. In presenting their report the panel made a number of recommendations. In doing so, they noted that "the programme has been implemented and handed over to Business As Usual (BAU) so any recommendations need to be considered in that context. Approval would be required through the usual Health Board processes".

There were 10 recommendations made by the panel as contained in the Report at Appendix 2. The Health Board response to the recommendations is enclosed at Appendix 4.

## Conclusions

The Gateway Review and the Design and Construction Review provide positive feedback in terms of the delivery of the scheme and the impact upon services to children and families. Lessons learned from the delivery of the project will be disseminated through the organisation.

Specifically, in line with recommendation 8 from the Gateway Review, work has been commissioned to provide an "independently evaluated documentation (and formal record) of internal and wider lessons learned from the SuRNICC Project". This is being linked to the production of a guide to identifying and delivering objectives, benefits and return on investment for capital and revenue business cases, and sharing lessons learned. This guide will be used across the Health Board to inform future business cases and project delivery.

## Options considered

Options were considered as part of the business case process.

## Financial Implications

Resources to undertake the independent review have been agreed in 2021/22 (c £20,000). Any additional costs arising from the recommendations will be managed through the Health Board's planning and budget setting process. There are no additional commitments at this stage.

## Risk Analysis

Service delivery risks are now managed within the operational risk management arrangements for the Board.

## Legal and Compliance

There are no legal and compliance issues arising from this report.

## Impact Assessment

A full impact assessment was undertaken as part of the business case process.



DESIGNED FOR *Life*: BUILDING FOR *Wales 2*  
CYNLLUN *Oes*: ADEILADU AR GYFER *Cymru 2*

## DESIGN & CONSTRUCTION POST PROJECT EVALUATION

### OF THE SURNICC AT YSBYTY GLAN CLWYD



*May 2019*



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



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

Partneriaeth  
Cydwasaethau  
Gwasanaethau Cyfleusterau

Shared Services  
Partnership  
Facilities Services



## CONTENTS

Executive Summary	Page 4
Design & Construction Post Project Evaluation	
Methodology	Page 8
Project Details	Page 10
Best Practice & Lessons Learnt	
1. Centre of Excellence	Page 18
2. Collaboration and Communication	Page 19
3. Programme	Page 21
4. Site management	Page 22
5. Handover and Commissioning	Page 23
Appendices:	
A Completed Questionnaires & Project Pro-Forms	
B Amalgamated Completed Questionnaires	

All Photographs within this publication courtesy of  
BCUHB, IBI & BAM

## EXECUTIVE SUMMARY

The new SuRNICC (Sub Regional Neonatal Intensive Care Centre) unit is a world class purpose built facility at Ysbyty Glan Clwyd that provides Neonatal care for babies who are sick or born prematurely. The new facility comprises intensive care cots, high dependency cots and SCBU cots together with parent and supporting clinical accommodation.

Part of the works also involved the remodelling of existing accommodation in both Paediatric and Maternity units within a live hospital whilst maintaining the day to day running of the hospital.

The new SuRNICC will work in tandem with Neonatal and maternity units at Ysbyty Gwynedd and Wrexham Maelor Hospital to provide joined-up care for sick and premature babies across the area.

The development of the unit has taken place alongside a recruitment drive to bring in specialist staff to provide the highest quality of care possible. Over the last year, five dedicated Consultant Neonatologists have been recruited to work on the unit, alongside a significant number of Neonatal Nurses.

The new SuRNICC project is located within an enclosed courtyard in the heart of the YGC hospital grounds, seamlessly connected to the Maternity delivery unit on the first floor and general circulation corridors linking the unit to other areas of the hospital.

The SuRNICC was subject to a standard business case approval process by Welsh Government namely Strategic Outline Case, Outline Business Case and Full Business Case.

The approved budget of the SuRNICC was £15.16M with a construction value of £9.48M, both figures excluding Valued Added Tax. The design and construction was undertaken utilising the Designed for Life Building for Wales 2 framework with the following parties appointed:-

Supply Chain Partner : BAM

Supply Chain Consultants

Architects : IBI

Building Service Engineers : Hoare Lea

Civil & Structural Engineers : Curtins

Main Supply Chain Sub Contractor : Lorne Stewart

Project Manager : Gleeds

Cost Adviser : White Young Green

The SuRNICC project was successfully opened on time and within the approved budget and to the required standard. The SuRNICC project also achieved:-

- a BREEAM Healthcare score of 63 Very Good;
- an AEDET score of 5.6 (maximum score of 6, target of 4);
- 40% of the total labour force was Welsh based;
- sub-contractor expenditure of £145,000 with businesses based in Wales;
- 142,000 hours worked on site with no accidents;
- Recycled demolition waste 92% (target of 85%);
- 120 defects recorded at handover of which 114 were cleared by target time;
- The scheme generated 465.5 tonnes of waste diverted from landfill which resulted in a saving of £43,523;

A summary of best practice and lessons learnt by all parties on this project are:-

<u>Best Practice</u>	<u>Lessons Learnt</u>
<b>To provide a Centre for Excellence</b>	
The focus of the project was to deliver service change that resulted in a unit that has excellent family facilities to ensure integrated care can be carried out	Early engagement with the right people
Visiting other neonatal units and benefitting from lessons learnt on design and construction	Ensure brief documentation is clearly defined
<b>Communication &amp; Collaboration</b>	
The development of the Project Execution Plan (PEP) by all key stakeholders at the start of the project was vital	The PEP outlined a clear structure on how the project should be delivered where roles and responsibilities were clearly defined
The SCP regularly updated all key stakeholders, staff and members of the public through Information boards, newsletters and on-line blogs	Close liaison with the BCUHBs communications manager was key to the frequency and level of detail being relayed to the wider community

<b><u>Best Practice</u></b>	<b><u>Lessons Learnt</u></b>
During initial design workshops a proposed schedule of accommodation was assembled by users from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit	Design workshops allowed the users to be fully engaged during the design process and also discover the opportunities and challenges associated with arranging complex clinical facilities on a constrained site with predetermined access points
<b>Programme</b>	
Programme meetings were held weekly to report on progress and to re-plan around issues as they arose	The SCP acknowledged that moving end dates and raising expectations unnecessarily was not helpful and that reporting on a programme with a realistic end date with sufficient float built in, would have been a better way of informing both senior BCUHB management and WG respectively
Team ethos and collaborative working with the BCUHB, SCP and project team during the course of the project was productive and fluent throughout the works	Uncertainty around the nature and condition of services hampered progress of works. SCP needs to take earlier ownership and plan for isolations in conjunction with a dedicated member of BCUHB estates team. Look to increase level of contingency for isolations
<b><u>Site Management</u></b>	
The SCP was in regular contact with all key stakeholders to ensure the works did not affect the day to day running of the hospital	There was another major contract ongoing at the same time, so logistics between the two SCPs was crucial
All site staff carried CSCS cards and were issued with photo ID and PPE which was worn at all times and made site staff highly visible to other users. The SCP adopted finger print recognition at turnstiles to prevent unwanted tail gating onto site	BCUHB hadn't considered the impact on SCP site staff when working in close proximity to patients as some SCP staff had been uncomfortable overhearing upsetting conversations between parents when working in live areas. BCUHB/SCP to review as part of future site inductions
Due to tight confines of the site SCP carried out a review of major construction elements such a steel and concrete prior to works commencing on site	Smaller steel members which could be spliced on site were used along with fibre reinforcement in lieu of mesh reinforcement which helped minimise noise

	and disruption and speed up construction processes
<b><u>Best Practice</u></b>	<b><u>Lessons Learnt</u></b>
<b><u>Handover and Commissioning</u></b>	
Provide a safe, practical and comfortable facility to HTM standards	National standards for the water testing process would have been helpful particularly in an enhanced care environment. The timing of chlorination including cleanliness of sinks and flushing regime employed up to the date of occupation to be agreed
The role of the BCUHB supervisors was key in liaising with both the SCP and NWSPP SES	The BCHUB supervisors weren't in post at the start of the project so witnessing arrangements with NWSPP SES were not formalised
Commissioning requirements were clearly defined in the PEP	Some commissioning for phases 1 was problematic. The SCP brought a commissioning manager on board from another firm for phase 2 which improved matters

The evidence shows the SuRNICC is a successful project; a challenging scheme delivered on time, on budget and to a high quality. The evaluation has confirmed the key objectives have been achieved; a state of the art neonatal unit for the people of North Wales, providing adequate space and privacy for the very specialist services required, Paediatric remodelling and change of inpatient areas to out-patient areas and maternity remodelling. The SuRNICC provides fit for purpose, modern and efficient baby care requirements and support facilities that provide a caring environment suitable for the provision of 21<sup>st</sup> Century Neonatal Healthcare in North Wales.

This Design & Construction Post Project Evaluation has been carried out with the involvement of the whole delivery team in a proactive and a blame free culture. Thanks are extended to all involved.

## DESIGN & CONSTRUCTION POST PROJECT EVALUATION METHODOLOGY

### Context

The requirement for undertaking a Design and Construction Post-Project Evaluation is a constituent part of delivering the NHS Capital Programme within Wales; this was highlighted within the Welsh Government circular WHC (2018) 043: NHS Wales Infrastructure Investment Guide published October 2018. Framework Members can view this guidance on the Welsh Government website.

Consequently Design and Construction Evaluations are to be facilitated by NWSSP Specialist Estate Services and are to be undertaken during Stage 5: Operational Commissioning and Project Closure; the outputs of an evaluation should focus upon the performance of the project delivery from start of Stage 2: Outline Business Case development to Stage 5: Operational Commissioning and Project Closure (N.B. Stages as defined in the *Designed for Life: Building for Wales* process maps and Schedules of Services).

Accordingly NWSSP Specialist Estate Services issued guidance in the form of 'Guidance Note: Procedure for Design and Construction Post-Project Evaluation – June 2014'. Framework Members can find this guidance on-line using this hyperlink <http://www.designedforlife.wales.nhs.uk/post-project-evaluations>.

### Why carry out a Design & Construction PPE?

Post-Project Evaluation is a fundamental tool in achieving Best Value for Money and through lessons learnt can improve future project performance and decision making by key stakeholders.

Post Project Evaluation can be an aid to:

- Improved design, organisation, implementation and strategic management of projects;
- Promote organisational learning to improve current and future performance;
- Avoid repeating costly mistakes;
- Improve decision-making and resource allocation (e.g., by adopting more effective project management arrangements);
- Improve accountability by demonstrating to internal and external parties that resources have been used efficiently and effectively; and
- Demonstrate acceptable outcomes and/or management action thus making it easier to obtain extra resources to develop healthcare services.

### How has this PPE been carried out?

In accordance with the 'Guidance', this evaluation has been undertaken in an impartial, objective and Blame free culture, which has involved the Health Board and all other key

stakeholders of the Project Delivery Team. A specially structured suite of Pro-forma & questionnaire was issued to all (*refer to Appendix A*) to evoke memoirs of issues both good and not so good that occurred during the project journey. A workshop was then held with a select number of attendees representing Client, Supervisor, Project Manager, Cost Advisor and Supply Chain Partner, to further investigate the main themes and issues noted within the questionnaires to fully understand and highlight lessons learnt. The draft report was then circulated to all respondents for review to enable input into the final edited version, for sign off by the Health Board prior to publishing.

In the interest of continuous learning and to benefit future project design, planning, development and management; this Design and Construction Post-Project Evaluation will be shared with Welsh Government, all NHS bodies, Framework Members and the Service Post Project Evaluation Team Members.

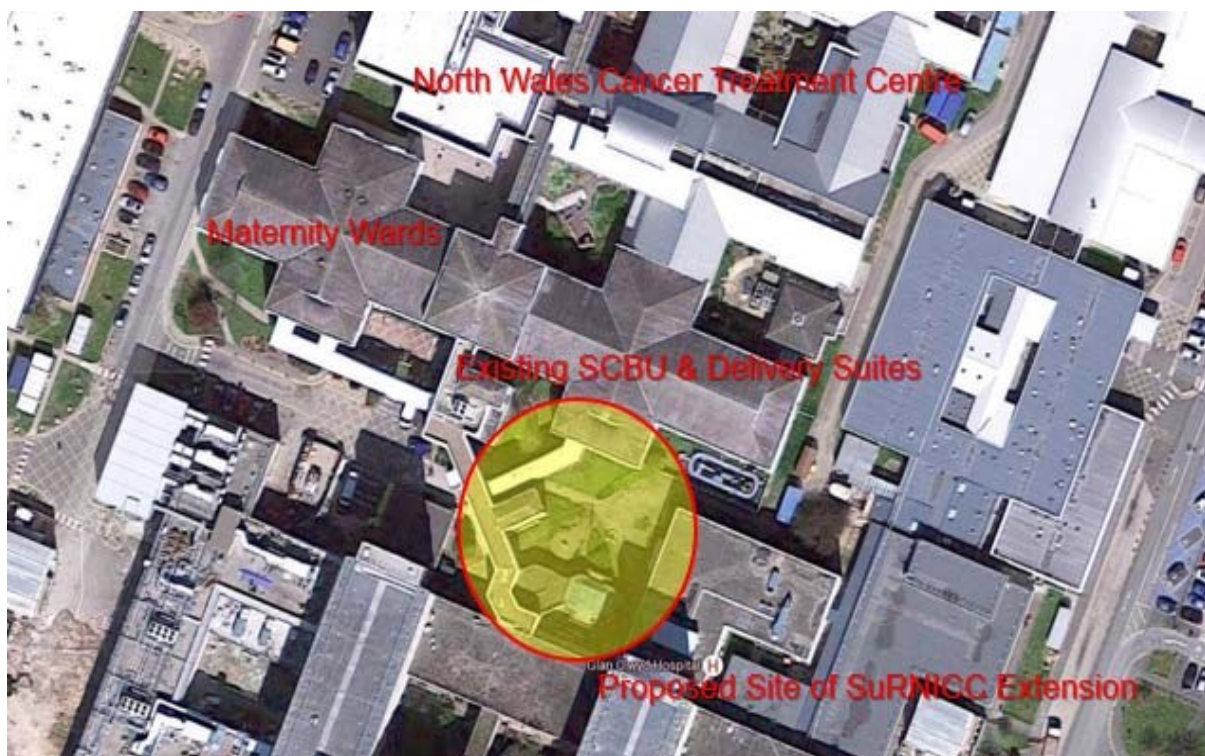
The Service Post-Project Evaluation, completed in accordance with the Benefits Realisation timeframe, will be initiated by the Health Board (normally during Stage 6: Completion). The Welsh Government Integrated Assurance Hub will provide support in developing and undertaking the Service evaluation.



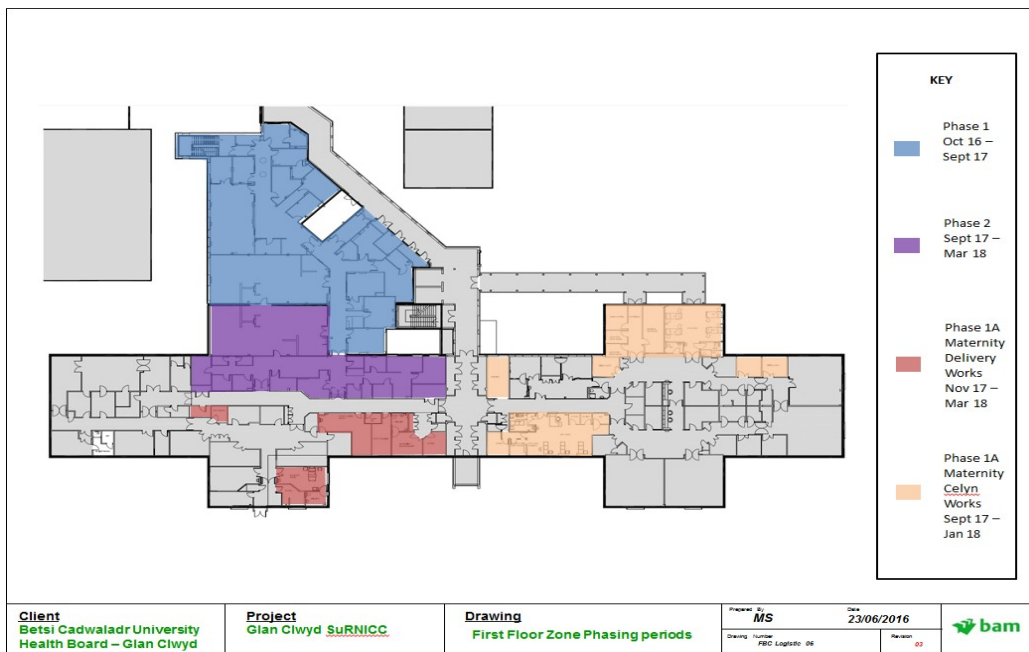
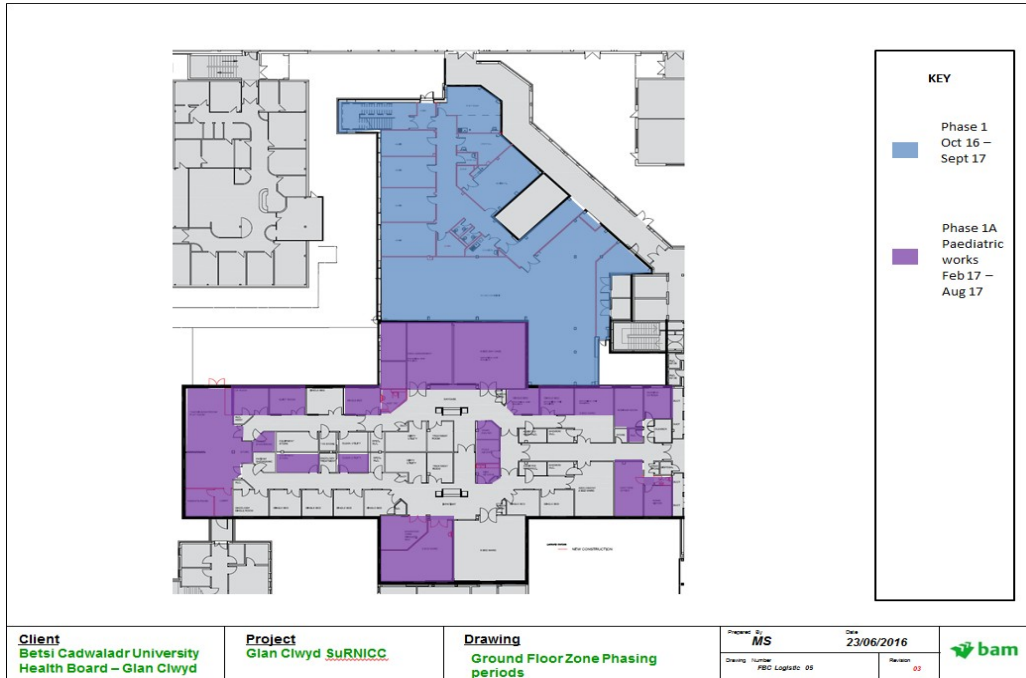
## PROJECT DETAILS

The SuRNICC has a construction value of £9.48M and has been delivered through the Design for Life 2 Framework Agreement. Ysbyty Glan Clwyd is a district general hospital for the central area of North Wales. It is located in Bodelwyddan, Denbighshire and managed by Betsi Cadwaladr University Health Board. The hospital was opened in 1980 has a total of 497 beds with a full range of services which has increased over the years and includes the Cancer Treatment Centre, which provides cancer treatment for patients across North Wales, opened at the hospital in June 2000. The original hospital, pre 1990, has been the subject of extensive redevelopment as part of the process to remove asbestos. This project included a major extension to create the new Emergency department and a new build Pathology department both of which opened in 2013. The asbestos removal and associated redevelopment works were completed in 2019.

The SuRNICC project was carried out in 3 phases. The first phase involved the construction of a new purpose built neonatal unit within an enclosed courtyard. The aerial photo below shows the proposed unit highlighted within the red circle which depicts the nature of the confined site in relation to other hospital facilities.



Phase 1A involved the remodeling of both Paediatric and Maternity units within live hospital areas. Phase 2 involved the re-modelling of the existing Neonatal unit to provide the Intensive care area and support accommodation to complete the SuRNICC. The plans below highlights their location relative to the new Neonatal unit.





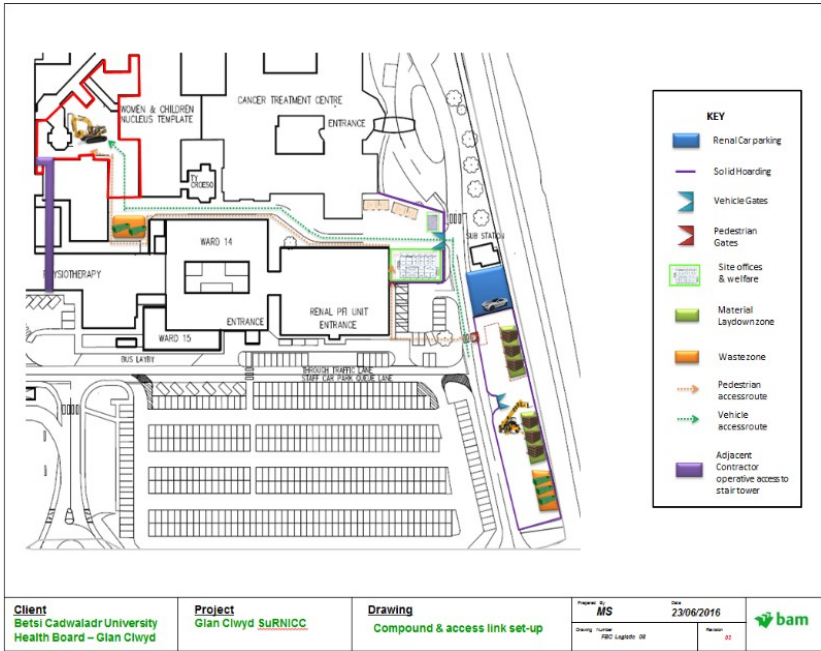
During demolition works BAM liaised closely with all key stakeholders to ensure that the day to day running of adjacent facilities remained operational.



During construction In order to minimise noise disruption and also speed up construction BAM changed the reinforcement from mesh to fibre.



Due to the nature of the confined site BAM reviewed the design and were able to splice many of the large steel members to make them easier to install in the restricted space available.



There were various challenges to meet; construction of the new facility within the confines of a busy live hospital environment, with a complex refurbishment of the existing accommodation, and traffic management. There was also another major contract ongoing at the same time, so logistics between the two main contractors was crucial in

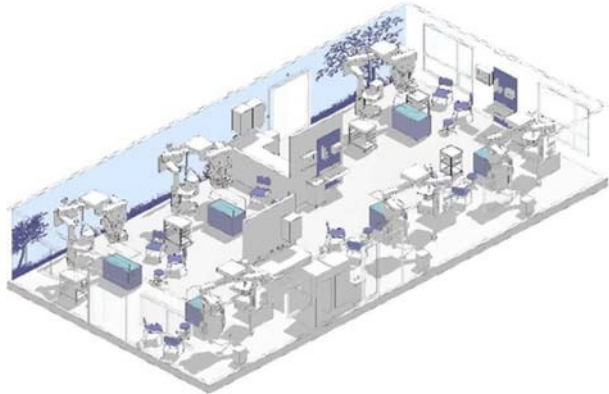
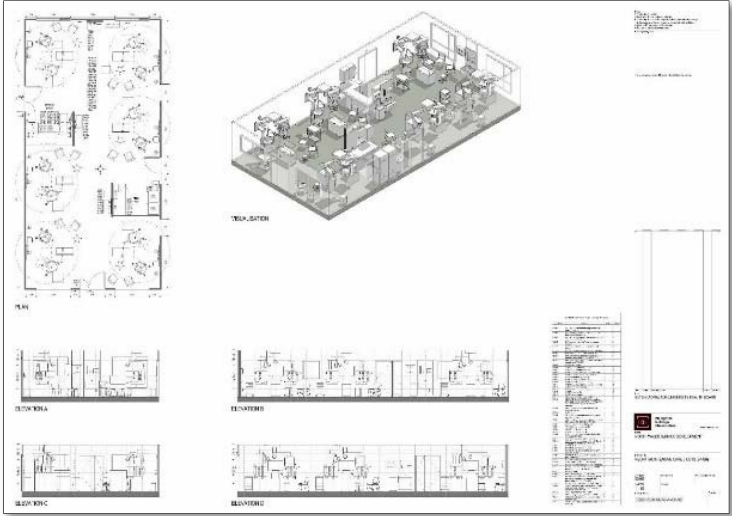
ensuring the provision of hospital services continued as usual.

**Accommodation**

The first phase of the project includes the construction of the new unit which will feature the following:

- 6 No high dependency cots
- 8 No special care cots

The second phase includes the remodelling of the existing Neonatal facility to provide 6 No intensive care cots.



The new unit also features a dedicated isolation unit, a transitional care service to keep mums and new-born babies together and an on-site parent accommodation allowing parents with sick and premature babies to spend as much time with their child as possible.

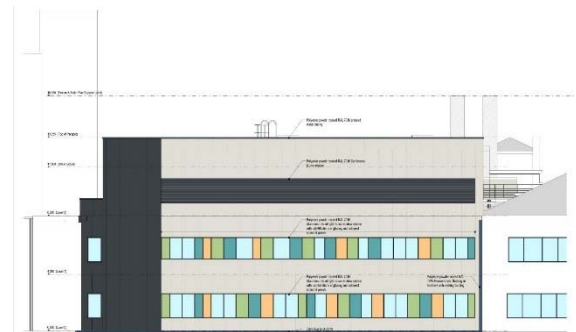
## New Build construction

The new construction comprises a 3 storey steel framed extension with in-situ concrete floor slabs. The ground floor slab was designed to support mobile crane units during construction due to the site constraints. The ground floor slab incorporates fibre reinforcement to reduce construction noise normally associated with steel reinforcement.



The external envelope comprises a clay facing brick plinth at ground level with composite insulated cladding panels mounted vertically and fixed to steel cladding rails and lined internally with cement bonded particle boards. A proprietary internal shaft wall lining plasterboard system provides 1 hour fire resistance to external walls due to the proximity of the existing surrounding buildings.

The elevations are further enhanced with powder coated aluminium thermally broken double glazed windows and curtain walling with insulated coloured spandrel panels to match the appearance of the upgraded hospital. External doorsets are also powder coated aluminium.



The building is topped with a single ply reinforced roof membrane laid to falls on tapered insulation on in-situ concrete slab to main roof and ply decked profile metal decking to plantroom roof. Reinforced slip resistant walkways delineate maintenance access. Roof lights provide natural light to internal circulation areas within the first floor clinical areas.

The plantroom occupies approx. 90% of the roof area. The remaining open area includes a Landing Zone for future plant replacement with an adjacent area of removable louvre cladding panels and doors to facilitate access.

Metal stud partitions lined with plasterboard and a plaster skim finish form the internal layouts. Double glazed screens with interstitial venetian blinds further enhance internal areas. Internal timber doorsets comprise either hardwood veneered or laminate faced in softwood frames. Structural steelwork is encased with 1 hour fire protection.

Suspended ceilings are a combination of plasterboard MF to clinical areas and gridded mineral fibre tiles to remaining accommodation.

Floor finishes comprise slip resistant PVC sheeting with covered skirtings' to wet areas and sheet vinyl with covered skirtings' to other areas. Wall finishes comprise printed vinyl/acrylic sheet cladding to cot areas, welded PVC sheeting to wet areas and a wipe able paint finish to other areas.

Internal stairs comprise concrete flights and landings with polyester powder coated steel balustrades and handrail system.

Sanitaryware is housed within a pre-plumbed panelling system.

**Delivery Team and Headline Information**

Client	Betsi Cadwaladr University Health Board	Supply Chain Partner	BAM Construction Ltd
Project Director	Neil Bradshaw	Architects	IBI
Health Board Project Manager	Ian Roberts	Structural Engineers	Curtins
Project Manager	Gleeds	Building Services Engineers	Hoare Lea LLP
Cost Advisor	White Young Green	Cost Manager	N/A
Supervisor	Betsi Cadwaladr University Health Board	Health Planner	N/A
Gross Floor Area	1,536 m2 which includes 336m2 refurbished space	Construction Cost	£9.48M excluding VAT
Commencement on Site	October 2016	Completion	June 2018
Alterations to Maternity and Paediatrics department were completed October 2018			

**Some noteworthy points considered as part of the evaluation are included below, wider issues are considered in detail and can be found under 'Best Practice & Lessons Learnt'**

**Design strategy**



During the design development process design workshops were arranged and attended by all key stakeholders including a wide range of Health Board staff including



administrative, clinical and support staff together with members of the Design Team and the Supply Chain Partner.

During these workshops a proposed schedule of accommodation was assembled from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit. This approach allowed the users to discover the opportunities and challenges associated with arranging complex clinical facilities on a constrained site with predetermined access points.



In order to support the user representatives in assessing the suitability of the developing proposals, visits were arranged to recent Neonatal developments at the Royal Oldham Hospital and North Manchester General Hospital where feedback was provided by the users of these facilities regarding both the physical planning and the operational 'lessons learned'.

### Future proofing of design

As part of the design BAM allowed for removal cladding panels within the plant room for future M&E plant replacements such as air handling units. The hard standing areas within the courtyard were also constructed to take the weight for future heavy lifting plant.



### Patient Interaction

The inclusion of LED lighting and bright colours added with the attractive artwork makes the new facility an ideal environment for sick and premature babies to receive the best care possible.



## Health and Safety

Considerate contractors commented that safety on site during construction was exceptional. Clear signage, road markings and a zebra crossing around the site ensured pedestrian safety within hospital grounds at all times.

During construction works consideration was given to the issue of a defibrillator, however it was agreed to use the hospital unit located adjacent to the site which was considered more appropriate for rapid response. There were no recorded incidents for around 142,000 man hours of construction.



**Community Benefits** Framework KPI's on the use of local labour and suppliers were collected which identifies value for money investment of the *Welsh Pound*, and the Welsh Government Community Benefit Measurement Tool shows for every £1 spent on the project £0.34 was reinvested in Wales. A total of 96 apprenticeship weeks have been completed. The figure of 465.5 Tonnes of waste was diverted from landfill with a saving of £42,523.00.



A number of other community benefit initiatives were also undertaken involving the wider community:

- One Welsh student carried out 1 weeks work experience during the project.
- Members of the team spent approximately 80 hours refurbishing an external community area. Works included gardening, weeding, jet washing, re-paving, removing old fencing and purchasing a garden bench. These works equated to £6,000.

The site team purchased £500 worth of toys for the hospital's children's ward and took industry mascot Ivor Goodsite to meet the young patients.





**Centre for Excellence in Neonatal Care**

The objective of SuRNICC was to facilitate a change in service delivery to create a network of Neonatal care and to provide a world class facility for North Wales where sick and premature babies and their families could receive the best care and support available. The need for a neonatal unit in North Wales was vital for the area as babies had previously being sent to other neonatal units across the North West. SuRNICC now provides enough capacity for babies to stay in North Wales as well as taking referrals from other NHS regions. BCUHB anticipate that it will take a year to determine the full savings from repatriation.

Other hospitals are now looking at SuRNICC as a centre of excellence in neonatal care. SuRNICC was not just a capital investment but also enhanced service change in neonatal care.

New facility has not only retained existing staff but also enhanced recruitment for high quality staff.

The scheme has successfully supported the delivery of a Neonatal network across North Wales.

The main best practice and lessons learnt points are:

**Best Practice**

- The focus of the project was to deliver service change that resulted in a unit that has excellent family facilities to ensure integrated care can be carried out.
- Visiting other neonatal units and benefitting from lessons learnt on design and construction.



## Lessons Learnt

- Early engagement with the right people.
- Ensure brief documentation is clearly defined.

## Collaboration and Communication

As the project was delivered through a framework and utilised a NEC3 suite of contracts it has benefited from a collaborative approach between all parties. This was enshrined in the Project Execution Plan (PEP) developed by all key stakeholders at the start of the project which outlined a clear structure on how the project should be delivered where roles and responsibilities were clearly defined.

The scheme was politically high profile and the imposed timescale posed some challenges.



- Design team were appointed directly by LHB initially before being novated over to SCP.
- Noted that there was another major contract ongoing at the same time, so logistics between the two SCPs was crucial to ensure the smooth running of the hospital.
- The SCP regularly updated all key stakeholders, staff and members of the public through Information boards, newsletters and on-line blogs. Close liaison with the LHBs

communications manager was key to the frequency and level of detail being relayed to the wider community.

- Various communication update were produced for the Intranet, Internet, TV and radio. There was a dedicated SURNICC Intranet/Internet site.
- A monthly update was provided to the First Minister.

### *Governance and effective management of gateways*

- Was adopted throughout the project following the principles as outlined in the PEP.

### *Team working*

- Was a key factor of the project in helping to deliver a very challenging high profile project within tight timescales whilst maintaining the day to day running of the hospital.

### *End user engagement*

- Where users felt they played a part in the design of the new facilities. During initial design workshops a proposed schedule of accommodation was assembled by users from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit. This approach allowed the users to discover the opportunities and challenges

associated with arranging complex clinical facilities on a constrained site with predetermined access points.

- Full size mock-ups of cot bay layouts proved helpful to users in visualising space requirements.
- There was a regular programme of end user engagement that continued throughout the project.

#### *Regular team meetings*

- There was a project governance structure of meetings including project board, progress meetings and estates meetings which were aligned and reported in to each other. SCP were represented at all meetings which helped to keep senior management up to date on progress and a fast track mechanism for decision making as the need arose.
- Weekly look ahead meeting with estates and end users also proved invaluable as a way of providing early warnings when construction activities would affect live areas of the hospital, which allowed the BCUHB to take appropriate measures to maintain the safe running of the hospital.
- There was also monthly meetings held with the other SCP on site Laing O'Rourke.

The main best practice and lessons learnt points are:

#### Best Practice

- The development of the Project Execution Plan (PEP) by all key stakeholders at the start of the project was vital.
- The SCP regularly updated all key stakeholders, staff and members of the public through Information boards, newsletters and on-line blogs.
- During initial design workshops a proposed schedule of accommodation was assembled by users from scaled 'jigsaw' pieces arranged in an ideal arrangement to suit the preferred adjacencies and flows of the new unit.

#### Lessons Learnt

- The PEP outlined a clear structure on how the project should be delivered where roles and responsibilities were clearly defined.
- Close liaison with the BCUHBs communications manager was key to the frequency and level of detail being relayed to the wider community.
- Design workshops allowed the users to be fully engaged during the design process and also discover the opportunities and



challenges associated with arranging complex clinical facilities on a constrained site with predetermined access points.

### Programme

It was acknowledged at the outset that the programme was tight and there was political pressure to deliver the SuRNICC on time. The scheme did have some delays in phase 1 which had a knock on effect for phase 2. However the contractor was able to deliver phase 2 ahead of programme.



#### *Isolations*

- Contractor did encounter problems with isolations, despite earlier surveys albeit visual, which impacted on programme. Accepted that NHS records could not be relied upon in this regard.
- On Phase 2 isolations were better managed by the site team through regular liaison with the BCUHB estates team.

#### *There were some changes in works*

- There were a number of compensation events raised during the project due to changes in information and clarity of scope for the refurbishment areas outside of SuRNICC. It was noted that the compensation events did not affect the overall programme and budget. Through effective team work the scheme was delivered on time and within budget.

The main best practice and lessons learnt points are:

#### Best Practice

- Programme meetings were held weekly to report on progress and to re-plan around any issues as they arose.
- Team ethos and collaborative working with BCUHB, SCP and project team during the course of the project was productive and fluent throughout the works.

#### Lessons Learnt

- The SCP acknowledged that moving end dates and raising expectations unnecessarily was not helpful and that reporting on a programme with a realistic end date with sufficient float built in, would have been a better way of informing both senior BCUHB management and WG respectively.

- Uncertainty around nature and condition of existing services hampered progress of works. The SCP needs to take ownership at an earlier stage and plan for isolations in conjunction with a dedicated member of the BCUHB estates team. Look to increase level of contingency for isolations.

### Site Management

The site was surrounded on all sides by live accommodation including the existing SCBU. Part of the project involved the demolition of the existing chapel. It was agreed that the site was well managed throughout the entire project duration and at no time was the day to day running of the hospital adversely affected by the works.

- The SCP site team was in regular contact with all key stakeholders to ensure the works did not affect the day to day running of the hospital.
- In order to minimise noise disruption and also speed up construction the contractor changed reinforcement from mesh to fibre.
- The larger members of the steel frame were spliced to make them easier to install in the restricted space available.
- Logistics were well managed throughout the project. The SCP supply chain were fully briefed on site constraints and had safety inductions prior to being allowed on site.
- Deliveries to site were well managed by the presence of a gateman who ensured site traffic did not interfere with the day to day operation of the hospital.
- All site staff carried CSCS cards and were issued with photo ID which was worn at all times. The contractor also adopted finger print recognition on turnstiles to prevent unwanted tail gating onto site.



The main best practice and lessons learnt points are:

### Best Practice

- The SCP was in regular contact with all key stakeholders to ensure the works did not affect the day to day running of the hospital.
- All site staff carried CSCS cards and were issued with photo ID and PPE which was worn at all times and made site staff highly visible to other users. The SCP adopted finger print recognition at turnstiles to prevent unwanted tail gating onto site.



- Due to tight confines of the site SCP carried out a review of major construction elements such a steel and concrete prior to works commencing on site.

### Lessons Learnt

- There was another major contract ongoing at the same time, so logistics between the two SCPs was crucial.
- BCUHB hadn't considered the impact on SCP site staff when working in close proximity to patients as some SCP staff had been uncomfortable overhearing upsetting conversations between parents when working in live areas. BCUHB/SCP to review as part of future site inductions.
- Smaller steel members which could be spliced on site were used along with fibre reinforcement in lieu of mesh reinforcement which helped minimise noise and disruption and speed up construction processes.

### Handover and Commissioning

There were a few issues encountered at handover stage with commissioning in particular the quality of water. During the project there were updates in the HTM's that, due to the nature of end user (enhanced care), were incorporated.

There was some concern raised over the layout of the plant room which was causing a few issues to the estates team in carrying out maintenance.

- National standards for the water testing process would be very helpful, particularly in an enhanced care environment.



- The timing of chlorination to be captured in lessons learnt, including the cleanliness of sinks/relationship with results.
- It was acknowledged by the team that if earlier engagement with NWSSP-SES specialist engineers in relation to the planning of witness testing and acceptance had been carried out and clearer lines of responsibility agreed at the outset then this issue along with robust witness testing and reporting format could have been better understood.

• It was noted by the SCP the P22 Clinical Design Requirements Toolkit (CDRT) for recording derogations and adopted on NHS frameworks in England would be useful addition on NHS frameworks in Wales in considering future derogations.

- The Supervisors weren't in post at the start of the project, but would be involved from the outset for future schemes. Their input was invaluable.

The main best practice and lessons learnt points are:

### Best Practice

- To provide a safe, practical and comfortable facility for sick and premature babies, parents and clinical support staff to HTM standards.
- The role of the BCUHB supervisors was key in liaising with both the SCP and NWSPP SES.
- Commissioning requirements were clearly defined in the PEP.

### Lessons Learnt

- National standards for the water testing process would have been helpful particularly in an enhanced care environment.  
The timing of chlorination including cleanliness of sinks and flushing regime employed up to the date of occupation to be agreed.
- The BCUHB supervisors weren't in post at the start of the project so witnessing arrangements with NWSPP SES were not formalised.
- Some commissioning for phases 1 was problematic. The SCP brought a commissioning manager on board from another firm for phase 2 which improved matters.



## TESTIMONIALS

Dear Neil,

I have received feedback via Sally that the Health Board has asked that thanks be formally conveyed to the Project Board and Project Team for the huge efforts made to complete the SuRNICC Development.

Members of the Board were delighted to hear of its completion and those who have visited were hugely complimentary regarding the quality of the facility which has been created and the opportunity it affords to deliver more care to babies and families within North Wales. It is truly a development for everyone involved to be very proud of.

Could I please ask that you pass on these thanks to the Project Board and Team. I would have done this personally at Project Board but we have stood down this week's meeting and didn't want to wait another month.

Many thanks

Geoff

Geoff Lang Cyfarwyddwr Trawsnewid / Director of Turnaround

Dear Rob,

I visited YGC last week and had the chance to walk round the new Unit. I was extremely impressed and wanted to express my thanks to you and colleagues for the work you undertook to deliver this in line with the plan you had submitted. Would you please convey my thanks to all colleagues who have worked on this, particularly to Gareth and Paul whose contribution on the ground has been extremely positive.

I will reflect this at Project Board this week but wanted to send a personal message in advance. My personal thanks to you for your leadership throughout the project and commitment to getting to a successful solution.

Kind regards

Geoff

Geoff Lang Cyfarwyddwr Trawsnewid / Director of Turnaround

Mandy Cooke, Neonatal Service Manager, said: “We’re delighted to have moved in to the new unit, which will help us provide the best care possible to families from across North Wales.

“It means that all the babies within North Wales who are born premature or sick will receive the highest standard of care possible.



“Our staff take great pride in their work, and the new unit and equipment will help us provide even better care.”

Work to complete the project will continue over the coming months with the refurbishment of the former special care baby unit and paediatric departments, as well as minor refurbishment work to the hospital’s maternity unit.



Gary Doherty, Chief Executive of Betsi Cadwaladr University Health Board, said: “The opening of the new-build phase of the development is a huge milestone in this project, and will help our staff to provide sick and premature babies from across North Wales with the best possible start in life.

“I want to thank the team who have worked tirelessly on making this happen for their efforts, and look forward to seeing the project continue to progress over the coming months.”



The First Minister said:

The SuRNICC is a wonderful new centre for neonatal intensive care in North Wales. I approved the siting of the unit at Glan Clwyd back in 2014, and it has been a real privilege to be here today to talk to staff and families about their experiences at the new facility.

The teams across North Wales have worked exceptionally hard to ensure that the population have new neonatal services that care for sick and premature babies within the region, reducing the number of babies and families having to travel to England for their

care. The people of North Wales have access to the very best neonatal care and everyone involved should be very proud of their achievements.

For Further Information contact:

Andrew Waddington

Acting Head of Designed for Life: Building for Wales

Tel 029 20 904123

E-mail: [Andrew.waddington@wales.nhs.uk](mailto:Andrew.waddington@wales.nhs.uk)



Llywodraeth Cymru  
Welsh Government

## OGC Gateway™ Review 5: Operations Review & Benefits Realisation

<b>Project Title:</b>	Sub Regional Neonatal Intensive Care Centre (SuRNICC)
<b>IAH ID number:</b>	AH/21/36

<b>Version number:</b>	V 5.0 Final
<b>Senior Responsible Owner (SRO):</b>	Geoff Lang
<b>Date of issue to SRO:</b>	15 July 2021
<b>Department/Organisation of the Project</b>	Betsi Cadwaladr University Health Board
<b>Review dates:</b>	13 July 2021 – 15 July 2021
<b>Review Team Leader:</b>	Richard Bourne
<b>Review Team Members:</b>	Aileen Flynn Sheila Powell
<b>Previous Review:</b>	Gate 4 10 April 2018 to 12 April 2018 Amber/Green

This assurance review was arranged and managed by:

Welsh Government Integrated Assurance Hub (IAH)

Cathays Park 2

Cathays

Cardiff

CF10 3NQ

IAH helpdesk: [Assurance@gov.wales](mailto:Assurance@gov.wales)

## **1.0 Delivery Confidence Assessment (DCA)**

**Delivery Confidence Assessment:**

**Green**

The Review Team found that there is ample evidence that the Project met or exceeded the benefits that justified the investment. Despite a serious issue arising during the construction phase and a delay of around 6 months the benefits were slightly delayed but not lost. Strong action was taken with the supply chain partner but that did not damage the relationship, which allowed a high-quality build.

Many of those interviewed by the Review Team expressed justifiable pride in achieving such a welcome improvement for services in North Wales. There was clear respect and appreciation for the way the Project had been managed, despite occasional and understandable challenges.

The Project was initiated through a largely political process overturning a previous decision, which would have sent far more babies into the NW of England. This high level of political support ensured some advantages, for example over resource allocation, but also imposed some higher risks on timescales and more frequent reporting upwards.

The Review Team found that the procurement and construction of the SuRNICC was well managed, with a strong stable management team which established excellent relationships not only with the main contractor, but also with the contractor carrying out other significant redevelopment works on the same site.

The service model underpinning the project was to some extent unique and a clear variation from what would normally be thought of as clinically appropriate, mainly due to issues of scale. That this model was implemented and has functioned as required is a great credit to the Royal College of Paediatrics and Child Health which defined it and to the Project team and staff at the Health Board and in the wider network who have delivered it. The concept of a network that together provided the overall service in North Wales was supported by all those the Review Team spoke to.

The benefits of the model in terms of overall wellbeing and reducing health inequalities is acknowledged even though not quantified.

The service is delivering what was required to the appropriate standards. The Review Team were shown extensive evidence of progress against benefits realisation which was excellent. The approach adopted to tracking benefits realisation for the programme was considered by the Review Team to be an exemplar of good practice.

The Review Team did hear around a dozen well argued suggestions for how the quality could be improved especially around the experience of care and reducing the anxieties of parents. Some changes might arguably have been foreseen and so included, along with the costs, in the Business Case. The Review Team took the view that had that been done the case would still have been sound. Other changes could not have been foreseen or result from externally imposed regulation as is inevitable.

Whilst the Review Team heard a strong case for such changes, which clearly would bring real benefits, these proposals will have to be considered within the Health Board's formal budget setting processes.

There has been successful delivery of the project to cost and quality with a small overrun on time. There are no major outstanding issues or risks that serious issues might arise to threaten continuing delivery.

## 1.1 Delivery Confidence Assessment

The Delivery Confidence assessment RAG status should use the definitions below:

RAG	Criteria Description
<b>Green</b>	Successful delivery of the project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
<b>Amber/Green</b>	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
<b>Amber</b>	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
<b>Amber/Red</b>	Successful delivery of the project is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
<b>Red</b>	Successful delivery of the project appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project may need re-baselining and/or overall viability re-assessed.

## 2.0 Summary of Report Recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below:

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification (Please enter the categorisation number from the list provided here)
1.	To explore options to include a door between Nursery and HDU or to make other operational changes such as rotas.	E- Essential	(*) See below	
2.	To further develop transition care, to include greater involvement for fathers and the wider family.	R - Recommended	(*) See below	
3.	To continue to invest in the service, and develop new treatment options to further enhance the career opportunities in North Wales and promote North Wales as an investment location.	R - Recommended	(*) See below	

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification (Please enter the categorisation number from the list provided here)
4.	to consider additional resources for breast feeding and psychologic support for families.	E- Essential	(*) See below	
5.	to consider establishing a dedicated Governance Team to manage all aspects of case managements and KPI monitoring.	E- Essential	(*) See below	
6.	to consider a variety of management ideas, including governance provisions, training and care pathways and transport to ensure they operate effectively and are fit for purpose for the future.	E- Essential	(*) See below	
7.	to conduct a review of the funding of the non-pay costs and maintenance to secure additional budget to support the service provision.	E- Essential	(*) See below	
8.	that consideration should be given, when other pressures permit, to some independently evaluated documentation (and formal record) of internal and wider lessons learned from the Project.	R - Recommended	(*) See below	
9.	to conduct (at an appropriate time) a comprehensive review of the model of care and associated pathways.	R – Recommended	(*) See below	
10.	To consider requesting the Welsh Government to use its internal communications staff to make a video about the success of SuRNICC and the benefits.	R - Recommended	(*) See below	

**(\*) The programme has been implemented and handed over to BAU so any recommendations need to be considered in that context. Approval would be required through usual Health Board processes.**

**Critical (Do Now)** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately

**Essential (Do By)** – To increase the likelihood of a successful outcome the programme/ project should take action in the near future.  
These changes are within the scope of the original case and could have been included.

**Recommended** – The programme should benefit from the uptake of this recommendation.  
These are improvements that have largely arisen since the business case was agreed.

### **3.0 Comments from the SRO**

The Report provides a fair assessment of progress to date and serves as an important reminder that we must continue to review and develop this critical service for the benefit of babies and families in North Wales.

We are grateful to the Review Team for their critical appraisal and objectivity and we shall ensure that full consideration is given to the recommendations made, leading to an appropriate response to each of them. The forward-looking nature of many of the recommendations is welcome as a stimulus for further improvement.

The report specifically highlights the pivotal role of Neonatal Services Manger across the Health Board, which has been vacant following a retirement. Preparations are in hand to substantively recruit to this post.

All of those involved in the Review would wish to thank the Team for the engaging and supportive manner in which it was conducted.

## **4.0 Background**

### **The aims of the project:**

After an invited review, the Royal College of Paediatrics and Child Health (RCPCH) recommended a reshaping of neonatal services in North Wales, to ensure that care is both of a high quality and provided by services that are sustainable. A safe, high quality service is defined by the RCPCH as one that is compliant with the all-Wales Neonatal Standards.

There were three key elements to the proposal:

- The centralisation of neonatal intensive care services in North Wales in Glan Clwyd, which is a change from the current service model in which both Glan Clwyd and Wrexham provide elements of neonatal intensive care.
- A reduction in the number of babies cared for in England by expanding the services at Glan Clwyd.
- Investment in the service, in particular in terms of clinical staffing levels, to ensure that the service is compliant with all-Wales Standards.

These changes were to be achieved through the development of a network of neonatal services, with a Sub Regional Neonatal Intensive Care Centre (SuRNICC) at Glan Clwyd Hospital.

### **The driving force for the project:**

The Health Board (BCUHB) had experienced problems with the provision of maternity services, and it was placed in special measures in 2015.

The previous service fell short of the required standards. In particular the correct level, range of professions and number of staff were not achieved across all disciplines and recruitment was an on-going problem. This was the main factor in other failings, including local access to the service being limited by frequent unit closures due to lack of staff and a limited transport service which results in more mothers and babies being transferred to units within England for long periods of time.

Changes to the structure of the medical workforce mean that the current configuration of services was not sustainable in the long term. Facilities and equipment were also below the standards, including inadequate clinical space and insufficient accommodation for families.

The SuRNICC and proposed neonatal network in North Wales addressed the issues and provided a centre of excellence and a service that attracts clinicians and support staff. The overall service comprises:-

- Wrexham Maelor and Ysbyty Gwynedd as Special Care Units (SCUs), providing special care for their own local population, plus high dependency services.

- Glan Clwyd, through a SuRNICC (Enhanced– LNU) providing special care and high dependency care for their local population and intensive care for north Wales.
- Cheshire & Merseyside Neonatal network continuing to provide access to Neonatal Intensive Care Units (NICUs), with surgical neonatal care continuing at Alder Hey Hospital

### **The procurement/delivery status:**

The Project has been delivered. The SuRNICC was developed concurrently with the on-going redevelopment of Ysbyty Glan Clwyd in accordance with the Welsh Government NHS Infrastructure Investment Guidance, with NWSSP Specialist Estates Services supporting BCUHB in procuring the required services via the *Designed for Life: Building for Wales 2 Framework*. The neonatal network with close collaboration across the three units and into NW England has been established and works well.

### **Current position regarding previous assurance reviews:**

A Gate 4 Review was completed in April 2018 with a delivery confidence of amber/green. Four recommendations were made which have been implemented.

A summary of recommendations, progress and status from the previous assurance review can be found in **Annex C**.

## **5.0 Purposes and conduct of the OGC Gateway Review**

The primary purposes of an OGC Gateway Review 5: Operations review & benefits realisation, are to assess whether the anticipated benefits are being delivered and that the ongoing contractual arrangements meet the business need.

**Annex A** gives the full purposes statement for an OGC Gateway Review 5.

**Annex B** lists the people who were interviewed during the review.

## **6.0 Acknowledgement**

The Review Team would like to thank the SRO for ensuring the review was carried out successfully and also in particular Fiona Lewis who made the arrangements for the interviews. The assistance and oversight from the Assurance Hub was constructive and supportive.

## **7.0 Scope of the Review**

The scope follows the Full Business Case descriptions of the Project and is focused on the operations review and benefits realisation as set out in Gate 5 guidance. There were no additional Terms of Reference for the Review.

## **8.0 Review Team findings and recommendations**

### **8.1: Review of operating phase**

The Review Team found that, following the opening of the SuRNICC, that all aspects of the implementation phase have been achieved as planned and to a high standard, with all building works completed within budget but required an approved extension of the timeline.

In respect of the construction and ongoing maintenance the Review Team heard some minor issues had arisen and were ongoing in terms of current conditions. The handover from construction to the in-house facilities management team had gone well but some thought might be given to boundaries of responsibility. There was no requirement for any contract changes or contract reviews.

Alongside the development of the Unit a successful recruitment drive was undertaken which has led to the appointment of a range of dedicated high-quality staff such as Consultant Neonatologists, Neonatal Nurses and Advanced Neonatal Nurse Practitioners. Many interviewees noted that the state-of-the-art facility and equipment has contributed to the high levels of staff retention and reducing agency staff to less than 10%. This has been underpinned by an extensive training development plan, which has greatly impacted on the units succession planning; which also supports staff retention and provides career pathways for staff which assists succession planning.

Now that the team have been embedded in the Unit for a period of time, many interviewees reflected that the team dynamics have changed as the layout of the building has made those working in the Nursery feel a little isolated from staff within the High Dependency Unit, as there is no door joining the two. Consideration should be given as to how the unit as a whole could be better integrated.

**Recommendation: To explore options to include a door between Nursery and HDU or to make other operational changes such as rotas.**

The ongoing management of risks was through a regularly reviewed risk register and a robust process.

There was a regular forum for discussion of any requests for changes in service delivery which supplemented the usual procedures within the Health Board.

Several interviewees reflected that engagement was a key factor for the success of the Unit. Staff commented that they felt that not only were they being listened to, but that their views were taken on board. Many more commented on the diverse range of stakeholders involved which included Directors, Consultants, Nurses, parents and hospitality staff. It was felt by many that level and type of engagement greatly contributed to the success of the programme.

A high level of enthusiasm and commitment was evident from all stakeholders through the interview process and the Review Team would like to commend members of the programme team on this.

## **8.2: Business Case and benefits management**

The Full Business Case (FBC) was developed to fulfil the ambition to provide a high quality and sustainable Neonatal service in North Wales. This will be achieved by developing a service across North Wales, and a facility at Glan Clwyd Hospital, that meets the all-Wales Neonatal Standards. The intention was to create a centre of excellence that would attract and retain clinical staff. There would also be wider benefits in terms of the sustainability of Maternity and Paediatric services across North Wales. Service improvements were to be delivered and the number of babies transferred to other units in England would be reduced – with obvious benefits to the families.

The case was considered to have met the investment criteria for the all-Wales capital programme in terms of health gain, clinical skills & sustainability, and equity.

More specifically, the case proposed the development of a Sub-Regional Neonatal Intensive Care Centre (SuRNICC) at Glan Clwyd Hospital, as part of the overall service model for neonatal care in North Wales. Intensive care in North Wales will be concentrated in the new Centre, and fewer babies will receive their care in England.

The preferred option entailed developing a twenty two cot unit at Glan Clwyd at a capital cost of £17.9 million. Twenty of these cots to be staffed in the first instance, with the two additional cots providing the physical capacity to accommodate potential future growth in demand due to any increase in the birth rate and / or changes in the clinical service. The additional recurring revenue cost of opening the twenty cots was set at £2.34 million (excluding capital charges).

The Benefits Management was managed through an extensive framework.

The Review Team were shown extensive evidence of progress against benefits realisation which was excellent. The approach adopted to tracking benefits realisation for the programme was considered by the Review Team to be an exemplar of good practice. Whilst there was not an identification of individual responsibilities against benefits, the approach was a more general whole team effort which appears to have worked.

## **8.3: Plans for ongoing improvements in value for money**

As detailed in the Full Business Case (FBC) the main driver for the project is not financial savings, and the project considered the much wider social benefits of local provision.

The project has delivered well against the social benefits. Improving the neonatal provision in North Wales has significantly reduced the numbers of transfer out of Wales for care, reducing by half the number of referrals to Arrow Parke (Wirral University Hospital NHS Trust). This provides a significant benefit to parents, who can stay closer to home and their usual support networks whilst managing the stress of a sick baby. Also, provision of service in Welsh for first

language parents is a real benefit and fits the drive of the Welsh Government to promote Welsh within communities.

The Review Team found that there are opportunities to develop this aspect further by improving transitional care, with greater involvement for fathers, who cannot currently stay overnight at Glan Clwyd, to be more included in the care of the baby and to help build their confidence for the return home stage. There may be some financial benefit here, to offset any additional costs, if stay times are reduced due to greater confidence of families and medical teams that babies are ready for discharge.

**Recommendation – To further develop transition care, to include greater involvement for fathers and the wider family.**

The project has also delivered a significant number of highly regarded and well-paid jobs for consultants and advanced nurse practitioners who may otherwise have needed to develop their careers outside of Wales. The project has done well in attracting staff and has met the workforce plan targets detailed in the FBC. Securing these roles within Wales is beneficial to the community in terms of increase spending and a recognition that opportunities are available.

The project has delivered a strong training programme for staff including neonatal QIS training to allow nurses to develop the education locally and improve their career pathways. Also, the network benefits in sharing knowledge and offering staff rotations, where staff wish to gain additional skills, cannot be overestimated.

The development of a strong health presence in North Wales is also beneficial in terms of inward investment as so often these are considerations made by companies looking at relocation opportunities or inward investment decisions.

**Recommendation – To continue to invest in the service, and develop new treatment options to further enhance the career opportunities in North Wales and promote North Wales as an investment location.**

#### **8.4: Plans for ongoing improvements in performance and innovation**

The Review Team heard from all interviewees that the project has delivered significant benefits in terms of performance and innovation. New training programmes have been run and staff have greater opportunities to develop their careers within the network. Whilst some of this has been impacted by Covid, much has still been achieved. Families have received “closer to home” support which is vital during what must be one of the most stressful times a family can experience with a poorly newborn.

However, the Review Team noted there are areas for improvements, although these all come with resource pressures. The Unicef Baby Friendly Initiative ( BFI), in particular the neonatal accreditation, is aimed to improve breastfeeding rates, and the network needs investment to support this initiative in terms of staff resources. It is costly but a key part of the care package, however it is a Welsh Government target and KPI and therefore needs to be addressed.

A summary table of potential improvements is provided at Annex D.

Similarly, psychological support was highlighted as a gap, and embedding emotional support alongside the therapy staff involved in speech and language and dietetics would enhance service provision. This is particularly important in terms of bereavement support, the training for which is extremely costly, but so vital for families. Consideration of how families are supported after the loss of their child, perhaps home visits to discuss events, rather than returning to the unit, which would be a very emotional place, could offer benefits. Further thought should be given about how psychological support at all levels can be developed to better support families.

**Recommendation – To consider additional resources for breast feeding and psychological support for families.**

The Review Team also noted the need for some additional staff resources within the management area.

Governance is a critical function within the medical field and there are no dedicated staff resources to deliver this. It is mainly an add-on to their “day job” rather than a specialism and function in its own right. There is currently a part time lead on this, however the Review Team understand that in other similar settings, for example women’s services there is a dedicated team which does allow for consistency in governance process and specialism. The requirements for governance have grown over the years to manage risks and incidents, case reviews particularly neonatal deaths and more general management KPI’s including Welsh Government reporting requirements for example around breast feeding initiative, recommendation above.

**Recommendation – To consider establishing a dedicated Governance Team to manage all aspects of case management and KPI monitoring.**

In terms of running the service on a daily basis, the Review Team heard from a number of interviewees that a Service Manager role was missing since the retirement of the previous post holder. This role was described as central to having a co-ordinated approach across the three units, particularly as unit managers can often be focussed, quite rightly, on the needs within their own units and may not see the bigger picture and impacts of their processes on other units.

Another area is training, where often training is part of the practice development nurse role, but there is insufficient time within the hours to fully support the training needs of others.

Several interviewees suggested that with the service now embedded it would be a good time to re-evaluate the care pathways and even perhaps invite the Royal College to review the project and work with them on developing new pathways based on new techniques and treatments for neonatal care. Some of these treatments, nitric oxide for example, are expensive and there may be insufficient need for this type of treatment to ensure medical staff have the level of exposure required to develop and maintain skills. Monitoring care pathways will be an on-going requirement to ensure the unit remains fit for purpose, working to the latest standards and maximising the effectiveness of local treatment.

Transport was highlighted by a number of interviewees. The Review Team heard that the overnight service can be inconsistent, as it is based in Manchester through the Connect North arrangements. However, journey times can mean transfers are delayed and units are left to manage poorly babies for longer than may be optimal. The Review Team considers that a

review of transport arrangements would be beneficial, to include looking at how local units could be better supported to manage and stabilise infants rather than just looking at developing a 24 hours service which may not be financially viable.

A final element is the financial burden of the additional care provision. Neonatal care is hugely expensive and local delivery of services has not attracted additional non-pay resources from the savings made on out of area contracts. The Review Team considers that the financial provision for the SuRNICC and associated network is reviewed, and current budget pressures considered with the aim of providing additional non-pay funds to avoid overspends and budget pressures.

The Review Team appreciate that all areas of the Health Board budget will be under pressure, especially in view of the additional costs incurred to support the Covid response, however a secure funding settlement is essential for the long term sustainability of the project and the longer this is not addressed the worse the financial position will become, adding to the stress of the unit managers in trying to manage with inadequate funding.

In addition the maintenance budget is an important part of the on-going service delivery. The Review Team heard that some issues, for example roof leakage, was a result of not maintaining the gutters, so not doing regular maintenance is a false economy.

**Recommendation – To consider a variety of management areas, including training and care pathways and transport to ensure they operate effectively and are fit for purpose for the future.**

**Recommendation – To conduct a review of the funding of the non-pay costs and maintenance to secure additional budget to support the service provision.**

### **8.5: Review of organisational learning and maturity targets of current outcomes**

The project has realised or partly realised all of the benefits set out in the Business Case. The service was meeting or exceeding the required standards and there have been no serious incidents.

The approach taken to address a key risk around staffing, recruitment, and retention, led by clinical professionals was very successful and may give some insights for other settings struggling with workforce issues around consultants and nursing (and possibly other roles).

The Review Team found that post implementation review of both construction and services was well planned and executed. No formal process was established for the project to capture baseline data and improvements in a manner that would easily permit dissemination outside the Project, although learning will be valuable within BCUHB.

The Review Team saw ample evidence of external evaluation and reviews, which indicates good practice, but there may be wider value to the health system if the key points which facilitated the good Project outcomes could be collected. This added cost might be met other than by BCUHB.

Many developmental benefits were gained by the large number of staff who were involved to varying degrees in the Project although this particular organisational development benefit is not easily documented.

The wider organisation (BCUHB) has gained some benefits from the success of SuRNICC in terms of improved reputation and organisational confidence. The lessons from the Project about major relentless engagement with a very wide range of stakeholders should be taken on board.

**Recommendation: That consideration should be given, when other pressures permit, to some independently evaluated documentation (and formal record) of internal and wider lessons learned from the Project.**

### **8.6: Readiness for the future – Plans for future service provision**

There has been an increase demand for services in part due to the established reputation of SuRNICC, but the assumptions about numbers using the facility and the numbers transferred has been in line with the Business Case assumptions.

Some advances in medical practice might allow some reassessment of thresholds. The view was expressed that very few additional babies would be able to stay in Wales, but only with high staff and other costs which could be poor value for money.

Overall, the Review Team heard no strong case for changes in service provision being made but that many interviewees were aware that regular reviews of practice and pathways was good practice.

Responding to the Covid pandemic required changes to service provision soon after the implementation of the new model of care and associated pathways. This was a form of stress testing, and the service has performed well during the difficult period.

The Review Team heard that it would be appropriate, when conditions allowed, to undertake a full review of the pathways against a background of projected demand for services. Any formal plans for changes to the pathways and to service delivery generally would follow after a thorough review that should take the same inclusive approach as the Project; especially involving parents and the wider stakeholders and the whole of the network including Arrow Parke and Liverpool Women's Hospital. There could be a role in this review for the Royal College.

**Recommendation: To conduct (at an appropriate time) a comprehensive review of the model of care and associated pathways.**

The Review Team heard that suggestions for improvement were already being made especially around how parents were kept informed and as fully involved as possible at every stage of the pathway.

### **8.7: Additional Comment**

Given the success of the Project and the strong support from the Welsh Government it was suggested that some thought could be given both to celebrate success and also to have a resource that helped deal with parental anxiety.

**Recommendation: To consider requesting the Welsh Government to use its internal communications staff to make a video about the success of SuRNICC and the benefits.**

## **9.0 Next Assurance Review**

Given the excellent progress with implementation and that a Gate 5 Review has identified lessons learned it is unlikely that a further Gate 5 Review would add anything of value.

## **ANNEX A**

### **Purposes of OGC Gateway™ Review 5: Operations review & benefits realisation**

- Assess whether the Business Case justification for the project at OGC Gateway Review 3: Investment decision was realistic.
- Confirm that there is still a business need for the investment
- Assess whether the benefits anticipated at this stage are actually being delivered.
- Assess the effectiveness of the ongoing contract management processes.
- Confirm that the client side continues to have the necessary resources to manage the contract successfully.
- Confirm continuity of key personnel involved in contract management/'intelligent customer' roles.
- Where changes have been agreed, check that they do not compromise the original delivery strategy.
- Assess the ongoing requirement for the contract to meet business need. Ensure that if circumstances have changed, the service delivery and contract are adapting to the new situation. Changing circumstances could affect: partner management; relationship management; service management; change management; contract management; benefits management; performance management.
- Check that there is ongoing contract development to improve value for money.
- Confirm that there are plans to manage the contract to its conclusion.
- Where applicable, confirm the validity of exit strategy and arrangements for re-competition.

## ANNEX B

### List of Interviewees

The following stakeholders were interviewed during the review:

Name	Organisation (All BCUHB Unless otherwise mentioned) and role
Geoff Lang	SRO - Head of Value and Savings Programme
Neil Bradshaw	Project Director – Asst. Director of Planning and Performance
Heledd Jones	Maternity Representative - Head of Women's Services, Maternity
Liz Fletcher	Workforce Planning Lead - Asst. Area Director Children's Services (W)
Louise Bell	Equipment Lead - Asst. Area Director Children's Services (C)
Mandy Cooke	Neonatal Service Manager – Governance Lead
Fiona Lewis	Neonatal Admin. Manager – Neonatal operational lead
Claire Stones	Parent Representative
Erin Stones	Service User (aged 7 months)
Rhian Smith	Transitional Care Lead - ANNP
Jo Douglas	YGC Representative – Clinical Service Manager
Nia Jones	YGC Neonatal Unit Representative – Neonatal Unit Manager
Ian Barnard	Clinical Lead SuRNICC – Neonatal Consultant
Alyson Hatton	Maternity Sister – Staff Side Representative
Artur Abelinan (unfortunately unable to attend the interview due to clinical requirements.)	Paediatric Consultant Wrexham Hospital

## ANNEX C

### Progress against previous assurance review (10 April 2018 – 12 April 2018) recommendations:

Recommendation	Progress/Status
To ensure that future communication activities are carefully planned and managed through an updated communication action plan timetable, in order that communications are handled effectively during the final phase of the Project. (Essential)	Implemented
To consider the construction of a simple Issues Log, recording how issues were raised and addressed, as part of the audit trail for the handover of documentation to the operating department. (Recommended)	Implemented
To formalise handover procedures, with a clearly identified single point of contact for staff working in the Unit to report defects and a reporting and prioritisation process to ensure defects are corrected. (Critical)	Implemented
To ensure that the plan for the decant period is regularly refreshed and that all possible and likely eventualities have been planned for and considered across all three units during the decant period. (Essential).	Implemented

## ANNEX D

This section summarises the interviewees suggestions for additional resources for the Board to consider.

Funding Need	Supporting information
Non pay funding	<p>The original business case did not fully identify the non-pay costs associated with running on the unit on a day to day basis. Additional costs for PPE, medicines, equipment and other consumables. The lack of a dedicated budget line to support this work puts pressure on unit managers as they are recording overspends simply on general running costs. It seems there has been no reallocated of funding, from the savings made on the Arrow Parke contract, due to a reduction in out of area expenditure.</p>
Network Service Manager	<p>This post has been vacant since the retirement of the post holder. This was identified by multiple interviewees as a critical post. It provides the oversight across the network and the lead for implementation on new initiatives or operational guidelines. This role could also lead on the review of care pathways to ensure the network remains fit for purpose and operating at the highest medical standards.</p>
Transitional support	<p>It was suggested that more support could be provided to families particularly at the transition to home. Fathers are currently unable to stay overnight at YGC and this prevents them being fully involved in their baby's care prior to discharge. The Review Team noted that at Liverpool Women's flats are available, funded by a charity, which could provide a model to deliver this additional support.</p>
Governance Team	<p>Several interviewees noted the lack of a dedicated Governance Team, and the role is currently operated on a part time basis and supported on an ad hoc basis by managers in the network. The Review Team noted that other areas, eg women's service do have a dedicated team and recommend that consideration is given to establishing a governance team with the network. This could be a standalone team or an expansion of existing teams to include the governance of</p>

	the network, with some specialists to deal with any governance issues which could be specific to neonatal work.
Additional Psychological Support	It was noted that on site support , rather than referral to external departments and waits, for example around speech and language therapy was generally good, but not for clinical psychological support..
Widening the BFI support	Several interviewees suggested that having a dedicated BFI lead, perhaps shared with paediatrics, across the whole unit would be beneficial.
Family Support Continuity/Link Worker	It was noted that there was some issues with continuity of support when the parents have to engage across various sites “up and down”. There could occasionally be issues around preparing and welcoming parents as they move.
Bereavement Support	This is a very difficult issue and there is not enough staff available who have been trained in bereavement counselling. Resource might be added to allow visits for outreach support before referral into other bereavement services.

<b>Domain 1</b>		
<b>Improve access to Neonatal Care in line with the All Wales Neonatal Standards, to ensure that all newborn babies who require healthcare over and above the normal birth pathway have equitable access to the appropriate level of care in a timely manner.</b>		
<b>Measures</b>		<b>Status</b>
1.1	Provision of neonatal care for a minimum of 95% for babies born to women booked for delivery in one of the 3 north Wales units. There will be a reduction in the number of babies who receive care out of north Wales as part of the SuRNICC model.	
	Sufficient cots across North Wales units to allow for step up care from special care to high dependency and high dependency to Intensive care and subsequent step down.	
	Provision of HD care in all units to support local repatriation.	
	All babies will be cared for in the appropriate level of cot.	
	Provide a wider range of clinical interventions e.g Nitric Oxide in the SuRNICC and on the transport system including cerebral function CFM in all three units, reducing the need to transfer out of north Wales.	
1.2	Reduction in the number of closures or partial closures due to staffing, lack of appropriate level of cot or insufficient cots. We will reduce by a minimum of 60% in year 1. With further reductions in year 2 and year 3.	
1.3	Reduction in the number of women who have an unplanned transfer to a unit outside of north Wales due to insufficient staffed cots at the right level. We will reduce by 75% in year 1 with further reductions in subsequent years.	
1.4	Reduce the risk of infection outbreaks due to compliant accommodation including cot space and wash hand basins, equipment, environment and cleaning facilities. Provision of Isolation cubicle and correct staffing levels.	

<b>Domain 2 Comply with All Wales Standards for all staff groups by September 2018</b>		
<b>Measures</b>		<b>Status</b>
2.1	Provide a networked neonatal service across north Wales which is compliant with the standards for all staff groups, in terms of numbers of staff by profession and qualification - Consultants Tier 2 Doctors Tier 1 Doctors Nurses Allied Health professionals	
2.2	Training and ongoing development of all staff across North Wales by providing Lecturer Practitioner, Practice Development Nurses, ANNPs and Designated Neonatal Consultants for the three units and Transport.	

2.3	Establish a centre of excellence for the attraction and recruitment of neonatal and non-neonatal Medical Staff and clinical staff. Particularly supports the development of an Obstetric centre of excellence. Attractive positions for Consultants, Specialists, Researchers and academics. Greater potential to recruit more senior staff.	
	Provides wider range of experience and opportunities for Obstetric, Paediatric Trainees at YGC and from the other two units	
	Wider range of opportunities for Nursing and Midwifery staff including Adult branch, Paediatrics and Midwifery (including HCSW and MSWs)	
	Wider range of opportunities for therapy and pharmacy staff to develop expertise in Neonatal care	
2.4	Splitting of the Neonatal and General Paediatric Consultant rotas will support an increase in 'Consultant Delivered' paediatric care in line with recommendations in Facing the Future – RCPCH	
	Dedicated Neonatal Service Manager providing leadership and development of neonatal services across North Wales. This will release the three Paediatric Service managers to develop other areas of paediatric services	

<b>Domain 3 Provide facilities and Equipment for Neonatal Services which are fit for purpose by Match 2018</b>		
<b>Measures</b>		<b>Status</b>
3.1	Sufficient cots at the required level of care for the population of north Wales.	
3.2	Provision of sufficient Labour ward and maternity in-patient beds, including Low Dependency / Transitional Care.	
	Provision of Bereavement Suite to support the increase in high risk Births. Increase of 1 labour room and 4 inpatient beds. The additional capacity within obstetrics will minimize delivery unit closures due to increased activity.	
3.3	Cot spaces are in line with 'Neonatal Units: Planning and Design Manual'	
3.4	Provision of the necessary equipment to support each cot and level of care.	

<b>Domain 4 Ensure that care of the baby and family / patient experience are of a high quality</b>		
<b>Measures</b>		<b>Status</b>
4.1	Babies will be cared for in their most local unit in accordance with their care needs.	
	95% of babies are born where the mother is booked to deliver. Ref 1. 1	
	Reduction of transfers out of North Wales will support and facilitate more families to have greater access to welsh speaking staff (ref. to Welsh Language Standards). Provision of bi-lingual information for mothers and families	
4.2	Facilities on the unit for 'Rooming in' to support timely and planned discharge.	

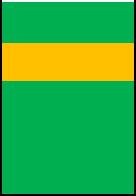

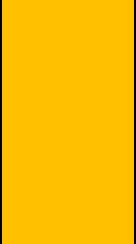
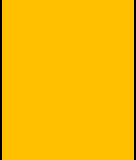
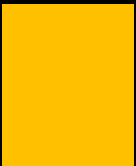

4.3	Facilities will be fit for purpose which will support the implementation of UNICEF BFI Neonatal Standards and improve the % of babies receiving Mother's milk at discharge by at least 10% by 2018 – current rate is 26.8% in North Wales compared to UK average of 60%	Green
4.4	Consultation with Parents – provide a documented consultation with parents by a senior member of the neonatal team within the first 24 hours of all babies being admitted.	Yellow

Domain 5 Provide a high quality Transport Service		
Measures		Status
5.1	Provision of a 12 / 7 transport service and North Wales cot bureau supported by the dedicated ambulance with the provision of all levels of neonatal care during transfer e.g. Consultant, ANNP and / or Nurse.	Green
	Provision of a new Transport System which will be able to provide Nitric Oxide Therapy during transfer, all modes of ventilator support and total body cooling.	Green
5.2	Improve performance against the National Transport Dataset for all transfers.	Green
	Currently 20% of all transfer activity is delayed due to non-availability of staff at the required level and are not completed in the required time scales. In year one we will reduce this by 50%, with further improvement in year 2 and achieve compliant with the target of 95% of all transfers within the agreed response times.	Green

Domain 6 Develop appropriate clinical pathways, protocols, guidelines and procedures		
Measures		Status
6.1	Audit of 2 year outcomes - The SuRNICC will have facilities and personnel to conduct and record neonatal follow up at 2 years of age, for those babies born before 30 weeks gestation, in order to identify neuro-developmental and other disability. Community Paediatricians will also be involved in the assessment process to ensure continuity of care where appropriate.	Yellow
6.2	Successful implementation of NNAP recommendations eg. In North Wales 85% of babies have their temperature taken within 1 hour of admission compared to 94% UK wide. Within year 1 this should increase to 100%	Yellow
6.3	Strengthen the working relationship to improve practice (e.g. Competencies, training programmes, study days, Audit days) across the North Wales, All Wales Network and Cheshire & Merseyside Network including the Transport Teams and WAST	Green

Domain 7 Ensure the delivery of appropriate Education and Training / Clinical Governance		
Measures		Status
7.1	All Doctors and Nurses caring for critical ill neonates should receive Newborn Life Support training	Green
7.2	Establish a competency frame work for :-	Green

	<ul style="list-style-type: none"> <li>• Nurse post registration neonatal education is available on the matching knowledge and skills for Qualified in Speciality</li> </ul>	
	<ul style="list-style-type: none"> <li>• Transport Staff</li> </ul>	
	<ul style="list-style-type: none"> <li>• ANNPs</li> </ul>	
	<ul style="list-style-type: none"> <li>• New Staff – nursing, medical, therapy</li> </ul>	
	A training needs analysis and action plan will be developed for current and new staff who will require training (approx 23 new staff)	
7.3	All units are working towards achieving the UNICEF BFI Neonatal Standards and receive standardised training to ensure they can support the family unit in building loving relationships and encouraging successful breastfeeding.	
	Increase in the % of babies receiving mother's milk by 25% in the first year.	

<b>Domain 2 Comply with All Wales Standards for all staff groups by September 2018</b>		
<b>Measures</b>		<b>Status</b>
2.1	Provide a networked neonatal service across north Wales which is compliant with the standards for all staff groups, in terms of numbers of staff by profession and qualification - Consultants Tier 2 Doctors Tier 1 Doctors Nurses Allied Health professionals	
<b>Domain 4 Ensure that care of the baby and family / patient experience are of a high quality</b>		
<b>Measures</b>		<b>Status</b>
4.4	Consultation with Parents – provide a documented consultation with parents by a senior member of the neonatal team within the first 24 hours of all babies being admitted.	
<b>Domain 6 Develop appropriate clinical pathways, protocols, guidelines and procedures</b>		
<b>Measures</b>		<b>Status</b>
6.1	Audit of 2 year outcomes - The SuRNICC will have facilities and personnel to conduct and record neonatal follow up at 2 years of age, for those babies born before 30 weeks gestation, in order to identify neuro-developmental and other disability. Community Paediatricians will also be involved in the assessment process to ensure continuity of care where appropriate.	
6.2	Successful implementation of NNAP recommendations eg. In North Wales 85% of babies have their temperature taken within 1 hour of admission compared to 94% UK wide. Within year 1 this should increase to 100%	
<b>Domain 7 Ensure the delivery of appropriate Education and Training / Clinical Governance</b>		
<b>Measures</b>		<b>Status</b>
7.3	All units are working towards achieving the UNICEF BFI Neonatal Standards and receive standardised training to ensure they can support the family unit in building loving relationships and encouraging successful breastfeeding.	
	Increase in the % of babies receiving mother's milk by 25% in the first year.	

**OGC Gateway™ Review 5: Operations Review & Benefits Realisation - SuRNICC**  
**Recommendations Update November 2021**

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Update / Progress
1.	To explore options to include a door between Nursery and HDU or to make other operational changes such as rotas.	E- Essential	To be confirmed as pandemic pressures ease	<p>Creation of a doorway between the Nursery and HDU is not viable as it would result in a loss of cot space.</p> <p>Potential revisions to work practices are under consideration that would enhance the sense of integration for staff. Progress with this is delayed due to COVID impacts on available staffing, however this will resume as soon as circumstances change.</p>
2.	To further develop transition care, to include greater involvement for fathers and the wider family.	R - Recommended	To be confirmed as pandemic pressures ease	The need to enhance family input to transition care has been recognised for some time and plans have previously been developed to provide enhanced facilities on the post-natal ward. These were halted due to COVID impacts on capacity, however work is actively ongoing to explore how improvements can be implemented as we emerge from the pandemic.
3.	To continue to invest in the service, and develop new treatment options to further enhance the career opportunities in North Wales and	R - Recommended	Ongoing	The focus upon training opportunities and keeping the SuRNICC as an attractive clinical environment for new staff is being maintained. There are currently two members of the

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Update / Progress
	promote North Wales as an investment location.			<p>nursing staff undertaking ANNP training in Southampton as part of a rolling programme.</p> <p>Opportunities for the SuRNICC to become engaged in national clinical research have been secured and this will enhance attractiveness to clinical staff. A focus on expanding the research contribution of the SuRNICC will be maintained.</p> <p>Actions in relation to the clinical model and service change are covered under recommendation 6 below</p>
4.	To consider additional resources for breast feeding and psychological support for families.	E- Essential	31/03/2022	<p>Support for breast feeding and a commitment to the UNICEF BFI is a well established priority for the Health Board. Investment has been secured for additional midwives to support mothers with breast feeding. A dedicated training resource is in place to support training across the network and proposals for investment in additional staff are under development.</p> <p>Psychological support for families experiencing bereavement is available through a dedicated service within midwifery. This is supplemented by third sector support. Support to families in relation to challenging diagnoses is also available through the 3<sup>rd</sup> sector.</p>

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Update / Progress
5.	To consider establishing a dedicated Governance Team to manage all aspects of case managements and KPI monitoring.	E- Essential	31/03/2022	<p>Clinical Governance is recognised as a critical issue and a growing challenge. Capacity for Neonatal services is based on a multi-disciplinary model.</p> <p>There is a 0.5 WTE Clinical Governance Lead for Neonatal Services, which will be supplemented by specific input from the Neonatal Network Service Manager and a new Deputy Head of Nursing with a Clinical Governance Leadership role, along with additional administrative support. Filling the Network Manager role and the Deputy Head of Nursing will bring additional capacity over and above that available at the time of the review.</p> <p>There is a dedicated Clinical Lead for Neonates. In addition, one of the Consultants has a specific role as Joint Neonatal Clinical Lead for the Wales Maternity and Neonatal Network, which enables learning from other organisations to be brought into the Health Board's clinical governance systems.</p>
6.	To consider a variety of management areas, including governance provisions, training and care pathways and transport to	E- Essential	30/04/2022	The issues identified for review are timely given the period for which the SuRNICC has now been operational. The impending appointment of the Neonatal Network Service Manager will bring dedicated capacity to co-ordinate this process.

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Update / Progress
	ensure they operate effectively and are fit for purpose for the future.			Work will be undertaken with the All Wales Network and the Cheshire and Mersey Network to review care pathways and service models. Any recommendations for change will be considered as they are received.
7.	To conduct a review of the funding of the non-pay costs and maintenance to secure additional budget to support the service provision.	E- Essential	Complete	The pressure on no pay budgets is recognised and this will be addressed as part of the budget setting process for 2022/23
8.	That consideration should be given, when other pressures permit, to some independently evaluated documentation (and formal record) of internal and wider lessons learned from the Project.	R - Recommended	28/02/2022	Work has been commissioned and will report by the end of March 2022.

9.	To conduct (at an appropriate time) a comprehensive review of the model of care and associated pathways.	R – Recommended	To be confirmed	Consideration of any external review will be informed by the findings of the work outlined in recommendation 6 above.
10.	To consider requesting the Welsh Government to use its internal communications staff to make a video about the success of SuRNICC and the benefits.	R - Recommended	31/01/2022	<p>The BCUHB Communications Team have supported development of video about the SURNICC that has been shared with Cheshire and Mersey Network.</p> <p>Discussions with the WG communication team regarding a wider overview of the benefits of the SuRNICC to North Wales will be progressed.</p>

**Performance, Finance and Information Governance Committee**



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

*To improve health and provide excellent care*

24.2.22

**Committee Chair's Report**

<b>Name of Group :</b>	<b>Information Governance Group</b>
<b>Meeting date:</b>	<b>8.2.22</b>
<b>Name of Chair:</b>	Justine Parry, Assistant Director of Information Governance and Risk/ Data Protection Officer (Chair)
<b>Responsible Director:</b>	Simon Evans-Evans, Interim Director of Governance
<b>Summary of business discussed:</b>	<p>The Information Governance Group (IG) met on the 8<sup>th</sup> February 2022.</p> <p>The Information Governance Group (IGG) was quorate. The Vice Chair deputised in the absence of the Chair (Executive Medical Director).</p> <p>A number of actions were closed on the action log.</p> <p>This report summaries the activity of the IG Group and members noted:</p> <ol style="list-style-type: none"><li><b>IG Q3 work plan</b> – Continued good progress had been made. 7 pieces of work have been met and will continue to be monitored through Business As Usual (BAU). 23 remain on target with some bigger pieces of work being carried over to the next work. 3 were recorded as not met but all have action plans in place to progress.</li><li><b>IG Q3 KPI Report</b> - There has been an increase in the Freedom of Information (FOI) requests however a slight improvement in compliance was also noted. The team continue to work with the FOI leads and executive offices to improve turnaround times.</li><li><b>Information Asset Register</b> – A paper has been drafted to go to the Senior Information Risk Owner (SIRO) for escalation. The Information Governance department has undertaken a full review of the requirements needed to enhance the registers overall performance, provide assurance and to ensure that there is robust monitoring in place to enable us to meet our legal obligations. Support from both the SIRO and ICT is essential to enable the progression of the existing Asset Register to a new platform/system. All risks in relation to the current register</li></ol>

and progression to a new platform/ register are documented in Risk IG16.

4. **Information Governance Risk Register** – Report was presented and the risks reviewed. No changes to the scoring.
5. **Policies and Procedures** – A full review of the following has been undertaken:
  - Approved for publication**  
IG10 – Procedure for requesting, approval and review of an information system
  - Approved to go to Performance, Finance and Information Governance Committee**  
IG1 – Information Governance Strategy
  - Not Approved**  
IG14 – IM&T Security Procedure – The group agreed more work was required.  
IG17 - Bring Your Own Device (BYOD) procedure – The group agreed more work was required.
6. **Management of keynotes** – Progress has been made in respect of how ‘Adverse Reactions and Patient Warnings’ will be used both nationally and locally. Nationally the agreement is the adverse reactions (where allergies sit etc.) will sit on the Welsh Clinical Portal (WCP), as this links with the prescribing and e-discharge. Patient warnings are being still being discussed nationally however the scope has been reduced on the WCP due to the information governance risks identified for violence and aggressions and safeguarding warnings. A task and finish group has been set up locally to address this and to create local guidance for the management of keynotes and alerts. This will be monitored through the Patient Records Group.
7. **Office 365** – The One Drive work package is progressing well, with over 50% of home drives having been migrated as of the 21st January.  
The first Proof of Concept SharePoint migration took place during January, with Audiology successfully moving over to SharePoint online. All requests for share point sites will be required to go through a robust application process to identify and determine the types of data currently held in on premise sites (specifically if sites contain personal or patient data). The mandate request for work process will determine if SharePoint is the most appropriate storage solution, or if the data should be stored elsewhere (e.g. within a clinical system). The O365 team are currently working with Digital Health Records and Information Governance to devise a set of data standards and principles, which can be applied to data, held within these apps.
8. **Management of Patient Records** – The Baseline Assessment of all Patient Record Types is being carried out to map out the; storage, processes, management

	<p>arrangements and standards of compliance, for all types of patient records across BCU. During this quarter, work focused on the remaining Mental Health &amp; Learning Disability Division including North Wales Brain Injury Service (NWBIS) and North Wales Eating Disorder Service (NWEDS) with recommendation and progress being provided in quarter 4.</p> <p>The following policies/procedures were approved</p> <p>HR1 - Patient Records Management procedure.  HR1b - Guidance on the merging of duplicate registrations and paper records  HR1c - Guidance on the Management of missing case notes</p> <p>It was noted that the recent guidance for:</p> <p>HR1d Guidance on the management of patient records following adoption and  HR1e Management of Patient Records for Gender Identity/ Gender Reaffirmation have been shared nationally with colleagues across Wales and Welsh Government.</p> <p>9. <b>Cyber Security Report</b> – The report provided an update detailing current and on-going Cyber threats, as well as progress on key strategic deliverables such as compliance with the Network &amp; Information Systems Regulations (NIS-R) and Cyber Essentials.  Green status position for the submission of the Cyber Essentials Framework submissions with feedback expected back by the end of February.</p> <p>Chairs' reports were received and discussed from:</p> <ol style="list-style-type: none"> <li>1. Patient Record Group (PRG).</li> <li>2. Chairs Report from the ICT Governance &amp; Security Group</li> <li>3. Information Governance Management Advisory Group (IGMAG).</li> </ol>
<p><b>Key assurances provided at this meeting:</b></p>	<ul style="list-style-type: none"> <li>• Continued progress made with the Information Governance Work Programme.</li> <li>• Green status position for the submission of the Cyber Essentials Framework with the feedback report expected back by the end of February. Gap analysis undertaken and work plans in pace to progress.</li> <li>• Continued assurance with the O365 programme of work.</li> <li>• HR1d and HR1e shared across Wales as documents of good practice to be adopted by others.</li> </ul>

<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<p>*delete as appropriate</p> <ul style="list-style-type: none"> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> <li>• Engagement (patients, public, staff and partners)</li> </ul>
<b>Issues to be referred to another Committee</b>	N/A
<b>Matters requiring escalation to the Board:</b>	N/A
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by:</p> <ul style="list-style-type: none"> <li>• Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics.</li> <li>• Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services</li> </ul>
<b>Planned business for the next meeting:</b>	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> <li>• Quarter 4 IG KPI Report.</li> <li>• Network Information Security Directive – update report.</li> <li>• Office 365 implementation – update report.</li> <li>• Information Asset Register – update report.</li> <li>• IG Risk register – update report.</li> <li>• Mandatory Training update</li> </ul> <p>Plus</p> <p>Project Support update</p>
<b>Date of next meeting:</b>	26 <sup>th</sup> May 2022

**Performance, Finance and Information Governance Committee**



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

*To improve health and provide excellent care*

24.2.22

**Committee Chair's Report**

<b>Name of Group :</b>	<b>Information Governance Group</b>
<b>Meeting date:</b>	<b>8.12.21</b>
<b>Name of Chair:</b>	Justine Parry, Assistant Director of Information Governance and Risk/ Data Protection Officer (Chair)
<b>Responsible Director:</b>	Simon Evans-Evans, Interim Director of Governance
<b>Summary of business discussed:</b>	<p>The Information Governance Group (IG) met on the 8<sup>th</sup> December 2021.</p> <p>The Information Governance Group (IGG) was quorate. The Vice Chair deputised in the absence of the new Chair (Executive Medical Director). It was agreed moving forwards that only open actions would be discussed at future meetings with members providing updates in advance of the meeting to the IG secretariat.</p> <p>A number of actions were closed on the action log.</p> <p>This report summaries the activity of the IG Group and members noted:</p> <ol style="list-style-type: none"><li><b>1. Terms of Reference</b> – The updated ToR were presented which reflected the change in reporting Committees from Digital &amp; Information Governance Committee (DIGC) to PFIGC, frequency changes and the membership. Clarification was sought with regards to the reporting responsibilities to the Transformation and Finance, Executive Delivery Group. The group agreed that once clarity had been sought and updates made, the ToR would be circulated to the group for approval prior to the next meeting in February 2022.</li><li><b>2. IG Q2 work plan</b> – It was noted good progress had been made. Some of the ongoing pieces of work will carry over into the 22/23 work plan. This will be ongoing improvement work such as the Information Asset Register development and areas which the IG department continue to support to implement i.e. O365, CCTV and Digital Health Record.</li><li><b>3. IG Q2 KPI Report</b> - The report was presented. The slight decrease in Freedom of Information (FOI) compliance rates was discussed. It was noted that this was due to an increase in complex requests being received, delays in FOI leads</li></ol>

providing the data back and delayed executive sign off. During Q3 the team will continue to work with the FOI leads and exec office to improve turnaround times.

4. **Information Asset Register** – An update paper was presented to the group outlining the current position. Conversations are ongoing with ICT in terms of a suitable platform for the register to transfer to (currently on the ICT portal) which improves functionality, automation and allows continuous development. The IG department have undertaken a full specification of requirements which has been shared with ICT. There will be cost implications which are still to be agreed. The current register will continue to be populated in the absence of the replacement for assurance.
5. **Information Governance Risk Register** - Was presented and reviewed. It was agreed that IG15 could be closed and a new risk created for the management of Data flows. All other risk scores remain the same.
6. **Mandatory Training** – Targeted work continues within Information Governance to identify and chase up overdue staff. Compliance figures remain around 82% but work continues to improve to the national target of 85%.
7. **Policies and Procedures** – A full review of the following policies has been undertaken.  
**For information only:**  
IG01 - Records Management Policy  
IG04 - Access to Information Policy  
**Approved**  
IG02 - Corporate Records Management Procedure  
IG03 - FOI and EIR Procedure  
IG08 - Email Procedure  
**Not Approved**  
IG17 - Photography/Recording for Non-Clinical Purpose Procedure
8. **Management of keynotes** – This item has been added to the agenda to enable progression to be monitored both nationally and locally.
9. **CCTV Update** – Progress continues to be made in respect of the management of requests, overall responsibility, policy development and signage. The IG department continue to provide guidance and advice to ensure Data Protection legislation is adhered to. Confirmation of where the CCTV policy was signed off was requested.
10. **Office 365** – Project lead provided an update to the members and will attend future meetings to provide assurance updates around the ongoing work. IG leads sit on both the Project Risk Group and Programme Board.
11. **Management of Patient Records** - The baseline assessment on all paper records is continuing, children's

	<p>records has now been completed with recommendations and action plans being put in place.</p> <p>The following policies were approved:  HR1d Guidance on the management of patient records following adoption  HR1e Management of Patient Records for Gender Identity/ Gender Reaffirmation.</p> <p>Chairs' reports were received and discussed from:</p> <p>Patient Record Group (PRG).  Chairs Report from the ICT Governance &amp; Security Group  Information Governance Management Advisory Group (IGMAG).</p>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Continued progress being made with the Information Governance Work Programme.</li> <li>• CCTV – Improved processes in line with Data Protection legislation are progressing.</li> <li>• IG representation on both the O365 Project Risk Group and O365 Programme Board. The project lead provides regular updates to the group.</li> <li>• Phase 1 of the base line assessment for patient record types has been completed and includes Acute; Mental Health, Children &amp; Adolescent Mental Health Service (CAMHS)</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• Compliance with legislation. This is being monitored via the work programme and reported as part of the key performance indicator reports.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<p>*delete as appropriate</p> <ul style="list-style-type: none"> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> <li>• Engagement (patients, public, staff and partners)</li> </ul>
<b>Issues to be referred to another Committee</b>	N/A
<b>Matters requiring escalation to the Board:</b>	N/A
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The work of the Information Governance Group will help to underpin the delivery of the sustainable development principles by:</p> <ul style="list-style-type: none"> <li>• Supporting a productive and low carbon society through the development of systems and procedures to increase the responsible use of informatics.</li> <li>• Working collaboratively across Wales to deliver solutions with partners to improve planning and delivery of services</li> </ul>

<b>Planned business for the next meeting:</b>	Range of regular reports <ul style="list-style-type: none"><li>• Quarter 3 IG KPI Report.</li><li>• Network Information Security Directive – update report.</li><li>• Office 365 implementation – update report.</li><li>• Information Asset Register – update report.</li><li>• IG Risk register – update report.</li></ul> Plus <ul style="list-style-type: none"><li>• Information Governance Strategy</li></ul>
<b>Date of next meeting:</b>	8 <sup>th</sup> February 2022



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Performance, Finance and Information Governance Committee 24.2.22</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public Session						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Summary of business considered in private session to be reported in public</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Hill Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Diane Davies Corporate Governance Manager						
<b>Craffu blaenorol: Prior Scrutiny:</b>	None						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to <b>note</b> the report							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
To report in public session on matters previously considered in private session							
<b>Cefndir / Background:</b>							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>							
The Finance, Performance and Information Governance Committee considered the following matters in private session at the inaugural meeting held on 23.12.21							
<ul style="list-style-type: none"> <li>• <b>approved</b> award of contract for CAMHS assessments and therapy</li> <li>• <b>approved</b> lease agreement for office accommodation at Intec, Parc Menai, Bangor</li> <li>• <b>agreed</b> to novate contract for Medical Centre partnership</li> </ul>							
<b>Goblygiadau Strategol / Strategy Implications</b>							
This is addressed within the private session documentation							
<b>Opsiynau a ystyriwyd / Options considered</b>							

This is addressed within the private session documentation
<b>Goblygiadau Ariannol / Financial Implications</b> This is addressed within the private session documentation
<b>Dadansoddiad Risk / Risk Analysis</b> This is addressed within the private session documentation
<b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b> This is addressed within the private session documentation
<b>Asesiad Effaith / Impact Assessment</b> This is addressed within the private session documentation